



**ACT Public Health Services
Cultural Review Implementation**

Inaugural Annual Review

M Reid & Associates

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Contents

Abbreviations	3
Executive Summary	4
1. Introduction	8
2. Assessment of Governance Framework	10
3. Progress on Recommendations	17
4. Impact on Culture	21
5. Next Phase	26
Attachment 1: People Interviewed	30
Attachment 2: Committees Terms of Reference	31
Attachment 3: Implementation of Recommendations - Progress Report	49



Abbreviations

ACT	Australian Capital Territory
AMA	Australian Medical Association
ANMF	Australian Nursing and Midwifery Federation
ANU	Australian National University
ASMOF	Australian Salaried Medical Officers Federation
CEO	Chief Executive Officer
CHS	Canberra Health Services
CORS	Co-worker Observation Reporting System
CPSU	Community and Public Sector Union
CRI	Cultural Review Implementation Branch
FTE	Full Time Equivalent
HD	Health Directorate
HR	Human Resources
LCM	Little Company of Mary
NGO	Non-Government Organisation
NGOLG	Non-Government Organisation Leadership Group
PARS	Patient Advocacy Reporting System
PDP	Planning & Development Process
RSM	Research School of Management
VMO	Visiting Medical Officer
VMOA	Visiting Medical Officers Association



Executive Summary

In September 2018, the former ACT Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services. The Final Report was released by the Minister in March 2019 and all twenty recommendations were formally endorsed by the ACT Government in May 2019.

The former Minister for Health and Wellbeing together with the Minister for Mental Health, Director General ACT Health Directorate, the Chief Executive Officer Canberra Health Services and Regional Chief Executive Officer Calvary Hospital jointly publicly committed to implement the recommendations in the Final Report. This was further supported by a subsequent Public Commitment Statement released on September 2019 by leaders of the other organisations represented on the Committee charged with implementation of the Report's findings, the Cultural Review Oversight Group (Oversight Group).

One of the recommendations of the Final Report was

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

This is the first of these reviews.

The scope of the terms of reference of this inaugural review was to examine and make findings and recommendations in relation to the following:

- Record any changes or amendments to the recommendations of the Independent Review of a not insubstantial nature and the reasons for making such changes or amendments
- The extent of the progress made with the culture review implementation process against the original plans outlined in the Final Report
- The impact on the workforce culture of the changes introduced to date, and
- The effectiveness of the initiation and planning phase of the culture review process undertaken, including:
 - What has worked well and why, and has there been any early impact?
 - What has not worked well and why, and has there been any impact?
 - What may therefore need to change or be improved?
 - What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

It was agreed that, given the implementation of the Final Report has only been in progress for a little over a year, this inaugural review would be restricted to:

- A desktop review of all documentation produced as part of the cultural review implementation process, complemented by
- Interviews with
 - Members of both the Oversight Group and Cultural Review Implementation Steering Group (Steering Group), and
 - Other nominated key stakeholders.



Within these Terms of Reference, this Report addresses the following four areas:

1. Assesses the governance framework to oversight implementation
2. Assesses progress on the recommendations of the Review
3. Examines any evidence of impact on culture, and
4. Provides suggestions for the next phase of implementation.

Overall, given the limited timeframe since implementation commenced, the Reviewer believes there has been pleasing progress. This view is supported by most of those interviewed and early quantitative evidence. Notwithstanding this initial progress, greater effort will be required over the next year to sustain the momentum of this beginning.

The key findings against each of the four areas are as follows:

Assessment of Governance Framework

Key Findings

- 1. *The early commitment of members of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.***
- 2. *The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.***
- 3. *There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.***
- 4. *The role of the Steering Group in assisting the function of the Oversight Group has been positive.***
- 5. *The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.***



Progress on Recommendations

Key Findings

- 6. Given that it is only a year since Government acceptance of the recommendations, progress on their implementation has been good. There should be ongoing reappraisal as to whether the actions ascribed to each of the twenty recommendations continue to collectively contribute to achievement of that recommendation.*
- 7. The dual impact of bushfires followed by COVID-19 has recently and understandably contributed to some delays in progress. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform.*
- 8. Progress is particularly evident, within the three health services, on vision, values, altered workplace policies and human resources functions.*
- 9. Some of the inter-agency recommendations have not progressed at the same pace and they will require increased focus over the next year.*

Impact on Culture

Key Findings

- 10. One year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services workplace culture.*
- 11. Notwithstanding this brief timeframe, the sustained focus on 'hot spots' by the three services executives has been commendable and, at CHS at least, where Staff Survey data is available, some overall small gain in culture metrics across that organisation is evident.*
- 12. Improvement in the metrics of workplace culture over the next two years should be significantly greater as the full impacts of implementation of recommendations occur.*



Next Phase

Key Findings

13. Six areas are identified that should receive attention over the next year

- ***The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.***
- ***The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio wide in a common format.***
- ***The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role however, should be to continue to service the Steering Group and Oversight Group.***
- ***Implementation of the approved Communications and Engagement Strategy should be expedited. Clarity of the linkages and strengthening of the governance with the NGO Leadership Group, ACT Health and Wellbeing Partnership Board and Clinical Leadership Forum will assist progress with the ACT Public Health Service Communications and Engagement Strategy.***
- ***An agreed portfolio wide dashboard of monitoring measures should be developed and promulgated.***
- ***The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.***



1. Introduction

In September 2018, the former ACT Minister for Health and Wellbeing announced the establishment of an Independent Review into the Workplace Culture within ACT Public Health Services. The Final Report was released by the Minister in March 2019 and all twenty recommendations were formally endorsed by the ACT Government in May 2019.

The former Minister for Health and Wellbeing together with the Minister for Mental Health, Director General, ACT Health Directorate, the Chief Executive Officer, Canberra Health Services and Regional Chief Executive Officer Calvary Hospital jointly and publicly committed to implement the recommendations in the Final Report. This was further supported by a Public Commitment Statement released on September 2019 by leaders of the organisations represented on the committee charged with implementation of the Report's finding, the Cultural Review Oversight Group (Oversight Group).

One of the recommendations of the Final Report was

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

This is the first of these reviews.

The specific terms of reference of this inaugural review were to examine and make findings and recommendations in relation to the following:

- Record any changes or amendments to the recommendations of the Independent Review of a not insubstantial nature and the reasons for making such changes or amendments
- The extent of the progress made with the culture review implementation process against the original plans outlined in the Final Report
- The impact on the workforce culture of the changes introduced to date, and
- The effectiveness of the initiation and planning phase of the culture review process undertaken, including:
 - What has worked well and why, and has there been any early impact?
 - What has not worked well and why, and has there been any impact?
 - What may therefore need to change or be improved?
 - What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

It was agreed that, given the implementation of the Final Report had only been in progress for a little over a year, this inaugural review would be restricted to:

- A desktop review of all documentation produced as part of the cultural review implementation process, complemented by
- Interviews with
 - Members of both the Oversight Group and Cultural Review Implementation Steering Group (Steering Group), and
 - Other nominated key stakeholders.



See *Attachment 1* for a list of all interviewed.

Given the short timeframe since implementation commenced, virtually all interviewed endorsed the approach of this inaugural review. A minority view was that it would be difficult to ascertain progress without a more comprehensive engagement with clinicians/patients/community. For the next external Review, it may be appropriate to gain perspectives, from both the staff (clinical and administrative) and the community, of their perception of cultural changes.

During the timeframe since the release of the Final Report, there has been a change in Health Minister and, very recently, the resignation of the Director General of ACT Health. In addition, the timing of this review coincided with COVID-19, impacting on both the ACT health system and, more broadly on society. It is to the credit of all concerned that, notwithstanding the additional work commitments of COVID-19, they gave their time willingly to the review – this reflects the importance all placed on sustaining a focus on cultural improvement across ACT Public Health Services.

The Review gratefully acknowledges the assistance of the members of the Culture Review Implementation Branch in ACT Health Directorate in providing material for the review. Particular acknowledgement goes to the Executive Branch Manager.

The following Sections

- Assesses the governance framework to oversight implementation
- Assesses progress on the recommendations of the Review
- Examines any evidence of impact on culture, and
- Provides suggestions for the next phase of implementation.



2. Assessment of Governance Framework

Commitment to Change

The commitment to change in the initial months post release of the March 2019 Final Report by all relevant parties represented an important first step to collectively focussing on cultural improvement throughout ACT Public Health Services.

The following shows the two documents demonstrating this collective commitment.



CULTURE REVIEW OVERSIGHT GROUP

CULTURE REVIEW IMPLEMENTATION

Together, we are committed to driving positive culture change for our members, students and the community.

As organisations represented on the Culture Review Oversight Group, we state our commitment to work together, with the Minister for Health, the Minister for Mental Health and the three leaders of the ACT public health system to improve the workplace culture, and through that, enhance the standard of health care and services provided to the Canberra community.

Together, we will work to ensure all 20 recommendations of the review are addressed and implemented.

We are resolute on supporting the application of the best evidence available to ensure the approaches implemented from this review are enduring across ACT's public health system.

Ms Madeline Northam
Regional Secretary, CPSU



Mr Matthew Daniel
Branch Secretary, ANMF ACT



Ms Darlene Cox
Exec Director, HCCA ACT



Dr Antonio Di Dio
President, AMA ACT



Dr Richard Singer
President, ASMOF ACT



Dr Peter Hughes
President, VMOA ACT



Professor Russell Gruen
Dean, College of Health
& Medicine ANU



Professor Michelle Lincoln
Executive Dean,
Faculty of Health, UC



ACT
Government

ACT Health

Response to Recommendation 17: Final Report of the Independent Review
into the Workplace Culture within ACT Public Health Services

The former document was co-signed by the two Ministers and the Chief Executives of the three organisations comprising ACT Public Health Services. The second signing, coincided with the third meeting of the Oversight Group and involved the remaining members of the Oversight Group - the Community and Public Sector Union (CPSU), Australian Nursing & Midwifery Federation (ANMF), Visiting Medical Officers Association (VMOA), Australian Medical Association (AMA), Australian Salaried Medical Officers Federation (ASMOF), together with The Australian National University (ANU), the University of Canberra and the Health Care Consumers Association of the ACT. Sustaining this joint commitment will remain critical to effective cultural change.



Oversight Group / Steering Group

As recommended in the Independent Review, the Oversight Group was established to “oversight the implementation of the Review’s recommendations”. Chaired by the Minister for Health and Wellbeing, the initial membership was proposed as comprising:

- Minister for Mental Health (Deputy Chair)
- Director-General, ACT Health Directorate
- CEO, Canberra Health Services (CHS)
- Regional Chief Executive Officer, Calvary Public Hospital
- Senior Executives across the ACT Public Health System
- Executive Director, Health Care Consumers Association of the ACT
- President, AMA-ACT
- Branch Secretary, ANMF-ACT, and
- Regional Secretary, CPSU.

The membership was subsequently expanded beyond that initially recommended to include:

- President, ASMOF - ACT
- President, VMOA - ACT
- Dean, College of Health and Medicine, Australian National University (ANU), and
- Executive Dean, Faculty of Health, University of Canberra.

This broadening of the Oversight Group membership is seen by the Reviewer as an appropriate response to representations made to have increased diversity in the Group.

In parallel with the formation of the Oversight Group, a Steering Group was formed with the stated role to provide a forum that facilitates the implementation of the recommendations. The Terms of Reference for both Groups are at *Attachment 2*. The membership of the Steering Group was drawn from the three separate components of ACT Public Health Service viz

- Director-General, Health Directorate (Chair)
- CEO, CHS (Deputy Chair)
- Regional Chief Executive Officer, Calvary ACT (Deputy Chair)
- Executive Group Manager, People and Culture, CHS
- Executive Group Manager, Corporate and Governance, ACTHD
- Chief Human Resource Officer, Calvary Hospital, and
- Executive Branch Manager, Culture Review Implementation Team.

Specifically, it was agreed the Steering Group will

- Assist the Culture Review Oversight Group with the work of overseeing the implementation of the Review recommendations
- Develop the implementation plan
- Oversight and facilitate the annual review of workplace culture
- Ensure there is clear and effective governance around the culture review implementation, including discussion on new and emerging issues, opportunities and risks



- Facilitate information sharing and discussion of key issues affecting the culture review implementation
- Consider issues around organisational leadership and culture as they relate to the culture review implementation
- Support the Leadership Team (Director-General ACT Health Directorate, CEO Canberra Health Services and the Regional CEO Calvary ACT) to meet their responsibilities stipulated within the Culture Review recommendations, and
- Ensure alignment of implementation work across the Portfolio.

Both the Oversight Group and Steering Group adopted similar sets of values and behaviours to guide their deliberations involving incorporating *“respectful engagement with colleagues, open sharing of information and accountable transparent decision making”*.

The Oversight Group has met regularly – five times from February 2019 up to and including their May 2020 meeting. Attendance by members of the Oversight Group has been generally good. Everyone interviewed saw the importance of sustaining and growing the role of the Oversight Group. Virtually all also highlighted the important roles of the Ministers as Chair/Deputy Chair and that their involvement substantially contributed to sustaining the focus on improving the culture of ACT Public Health Services.

Whilst the need for the Oversight Group was uniformly accepted, the roles that individual members played in the group was discussed.

A minority view saw Oversight Group meetings as primarily a vehicle for information exchange from the health service leaders to other stakeholders and/or a mechanism for holding Ministers/Health Service Leads accountable for implementation of the Review recommendations.

A more commonly shared view was that the Oversight Group members should collectively contribute to and assume responsibility for improving the culture of ACT Public Health Services. This view accorded with the text of the signed documents described earlier.

