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Culture in the ACT public health system: Second Annual Review

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Executive summary

A positive workplace culture is a key driver of organisational success and performance. Over many years, there have been concerns that the public health system in the ACT suffers from a poor workplace culture, including high levels of bullying and other inappropriate workplace behaviour and concerns that the resulting climate posed risks to workforce capability and clinical care. Although these problems are not unique to the ACT health system, the ACT experiences additional pressures that arise from its small size and relative isolation from a broader range of peers and clinical settings, compared to most State health systems.

In 2019, based on an independent review into workplace culture, the leaders of the ACT public health system committed to wide-ranging action to address the culture problems in the system. Despite the significant impacts of the COVID-19 public health crisis, they have continued to engage with that commitment and to deliver programs and initiatives aimed at culture reform.

Good foundational work has been done to address the recommendations of the 2019 review. All three health system organisations have given greater focus and meaning to their organisational values and have embedded these values into strategic documents and staff training. Training programs have been rolled out that encourage staff to speak up about issues of concern. Procedures for handling complaints and addressing poor behaviour have been reviewed and some improvements have been made. Structures and processes have been established that provide greater opportunity and expectation for clinicians to be actively involved in management and governance decisions in the health services.

These are all very worthwhile steps that have taken considerable effort and resources to achieve across a busy health system and in especially challenging times. The three health organisations are to be commended for sustaining the effort to develop and implement these initiatives.

While these initiatives have had some positive effects on the experience of staff in the health system, there needs to be much greater effort on the aspects that will have the most impact. In particular, there needs to be greater investment in setting expectations of positive workplace behaviour, building the capability of leaders and managers at all levels to exemplify and facilitate that behaviour in their teams, and ensuring that positive behaviour is rewarded while poor behaviour is firmly addressed. Providing staff with clear and consistent communication about the importance of a positive workplace culture and the work underway to embed that culture will also be important.

The ACT is a small jurisdiction, with a limited range of public hospitals and health services. To attract and retain the experienced and talented clinical staff needed to deliver high quality health services, the ACT must have a public health system with a strong reputation for professional opportunity, evidence-based care, and a positive culture. Initial efforts have been made to establish a closer relationship with academia in order to foster opportunities for professional growth and to build a culture that values clinical research and innovation. However, these steps have been limited to date and more needs to be done.

There is the need and the opportunity for greater collaboration and coordination across the public health system, including with health consumers and their representative organisations.

Structures such as the NGO leadership group have been established that provide a good platform for a more engaged relationship with health consumers; that relationship should be fostered in practice at all levels.

The forums and engagement that have been established between the three health system organisations to respond to the issues of culture provide an opportunity for ongoing engagement between them on health system performance, of which culture is an important but not the only element.

Finally, the ACT health system needs to have clear goals and metrics of success. These need to be established on a system-wide basis, to measure and report transparently on the progress towards a successful health service, reflecting key elements of both strategy and culture.

Key findings

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

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

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

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

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

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

Introduction

In March 2019, the *Independent Review into the Workplace Culture within ACT Public Health Services*, commissioned by the ACT Minister for Health in September 2018, provided its final report ('the Culture Review'). The Culture Review found a 'worrying and pervasive poor culture across the ACT Public Health system' and made a series of recommendations directed at creating a happier and healthier health service. One of those recommendations was that there be an annual independent and external review of the extent of implementation of the recommendations and the consequent impact on cultural changes with the ACT Public Health system. This Review is the second such annual review, and commenced in May 2021.

Terms of reference

The scope and focus of this annual review was to examine and make findings and recommendations in relation to the following:

a) Changes or amendments to the recommendations of the Culture Review of a not insubstantial nature and the reasons for making such changes or amendments
b) The extent of the progress made with the culture review implementation process against the original plans outlined in the Report
c) The impact on the workforce culture from the changes introduced to date
d) The effectiveness of the initiation and planning phase of the culture review implementation process, given that the focus is now in implementation phase, including:
   i. What has worked well and why, and has there been any early impact?
   ii. What has not worked well and why, and has there been any impact?
   iii. What may therefore need to change or be improved?
e) 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?

Methodology

The Review considered a wide range of data and information provided by the ACT Health Directorate ('the Health Directorate'), Canberra Health Services ('CHS'), and Calvary Public Hospital Bruce ('Calvary PHB'). These will be referred to collectively in this report as 'the three health organisations'. The Review interviewed staff and stakeholders across the public health system, including senior management, heads of people and culture units, representatives of clinical and administrative workforces, stakeholders in the broader clinical and academic community, health consumer and other non-government organisations, and staff from all three health system organisations. A list of those interviewed is at Appendix A.

The Review is grateful to the three health organisations for their extensive engagement with the Review and to the many staff and stakeholders who gave the Review their valuable time and insights. The Review was ably supported by secretariat staff seconded from the Health Directorate, who worked tirelessly to distil key information from the substantial quantity of documents provided to the Review.