For the Oversight Group to be most effective, the capacity to engage in robust discussion, while reflecting the values and behaviours members agreed to, is critical. Equally important would be the extent of collectively owning and advocating for the pathways the Group endorses. This might include, for example, that when a problem area in CHS, Calvary or the HD is raised by an Oversight Group member, that a suggested solution or pathway to investigate and understand the problem further is discussed. This suggested solution should then be referred to the Steering Group for investigation and actioning. It is of course recognised that members of the Oversight Group also have accountabilities to their own members / organisations / constituencies, which are important but, ideally, these accountabilities should coincide.

The recent decision by the Minister to schedule the Oversight Group meetings more frequently (bimonthly) and extend the meetings from two to three hours is primarily designed to facilitate greater discussion amongst Steering Group members. This decision is strongly endorsed by the Reviewer.



The communique of the Culture Review Oversight Group stated

Together we will work to ensure all 20 recommendations of the review are addressed and implemented.

However, the existing Terms of Reference for the Oversight Group are mainly silent on the need for collective ownership. The Oversight Group should explore this issue more fully.

The Steering Group has been an important group to guide the work program and discuss commonality of approach across the three services. The extent to which the Steering Group should strengthen its focus on two aspects of their Terms of Reference viz

- discussion on new and emerging issues, opportunities and risks, and
- alignment of the implementation work across the Portfolio

is discussed later in this Inaugural Review.

Cultural Review Implementation Branch

There was endorsement amongst those interviewed of the pivotal role of the staff of the Cultural Review Implementation Branch in facilitating the work of both the Steering Group and the Oversight Group.

It is apparent, from reviewing all the material, that there is a strong commitment by the Branch to ensuring comprehensive, high quality documentation produced in a timely fashion. The continued support of this group will be critical to sustaining and building upon the achievements which have occurred to date.

Two concerns expressed by some members of the Oversight Group are

- that the paperwork for the Group has become “too bureaucratic”, and
- that the governance arrangements of the Branch are unclear.

The Executive Branch Manager reports directly to the Director General of ACT Health. There is opportunity to strengthen the governance linkages and relationships within the ACT Health Directorate which the Reviewer believes will improve the Branch’s effectiveness in collaborating with and facilitating intra-agency initiatives. This should be clarified by the Branch Manager and the incoming Director-General.

The initial work program of the Branch has been directed at establishing appropriate governance processes to guide establishment of the Culture Program. It is now an optimal time to review and recalibrate roles and expectations of the Branch in line with the specific ‘culture’ roles in each organisation. This will require greater pivoting, with an ability to respond in a more agile way to enable resourcing to focus on priority initiatives across the system while still sustaining their Secretariat function for the Steering /Oversight Groups. This is outlined in Section 5.

Related Committees

Three other Territory Health Committees are relevant to both

- Enabling the role and function of the Oversight Group and, more broadly



- Contributing to cultural improvements across the ACT Public Health Services

The first of these is the ACT Health and Wellbeing Partnership Board (see Terms of Reference at Attachment 2), which is designed to enable integrated *“efforts across the education, research and health service system that will result in improvements in delivery and effectiveness of health services for the Canberra community and communities in surrounding regions of NSW”*.

The work of this Board and its associated Working Groups has direct relevance to contributing to overall cultural enhancement of ACT Health services and has specific relevance to Recommendations 7 and 8 of the Workforce Culture Report. For example, the evolution of CHS as a more defined and recognised academic medical centre would be a desirable joint ambition of a CHS/ANU relationship and could be progressed through the Partnership Board.

The Second Committee is the Ministers’ Clinical Leadership Forum (see Terms of Reference also at Attachment 2), which is responsible for *“providing independent and expert clinical advice to the Ministers”*. Specifically, their Terms of Reference indicate *“The Forum will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT public health services and make recommendations to the Ministers where this relates to improving the clinical operations of the ACT’s health system”*.

Whilst it is still early days for both the Forum and the Board, progress on both has reportedly been patchy to date.

The third group arose from Recommendation 6 of the Final Report

That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.

The inaugural meeting of Non-Government Organisation Leadership Group (NGOLG) was held in October 2019 with frequency of meetings initially monthly and then shifted to bi-monthly in January 2020 to enable more time to progress work between meetings. However, in an effort to respond to COVID-19, meetings have been increased to weekly. Progress has been positive.

It is important that the relationships of all three groups to the Steering and Oversight Groups be more clearly articulated. This should be initially progressed via the upcoming review of the Terms of Reference of the Oversight Group.



Key Findings

- 1. The early commitment of members of the Oversight Group to collectively work together to implement the recommendations of the Final Report of the Independent Review has been an important pillar to progress over the past year.***
- 2. The governance arrangements for implementation through the Oversight Group and Steering Group supported by the Implementation Branch have been soundly based, and generally well enunciated.***
- 3. There are some reported differences amongst Oversight Group members on their individual role in the Group. Further discussion to achieve a common understanding of their role and contribution would be beneficial.***
- 4. The role of the Steering Group in assisting the function of the Oversight Group has been positive.***
- 5. The proposed review of the Terms of Reference of the Oversight Group should articulate more clearly the relationship of the Oversight Group to the Clinical Leadership Forum, the ACT Health and Wellbeing Partnership Board and the Non-Government Organisation Leadership Group.***



3. Progress on Recommendations

The Reviewer believes that, on balance, there has been considerable progress in progressing the implementation of the recommendations over the past fifteen months since the release of the Final Report into Workplace Culture and the past twelve months since ACT Government's formal acceptance of the Report. This assessment is derived from an analysis of progress monitored and reported to the Reviewer by the Culture Review Implementation Branch, coupled with the general views of those interviewed from both the Oversight Group and Steering Group. As would be expected, not all those interviewed were equally positive with progress. A minority pointed to delays early in 2019 in commencing implementation and others, while acknowledging some progress, reported implementation to be "patchy" across the recommendations and variable between CHS, Calvary and the Directorate.

Nevertheless, the overall view was that positive progress had occurred in the first year.

As can be seen in the *Implementation of Recommendations - Progress Report* at Attachment 3 which is a document prepared and maintained by the Implementation Branch, the scope and complexity of implementation is considerable, and it is to the credit of all concerned that a concerted focus on change has been adopted and sustained.

For each of the twenty recommendations of the March 2019 Final Report, Attachment 3

- Indicates the May 2019 Government response to the recommendation
- Identifies the organisation(s) responsible for implementation
- Describes the agreed action(s) to progress the recommendation's implementation
- Indicates progress up until the current date, and
- By means of colour coding, scores progress.

The color coding shows those actions/recommendations which are completed, on track, at risk or not commenced. The dual impact of the bushfires, followed by COVID-19 has understandably contributed to some reported delays. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform as soon as possible.

One issue that should be more consistently monitored and discussed at both the Steering and Oversight Groups is the extent to which the **actions** ascribed to each of the **recommendations** will collectively contribute to achieving the intent of that recommendation.

Six recommendations require some specific commentary in addition to that described in the Progress Report.

Recommendation 1 of the Report encouraged all three arms of the ACT Public Health Services to re-engage with staff to ensure the vision and values of the organisation "*are lived, embraced at all levels, integrated with strategy and constantly reflected in leadership*". Whilst the approach has been different across CHS, Calvary and the HD, at all three there has been pleasing progress in reaffirming a values-based organisation. For example, at Calvary, a new performance, planning and



development process (PDP) has been introduced to staff through fifty reported training sessions. The process better embeds the values into the performance framework.

In the HD, the values statement was launched last October, supported by volunteer “values champions”. Similar progress has been reported for CHS.

It is acknowledged that a refocus on vision and values does not necessarily result in improved behaviours in the workplace. Nevertheless, it is a pre-requisite to cultural change and, as such, a positive start.

Recommendation 3 of the Report states:

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 Centre’s Patient Advocacy Reporting System (PARS) and Co-worker Observation Reporting System (CORS).

There were different perspectives on progress with respect to this recommendation. All interviewed saw it, correctly, as a key recommendation of the Report. The mechanism by which it was being progressed - through a contract with ANU Research School of Management (RSM) to first develop a Workplace Change Framework, was questioned by some.

Concern was expressed regarding the usefulness of the Framework in progressing the recommendation and/or the fact that the time spent on its development has unnecessarily slowed the commencement of the needed program. Some thought that the Framework was being prepared without sufficient analysis of best practice in other high performing health services with positive cultures – both nationally and internationally. Others pointed to the complexity of operationalising the Framework once it is endorsed by the Oversight Group.

At the time of preparing this Report, the Framework document is still being completed and considered by the Steering Group and the Oversight Group.

There are a number of fundamental systems to facilitate the needed organisational maturity to support a Vanderbilt type model (and other initiatives) and, whilst some delay may result, the Reviewer believes attention to these underpinnings is appropriate. The Framework is also appropriately structured to enable progression to organisational maturity.

There has been other foundation work which has already been implemented to support Recommendation 3. This includes the mapping of the *Respect, Equity and Diversity Framework* and the Complaints and Grievance processes in each organisation across the ACT public health system.

Recommendation 4 of the Report states:

The Health Directorate convene a Summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.

This Summit is important to address some reported clinical tensions between CHS and Calvary. Whilst it was planned to hold the Summit in the second half of 2019, this has been delayed by a variety of factors affecting ACT Health Services. Most recently, the onset of the COVID-19 pandemic has created a further understandable delay.



As Australia commences recovery from this pandemic, it would be timely to reschedule this Summit with one focus on lessons learnt from the COVID-19 that can be sustained.

There are some other practical issues that could be raised in the Summit. One concerns the support for junior doctors who often rotate between CHS and Calvary to ensure smooth transition between the two services. Similarly, some Visiting Medical Officers (VMOs) who hold appointments at both services have cited a lack of service coordination as an inhibitor to optimal clinical care for the community.

Recommendation 7 of the Report states:

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.

The ACT Health and Wellbeing Partnership Board was seen as a key vehicle to achieve this recommendation. The Partnership Board had its first meeting on 21 June 2019 and met four times up until December 2019. The two chairs of the Working Groups were appointed in December 2019, although membership of each Group awaits finalisation.

The importance of developing a stronger academic base across research, education and training for ACT Public Health Services cannot be overstated as a key mechanism to attracting and retraining high quality staff and ultimately contributing to a safer health service.

Recommendation 8 of the report states:

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.

It is pleasing that there has been considerable progress on the proposed MoU with a NSW Premier/Chief Minister signing to occur at the first opportunity this year. The draft Agreement is structured around the following four shared priority goals and includes specific actions to be completed over a one to five-year implementation schedule.

- Enhanced data and information sharing
- Service redesign
- Regional Planning and purchasing and
- Coordinated governance arrangements.

Recommendations 14, 15 and 16 of the Report related to aspects of improved systems to facilitate recruitment, HR staffing and staff training. Each of CHS, Calvary and Health Directorate have reported progress in those areas.

For example, at CHS some of the reported initiatives to embed a more positive workplace culture have included

- Integration of an Employee Advocate role into the business – on a shared basis with ACT Health Directorate



- An updated structure in the People and Culture Division in supporting the business, cultural change and skill development. This has included the successful implementation of the Business Partner model and the integration of the Director Workforce Planning, Manager Workforce Inclusion and Senior Director Positive Workplace roles
- Senior Managers' Forums being held monthly to provide an update on topical information and to have this information cascade to their teams
- The introduction of a Consultative Framework. There are four committees in place, along with forums being conducted with all relevant unions, and regular one on one meetings between the CEO, and EGM People and Culture
- An Aboriginal and Torres Strait Islander Steering Group established and leading relevant key initiatives. A staff network has also been formed for Aboriginal or Torres Strait Islander staff, and
- An *Occupational Violence Strategy* launched on 1 April 2020.

Key Findings

- 6. Given that it is only a year since Government acceptance of the recommendations, progress on their implementation has been good. There should be ongoing reappraisal as to whether the actions ascribed to each of the twenty recommendations continue to collectively contribute to achievement of that recommendation.*
- 7. The dual impact of bushfires followed by COVID-19 has recently and understandably contributed to some delays in progress. It will be critical for the Steering and Oversight Groups to re-establish the momentum of reform.*
- 8. Progress is particularly evident, within the three health services, on vision, values, altered workplace policies and human resources functions.*
- 9. Some of the inter-agency recommendations have not progressed at the same pace and they will require increased focus over the next year.*



4. Impact on Culture

The Review into Workplace Culture within the ACT Public Health Service concluded that there was “a worrying and pervasive poor culture across the ACT Public Health System. There are pockets of high performance where staff are proud of the quality of their work and were keen to demonstrate it to the Reviewers. By contrast, there were areas where a very poor culture had persisted over many years, and where bullying and other poor performance had not been addressed”.

Significant improvement to such cultures will require sustained effort over a number of years. Given that this Inaugural Annual Review is taking place only one year after the ACT Government’s response to the Report’s findings, the citing of substantial improvement would be unlikely.

Two areas, however, provide some encouragement that workplace culture across the three services is improving – the former relating to the focus on reported alleged clusters of bad behaviour and bullying, and the latter, some quantitative evidence of overall health service improvement.

With respect to the former, the Final Report of the Review states... ‘During analysis, it became apparent that a number of submissions repeatedly citing bullying and inappropriate behaviours were clustered in a few sections of the ACT Public Health System. As previously mentioned, it was outside the scope of this Review to investigate such allegations. Nevertheless, where these clusters were identified, the relevant Senior Executive was advised’.

The March 2019 meeting of the Oversight Group was informed of the fourteen areas of ACT Public Health Service where four or more submissions to the Review cited inappropriate behaviour. The CHS, Directorate and Calvary leaders on the Oversight Group committed to assessing the allegations and, if substantiated, addressing each site individually. It was also agreed at that meeting that the Oversight Group would monitor progress at future meetings.