Context

As the Culture Review noted, poor culture has been a problem across the ACT public health system for many years, and has been the subject of earlier reports and reviews. The Culture Review, and the high level commitments made to implement its findings that were made by Ministers, the three health organisations and key stakeholders, have been seen as a significant opportunity to change this history and move the health system to a positive workplace culture that supports high quality care.

Implementation was launched in mid 2019. The first Annual Review, which reported in May 2020, found that early progress on implementation had been good, but that it was too soon to form a view as to whether the actions underway were significantly improving workplace culture. The first Annual Review encouraged a greater focus on the recommendations requiring inter-agency action, and ongoing attention to whether the work underway was achieving the intent of the Culture Review's recommendations.

The first Annual Review noted the impact of the 2019-20 bushfire crisis and the COVID-19 pandemic on implementation of the Culture Review recommendations. The demands of COVID-19 have continued to have considerable impact on the resources and focus of the public health system, including pressure on elective surgery, increased demand for mental health services, and workforce surge required for the additional demands of COVID-19 testing and vaccination. The stability of implementation of the Culture Review recommendations has also been affected to an extent by changes in senior leadership in the three health organisations over recent years.

The Review recognises these challenges and appreciates that the health system has multiple significant demands upon it, including responding to increasing community demand, managing an unprecedented public health crisis, and implementing an ambitious agenda of change and growth across the public health system. Nevertheless, it is important that the three health organisations do not succumb to the idea that culture reform is in some way a secondary matter that can be addressed once more pressing matters have been resolved. Rather, establishing and ensuring a positive workplace culture will greatly support the health system in achieving success across all its many demands.

Foundations

A number of foundational pieces of work have been undertaken that support implementation across the recommendations of the Culture Review. These are set out here, and will be referred to at various points specific to individual recommendations.

Culture Review support and governance

A Culture Review Implementation Branch ('the Culture Review Branch') was established in the Health Directorate from April 2019 to lead the planning and support the implementation of the recommendations of the Independent Review. The Branch has had between 3 and 4 staff reporting to a Branch Manager over the past two years.

The Culture Review Branch has had the following functions:

- Strategic advice
- Working with each organisation to ensure a collaborative and collegiate approach to implementing, monitoring, and reporting on the recommendations of the Culture Review
- Establishing the program methodology and ongoing program management, including risk management and mitigation
- System-wide communications, including development and delivery of a communications strategy and action plans
- Project management for system-wide initiatives, including procurement, contract management and project implementation[1]
- Development of the Organisation Culture Improvement Model (OCIM) and assessment tool (see below)
- Foundational work to develop an evaluation strategy and dashboards for monitoring progress, impact, and effectiveness
- Support for the three health organisations to develop organisation-specific workforce dashboards.
- Secretariat for:
  - Culture Reform Oversight Group[2]
  - Culture Review Steering Group[3]
  - Three sub-committees of the Oversight Group (working groups)
  - Workforce Data Working Group

1 This included procurement and project management for the ANU research, co-development of the Workplace Culture Framework, the HR functions review, the Training Analysis, annual reviews and Management and Leadership training programs. These are all described in the relevant sections of this report.

2 See recommendation 18

3 See recommendation 18

- Management Foundations Project Working Group
  - Respect Equity Diversity Working Group
  - Oversight and management of budget and associated governance
  - Coordination and drafting of Biannual Update and other government matters related to culture reform, and
- Ongoing engagement with Ministers and stakeholders.

In 2019, the ACT Government provided $12M in funding over 3 years for the implementation of the Culture Review. This funding was initially provided to ACT Health Directorate and was intended to be allocated to projects that were aligned with achieving Culture Review outcomes, to be determined by the Steering Group (comprising senior management of the three health organisations). However, after the first year, funding was allocated to system-wide initiatives including development of management and leadership programs, the remaining funding divided proportionately between the three health organisations to deliver culture reform activities as they saw fit, with quarterly reporting on expenditure to the Steering Group.

Workplace Culture Framework

To provide an evidence-based framework for improving workplace culture in response to the Culture Review, the Culture Review Branch commissioned the ANU to develop a system-wide Workplace Culture Framework.

The report, *ACT Public Health System, Investing in our people: A system-wide evidence-based approach to workplace change*, was delivered by the ANU in May 2020. It presented findings from an extensive survey of established scientific research and additional exploratory research involving interviews, workshops, and an online questionnaire of stakeholders from across the health system. The ANU report presented a Workplace Culture Framework to support the implementation of the Culture Review recommendations relating to organisation behaviour, workforce and leadership.

The Workplace Culture Framework identified five workplace change priorities for the health system:

1. Organisational trust – We need to improve the trust in our organisations, and decisions must be fairly and transparently made and applied.
2. Leadership and People Skills – We need to build our people skills at work, as well as investing in specific people management and leadership training to support us all.
3. Workplace Civility – We need more inclusive workplaces with respectful interactions between each other.
4. Psychological Safety – We need to be able to raise concerns and suggest new ideas in open, supportive, safe, and accepting work environments.
5. Team Effectiveness – We need more clarity in our roles and to develop our skills to do our jobs effectively. We need to ensure that workloads are more balanced within teams.

The key elements of the Workplace Change Framework recommended were to:

- Establish expectations across the system
- Build knowledge through education
- Develop people and leadership skills
- Track and measure outcomes

Necessary implementation drivers identified by the Workplace Culture Framework were:

- The three health organisations CEOs support a strategic and system wide approach and measurement of progress
- Organisation values, policies and procedures support and align with the workplace change priorities
- Leaders model expected behaviours and skills
- Knowledge and skill development follow evidence-based principles of training, and
- The workforce attends training and is supported by leaders to do so.

Organisation Culture Improvement Model

The three health organisations adopted an Organisation Culture Improvement Model (OCIM) designed to assess progress against the five identified priorities from the Workplace Culture Framework. The OCIM outlines the actions and elements that each organisation needs to develop to progress organisational maturity across each of the five workplace change priority areas: organisational trust, leadership and people skills, workplace civility, psychological safety, and team effectiveness. A four-level scale is used to assess the maturity of the organisation.

All three organisations assessed their maturity status in 2020, and retrospectively assessed it as at 2019. The three organisations assessed their maturity overall as having been in the first (lowest) level in 2019, and moving close to the second level on most scores in 2020.[4]

4 The full assessment scores against each priority area are set out at Appendix B

Implementation of the culture review recommendations

The Review was tasked with reporting on the extent of progress made with culture review implementation against the original plans outlined in the Culture Review, and the impact on the workforce culture from the changes introduced to date. This Part analyses actions taken and outcomes produced against each recommendation of the Culture Review.

Values

Recommendation 1

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 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 Health Directorate.

The Culture Review noted that how the values of an organisation are understood and adopted broadly by the entire workforce is key to strengthening the organisation's culture.[5] The review found that there was a discrepancy between the stated and lived values of each of the three organisations in the health system and that this must be addressed.

This recommendation has not been substantively changed or amended since the Culture Review. However, in practice, the recommendation was implemented by the three health organisations separately, rather than in a coordinated process as envisaged by the recommendation.

All three health organisations have engaged positively in affirming and promulgating the values that underpin quality health care and organisational effectiveness.

The Health Directorate implemented the ACT Public Service values of Respect, Integrity, Collaboration, and Innovation. An extensive consultation process was undertaken with staff to define the behaviours that represent the values and these have been embedded in corporate documents, posters, and other departmental products. Annual Director-General Awards have been established that are aligned with the values, and staff are recognised for making an outstanding contribution. Other initiatives implemented to reinforce the values include the 'Care to Share' and 'Team Spotlight' series, published on the internal Culture Review Implementation site, to recognise colleagues or teams that are living the values.

5 Independent Review into the Workplace Culture within ACT Public Health Services, Page 25

The Directorate has included training about capabilities and values in its recruitment and selection training.

Canberra Health Services also involved staff in a consultation process, which included conversation starters and workshops to define the organisation's values of Reliable, Progressive, Respectful and Kind. Individuals and teams who consistently exemplify the Values can be recognised within their divisions and branches, with an emphasis on celebrating a different value during each quarter of the year. The annual CEO Awards ceremony celebrates individuals and teams who exemplify the vision and values through their work. The behaviours that demonstrate the values have been expressed in the FOCIS-SED material produced by CHS to make explicit the expected behaviour.

Canberra Health Services revised its performance planning template, so that employees now articulate goals specifically related to organisational values. Job descriptions and duty statements all incorporate the demonstration of CHS values, and applicants must address the demonstration of organisational values in the selection process. The importance of selecting prospective employees on the basis of their demonstration, understanding and application of values-led behaviours is a core component of CHS' selection panel training program, with strong messages on the importance of selecting prospective employees, not only on the basis of their technical proficiency, but also their behaviours.

The Medical and Dental Appointments Advisory Committee has recently introduced the assessment of values-led behaviours as an integral component of all recruitment drives. Applicants are assessed against the demonstration of values-led behaviours, in addition to clinical competence.

Calvary PHB has developed a Values in Action Framework (VIAF) which has been mapped to the mission, vision, values, and behaviours to ensure that the organisation has the culture, workplace capability and agility to deliver healthcare in an ever-changing environment. The VIAF is to be applied in decisions on recruitment, performance, development, and succession. The values of Hospitality, Healing, Stewardship and Respect have been embedded in the Performance Development Planning process and the Mary Potter Awards, which celebrate staff who are exemplars of the Spirit of Calvary PHB and are aligned to the organisation's values. All staff are being trained in the Values in Action (70% completed to date).

The First Annual Review found that the focus on vision and values was a positive start, while recognising that a focus on values does not necessarily result in improved behaviours in the workplace.[6] The Recommendation of the Culture Review was not only that values should be adopted, but that the leadership of the three organisations should ensure the vision and values were lived and embraced at all levels.