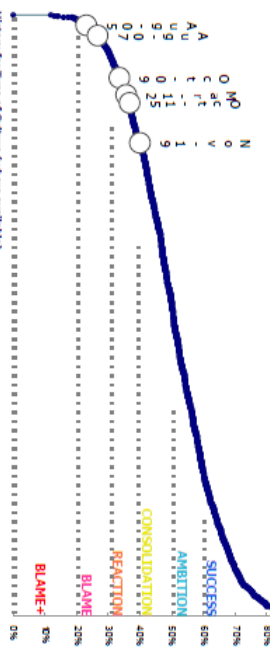
It is acknowledged that in some of these areas, poor behaviours are long standing deeply ingrained and replacing that culture with one that adheres to the stated organisational values will be slow and difficult. Nevertheless, those interviewed agreed that the focus on these “hot spots” over the past year has successfully decreased levels of inappropriate behaviours in most of those areas where there was substantiation of the allegations.

With respect to overall culture changes, some evidence is provided by two Workplace Culture Surveys conducted by Best Practice Australia in late 2019 at both Canberra Health Services and ACT Health Directorate. The summation pages of these two surveys is as follows.



What is our Type of Culture?

Canberra Health Services
Culture of Consolidation
40% Engaged



What are our Best Scoring Attributes?

Percentage of respondents who answered positively (in descending order).
(Excludes 'Yes/No and Self-Awareness questions')
[All questions have been answered by at least 75% of respondents.]

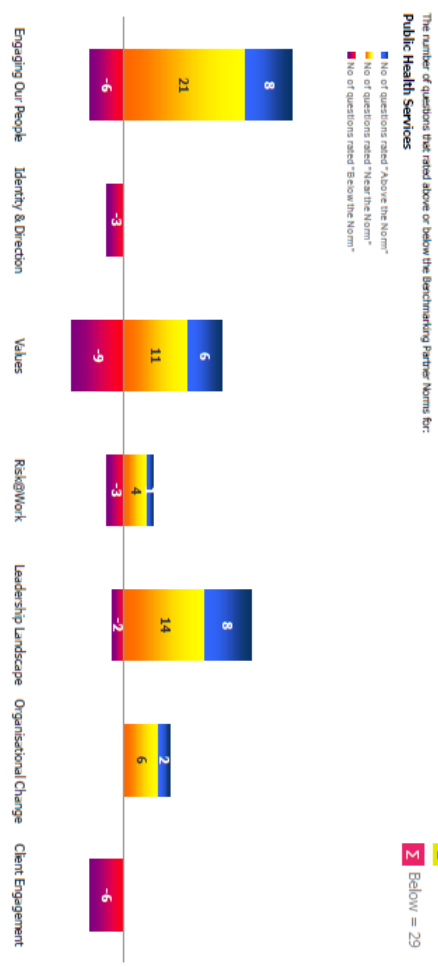
Attribute	Positive Rating	Positive Responses (n=)
In my work team, most of the team members ... Know each other well.	84%	2,794
In my work team, ... I feel a sense of pride when the changes I make in my job have good results.	83%	2,689
In my work team, most of the team members ... Are quick to step in and help each other.	79%	2,592
In my work team, most of the team members ... Work to fix any mistakes - rather than cover them up.	78%	2,546
Managers always take work, health and safety seriously.	77%	2,568
If I observed or experienced harassment or bullying I would ... Know how to go about reporting such behaviour.	75%	2,393
Canberra Health Services provides ... Secure employment.	75%	2,762
In my work team, ... I feel safe in discussing work problems with my team leader.	74%	2,440
In my work team, most of the team members ... Are clear about what other team members expect from them.	74%	2,443
Managers always take action to address identified work, health and safety issues.	73%	2,446

What are our Most Negative Scoring Attributes?

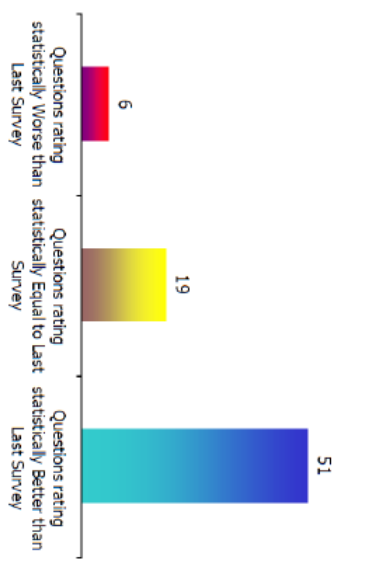
Percentage of respondents who answered negatively (in ascending order).
(Excludes 'Yes/No and Self-Awareness questions')
[All questions have been answered by at least 75% of respondents.]

Attribute	Negative Rating	Negative Responses (n=)
The organisation introduces change quickly. It is fast, focused and flexible.	30%	1,073
Canberra Health Services consistently meets my most important expectations of it.	27%	860
There is high trust in the Executive Management Team of Canberra Health Services.	25%	1,033
If I observed an employee not demonstrating Canberra Health Services Values I would ... Trust that if such behaviour was reported, then it would be appropriately managed.	25%	849
If I observed or experienced harassment or bullying I would ... Trust that if such behaviour was reported, then it would be appropriately managed.	23%	746
There is a strong sense of success and achievement - Things are getting better all the time.	23%	959
There is high trust in the Executive responsible for my team.	23%	926
There is a climate of Trust and Respect throughout the organisation.	23%	931
There is a strong sense of purpose and direction.	22%	924
There is high trust in Managers throughout Canberra Health Services.	22%	916

How do we compare against all the Benchmarking Norms?



How much have we changed?



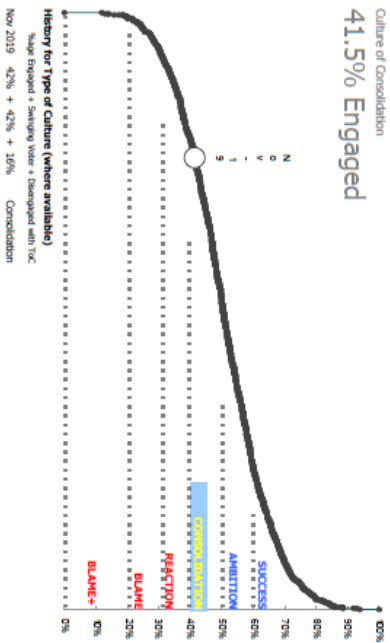
Note: If an attribute appears in both lists above, this can mean that it is highly polarised (respondents are either highly positive or highly negative about it - not much in the middle ground).



At a Glance

What is our Type of Culture?

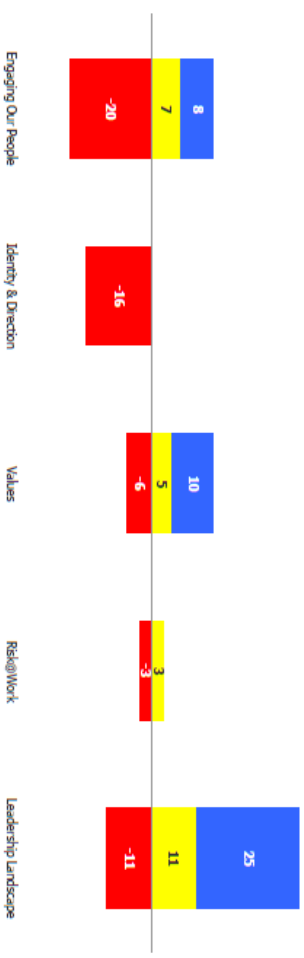
ACT Health Directorate
Culture of Consideration
41.5% Engaged



How do we compare against our Primary Benchmarking Norms?

The number of questions rated above or below the Benchmarking Partner Norms for:

Workforce
 ■ No of questions rated "Above the Norm"
 ■ No of questions rated "Near the Norm"
 ■ No of questions rated "Below the Norm"



What are our Best Scoring Attributes?

This list of attributes shows the number of respondents who either Agree or Strongly Agree with the question/statement as asked on the survey.
(Excludes any N/A's, Yes/No or Self-awareness questions)

Attribute	Positive Response-ents (n=)
My workplace is... Free from sexual harassment.	379
The organisation provides ... Adequate flexibility in the hours/shifts I work.	378
The people I work with put into practice the value... Integrity.	358
In my work team, most of the team members ... Know each other well.	355
In my work team, most of the team members ... Are quick to step in and help each other.	352

What are the Attributes that have the "Highest Number of Negative Responses"?

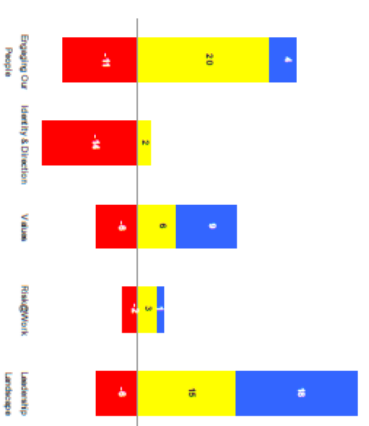
This list of attributes shows the number of respondents who either Disagree or Strongly Disagree with the question/statement as asked on the survey.
(Excludes any N/A's, Yes/No or Self-awareness questions)

Attribute	Negative Response-ents (n=)
If I observed an employee not demonstrating Our Values I would... Trust that if such behaviour was reported, then it would be appropriately managed.	123
My workplace is... Free from favouritism.	114
There is a strong sense of success and achievement - "Things are getting better all the time".	104
My organisation ... Has appropriate and effective internal processes, systems and procedures.	103
The organisation consistently meets my most important expectations of it.	99

How do we compare against our Secondary Norms?

The number of questions rated above or below the Partner Norms for:

Strategy, Planning & Policy Services



Note: If an attribute appears in both lists above, this can mean that it is highly polarised (respondents are either highly positive or highly negative about it - not much in the middle ground).



At CHS, the Survey pointed to a low 40% of staff as “positively engaged”. Notwithstanding this low level, the November 2019 data indicated gains, albeit small gains, compared to the 2015 survey results. Given the circumstances within ACT Public Health Services, particularly between 2015 and 2018, any gain over that period should be viewed as positive, reportedly reflecting the positive impact of the recent changes in leadership.

The best scoring indicator attributed at CHS related to the interface with immediate colleagues whilst the most negative scoring attributes related to trust of, and respect for management.

Within the Directorate, the results were similar with 41.5% of the staff “positively engaged”. Accurate comparisons to the 2015 survey results was not possible within the Directorate as there was considerable changes to staff resulting from the transition of CHS.

There is no comparative analysis for Calvary. The Little Company of Marcy (LCM) has engaged an alternate company to conduct their Culture Survey and, at the time of undertaking this review, the survey had been delayed for COVID-19 reasons.

Virtually all members of the Oversight Group reported some evident improvement in overall culture with:

- Less bullying and harassment across the three organisations
- Improved executive leadership of the leadership team
- Improved clinical engagement, and
- Better HR functions.

For example, one key union group stated that

- Their members were better supported in the workplace
- Communications with staff had improved, and
- There was a positive change in the work atmosphere.

The reported positive indicators at CHS and HD should nevertheless be treated with caution. In February of this year, for example, the AMA released a wide-ranging survey of doctors in training across Australia which showed that ACT medics are the most likely across all States/Territories of Australia to face bullying and harassment. The survey indicated that the poor culture in ACT is particularly evident to those junior doctors who had studied or worked interstate. What is not evident in the survey is whether this reported bullying of junior doctors represents a deterioration over that identified in the Workplace Culture Review.



Key Findings

- 10. One year into implementation of the Final Report's recommendations is too short a timeframe to expect significant improvement in ACT Public Health Services workplace culture.***
- 11. Notwithstanding this brief timeframe, the sustained focus on 'hot spots' by the three services executives has been commendable and, at CHS at least, where Staff Survey data is available, some overall small gain in culture metrics across that organisation is evident.***
- 12. Improvement in the metrics of workplace culture over the next two years should be significantly greater as the full impacts of implementation of recommendations occur.***



5. Next Phase

In examining progress on implementation of the Culture Review, the Terms of Reference for the review sought ideas on the following questions.

- What may need to change or be improved?
- What has been learned so far and how can these insights and experiences be leveraged to improve the process and outcomes/impact of the culture review implementation process?

Seven areas are discussed for consideration.

Oversight Group Future Focus

As described in Attachment 2, the sole role of the Oversight Group is to oversight the implementation of the twenty recommendations of the Review into Workplace Culture. Similarly, the role of the Steering Group is to provide a forum that facilitates the implementation of these recommendations.

Some interviewed thought that a sole focus on these recommendations over the next two years may miss the opportunities/initiatives to improve culture, which were not foreshadowed/identified in the March 2019 Review. For example, one might be, what if any role the Oversight Group has in assessing the opportunities for culture improvement presented by the clinical management of COVID-19.

On balance, this Reviewer concurred with the views of most Oversight Group members, however, a continued focus on the implementation of the March 2019 Review's twenty recommendations for at least a further year is appropriate. At that stage, if the expected timeframes for implementation are still on track, balancing such a focus on the recommendations with other opportunities/initiatives may be appropriate.

It is noted that the Terms of Reference for the Steering Group already has the capacity to broaden the scope of activities with a function accorded to them of "*discussion on new and emerging issues, opportunities and risks*". To date, this has not been discussed at the Steering Group in a comprehensive fashion. Given the need to establish solid foundations, the focus of the Steering Group to date has been appropriate, however there will now be opportunity to support and explore emerging issues more pro-actively. It would be timely to ensure there is capacity to examine any of these and report them progressively to the Oversight Group.