The best way to ascertain the extent to which the vision and values are lived at all levels will be through the results of staff surveys that enable staff to provide direct feedback on their experience. All three organisations are conducting staff surveys in 2021. For both the Health Directorate and Canberra Health Services, these will be detailed surveys that will include questions that address the extent to which staff see the values are lived and which can be analysed for the experience of staff in different areas and by job family. For Calvary PHB, the

6 ACT Public Health Services Culture Review Implementation Inaugural Annual Review, Page 18

survey is conducted at a national level by Calvary as an organisation-wide engagement survey of employee engagement. The survey does not ask staff whether they experience the values of the organisation being practiced in the workplace. However, staff are asked whether they know what is expected of them at work, and managers are encouraged, when discussing the staff survey, to include the expectation that all staff should behave in accordance with the values.

As this Review was commissioned to report before the results of the 2021 staff surveys are available, it is not straightforward to form a view as to the extent to which staff feel that the values are lived as sought by this recommendation of the Culture Review. Pulse Surveys conducted by Canberra Health Services on a quarterly basis provide insight into CHS employee engagement and ask some questions relevant to the values. Further insights have been provided by staff who were consulted in focus groups across all three organisations, and by stakeholders who represent various clinical sectors in the workforce.

Staff surveys

In November 2019, the Health Directorate and Canberra Health Services conducted their biennial employee survey which created a snapshot of the workplace culture and to set a benchmark for tracking workplace culture improvements. The 2019 surveys generally paint a picture of a less than engaged workforce. In the Health Directorate, overall engagement was at 42%, although this was higher than the benchmark for other ACT Directorates at the time; but only 22% said they would recommend the Directorate as a good place to work. On the other hand, staff rated the Directorate more highly on feeling valued and being treated with respect. In Canberra Health Services, engagement was at 40%, which, while lower than other State health services, was a continued improvement from earlier years (it had been at 34% a decade earlier). Not quite 30% of staff said they would recommend CHS as a good place to work. Calvary PHB conducted an employee engagement survey in August 2020. This survey used a different methodology. Staff were asked 12 standard questions that measure employee engagement; the scores indicated overall results in the lower quartiles of benchmarks for comparable organisations. In addition, staff were asked some Calvary-specific questions, including on patient care and staff ability to speak up about safety or conduct.

Canberra Health Services has conducted follow-up Pulse Surveys since November 2020. The Health Directorate advised that it intends to initiate pulse surveys from November 2021. For both organisations, this is a commendable approach that enables regular monitoring of and response to employee experiences and concerns.

The CHS Pulse Surveys measure staff engagement, plus two Net Promotor questions and one client/patient care question. They are designed to be a ‘temperature check’ of employee experience and satisfaction. Although the Pulse Surveys do not expressly ask questions as to whether staff agree that the values guide decisions and practices in the workplace, there are questions that assess views on CHS achieving its vision (‘there is a strong sense of purpose and direction’) and the CHS value of respect (‘there is a climate of ‘Trust and Respect’ throughout the organisation). In the most recent Pulse Survey (June 2021), there had been a 2-point decline since March 2021, and a 4-point decline since the 2020 Survey, in ratings of agreement that there is a strong sense of purpose and direction; there had been no improvement in ratings of agreement that there is a climate of trust and

respect (31%). On most measures of engagement, the scores have been declining since the 2019 survey, with many of the ratings of engagement being scored positively by only about a third of the respondents; scores amongst medical officers are even lower. The proportion of staff who would recommend CHS as a good place to work has also declined. While CHS will await the full 2021 Workplace Culture Survey, these scores would suggest that staff are not seeing positive indications of the culture improving, which likely also indicates that staff do not feel strongly that the values are being lived.

The detailed survey data available to Canberra Health Services and that will be available to the Health Directorate, broken down by organisational units and comparable to data from previous surveys, enables proper attention to be paid to areas of concern and learnings to be generated from areas showing improvement. While the ACT Health Directorate will be using a slightly different set of questions as part of the ACTPS survey, it is expected that tracking of progress will be able to be achieved via analysis of responses to comparable questions. The survey approach taken by Calvary is somewhat more limited, surveying on a small number of questions primarily relating to employee engagement. Calvary PHB may need to consider whether this instrument is giving management adequate granular data and insights into key issues of potential concern for staff, and whether it is able to illuminate matters of concern to particular job families, such as medical officers or nurses.

Good data on organisational culture depends on high response rates to staff surveys. Staff participation in surveys is likely to be higher if staff feel confident that management takes heed of their views and staff can see that action is taken to address issues of concern. Ensuring that results are made available to staff, staff are consulted on the priorities for action, and management regularly informs staff of progress on those priority areas will all assist in motivating participation in future surveys, as well as more broadly increasing overall trust in management.