Role of Cultural Review Implementation Branch

There are six FTE positions in the Implementation Branch, and the staff involved have been fundamental to the inaugural phase of implementation.

To date much of the work of the Branch has primarily been focussed on establishing intra-agency collaboration and discussions across the HR related functions and progressing intra-agency culture specific initiatives, whilst also supporting the Steering and Oversight Groups to become established and function effectively. In this inaugural phase, this focus has been appropriate, but it is timely that



the role be increasingly pivoted over for the next two years to be more a support team for implementing cultural changes within CHS, Calvary and/or the Health Directorate.

If this proposal is endorsed, the Branch Manager should prepare a paper for consideration by the Steering Group and then the Oversight Group as to how this could be effected.

It is emphasised that this proposed change in emphasis should not detrimentally impact on the supporting responsibilities for the two Groups.

Communications

In December 19, the Steering Group endorsed a detailed Communications and Engagement Strategy up to 2022.

The aim of the Strategy was described in the document as *“To ensure all staff and stakeholders across the ACT public health system (the system) are appropriately engaged and informed of progress with implementing the twenty recommendations from the Final Report: Independent Review into the Workplace Culture within ACT Public Health Services. The Strategy will guide our work to communicate progress made in evolving and driving positive workplace practices and mindsets”*.

The implementation of this Strategy has not yet occurred, but hopefully will go some way to addressing a commonly expressed criticism of both the Oversight and Steering Group’s work to date in that there has been insufficient engagement with staff and, more broadly, the community on what is occurring.

The main mechanism for communications across ACT Public Health Services regarding the implementation of recommendations to date has been through:

- Oversight Group communiqués issued after each meeting of the Group
- Intranet for ACT public health system workforce maintained by the Cultural Review Implementation (CRI) Branch and
- Ministerial Statements in the Legislative Assembly.

Whilst important, these do not constitute a comprehensive communications and engagement strategy. Re-exploration of roles and agreement at the Steering Group should occur to enable a consistent, yet organisation nuanced approach. Such a strategy is designed to complement workplace-based communications by the executive at CHS, Calvary and within the ACT Health Directorate.

Portfolio vs Service Approach

The Final Report of the Review envisaged a response with greater cohesion between ACT Health Directorate, CHS and Calvary than appears to be evolving. The complexity of adopting such a response is acknowledged. Calvary Public Hospital is part of the LCM and delivers public health services under a contract arrangement. The ACT Health Directorate is not a service provider and CHS operates as a hospital and health service with direct accountability to the Minister for Health.

For example, Recommendation 3 envisaged a uniform approach by Calvary, CHS and the Health Directorate in implementing a program to promote a healthier culture and reduce inappropriate workplace behaviour. The Government response in accepting this recommendation was that the program “will need to be consistent across the three arms of the ACT public health system”. Calvary Public Hospital has individually progressed this recommendation in that the LCM has selected



Calvary as a pilot site for the “*Speak up for Safety Program*”, which is run by the Cognitive Institute under licence from Vanderbilt. CHS and the Health Directorate, by contrast has been awaiting the development of the ANU Workplace Change Framework which is designed to get ACT public health services to a state of readiness to ‘consider implementation of a Vanderbilt-type model.’

Whilst most interviewed believed the Framework would be useful to implementing sustainable workplace changes to culture, it is uncertain that whatever eventuates for CHS arising from the ANU work will mirror the Calvary initiative.

The 2019 Final Report, in discussing the contracted arrangements with LCM for Calvary Public Hospital, suggested that future iterations of the contract should more explicitly highlight the need for coordinated approaches to cultural changes across ACT Public Health Services.

It would be appropriate for the Oversight Group, with advice from the Steering Group to discuss what areas they would wish there to be a strong portfolio approach. As one example, the previously mentioned Summit of senior clinicians and administrators (Recommendation 4), requires a portfolio approach.

Measures for Success

A second area requiring a portfolio approach would be the measures of success.

At the June 2019 meeting of the Oversight Group, the former Minister for Health and Wellbeing raised the following set of questions for the Oversight Group.

- How will the Oversight Group measure success?
- What are the milestones?
- How will the Oversight Group report on the measures?

A paper prepared by the Implementation Team was subsequently discussed and addressed at the November 2019 meeting of the Oversight Group. The paper suggested lead indicators that should be measured and monitored across the portfolio as indicators of cultural change.

Identified examples of indicators which could be included in a dashboard are:

- Staff turnover and separation/exit rates
- Leave data
- Patient satisfaction/dissatisfaction measures
- Numbers of reports of bullying, harassment and discrimination, and
- Percentage of staff accessing professional development.

In order to develop a credible, transparent Communications and Engagement Strategy an agreed set of metrics should be expedited. It may be that some metrics are measured annually over the next two years, whilst others may be quarterly/six monthly measures.

Oversight Group Functionality

One useful suggestion made to the Reviewer was that the findings of this Inaugural Review should be discussed by means of a half day strategy workshop by members of the Oversight Group to discuss such areas as:

- Improvements to how the Group functions



- Any changes to foci of Group considerations
- Clarification of relationship to the Clinical Leadership Group, the ACT Health and Wellbeing Partnership Board, and the NGO Leadership Group
- Ensuring an improved communications/engagement strategy is implemented, and
- Ongoing monitoring of measures of success.

This proposal to conduct a strategy workshop is supported.

Key Findings

13. Six areas are identified that should receive attention over the next year

- *The Oversight Group should sustain a continued focus on the implementation of the twenty recommendations of the Review for at least the next year.*
- *The Steering Group should propose to the Oversight Group which of the recommendations should be implemented portfolio wide in a common format.*
- *The role of the Cultural Review Implementation Branch should pivot to be an increased resource for initiatives which are being implemented in CHS, Calvary and the ACT Health Directorate. A primary role however, should be to continue to service the Steering Group and Oversight Group.*
- *Implementation of the approved Communications and Engagement Strategy should be expedited. Clarity of the linkages and strengthening of the governance with the NGO Leadership Group, ACT Health and Wellbeing Partnership Board and Clinical Leadership Forum will assist progress with the ACT Public Health Service Communications and Engagement Strategy.*
- *An agreed portfolio wide dashboard of monitoring measures should be developed and promulgated.*
- *The Oversight Group should convene a strategy workshop to consider the issues raised in this Review.*



Attachment 1: People Interviewed

Interviewee	Position/Role
Alessandra Capezio	ANU, Research School of Management
Barb Reid	Regional CEO Calvary
Bernadette McDonald	CEO Canberra Health Services
Clinton White	Senior Adviser to Vicki Dunne MLA
Darlene Cox	HCCA ACT
Janine Hammat	EGM People & Culture, CHS
Jodie Junk-Gibson	EBM, Culture Review Implementation Branch, ACTHD
John Fletcher	EGM, Corporate and Governance, ACTHD
Judi Childs	Regional Chief HR Officer Calvary
Julie West	Workplace Research Associates
Kylie Jonasson	DDG Health Policy, Systems and Research Group / Chair ACTHD Culture Review Implementation Working Group
Madeline Northam	CPSU
Matthew Daniel	ANMF
Michael De'Ath	D-G ACT Health Directorate (ACTHD)
Michelle Lincoln	Executive Dean of the Faculty of Health, UC
Rachel Stephen-Smith	ACT Minister for Health
Shane Rattenbury	ACT Minister for Mental Health
Peter Hughes	VMOA
Peter Sommerville	CEO, AMA ACT
Richard Singer	ASMOF ACT
Russell Gruen	Dean, College of Health and Medicine, ANU
Sally Curtis	ANU, Research School of Management
Steve Ross	ASMOF ACT
Tony Chase	Manager Workplace Relations and GP
Vicki Dunne	MLA
Wendy Armstrong	ACCA ACT



Attachment 2: Committees Terms of Reference

- Cultural Review Oversight Group
- Cultural Review Implementation Steering Group
- Clinical Leadership Forum
- ACT Health Wellbeing Partnership Board
- ACT Health NGO Leadership Group



<p>Role</p>	<p>The role of the Culture Review Oversight Group (Oversight Group) is to oversight the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review) (March 2019).</p>
<p>Values and Behaviours</p>	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborate within strong governance frameworks. Members will display signature behaviours such as:</p> <ul style="list-style-type: none"> • Accountable, transparent, decision-making; • Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with 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; and • Confidentiality of the process.
<p>Membership</p>	<ul style="list-style-type: none"> ○ Minister for Health and Wellbeing (Chair) ○ Minister for Mental Health (Deputy Chair) ○ Director-General, Health Directorate ○ Chief Executive Officer, Canberra Health Services ○ Regional Chief Executive Officer, Calvary ACT ○ Regional Secretary, CPSU ○ Branch Secretary, ANMF ACT ○ 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 with the agreement of the Chair where special expertise or experience is required to assist the Group in its work.</p>

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



	<p>regular reports and issues for escalation from members, through the Secretariat.</p> <p>The Culture Review Implementation Steering Group (CRISG) reports to the Culture Review Oversight Group. The Oversight Group will provide a meeting update to Government through the Chair. Following Government consideration, the Oversight Group will issue a communique.</p>
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 Oversight Group members which is by its nature confidential, marked as confidential or that the member ought to know is confidential, will be kept secret and confidential and not disclosed to anyone outside the Oversight Group.</p> <p>Requests for agenda items and papers should be submitted to the Secretariat at least two weeks prior to the meeting.</p> <p>Papers will be distributed to members electronically five working days prior to the meeting taking place.</p>
Standing Agenda Items	<p>A summary of standing agenda items is at Attachment A.</p>
Minutes	<p>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.</p>
TOR Review Frequency	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements.</p> <p>The next review is due by June 2020.</p>
TOR Approval	<p>Meegan Fitzharris, MLA Minister for Health and Wellbeing 11 June 2019</p>





Terms of Reference

<p>Role</p>	<p>The role of the Culture Review Implementation Steering Group (Steering Group) is to provide a forum that facilitates the implementation of the recommendations of the Final Report of the Review into the Workplace Culture in ACT Public Health Services (the Review). (March 2019).</p> <p>The Steering Group will:</p> <ul style="list-style-type: none"> • assist the Culture Review Oversight Group with the work of overseeing the implementation of the Review recommendations; • develop and take carriage of the implementation plan; • oversight and facilitate the annual review of workplace culture; • ensure there is clear and effective governance around the culture review implementation, including discussion on new and emerging issues, opportunities and risks; • facilitate information sharing and discussion of key issues affecting the culture review implementation; • consider issues around organisational leadership and culture as they relate to the culture review implementation; • support the Leadership Team (Director-General Health, CEO Canberra Health Services and the Regional CEO Calvary ACT) to meet their responsibilities stipulated within the Culture Review recommendations; and • ensure alignment of implementation work across the Portfolio.
<p>Values and Behaviours</p>	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborating 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 within the Directorates, across the ACT Public Service and the Health System and with 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, and • Innovative improvement of systems and services to achieve safe and effective person and family-centred care.



Membership	<ul style="list-style-type: none"> ○ Director-General, Health Directorate (Chair) ○ Chief Executive Officer, Canberra Health Services (Deputy Chair) ○ Regional Chief Executive Officer, Calvary ACT (Deputy Chair) ○ Executive Group Manager, People and Culture, CHS ○ Executive Group Manager, Corporate and Governance, HD ○ Chief Human Resource Officer, Calvary ACT ○ Executive Branch Manager, Culture Review Implementation Team <p>Relevant agency project officers responsible for ensuring efficient implementation will also be invited to attend to support the Steering Group.</p> <p>The Steering Group may also co-opt other individuals or representatives of organisations from time to time with the agreement of the Chairs where special expertise or experience is required to assist the Steering Group in its work.</p> <p>Members will be asked to declare any actual, potential, or perceived conflicts of interest, at each meeting.</p>
Secretariat	<p>Secretariat Support will be provided from the Culture Review Implementation Team within the Office of the Director- General</p>
Meeting Frequency	<p>Meetings are to be held monthly, or as required by the Chair.</p>
Quorum	<p>At least 50% +1 of members in attendance shall be deemed to be a quorum. With the Chair and Deputy Chairs as mandatory attendees.</p>
Absences from Meetings and Proxy Attendance	<p>All Members are strongly encouraged to prioritise meetings. Absences or proxy requests are to be submitted to the Secretariat a week prior to the meeting.</p>
Functions	<p>The Culture Review Implementation Steering Group has been established to:</p> <ul style="list-style-type: none"> ▪ provide leadership and oversight of a sustained, transparent and measurable approach to the implementation of the Review recommendations; ▪ provide advice and direction to the Culture Review Oversight Group on implementation priorities and initiatives; ▪ action any requests from the Culture Review Oversight Group including for further work or advice on culture review implementation; ▪ action the escalation of issues, risks, opportunities and recommendations from/to the Culture Review Oversight Group; ▪ establish and monitor key priorities and strategies for implementation; ▪ establish governance arrangements, to ensure appropriate authority, responsibility and accountability in implementing the review