Given the importance of staff survey data to assessing the impact on organisational culture, the Review recommends that analysis of the 2021 staff survey results for all three health organisations be reviewed carefully by the Oversight Group when considering the ongoing implementation of the Culture Review and the findings of this Review. There should be an ambitious approach to the levels of employee engagement and culture improvement seen in the staff surveys. The survey tool that has been used by both Canberra Health Services and, in the past, the Health Directorate provides benchmark data from comparable health and public sector organisations, which show average engagement across those sectors. Similarly the survey tool used by Calvary PHB benchmarks results against a global database of other organisations. The Review would encourage the three organisations not to be content with only matching benchmark averages, which sit at a fairly uninspiring level of around 40-45%. High performing organisations with cultures of ambition and success score much more highly on employee engagement, in the range of 60% and over. The public health system should be aiming for a strongly engaged workforce with positive attitudes to change and pride in their workplace.

Staff and stakeholders

Interviews with staff and stakeholders showed there was broad knowledge and awareness of the values by staff in all three organisations. Staff welcomed the greater focus on values but conveyed mixed views as to whether values are being lived in their organisations. Some did reflect that behaviour consistent with the values had become more evident, but many continued to express dissatisfaction with poor behaviours that were seen as inconsistent with stated values, such as verbal abuse, reprisals for unwelcome feedback, workplace incivility, and lack of respect. Staff felt particularly aggrieved where they saw colleagues or managers acting inconsistently with the values but not being held accountable, or even being promoted notwithstanding the behaviour. Given that both Canberra Health Services and Calvary PHB have explicitly stated that behaviour alignment with the values will be part of performance and promotion decisions, it will be important that this commitment is being seen in practice.

> *"Mostly everyone does [live the values]. There is a small percentage that don't but unfortunately this over-shadows the ones that do"*
>
> *"In my area, I see people demonstrate commitment to living the values, however at times I don't see the values being lived between departments"*
>
> *"some people behave without honesty and integrity – they talk the talk but not walk the walk"*
>
> *"We are all aware of the values in my team, it's drilled in"*
>
> *"we aren't treated with respect"*
>
> *"the messaging coming through from the CEO on values is good"*
>
> *"there has been good work done but there's a mismatch between espoused and lived values"*

Conclusions

The three organisations have done good work in explicating and promulgating organisational values. It is particularly welcome that values expectations are built into performance management and selection processes; to be effective, it will be necessary that decisions in these contexts place meaningful weight on whether behaviour is consistent with the values. Some improvements are being anecdotally reported in the extent to which the values are lived, but staff have also expressed concerns that values-aligned behaviour is not consistently expected or demonstrated. Close consideration should be given to expected 2021 staff survey information, and real focus given to what needs to be done if staff are not positive on the values being lived. It will be important to ensure that staff see a level of effort and commitment to living the values, commensurate with the effort that went into developing and promoting them.

Measuring organisational effectiveness

Recommendation 2

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

- Reflect on elements of a great health service – both culture and strategy
- Monitor patient/client perspectives of outcomes/experience, and
- Engage clinicians in their development.

The Culture Review emphasised that organisational effectiveness is the combined impact of culture and strategy. The Review concluded that appropriate measurement and monitoring of performance is a necessary element of demonstrating ongoing and durable change in culture and building a great health service. Particular areas of concern noted in the Culture Review were the lack of appropriate measures for outcomes that matter to patients and communities, inadequate engagement of clinicians in developing such measures, the need for measures that monitor quality and timeliness of clinical interventions as well as measures of patient experience more broadly, and inadequate attention on measures of staff well-being and development.

While no formal decision has been taken to change or amend this recommendation, it is apparent that the approach taken to its implementation has departed from the original recommendation.

The focus of the original recommendation was on the development of a system-wide suite of measures of health system performance, including patient satisfaction as well as culture change. In practice, the only measures developed or monitored by the three organisations in relation to this recommendation have been measures of culture change.

Although work was undertaken by the Health Directorate in 2020 to propose an approach to measure the effectiveness of improvement initiatives on culture and strategy, the three organisations were unable to agree on shared approaches or system-wide measures. Some measures of organisational culture tracking have been agreed, primarily the annual assessment under the OCIM and the regular staff surveys. No system-wide dashboard has been adopted and the three organisations have opted not to apply consistent staff survey approaches and not to explicitly survey staff with questions based on the priorities from the Workplace Culture Framework.

The Review was advised that work is to resume on developing consistent key indicators to measure the impact of interventions on workforce effectiveness across the system, with the establishment of a Workforce Data Working Group to commence from October 2021.

The Review was also advised that reporting mechanisms have been established within both CHS and Calvary PHB to collect patient feedback. CHS advised that it measures performance

against its strategic priorities, including dashboards on Safety and Quality. CHS adopted the Partnering with Consumers Framework in October 2020, which describes how CHS develops, implements, and maintains its systems to partner with consumers and their carers.

The framework identifies the following measures:

- Consumer feedback monitoring
- Patient survey
- Patient story
- Timely care measures.

The Review was not provided with any information on how the consumer feedback data is being used or whether any assessment of the measures has been undertaken to date.

CHS also advised that its 2021 Workplace Culture Survey will measure Safety & Quality, which are elements of the CHS Exceptional Care Framework, in the Client Engagement section of the survey.