	<p>recommendations is supported across the organisation by its structure, delegations, policies and committee arrangements; and</p> <ul style="list-style-type: none"> ▪ discuss and progress concept papers towards implementation of the Review recommendations.
Reporting Mechanisms	<p>The Steering Group reports to the Culture Review Oversight Group through the Chair.</p> <p>The Steering Group receives information, regular reports and issues for escalation on implementation matters from each member.</p> <p>In addition, all members of the Steering Group are required to report on critical culture review implementation issues within their Division and/or professional group.</p> <p>Other organisational executives may also make direct submissions to the Steering Group following approval from the Chair.</p>
Meetings and Agenda Requests	<p>Requests to list agenda items and papers should be received by the Secretariat at least one week prior to the meeting.</p> <p>Papers will be distributed to members electronically at least three days prior to the meeting taking place.</p>
Standing Agenda Items	<p>A summary of standing agenda items is at Attachment A.</p>
Minutes	<p>The Secretariat will prepare minutes of each meeting, and record actions items. Minutes and action items will be distributed within one week of the meeting taking place.</p>
TOR Review Frequency	<p>The Terms of Reference will be reviewed annually, or as required to ensure alignment with governance arrangements. The Committee will cease operation in May 2022 following full implementation of the cultural review.</p> <p>The next review is due by May 2020.</p>
TOR Approval	<p>Michael De’Ath Director-General ACT Health Directorate 2 July 2019</p>





Terms of Reference

Role	<p>The Clinical Leadership Forum (the Forum) is responsible for providing independent and expert clinical advice to the Ministers, with the aim of contributing to the continuous improvement of a high performing health system that keeps people well, provides the best care when required and provides an industry-leading workplace. The Forum will be informed and guided by the recommendations of the Independent Review into the Workplace Culture within ACT public health services and make recommendations to the Ministers where this relates to improving the clinical operations of the ACT’s health system.</p>
Values and Behaviours	<p>Participation and engagement in the Committee will reflect organisational values and the commitment to collaborating 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 within the Directorates, across the ACT Public Service and the Health System and with 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, and • Innovative improvement of systems and services to achieve safe and effective person and family-centred care.
Membership	<p><u>Chair</u></p> <p>An individual to be appointed by the Ministers</p> <p><u>Members</u></p> <p>Up to nine members to be selected comprising representatives from a range of areas including:</p> <ul style="list-style-type: none"> ○ Surgery ○ Medicine ○ Nursing and midwifery ○ Allied health ○ Primary care ○ Mental Health ○ Preventive health ○ Health research ○ Clinical education ○ Consumer representation <p>Members will be experienced professionals with demonstrated ability to advise the Ministers on areas such as clinical management, governance, health service planning,</p>



and asset management.

Term

Members are appointed for a term of two years.

Ex-Officio Attendees

Director-General, ACT Health
Chief Executive Officer, Canberra Health Services
Regional Chief Executive Officer, Calvary

Functions

The Forum will:

- Provide the Ministers with advice on relevant clinical considerations in the sustainability, development and improvement of the ACT health system, including input into planning and infrastructure considerations and input into mechanisms to measure improvements;
- Consider and advise the Ministers on steps necessary to ensure that the ACT's health system has access to a sustainable, well trained and valued clinical workforce;
- Consider developments in other health systems and advise the Ministers on applicability to the ACT to enhance system improvements.

While Ministers may seek the advice of the Forum on matters relating to the health system, key areas of focus for the Forum will include:

- Territory Wide health service delivery
- Territory Wide health service infrastructure planning
- Clinical culture, planning and practice
- Workforce planning
- Education and training
- Health and medical research

Reporting

The Clinical Leadership Forum (the Forum) reports to the Minister for Health and Wellbeing and the Minister for Mental Health (the Ministers).

An annual report will be provided by the Chair to the Ministers on the operations of the Forum each financial year, including the outcomes of consultations. The report will be provided within three months of the end of the financial year.

Chair

The Chair is responsible for managing the duties and responsibilities of the Forum, in consultation with the Ministers. Should the Chair be unavailable for a meeting, the Chair may appoint an acting Chair for that meeting.

Quorum

50% + 1 membership is required for a quorum.

Proxies will not be accepted in the event a member is not able to attend a meeting.



Operating Protocols	<ul style="list-style-type: none"> • Other attendees or representatives may be invited at the Chair’s discretion. • The Forum is authorised to use a variety of means to deliver on its terms of reference including holding consultative events with staff on particular subjects or themes. • All members (including the Chair) will complete and maintain a current conflict of interest declaration.
<p>All members (including the Chair) will act at all times in accordance with ACT Health Directorate’s Values and Behaviours, as established following the Independent Review into the Workplace Culture within ACT Public Health Services.</p>	
Secretariat	Office of Deputy Director-General, Health Systems, Policy and Research
Agenda	<p>The Secretariat will call for agenda items from the membership no later than 15 days prior to the meeting. The Chair will determine the agenda for meetings in consultation with the Ministers. The Agenda and any associated papers will be circulated seven days prior to each meeting.</p>
Meeting Frequency	<p>The Forum will meet bi-monthly.</p> <p>Matters may be considered out-of-session with the agreement of the Chair.</p>
Remuneration	<p>Remuneration will be determined by the Remuneration Tribunal for the Chair and for any members of the Forum that are not ACT Government employees.</p> <p>ACT Government employees may be appointment as members but are not entitled to remuneration if they are appointed in their employment capacity.</p>
TOR Review Frequency	The Terms of Reference will be reviewed after 18 months of operation.
Approved	9 September 2019





ACT
Government

ACT Health

ACT Health and Wellbeing Partnership Board

Terms of Reference

Role

The ACT Health and Wellbeing Partnership Board (the Board) is responsible for setting the overall framework to allow prioritisation and integration of efforts across the education, research and health services system that will result in improvements in delivery and effectiveness of health services for the Canberra community and communities in surrounding regions of NSW.

The Board will ensure optimal patient outcomes and high-value high-performance health services in the ACT through partnerships with academic institutions that provide expertise in health research, education and training; leverage the value of research, education and training opportunities to the clinical sector; contribute to shared positions, facilities and programs; and help to develop, attract and retain a high-quality health workforce fit for the future.

Values and Behaviours

Participation and engagement in the Board will reflect organisational values and the commitment to collaborating within strong governance frameworks. Members will display signature behaviours such as:

- Accountable, transparent, decision-making
- Genuine and respectful engagement with colleagues within the Directorates, across the ACT Public Service and the Health System and with 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, and
- Innovative improvement of systems and services to achieve safe and effective person and family-centred care.

Reporting

The Board reports to:

- Minister for Health and Wellbeing
- Minister for Medical and Health Research
- Vice-Chancellor, Australian National University
- Vice-Chancellor, University of Canberra

The Board will provide a quarterly report to the Ministers and Vice-Chancellors on the operations of the Board, including the progress, status and next steps for initiatives. On conclusion of each meeting, the Board will endorse a joint Communique for public release.



Functions

The Board will:

- Consider overall structural and organisational issues in relation to health research functions currently embedded in the ACT Health Directorate, Canberra Health Services and Calvary ACT.
- Progress development of integrated research and education precincts.
- Prioritise, oversee and monitor a diverse health research agenda building on existing research strengths in population health, prevention, cutting-edge laboratory science, clinical research, implementation science, and health services research striving for positive local, national and international impact on health for people at all stages of life.
- Collaborate on programs that will include participation of researchers across multiple disciplines, primary care and specialist clinician researchers and the consumers of health care. Quality improvement research will be embedded within all areas of health care delivery. Collaboration will occur to access funding opportunities where these benefit the ACT region and its community.
- Development and oversight of system-wide workforce strategies that relate to the delivery of health services and that leverage collaboration across the academic, policy and delivery sectors to attract and retain a high-quality health workforce fit for the future.

Through its associated Working Groups, the Board will oversee research, education and training strategies, policies, legal agreements, and organisational structures and functions across the ACT health system that relate to:

- Research Governance and Delegations of Authority.
- Applications for large collaborative grants that involve health services and academic partners.
- Conduct of Clinical Trials.
- Human Research Ethics.
- Intellectual Property.
- Facilitating the involvement of consumers and the community in establishing priorities.
- Employment and reporting arrangements of academic clinical staff, and appointment of other Research, Education and Training-related staff, including joint appointments between ACTH/CHS/Calvary and other partners.
- Relationships between the health services and the staff and students of ANU and UC and other relevant organisations operating in the Territory.
- Building capacity and capability of consumers to participate in health research.
- Liability and insurance matters.
- Development of infrastructure and facilities to integrate research, education and training capabilities with the health services.

Provision of and access to facilities that are used for clinical service delivery, research, education and training, including shared spaces, library and information services, medical record access, and other digital resources.



Membership

Membership on the Board is as follows:

- Chief Executive Officer, Canberra Health Services
- Dean, College of Health and Medicine, Australian National University
- Deputy Director-General, Health Systems, Policy and Research, ACT Health Directorate
- Director-General, ACT Health Directorate (Chair)
- Executive Dean of Health, University of Canberra
- Executive Director, Health Care Consumers' Association
- Regional Chief Executive Officer, Calvary ACT

Ex-Officio Attendees:

- Senior Communications Officer, ACT Health Directorate

The Board may invite other attendees at the Chair's discretion. If a member is unable to attend a meeting, a suitably senior delegate may be nominated to attend.

Secretariat

Health Systems, Policy and Research Group

Agenda requests

The Secretariat will call for agenda items from the membership no later than 15 days prior to the meeting. Papers are to be submitted 10 working days prior to each meeting. The Agenda and any associated papers will be circulated 7 days prior to each meeting.

Meeting Frequency

The Board will meet quarterly.

Matters may be considered out-of-session with the agreement of the Chair.

Extraordinary meetings will be called as required to discuss any issues of critical importance.

Review Frequency

Annually

Approved

1 April 2019



NGO Leadership Group

Terms of Reference

Overview

The ACT Health Directorate currently funds non-government organisations (NGOs) to deliver a range of health, advocacy and sector development services. The annual investment in these services is in the order of \$67 million in 2019-20. Given the essential and significant role that NGOs play in our health system, effectively engaging with them in strategic policy development and health service planning through co-design and consultation makes good sense and will assist to ensure our health services meet the needs of our community. The NGO Leadership Group will provide one mechanism for consultation, advice and co-design between the ACT Health Directorate and Canberra Health Services (CHS) and NGOs.

The Culture Review¹ identified a need to improve relationships between the Health Directorate, Canberra Health Services and NGOs.

Externally, improved relationships with NGOs... are needed. Such improved relationships will not only contribute to improved coordinated care and enable a better research and learning system, importantly they will help strengthen culture by breaking down the relative isolation of the ACT Public Health System.

Improving these relationships will be a key and ongoing task of the NGO Leadership Group.

The establishment of the NGO Leadership Group provides opportunities for *improved partnerships between NGOs and other organisations that make up the health system. Improved partnerships will enable more* coordinated and informed engagement between NGOs, the ACT Health Directorate and CHS to ensure the role of NGO delivered health services in the ACT health system, and their relationship to Canberra Health Services and ACT Health Directorate, are appropriately reflected *in planning and strategic policy decisions. The existence of the NGO Leadership Group does not replace the responsibility of the parties to engage with each other in the development of plans, policies and services.*

There are immediate opportunities for collaboration and engagement between the parties presented by the development of the Territory-wide Health Service Plan, the key health service planning strategy for the ACT, and flow-on planning for Canberra Health Services. This will allow the potential role of NGOs to be fully considered and explored

¹ Final Report, Independent Review into the Workplace Culture Within ACT Public Health Services (March 2019)

	<p>in an environment consistent with the ACT Health Directorate values: Respect, Integrity, Collaboration and Innovation.</p> <p>The concepts of Access, Accountability and Sustainability underpin health service planning in the ACT. This means that the ACT health system is focused on delivering quality services to health consumers and the community in the most appropriate setting.</p>
Role	<p>Establishment of the NGO Leadership Group with Executive level representation from the ACT Health Directorate and Canberra Health Services will address Recommendation 6 of the Independent Review, namely to re-establish open lines of communication with NGOs.</p> <p>In addition to the Independent Review, the number of other strategic processes being undertaken, or planned, by the directorates have also pointed for the need for an avenue for an ongoing and collaborative relationship with NGOs that deliver health services to drive sustainable, flexible and viable health services to the community.</p>
Ultimate intended outcomes	<p>The Canberra community's health and wellbeing is enhanced by the delivery of trusted, quality health services by non-government organisations.</p> <p>The health services delivered by non-government organisations are recognised as essential components the ACT health system and are sufficiently planned for, engaged, and resourced to meet community needs.</p>
Values and Behaviours	<p>The NGO Leadership Group will be guided by the ACT Public Sector Values: Respect, Integrity, Collaboration and Innovation and the Principles and Undertakings in the Social Compact²ⁱ about the way we work together and what we can expect as we progress our joint work.</p>
Purpose	<p>The NGO Leadership Group:</p> <ul style="list-style-type: none"> • Aims to enhance the quality of strategic policy development and service planning in the ACT with a particular focus on the delivery of health services by non-government organisations and their coherence with the ACT health system as a whole; • Is a mechanism to share strategic advice and operates at a whole-of-system level and to an annual workplan; and • Is a collaboration between ACT Health Directorate, Canberra Health Services and the NGOs funded by the ACT Health Directorate to deliver or support the delivery of health services.
Scope	<p>The NGOs in scope are those funded by the ACT Health Directorate to deliver or support the delivery of health services. The NGO Leadership Group NGO representation will be made up primarily of peak bodies or similar representative structures.</p> <p>The health services in scope are those funded by the ACT Health Directorate.</p> <p>Members or their representatives will have decision making delegation.</p>



Objectives²

- To support the implementation of Recommendation 6 of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services.
- To advise on NGO input to strategic policies and plans developed by Canberra Health Services and the ACT Health Directorate.
- To develop, implement and evaluate an Engagement Framework for:
 - Establishing consistent approaches for engagement and communication between NGOs and the ACT Health Directorate, and NGOs and Canberra Health Services.
 - Timely, accurate and comprehensive communication between partners.
 - Facilitation of co-design, collaboration and knowledge sharing.
- To advise on innovation and partnerships approaches between the ACT public health system and NGOs, or between NGOs and other organisations to improve health outcomes and services.
- To identify and provide training, development and capacity building opportunities that can be shared across government and NGOs including those that strengthen the capacity for effective engagement.
- To identify opportunities and share information on workforce planning and workforce development for community based health services.
- To support the ACT Health Directorate to fulfil its mandate as steward of the ACT health system with a particular focus on the role of NGOs within that system:
 - To advise on strategic policy and health service planning approaches across the ACT health system.
 - To support improved strategic policy development and consistency of service planning, costing and evaluation across all service delivery settings across like services.
 - To advise on developing, implementing and evaluating a model that is fit for purpose for the procurement of community based health services.
 - To assist with building an evidence base to inform strategic policy development, and health service planning and investment.
- To monitor and improve the quality of contractual arrangements and management of NGO contracts and agreements.
- To advise the ACT Health Directorate on the health sector's engagement and response to matters being considered by the Joint Community

² Australian Capital Territory (2012). The Social Compact: A Relationship Framework Between the ACT Government and Community Sector, Canberra.



Government Reference Group including the implementation of the Social Compact within the ACT health system.

- Establish ad hoc and needs based working groups to progress specific activities.

Critical Friends & Partnerships

The NGO Leadership Group is not intended to be the only avenue of engagement between the ACT Health Directorate and Canberra Health Services and NGOs. For example, where appropriate the ACT Health Directorate will engage directly with peak bodies, organisation representatives or other groups as ‘critical friends’ to source advice and input on engagement with NGOs and projects relevant to NGOs. This engagement will happen at the earliest possible time in the development of new projects or activities.

Membership

The group is expected to include one or more representatives from the following:

Peak NGOs (Co-Chair)

Nominated participants from NGO peaks or similar representative structures will be in Executive-level positions that involve regular engagement with the ACT Health Directorate and Canberra Health Services:

- A representative from the NGOs in the Sexual Health and BBV organisations
- ACT Council of Social Service (ACTCOSS)
- ACT Mental Health Consumer Network (ACTMHCN)
- Alcohol and Other Drug Association ACT (ATODA)
- Carers ACT
- Health Care Consumers Association (HCCA)
- Mental Health Community Coalition (MHCC)

ACT Health Directorate and Canberra Health Services

Nominated participants from ACT Health will be in Executive level positions that involve regular engagement with NGOs:

- Health Systems, Policy and Research Group (Deputy Director General Co-chair)
- Health System Planning and Evaluation
- Policy, Partnerships and Programs
- Preventative and Population Health
- Public Health, Protection and Regulation Division
- Office for Mental Health and Wellbeing
- Corporate Services Group
- Canberra Health Services
- Calvary Public Hospital Bruce

Attendee: Capital Health Network



Reporting	<p>The Group will report to ACT Health Directorate Leadership Committee and Canberra Health Services Chief Executive and provide:</p> <ul style="list-style-type: none"> • Regular written summary reports provide to the Culture Review Oversight Group. • Bi-monthly updates on progress provided to the Independent Review Implementation Team towards meeting the requirements related to Recommendation 6. • Needs based communication/communiques to NGOs funded by the ACT Health Directorate to deliver or support the delivery of health services.
Secretariat	Health System Planning and Evaluation will provide the secretariat function.
Meeting Frequency	The Group will meet Bi-monthly to allow enough time for completion of work flowing from the meeting prior to the next one. Members and working groups will be convened out of session as required.
Review Frequency	Terms of reference to be reviewed initially after 6 months and then annually.
Approved	23 October 2020



Attachment 3: Implementation of Recommendations - Progress Report





Culture Review Implementation

our journey of positive change



Culture Review Implementation: Progress to Date

On Track	At Risk	Delay	Complete
Action is tracking to the agreed delivery date.	Action at risk of deviating more than 12 weeks from the agreed delivery date.	Action has exceeded the agreed delivery date by more than 12 weeks.	Action has been completed.

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
1	<p>Recommendation 1 of the Final Report, March 2019 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.</p> <p>Government Response (May 2019) Recognising the territory-wide focus re-engagement with staff will occur across each of the three arms of the ACT public health system. Canberra Health Services and the ACT Health Directorate are embarking on projects to review their vision, values, role and behaviours. These projects will seek to ensure that, with the recent transition of ACT Health to two organisations, the vision and values of the new organisations are appropriate and clearly understood. This work will be completed by September 2019. There will be significant staff engagement as these projects are rolled out with a view to embedding the vision and values from November 2019. Calvary Public Hospital's values and vision are in line with the Little Company of Mary. As a key partner in the delivery of territory-wide services, Calvary will undergo re-engagement with staff to ensure the vision and values are embedded.</p>	ACT Health Directorate (ACTHD)	A1.1. Commence values and vision work	<p>This action has been completed.</p> <p>New ACT Health Directorate values were launched on 1 October 2019 including an ongoing communications plan of activities.</p> <p>The rollout of the new values were supported by the Values Champions, who are volunteers to support ongoing values based conversations in local workplaces. The second Masterclass session for Champions was held on 25 November 2019. Director General Awards, based on new values, were launched on 1 October 2019.</p> <p>Scheduled Values Champion Masterclass sessions have been put on hold due to the COVID-19 pandemic.</p>	Complete
			A1.2. Embed vision and values	<p>This action is in progress.</p> <p>Revised performance development plans are now available in the online learning system. The Culture Uplift training program was launched in October 2019. The program will assist staff to have higher quality, values based conversations and interactions in the workplace.</p> <p>The Culture Uplift training program is on hold due to the COVID-19 pandemic.</p>	On Track
			A1.3. Evaluate	<p>This action has not yet commenced.</p>	Not Commenced
		Canberra Health Services (CHS)	A1.1. Commence values and vision work	<p>This action has been completed.</p> <p>Following vast consultation with staff and a coordinated approach within CHS, new Values, Role and Vision statements have been developed. Staff will demonstrate ownership of the Values including making a personal pledge to a specific Value, following Executives leading the way in their pledge-making, and making videos and releasing to all staff.</p> <p>Staff engagement is occurring through the establishment of the Positive Workplace Working Group. Members of this group support enactment of the CHS Values within the work environment and are 'Positive Workplace Champions'. Staff are engaged in activities to promote the Values such as nominating staff for the 'Kind' awards and attending sessions related to demonstrating 'Kindness in the workplace'.</p> <p>The Positive Workplace Definition and the underpinning (five) pillars has been developed and implemented.</p> <p>Focus continues on the Values whilst managing the COVID-19 Response Plan. No key activities have been committed to during this period whilst managing service delivery, staff welfare and business continuity in a difficult time.</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			<p>A1.2: Embed vision and values</p>	<p>This action is completed.</p> <p>Ongoing focus on the CHS Values - including Executives and staff pledging to a Value and displaying this in their workplace.</p> <p>Promotional material is available including a new intranet page being established for the Vision, Role and Values statements - making accessibility easy for all staff. Desk cards displaying the Values, Vision and Role statements are available and staff are utilising these. Staff have also updated their signature blocks to reflect the Values.</p> <p>One Value is being promoted each quarter to all staff through various activities being managed through People and Culture.</p> <p>Documentation within CHS continues to be updated to reflect the CHS Values.</p> <p>Focus continues on the Values whilst managing the COVID-19 Response Plan.</p> <p>No key activities have been committed to during this period whilst managing service delivery, staff welfare and business continuity in a difficult time.</p>	<p>On Track</p>
			<p>A1.3: Evaluate</p>	<p>This action is in progress.</p> <p>From the results of the workplace culture survey, action plans are being developed by each Executive Director relating to their individual division results. The plans will go through until the next culture survey in 2022.</p> <p>The survey assisted in evaluating, in the short term, the progress in implementing the Values and expected behaviours.</p> <p>Whilst the COVID-19 Response Plan is being enacted work on these action plans has been paused. Work will re-commence once Business as Usual is back underway.</p>	<p>On Track</p>
		<p>Calvary Public Hospital Bruce (CPHB)</p>	<p>A1.1. Commence values and vision work</p>	<p>This action has been completed.</p> <p>The new Performance Development Plan (PDP) process now has 94% uptake. An analysis of completed PDP's has been conducted and has identified some further education areas and where simplicity of the template is required.</p> <p>A new online PDP tool will be developed. Various providers were asked to provide solution design on the requirements and a preferred vendor has been identified. Design of the online PDP solution has commenced which will review the template and guidance material for ease of use and external access is still being investigated.</p> <p>Work to be progressed this quarter includes:</p> <ul style="list-style-type: none"> • Completion of draft design for online template; • Completion of draft guides for managers on having PDP discussions; • Finalise and seek approval for the preferred vendor; • Initiation of development work; and • Design work for the PDP guidebook and communication. <p>The restrictions due to COVID-19 situation may create hindrances for the staff training and education on the new system which is critical for the change management and success of the project.</p>	<p>Complete</p>