Calvary PHB advised the Review that a Partnering with Consumers Committee (PCC) has been developed in early 2021 as part of Calvary PHB's Clinical Governance to ensure that feedback is collected from consumers and is shared with the relevant functions in the hospital. This process does not appear to include any measures that would monitor trends over time or analyse data from consumer feedback. As mentioned above, Calvary staff surveys also include questions on staff perception of support for patient care.

It is a positive first step that both Canberra Health Services and Calvary PHB have commenced systems to collect patient feedback and/or to measure staff perceptions of quality care. This, together with the work on improving workforce data as outlined above, will be important contributions to the development of system-wide measures of performance of the public health system.

The Review considers that work should be re-invigorated to develop and implement agreed system-wide measures of performance of the health system that would give valuable performance data to clinicians and administrators for continuous improvement and that would enable the Minister to provide the Canberra community with meaningful information on the performance of the public health system.

Conclusions

The Health Directorate, Canberra Health Services and Calvary PHB should work together, drawing on the input and involvement of clinicians and on experience and systems in other jurisdictions, to develop a suite of measures that reflect on key elements of a successful health service – both culture and strategy – and that measure health system performance, patient outcomes and experience, and staff well-being and development. The elements of the Organisation Culture Improvement Model, which all three organisations have adopted, will be useful components for the measurement of culture, as well as measurement of staff experience via well-focussed staff surveys. Work needs to be done to identity and agree key measures for measurement of health system strategy and performance.

Addressing bullying and harassment

Recommendation 3

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

The Culture Review found that bullying and harassment was raised as a significant concern by staff in surveys and by stakeholders in multiple submissions to the Review. While noting the difficulty of making exact comparisons, the Culture Review found that bullying and harassment were experienced in the ACT health system at higher levels than in the NSW health system, and that ACT health staff had less confidence than NSW comparators in how their organisation resolves complaints and grievances.

This recommendation has not been substantively changed or amended since the Culture Review.

Speaking Up For Safety

The Review recommended the introduction of a Vanderbilt-style reporting system for unprofessional behaviour. The system is based on an early intervention model in which a staff member receives feedback and coaching to modify their behaviour, with a graduated escalation process into more formal interventions and disciplinary responses. The intent is that the majority of cases of inappropriate behaviour are addressed at the local level and in ways that lead to changed behaviour, with improved outcomes for patients and staff.

Both Canberra Health Services and Calvary PHB have adopted the Cognitive Institute's Speaking up for Safety (SUFS) program, which is based on the Vanderbilt model and was one of the programs suggested by the Culture Review. This program aims to provide staff with skills and confidence to speak up respectfully and effectively about safety issues to prevent unintended patient harm. Building on this is the next level program, Promoting Professional Accountability (PPA), which is designed to identify, engage, and hold accountable staff who demonstrate repeated unprofessional behaviour. Canberra Health Services has committed to delivering the PPA program from April 2022; Calvary PHB is intending to rollout the PPA program from the last quarter of 2021.

These programs are designed to be delivered through a train-the-trainer model, with staff representatives from a range of disciplines across both CHS and Calvary PHB having already completed accredited training, giving both organisations the capability to deliver SUFS seminars to all staff. The Cognitive Institute recommends that SUFS training is delivered to 80% of staff in the first 12 months to ensure a culture shift and to lay the foundations for implementing the professional accountability layer. Launched by Calvary PHB in March 2020 and CHS in February 2021, training has been delivered to 74% of Calvary PHB staff and 40%

(3300) of CHS staff so far; CHS has advised that all remaining staff will be trained over coming months.

Participant feedback from the SUFS training workshops has been generally positive, with high proportions of staff (88% - 96%) from both CHS and Calvary PHB agreeing that the knowledge and skills provided by the training had increased their confidence to speak up about safety concerns, and indicating that they plan to speak up when they observe behaviour that may compromise safety.

When asked what the most positive aspects of the training were, staff responded:

> *"empowering staff to use the Safety CODE to assist them to escalate situations in a respectful and effective manner"*
>
> *"becoming aware that I have permission to speak out regardless of who to. I now realise I'm equally responsible for injury if I don't speak out"*
>
> *"empowering staff at all levels to act if they feel unease"*
>
> *"awareness of how speaking up can potentially save lives"*
>
> *"as a new nurse it was comforting to know that it's okay to check and be checked by my colleagues…and to learn ways I can speak up"*
>
> *"gives us all a voice and permission to speak up about our safety concerns"*
>
> *"I really liked the promotion that 'someone has got your back'. We are in this together and want to get it right"*

It will be important for both CHS and Calvary PHB to ensure that the SUFS training makes clear that the 'speaking up' approach applies, not only to clinical behaviour and decisions, but also to interpersonal behaviour such as incivility and bullying, which also risk patient safety due to their impact on team behaviour and workplace engagement.

The implementation of the Promoting Professional Accountability program is essential to back up the training on speaking up. Training staff to speak up will not be effective if staff experience inappropriate responses when they do speak up or observe that there is a lack of accountability for inappropriate behaviour even when it is identified.