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A1.2: Embed vision and values	<p>This action is in progress.</p> <p>The Values in Action Booklet is being designed and will be printed for staff to keep.</p> <p>A development guide for all staff based on each component has been added to the framework to provide staff guidance on development resources and tools.</p> <p>The online PDP form will include a direct link to the Values in Action Framework (VIAF), to be included as part of the objective setting and development process. A provider has been selected to design and develop stand alone publication of the VIAF and booklet.</p> <p>Work to be progressed this quarter includes:</p> <ul style="list-style-type: none"> • Development of a training pack for staff to understand the Values in Action Capability Framework; • Final review by the Executive; • Design of the Values in Action Capability Framework handbook for staff and communication. 	On Track
			A1.3: Evaluate	This action has not yet commenced.	Not Commenced
2	<p>Recommendation 2 of the Final Report, March 2019</p> <p>That Canberra Health Services and Calvary Public Hospital in conjunction with the ACT Health Directorate, develop an appropriate suite of measures that:</p> <ul style="list-style-type: none"> • reflect on elements of a great health service - both culture and strategy; • monitor patient/client perspectives of outcomes/experience; and • engage clinicians in their development. <p>Government Response (May 2019)</p> <p>Commencement of the development of the suite of measures will occur from July 2019 and it is anticipated that this will take at least six months to finalise phase one. The development and maturity of the measures will be iterative and ongoing to reflect the contemporary culture of the ACT public health system.</p>	<p>System-wide (led by Culture Review Implementation Branch)</p>	A2.1: Commence developing suite of measures	<p>This action is in progress.</p> <p>Broad consultation has occurred with stakeholders across the ACT public health system regarding a proposed approach to the development of a suite of measures.</p> <p>The suite of measures will establish a system-wide approach to evaluating the linkages between workforce effectiveness, strategic alignment and patient/consumer outcomes. Reporting these three components in a single model will provide better visibility over the impact that workforce interventions may have on patient experience.</p> <p>The Australian National University's research team has completed the Interim Report- <i>Investing in Our People: A System-Wide, Evidence-Based Approach to Workplace Change</i> . The development of measures will be informed by the Framework and will utilise an evidence-based approach to identify appropriate measures.</p> <p>The Workforce Data Working Group will be dissolved and superseded by a new working group, which will provide a forum to develop a suite of measures in consultation with each organisation. Initial measures and a phased approach will be presented to the 20 May Steering Group to progress and launch over coming two months.</p>	At Risk
			A2.2: Implement and monitor suite of measures	This action has not yet commenced.	Not Commenced
		ACT Health Directorate	A2.3: Conduct 2019 staff survey (evaluate)	<p>This action has been completed.</p> <p>The ACT Health Directorate Climate Survey closed on 26 November 2019 with a response rate of 82%. Staff survey results released and debriefed; high level results provided to the Assembly. All business units to include workplace culture improvement activities as part of the Directorate business planning process.</p>	Complete
			A2.4: Conduct 2022 staff survey (evaluate)	This action has not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
		Canberra Health Services	A2.1: Commence developing suite of measures	<p>This action has commenced.</p> <p>Some work has commenced and then paused with COVID-19.</p> <p>CHS is considering which measurements will be appropriate in the hospital environment. CHS is working with the Culture Review Implementation Branch on this. This will complement the work that will be implemented to support the Workplace Change Framework.</p>	At Risk
			A2.2: Implement and monitor suite of measures	This action has not yet commenced.	Not Commenced
			A2.3: Conduct 2019 staff survey (evaluate)	<p>This action has been completed.</p> <p>The 2019 Culture Survey was conducted in CHS in November 2019. Analysis of results and establishing Divisional action plans has commenced. The results have been released through Managers and All Staff forums conducted by the CEO. Executive Directors have received their Divisional results and are developing their action plans in responding to the outcomes.</p> <p>Whilst the COVID-19 Response Plan is being enacted work on these action plans has been paused. Work will re-commence once BAU is back underway.</p>	Complete
			A2.4: Conduct 2022 staff survey (evaluate)	This action has not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A2.1: Commence developing suite of measures	<p>This action is in progress. Some initial work has commenced and progressed due to COVID-19. Conversations are underway from a system-wide perspective.</p> <p>Calvary National office will conduct a national employee engagement survey in February 2020. The Provider will provide post-survey analysis and tools to address issues. The data from</p>	At Risk
			A2.2: Implement and monitor suite of measures	<p>This action is in progress.</p> <p>The new CPHB clinical governance structure has been finalised and implemented. Work continues on reviewing organisational KPIs. This will be progressed over the coming months.</p> <p>Further activities to be progressed over the coming months include:</p> <ul style="list-style-type: none"> • Analysis of the Workplace Change Framework and mapping initiatives and activities to the framework. • Finalisation of design for Managers' Toolkit. • Selection of range of matrices to reflect workforce status, profiles and identification gaps/challenges (i.e. Casual usage, PL trends, available skills etc.) 	At Risk
			A2.3: Conduct 2019 staff survey (evaluate)	<p>This action is in progress.</p> <p>Gallup has been identified as the Employee Engagement Survey provider. Our approach in the Great Workplaces Program is consistent with Gallup's Q12 model.</p> <p>Employee Engagement Survey has been further delayed due to COVID-19 restrictions.</p> <p>Work continues on the development of a manager toolkit to centralise reporting analysis and planning of workforce.</p> <p>Next activities include consulting with Calvary National office to finalise the survey schedule.</p>	Delay
			A2.4: Conduct 2022 staff survey (evaluate)	This action has not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
3	<p>Recommendation 3 of the Final Report, March 2019</p> <p>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).</p> <p>Government Response (May 2019)</p> <p>The planning, procurement and foundational work for implementation of a program to promote a healthier culture will commence in July 2019.</p> <p>This will be a program based on the Vanderbilt system and the implementation model will be required to be consistent across the three arms of the ACT public health system.</p>	System-wide	A3.1: Planning, procurement and foundation work	<p>This action is in progress.</p> <p>It has been identified through the partnership with the Australian National University's Research School of Management (ANU-RSM) to develop the Workplace Change Framework (WCF) that there needs to be a baseline of sound management capability across the public health system in order to implement a Vanderbilt-style program. Previous engagement by ACTHD in 2017 and 2018 reinforced the requirement by the Cognitive Institute that a number of factors required addressing before the ACT public health system would be at a readiness level to consider implementation of a Vanderbilt-type model. Through the WCF there will be identification of a range of initiatives that will build management and leadership capability. Investigation by CHS and the CRI Branch has been underway in exploring the most appropriate model for the ACT public health system that will align with the Workplace Change Framework and the operating models of CHS and ACTHD.</p> <p>A range of foundational work is being undertaken across the public health system before the Workplace Change Framework is finalised. Mapping the application of the Respect, Equity and Diversity (RED) Framework in the three public health organisations was completed December 2019. Action plans are being developed and implemented by each organisation with a view to strengthening the use of the RED Contact Officer network by staff. A similar process is currently being undertaken to map the complaints and grievance processes to ensure there is consistent application of relevant policies, processes and procedures across the system.</p> <p>The draft Interim Report and Workplace Change Framework developed by the ANU-RSM was circulated to the Culture Review Implementation Steering Group members on 20 March 2020. Feedback has been collated and sent through to ANU-RSM. Meetings have occurred across the ACT public health system on 8 and 29 April to plan application and implementation.</p> <p>REDCO Mapping has been finalised and an Action Plan to articulate the forward work plan is being developed.</p> <p>Ongoing discussions and consultation are occurring with 'The Cognitive Institute' to explore implementation of the 'Speaking up for safety' program.</p>	At Risk
		ACT Health Directorate	A3.1: Planning, procurement and foundation work	<p>This action is in progress.</p> <p>The Culture Uplift program released in the Directorate aims to achieve holistic cultural change through skill building, awareness raising and development of shared goals, norms and language. To date 263 staff have attended the Conscious Interactions workshops; 76 staff have attended Being a Conscious Leader; and 25 staff have attended the Respect, Equity and Diversity (RED): Rebooted programs.</p> <p>People Strategy Staff have worked closely with the Culture Review Implementation Branch business analyst to explore and provide recommendations to improve the handling of misconduct matters. A draft process map has been developed which describes the Directorate's misconduct and grievance processes, consistent with legislation, Whole of Government policies, guidance and contemporary HR practices. People Strategy have also worked with the business analyst to map current RED Contact Officer (REDCO) processes and have contributed to the REDCO Action Plan. The Action Plan is being developed by the Culture Review Implementation Branch. Further refinement on misconduct processes is planned, including testing (deidentified) cases against any recommended new processes.</p> <p>Culture Uplift training and REDCO masterclasses are to be rescheduled due to impact of COVID-19.</p>	At Risk
			A3.2: Implementation	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A3.3: Program delivery	Not yet commenced.	Not Commenced
		Canberra Health Services	A3.1: Planning, procurement and foundation work	<p>This action is in progress.</p> <p>Activities progressed to date include:</p> <ul style="list-style-type: none"> • Where areas of poor culture are identified, a culture diagnostic is undertaken to support the work area in behavioural changes, improved workplace culture and in ensuring adherence to the Values and the associated behaviours. • Articulating the areas where a staff member may lodge a concern - outside of their immediate work area. • An action plan will be developed to implement a number of improvement opportunities that have been identified during the REDCO mapping process. • Release and promotion of the Occupational Violence strategy. • Commencement of the review of the Business Partner model. • Psychological support for staff after critical incidents - procedure. • Health and Wellbeing Strategy is in draft. <p>No key activities have been committed during this period whilst</p>	At Risk
			A3.2: Implementation	Not yet commenced.	Not Commenced
			A3.3: Program delivery	Not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A3.1: Planning, procurement and foundation work	<p>This action has been completed.</p> <p>Calvary has partnered with the Cognitive Institute (under licence by Vanderbilt) to roll-out the Speaking up for Safety Program at Calvary ACT.</p>	Completed
			A3.2: Implementation	<p>This action is in progress.</p> <p>The Speaking Up for Safety program was officially launched on Friday 28 Feb 2020 and was supposed to be rolled out after the NSQHS accreditation survey at Calvary Public Hospital Bruce (CPHB) in late March 2020. However, due to COVID-19, the roll-out has been postponed.</p> <p>Five CPHB staff have now been accredited by The Cognitive Institute (under licence by Vanderbilt) to deliver this programme.</p> <p>CPHB are investigating alternative training delivery methods in light of the COVID-19 situation and restrictions.</p>	On Track
			A3.3: Program delivery	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
4	<p>Recommendation 4 of the Final Report, March 2019</p> <p>The ACT Health Directorate convene a summit of senior clinicians and administrators of both Canberra Health Services and Calvary Public Hospital to map a plan of improved clinical services coordination and collaboration.</p> <p>Government Response (May 2019)</p> <p>The Health Summit of senior clinicians and administrators from across the ACT public health system is planned for the second half of 2019.</p>	ACT Health Directorate	A4.1: Plan and conduct first summit	<p>This action is in progress.</p> <p>A funding request for the summit was submitted to the ACTHD Culture Review Implementation Working Group (CRIWG) on 13 November 2019. The request proposed forming a Project Steering Group comprising one senior clinician and one non-clinical senior health executive from ACTHD, CHS and CPHB to oversight the content and format of the summit; two face-to-face consultation forums with CHS and CPHB staff to provide feedback on the proposed scope, format and core topics to be discussed for the summit; holding the summit in May/June 2020 (100 attendees), with the goal to map a plan for improved clinical services coordination and collaboration. CHS and CPHB have been approached to nominate staff to participate in the Project Steering Group.</p> <p>Arrangements for the summit have been put on hold due to the current COVID-19 pandemic.</p>	At Risk
5	<p>Recommendation 5 of the Final Report, March 2019</p> <p>The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.</p> <p>Government Response (May 2019)</p> <p>This work has commenced to better integrate the clinical streams of the community health services. This is reflected in the new organisational structure of Canberra Health Services.</p>	Canberra Health Services	A5.1: Review mechanisms and integrate Community Health Services	<p>This action is in progress.</p> <p>Organisational structure continues to be monitored to ensure best alignment.</p> <p>CEO CHS continues with staff engagement through various site visits, constant communication messaging and face to face at opportunity.</p> <p>Clinical Services plan support strategic direction in relation to clinical work streams.</p> <p>HR Business Partner model continues to support managers and Executive Directors.</p> <p>Senior Managers forums are conducted regularly by the CEO in providing updates. Senior Managers are then to cascade information down to their teams.</p>	On Track
			A5.2: Evaluate	<p>This action has not yet commenced.</p> <p>Review of 2019 Culture Survey.</p> <p>No key activities have been committed during this period whilst implementing the COVID-19 Response Plan.</p>	Not Commenced
6	<p>Recommendation 6 of the Final Report, March 2019</p> <p>That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders.</p> <p>Government Response (May 2019)</p> <p>The ACT Health Directorate has commenced the re-establishment of open lines of communication with the NGO sector with a view to establishing an NGO Leadership Group by October 2019.</p>	ACT Health Directorate	A6.1: Commence re-opening of communication lines	<p>This action has been completed.</p> <p>Communication lines have re-opened with the establishment of the NGO Leadership Group (NGOLG), co-chaired by the Deputy Director-General, Health System, Policy and Research Group and Chief Executive Officer, Alcohol Tobacco and Other Drug Association ACT (ATODA).</p>	Complete
			A6.2: Establish NGO Leadership Group	<p>The January 2020 meeting of the NGOLG was postponed due to bad weather conditions as a result of the bushfires. It was agreed that the Framework developed for engaging NGOs for the Territory-wide Health Service Plan would be sent out of session in order to progress on planning for upcoming consultation. The NGOLG agreed that the group Work Plan requires further development prior to being tabled at the March meeting for finalisation and endorsement.</p> <p>The first NGOLG Meet & Greet was held on 24 February 2020. The event was an opportunity to gain a better understanding of the work the NGOLG is undertaking and to put names to faces. Feedback indicates that people would welcome the opportunity to hold an event like the Meet & Greet a couple of times a year.</p> <p>Special meetings of the NGOLG commenced on 20 March 2020. For the immediate future, the NGOLG will continue to meet weekly to consider priority matters related to the supporting of NGOs in providing health services to the most vulnerable during the COVID-19 pandemic.</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A6.3: Evaluate	This action has not yet commenced.	Not Commenced
7	<p>Recommendation 7 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>The ACT Health Directorate is building on work commenced with the inaugural ACT Health Summit: 'Research, Teaching and Training', held on 13 November 2018 which included the development of relationships within the academia sector. An academic partnership and training strategy is being developed.</p> <p>The Culture Review Oversight Group membership was extended to include the Deans of the Faculties of Health at ANU and UC (see response to recommendation 18).</p>	ACT Health Directorate	A7.1: Review existing arrangements (develop relationships, define positions)	Initial work has progressed with reviewing the existing arrangements. This has been impacted due to COVID-19 and temporary redirection of some resources.	At Risk
			A7.2: Produce academic partnership and training strategy	<p>This action is in progress.</p> <p>The ACT Health and Wellbeing Partnership Board held its fourth meeting on 2 December 2019. At this meeting, it was agreed to appoint an Interim Chair of the Research Working Group. It was also agreed to appoint the Chair of the Workforce Education and Training Working Group. There was also discussion about the functions of research management, the HealthANSWERS partnership and further opportunities for collaboration between organisations on research projects and programs.</p> <p>The Board will meet with the Interim Chair of the Research Working Group and Chair of the Workforce Education and Training Working Group to discuss the priorities and workplans of the Group.</p>	Delay
			A7.3: Implement academic partnership and training strategy	This action has not yet commenced.	Not Commenced
8	<p>Recommendation 8 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>The ACT Government is currently renegotiating the ACT-NSW Memorandum of Understanding (MoU) for Regional Collaboration, to be re-signed in 2019. Improved Collaboration between the ACT and NSW health systems can be listed as an agreed priority area for this MoU. The ACT Health Directorate has begun work and will commence negotiations with a view to developing an MoU with NSW Health by the end of 2019.</p>	ACT Health Directorate	A8.1: Commence negotiations	<p>This action is in progress.</p> <p>On 4 February 2020 the ACTHD hosted the ACT/NSW Cross-Border Workshop. The workshop was an opportunity to continue the momentum of work already underway between ACT and NSW to enhance patient outcomes across the region as well as strengthen the ongoing Health partnership between the ACT and NSW.</p> <p>At the 18 February 2020 Senior Officials Working Group (SOWG) meeting members agreed to identify the current operational agreements in place between the ACT and Southern NSW Local Health District (SNSWLHD) to better understand the current landscape. This information will allow SOWG members to compare and determine if there are any areas of misalignment for future work. ACT and NSW are currently working with relevant stakeholders to formulate the list.</p> <p>ACT and NSW officers have commenced drafting the ACT/NSW Cross Border agreement for Ministers to review in April 2020 (initial plans were to provide a draft for Ministerial consideration in March 2020 but the current COVID-19 situation has delayed senior officials consideration of the draft Agreement). The draft agreement includes several schedules and specific actions to better integrate ACT and SNSW health services e.g. data system integration, revised referral pathways, joint training initiatives etc. The agreement will also include</p>	Complete