With regards to the Health Directorate, it was determined through consultation with the Cognitive Institute that, as SUFS is primarily a clinician-focussed program, it was not appropriate for the Directorate. Nevertheless, there was discussion and agreement in the Directorate to pursue other measures to encouraging a speaking up culture about inappropriate workplace behaviour. This will include: education and setting expectations, embedding values and behaviours, reinvigorating the network of contact officers for Respect, Equity and Diversity (REDCO), investing in manager and leader training, 'bystander' education, and ensuring robust communication and messaging to the workforce. Some progress has been made to develop and invest in some of the elements, however, this approach is at an early stage.

Handling of complaints

Although the explicit recommendation of the Culture Review – to implement a Vanderbilt-style model – is being implemented, it is necessary to recall that the purpose of the recommendation was to "reduce inappropriate workplace behaviour and bullying and harassment". Other work has also been underway to address the intent of the recommendation more broadly.

Foundational work was undertaken across the health system in late 2019 and early 2020 to understand current processes within each organisation for managing workforce complaints and grievances, and to identify gaps and opportunities for improvement. Actions taken have included:

- Canberra Health Services — improving information for staff on the complaints process, making process improvements, refreshing and upskilling REDCO, increasing support for people who lodge a complaint, providing training for leaders in having early conversations to de-escalate conflicts, providing feedback and counselling to staff about whom complaints have been made, and using complaint numbers and other data to identify problem areas for proactive attention.
- Calvary PHB —the REDCO network has been refreshed and training has been provided. Information is soon to be provided to staff to uplift staff awareness of the REDCO network and complaints process. Various actions are underway to improve the complaints process and to provide better support to staff.
- Health Directorate— in the process of identifying priorities for action for both REDCO and complaints and grievances. Initial information was provided to staff about REDCO, however there is acknowledgement that additional engagement is required. Quarterly meetings are undertaken with REDCOs to invest in training to build knowledge and skills to respond as matters arise.

Extent of bullying and inappropriate workplace behaviour

The data on complaints in the Health Directorate does not indicate any substantial change in complaints, with low numbers of formal complaints across the past two years. The data from CHS shows an increase in complaints in 2020-21; however CHS considers this could be as a result of greater staff awareness of their right to complain about inappropriate behaviour and greater confidence in the procedures for raising concerns about bullying. The data from Calvary PHB show a 33% drop in complaints from 2019-20 to 2020-21. No data was available from the three organisations to assess whether there has been any improvement in the timeliness of handling complaints of bullying, or whether staff felt more satisfied with the process or outcomes.

Good work has been done by CHS and Calvary PHB, and is underway in the Health Directorate, to improve the processes for handling complaints of bullying, to raise staff awareness, and to provide support. More could be done to better understand staff experience of the complaints process. The HR dashboards provided to the Review indicated workload on hand for the HR teams in handling bullying and harassment, but did not include

information or analysis on trends, and no information on the timeframes for managing these complaints or on the extent to which complainants felt that the process had addressed their concerns. These issues are at the heart of the concerns by staff considered in the Culture Review: that complaints were not handled well, that processes took too long, and that outcomes did not address the problem.

Canberra Health Services advised of a number of specific instances in the past year where action has been taken in relation to complaints of poor behaviour, including clinical staff and in senior positions. These actions have included counselling, warnings, performance requirements, demotions, and terminations. It is encouraging to see that action is being taken in some cases. To impact on the pervasive concerns of staff that bullying and other poor behaviour persist, it will be necessary for all three health organisations to take a consistent and determined approach to requiring better behaviour and sanctioning poor behaviour.

Staff and stakeholders interviewed by this Review continued to express significant concern about both the occurrence of inappropriate workplace behaviour and the response to complaints. There were some positive views that bullying had decreased in places.

> *"The amount of bullying has decreased"*
>
> *"There has been improvement in management of bullying behaviours"*
>
> *"Going in the right direction to gain trust in employees to report on inappropriate behaviours"*
>
> *"There has been a significant shift in culture regarding bullying/poor behaviour"*

However, most staff feedback, particularly in Canberra Health Services, reflects a view that little has changed.

> *"Lots of young doctors experience bullying"*
>
> *"It is way beyond incivility in some areas"*
>
> *"Still need extensive work with clinical managers to educate on how to manage before it escalates and/or becomes accepted behaviour"*
>
> *"there is no respect for nurses – the behaviour has got worse"*
>
> *"there have been no changes in staff when there should have been, known perpetrators are still in their positions"*
>
> *"there are still some transgressors who haven't been exited"*
>
> *"everyone is afraid to complain because the complainant gets victimized"*
>
> *"there is a culture of fear"*
>
> *" even when complaints are upheld – nothing happens"*

"The low levels of confidence that incidents of bullying and harassment and underperformance would be reported and acted on is extremely concerning."