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
				<p>Joint planning initiatives etc. The agreement will also include detailed governance arrangements to ensure accountability for agreed actions.</p> <p>All actions have been grouped according to 1-5 year implementation schedule.</p> <p>The ACT and NSW Health Ministers have requested a draft copy of the ACT/NSW Cross Border Agreement 2020-2025 for review. The SOWG are scheduled to meet on the 4 May 2020 to discuss the draft ACT/NSW Cross Border Agreement in preparation for ministerial review (however the current COVID-19 situation may delay senior official consideration of this document).</p> <p>The SOWG and Joint Operations Committee (JOC) intend to hold a combined meeting in April/May to clarify the roles and responsibilities of each group and coordinate respective workplans.</p> <p>The SOWG will continue to meet regularly to determine an agreed way forward to engage with the JOC and finalise the</p>	
			A8.2: Implement MOU	This action has not yet commenced.	At Risk
9	<p>Recommendation 9 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>Canberra Health Services and Calvary Public Hospital have begun work on measures to monitor the improvement in clinical engagement across the ACT public health system. It is proposed that the measures be finalised and agreed by December 2019.</p>	Canberra Health Services	A9.1: Agree measures	Initial consideration has progressed, although this has been paused to ensure reprioritisation of resources to support COVID-10 response.	At Risk
			A9.2: Ongoing monitoring and reporting	Not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A9.1: Agree measures	Initial consideration has progressed.	At Risk
			A9.2: Ongoing monitoring and reporting	Not yet commenced.	Not Commenced
10	<p>Recommendation 10 of the Final Report, March 2019</p> <p>There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.</p> <p>Government Response (May 2019)</p> <p>Canberra Health Services and Calvary Public Hospital are developing governance participation plans to ensure senior clinicians are collaboratively participating in clinical governance activities. These plans will be finalised by end of June 2019 with a view to commencement in July 2019.</p>	Canberra Health Services	A10.1: Develop governance participation plan	<p>This action is in progress.</p> <p>Review of governance processes continues.</p> <p>No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.</p>	Delay
			A10.2: Commence participation	<p>This action is in progress.</p> <p>Tracking of participation has commenced.</p>	At Risk
			A10.3: Monitor participation	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
		Calvary Public Hospital Bruce	A10.1: Develop governance participation plan	This action is in progress. The Clinical Governance Committee has been revamped and integrated into the formal business governance hierarchy with clear terms of reference and reporting lines through to the Executive. The updated Clinical Governance Framework has been completed.	At Risk
			A10.2: Commence participation	Tracking of participation has commenced.	At Risk
			A10.3: Monitor participation	Not yet commenced.	Not Commenced
11	Recommendation 11 of the Final Report, March 2019 Canberra Health Services and Calvary Public Hospital should assess the appropriateness of the Choosing Wisely initiative as a mechanism for improving safety and quality of care, developing improved clinical engagement and greater involvement in clinical governance. Government Response (May 2019) The Choosing Wisely Program will be assessed, and recommendations made to the CEO Canberra Health Services and Regional CEO Calvary ACT by October 2019.	Canberra Health Services	A11.1: Assess Program	This action is in progress. Program assessed and agreement to participate.	On Track
			A11.2: Implement and monitor	This action is in progress. The Choosing Wisely project officer has been recruited and the program is being implemented. CHS is engaging with CPHB to swap any best practices. No key activities have been committed during this period due to COVID-19.	On Track
		Calvary Public Hospital Bruce	A11.1: Assess Program	This action is in progress. Options are being explored within broader business strategy. The program is still under consideration. Initial discussions have occurred with CHS to share lessons learned.	Delay
			A11.2: Implement and monitor	Not yet commenced.	Not Commenced
		12	Recommendation 12 of the Final Report, March 2019 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. Government Response (May 2019) The restructure of Canberra Health Services Divisions is complete. The progressive evolution of clinically qualified Divisional Directors across each Clinical Division with Business Manager support and earned autonomy in financial and personnel management will be piloted from May 2019.	Canberra Health Services	A12.1: Conduct pilot
A12.2: Rollout full recommendations	This action is in progress. Reviewing the clinical director role, expectations and capability development across the organisation - including reviewing role descriptions. No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.				On Track

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
13	<p>Recommendation 13 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>The early planning for an executive leadership and mentoring program is underway.</p>	System-wide	A13.1: Planning	<p>This action is in progress.</p> <p>The Australian National University's Research School of Management (ANU-RSM) has been engaged to develop an evidence-based Workplace Change Framework and Workplace Skills Development Model, with the interim report released May 2020.</p> <p>The priorities identified in the Workplace Change Framework, supported by the Workplace Skills Development Model, will provide the foundation for implementation of leadership initiatives assessed through the research as having the most likely positive impact on the system.</p> <p>The Culture Review Implementation Branch is currently working in collaboration with Human Resource (HR) and Corporate members of the Steering Group to develop an Action Plan for the planning and delivery of initiatives across the system.</p>	At Risk
			A13.2: Implementation	Not yet commenced.	Not Commenced
		Canberra Health Services	A13.1: Planning	<p>This action is in progress.</p> <p>Executive leadership workshops have been held and will continue.</p> <p>A Leadership and Management Strategy is under development.</p> <p>Coaching and management support activities have been occurring.</p> <p>The Workplace Change Framework Action Plan will inform future activities.</p> <p>No key activities have been committed to during this period whilst implementing the COVID-19 Response Plan.</p>	At Risk
14	<p>Recommendation 14 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>The initial review began with the transition to three organisations within the ACT public health system. Now that transition has settled, the HR resourcing and functions will be reassessed in line with this recommendation. Implementation of any findings will take place in the later part of 2019.</p>	System-wide	A14.1: Conduct initial review	<p>This action is in progress.</p> <p>Workplace Research Associates Pty Ltd has been engaged to undertake a review of the HR functions across all three organisations within the ACT public health system. The HR Review will enable the assessment of each organisations current state and outline recommendations supporting the maturation of HR models to enhance futhre organisational requirements. This will actively support the application and maturity of people related strategies and initiatives required to foster positive cultural change within each orgaanisation and across the ACT public health system. It is anticipated that the HR functions review will articulate the HR functions, resourcing requirements and capabilities required to deliver on strategic and operational commitments.</p> <p>Initial meetings have occurred with a range of key stakeholders across all three organisations including the Director-General ACTHD, Chief Executive Officers of CHS and CPHB and Executive Group Managers and Heads of HR. Initial work has been undertaken at ACTHD, however due to COVID-19 and the accreditation process that occurred at Calvary Hospital the HR Functions Review has been delayed.</p>	At Risk
			A14.2: Implement changes	Not yet commenced.	Not Commenced
			A14.3: Evaluate	Not yet commenced.	Not Commenced

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS		
15	<p>Recommendation 15 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>In line with the transition to three organisations, the advice to staff is being reviewed.</p>	ACT Health Directorate	A15.1: Review staff advice including intranet material and implement changes as required	<p>This action has been completed.</p> <p>Full transition to Shared Services supported recruitment process in place from 1 July 2019. The ACTHD recruitment policy has been reviewed in accordance with ACTPS Better Practice Recruitment Guidelines and was released for consultation in November 2019. The revised Directorate recruitment policy has been completed.</p> <p>A consultant has been engaged to review position description format to include values based content.</p> <p>Recruitment and Selection Training for selection panel chairs and delegates commenced in November 2019. More than 60 directorate staff have attended the Better Practice Recruitment sessions. Recruitment and Selection Training for selection panel chairs will continue through first half of 2020 and regularly thereafter.</p> <p>Better Practice Recruitment training will be scheduled on an ongoing basis.</p>	Complete		
			A15.2: Continually monitor/evaluate recruitment activity	<p>This action has commenced.</p> <p>Intention to implement quality assurance check to ensure legislative and policy compliance for Directorate recruitment.</p>		On Track	
		Canberra Health Services	A15.1: Review staff advice including intranet material and implement changes as required	<p>This action is in progress.</p> <p>Selection processes continue to be completed in adherence with Enterprise Agreements, Public Sector Management Act 1994 and relevant standards and procedures. The Recruitment Policy will be reviewed as part of reviewing policies and procedures.</p> <p>Action Plan had been developed to be implemented to review governance processes/procedures and also implement some new opportunities for training and quality assurance processes.</p> <p>Work has paused due to COVID-19 activities.</p>	Delay		
			A15.2: Continually monitor/evaluate recruitment activity	<p>This action has not yet commenced.</p>		Not Commenced	
		Calvary Public Hospital Bruce	A15.1: Review staff advice including intranet material and implement changes as required	<p>This action is in progress.</p> <p>Governance review of recruitment has commenced.</p>	Delay		
			A15.2: Continually monitor/evaluate recruitment activity	<p>Not yet commenced.</p>		Not Commenced	
		16	<p>Recommendation 16 of the Final Report, March 2019</p> <p>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.</p> <p>Government Response (May 2019)</p> <p>The range of training programs is being reviewed. This is expected to be completed by October 2019. Training Programs, particularly focused on</p>	System-wide	A16.1: Conduct training program review	<p>This action is in progress.</p> <p>The evidence-based Workplace Change Framework and Workplace Skills Development Model will inform the actions to be taken in developing a system-wide Learning and Development Strategy and the development and delivery of people skills and management training.</p> <p>An Action Plan is currently being developed by the Culture Review Implementation Branch in collaboration with ACTHD, CHS and CPHB to agree on the approach to delivering the strategy across the system.</p>	At Risk

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
	resolving workplace conflicts swiftly are being considered within the three organisations.	ACT Health Directorate	A16.1: Conduct training program review	This action is in progress. Establishment of Directorate specific presence on Capabiliti (e-learning system) in place October 2019. Core learning programs for the Directorate have been reviewed and aligned with the ACTPS Core Learning Framework. Wider review of learning and development and staff training programs to continue through 2020, supported by the Workplace Change Framework.	At Risk
			A16.2: Implement changes	Not yet commenced.	Not Commenced
		Canberra Health Services	A16.1: Conduct training program review	This action is in progress. A Training Needs analysis to be considered. This will be further supported by the Workplace Change Framework. Review of the REDCO training to be considered as part of the action plan from the RED Review. Work has been paused due to COVID-19 activities.	At Risk
			A16.2: Implement changes	This action has not yet commenced.	Not Commenced
		Calvary Public Hospital Bruce	A16.1: Conduct training program review	This action is in progress. Two project resources have been recruited to support this work.	At Risk
			A16.2: Implement changes	Not yet commenced.	Not Commenced
17	Recommendation 17 of the Final Report, March 2019 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	Minister and Executive	A17.1: Deliver public commitment	This action has been completed. A public commitment was made by Ministers and Health Leaders on 16 May 2019. At the September meeting, the Culture Review Oversight Group pledged their commitment in supporting and driving a positive workforce culture across the ACT public health system.	Complete
18	Recommendation 18 of the Final Report, March 2019 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.	Minister and ACT Health Directorate	A18.1: Commence group activities	This action has been completed. The inaugural meeting of the Culture Review Oversight Group was held 28 March 2019.	Complete
			A18.2: Quarterly group meetings	This action is in progress. The Oversight Group continues to meet bi-monthly.	On Track

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
	<p>Government Response (May 2019) Agreed (with additions to the membership of the Culture Review Oversight Group). The Culture Review Oversight Group has been established and the inaugural meeting was held on 28 March 2019. Members include the: Minister for Health and Wellbeing (Chair), Minister for Mental Health (Deputy Chair), Director-General Health Directorate, Chief Executive Officer Canberra Health Services, Regional Chief Executive Officer Calvary ACT, Regional Secretary CPSU, Branch Secretary ANMF ACT, President AMA ACT, Executive Officer Health Care Consumers Association (ACT), Executive Branch Manager Culture Review Implementation Team [ex-</p>		A18.3: Evaluation of Oversight Group Measures of Success	<p>This action is in progress.</p> <p>Existing tools and measures that may assess the success of the Oversight Group include:</p> <ul style="list-style-type: none"> • Overarching Program Planning documentation; • Project Implementation Planning documentation; • Control and management of budget; • Tracking and reporting against the phases in the Communications and Engagement Strategy and Change Management Strategy; • Benefits realisation; • Management of work priorities and indicators across the ACT public health system, informed by the Workplace Change Framework; and • Reporting on return on investment in evolving a thriving workplace culture across the ACT public health system. 	On Track
19	<p>Recommendation 19 of the Final Report, March 2019 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.</p> <p>Government Response (May 2019) The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	ACT Health Directorate	A19.1: Commence Annual Review (2020)	<p>This action has been completed.</p> <p>Terms of Reference for the Annual Review were endorsed by the Oversight Group at the February 2020 meeting.</p>	Complete
			A19.2: Release Annual Review (2020)	This action has been completed.	Complete
			A19.3: Commence Annual Review (2021)	Annual Review is scheduled to commence March 2021.	Not Commenced
			A19.4: Release Annual Review (2021)	Annual Review is scheduled to be released May 2021.	Not Commenced
			A19.5: Commence Annual Review (2022)	Annual Review is scheduled to commence March 2022.	Not Commenced
			A19.6: Release Annual Review (2022)	Annual Review is scheduled to be released May 2022.	Not Commenced
20	<p>Recommendation 20 of the Final Report, March 2019 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.</p> <p>Government Response (May 2019) The Culture Review Oversight Group will auspice the next independent review commencing around November 2019.</p>	ACT Health Directorate	A20.1a: With staff, collaboratively develop a communication strategy	<p>This action has been completed.</p> <p>A Culture Review Implementation Communication and Engagement Strategy has been developed through consultation with Communications teams at ACTHD, CHS and CPHB. The Communications and Engagement Strategy was endorsed at the Culture Review Implementation Steering Group meeting in December 2019.</p> <p>A Culture Review Implementation intranet page was launched on 20 December 2019 providing information on work underway, infographics on the system journey to date, links to support networks and will in time recognise areas across the system that are demonstrating positive and values-based work practices.</p>	Complete
			A20.1b: With staff, collaboratively develop a change management strategy	<p>This action is in progress.</p> <p>Work is in progress to develop a Change Management Strategy for the Culture Review Implementation program.</p>	On Track

REF	RECOMMENDATION & RESPONSE	RESPONSIBILITY	ACTION	PROGRESS TO DATE	STATUS
			A20.2: Phase One to commence	This action is in progress. A phase one Communications and Engagement Action Plan has been developed and is currently being implemented. Work is in progress to continue development of content, including manager's talking points, videos and further information about the journey so far and next steps.	On Track
			A20.3: Phase Two to commence	Not yet commenced.	Not Commenced
			A20.3: Phase Three to commence	Not yet commenced.	Not Commenced