Reducing inappropriate workplace behaviour is the key deliverable for this recommendation. While improving awareness of and processes for complaint handling are helpful actions, the primary focus should be on preventing the behaviour in the first place. Formal complaints of bullying with escalation into channels for disciplinary action should be the last resort not the only tool. Formal complaint processes should be streamlined as much as possible, particularly to reduce the time taken to resolve matters, and this will be more achievable if the numbers of complaints reaching that stage are minimised by reducing the occurrence of the behaviour.

Reducing the occurrence of poor behaviour has to begin by establishing to all staff the expectations of workplace behaviour, training leaders at all levels in how to model appropriate workplace behaviour and how to respond at a local level to instances of inappropriate behaviour in their teams, and holding people to account if inappropriate behaviour continues.

Some work has commenced that seeks to address problems of inappropriate workplace behaviour. Canberra Health Services has commenced a pilot, in one clinical unit, of the program SCORE (Strengthening a Culture of Respect and Engagement), an evidence-based and award-winning civility program developed by Steople (NSW).[7] The aim of the program is to transform a poor culture of disrespect, by addressing long term issues, facilitating safe and honest discussions, and teaching new skills which will result in the cultivation of an improved workplace culture. While the pilot has not yet been fully evaluated, CHS advised that the unit where the pilot was conducted had shown considerable improvement in measures of engagement in the June 2021 Pulse survey compared to the 2019 staff survey. CHS has advised that, if the pilot program evaluation is positive, other work units will be selected to undertake SCORE based on evidence of need. The Review was not advised of any similar program underway in Calvary PHB. Implementing specific interventions to address problematic behaviour and poor culture is a good step. The Oversight Group should seek information on the outcomes of the SCORE pilot, with a view to implementation across all three health organisations if it is successful.

While endorsing the pilot of SCORE as a positive step, the Review would encourage all three health organisations to adopt a more broad-based approach to setting and reinforcing behaviour expectations for all staff, not only addressing 'hot spots' with remedial interventions. The CEOs of each organisation should ensure that the stated values of their organisation are translated into a clear set of behaviours, which are communicated clearly and consistently to all staff, modelled by leaders at all levels, and embedded in the performance expectations of all staff. Calvary PHB's Values in Action Framework is a good example of this approach. Performance feedback and promotion decisions should reinforce the expectations of appropriate workplace behaviour; failure to back up organisational statements on behaviour with action on poor behaviour will undermine staff trust that their organisation means what it says.

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7 In 2019, Steople won the College of Organisational Psychologists Workplace Excellence Awards for the SCORE Program under the Organisational Development Category.

Implementing these steps does not need to be a protracted process. Good work has already been done on establishing the values, and the Workplace Culture Framework has already established the nature of the skills people will need. While strengthening the consequences of inappropriate behaviour on performance outcomes, promotions and other employment arrangements may need to be progressed in consultation with industrial representatives as required under existing arrangements, unions and professional organisations consulted for this Review expressed strong and consistent views that their members want to see change in workplace behaviour. It should be expected that they will work cooperatively with the management of the three health organisations to implement systems that produce that result, including holding people to account who do not demonstrate appropriate behaviour despite clear expectations and support to do so.

Leaders at all levels will need training and support to improve their capabilities in instilling appropriate standards for workplace behaviour in their teams. This was a key priority area in the Workplace Culture Framework that all three organisations have adopted. The Review discusses management and leadership training at Recommendation 13.

Conclusions

Canberra Health Services and Calvary PHB should continue with the rollout of Speaking Up for Safety and move as soon as possible to implement the Promoting Professional Accountability Program. The Health Directorate should institute an appropriate program to empower staff to call out inappropriate behaviour. All three organisations should set clear expectations for staff about appropriate workplace behaviour and equip managers and leaders at all levels to uphold those expectations both for themselves and in their teams. Positive workplace behaviour should be rewarded; inappropriate behaviour should have clear consequences, including in performance appraisal, selection, and promotion decisions, and in firm outcomes of disciplinary processes. For behaviour at the serious level of bullying, all three health organisations should ensure they have efficient and effective means to handle and resolve complaints and should monitor timeliness, outcomes, and participant experience.

Partnerships and relationships

The Culture Review found that there needed to be improved engagement and stronger relationships both within the public health system and with external partners:

- between the three organisations – the Health Directorate, Canberra Health Services and Calvary PHB
- between acute care and community-based health services
- between the Clinical Divisions at CHS, and
- with external bodies, including universities, NGOs, NSW Health, and consumers.

This range of relationships was the subject of a series of recommendations in the Culture Review. This section will report on the implementation of each of those recommendations. However, more broadly, it is important to keep in mind that the overall thrust of these recommendations was to instil a more engaged and less insular approach across the health system. A more open and engaged system will increase professional development and satisfaction, improve systems and knowledge within the health system, and enhance the attractiveness of the ACT health system as a destination for health professionals, all of which will conduce to improved health care for the ACT community.

Recommendation 4

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.

The Culture Review found that there had been tensions in the relationships between the three health organisations and a lack of coordinated planning between the two hospitals in clinical services planning and provision. The Culture Review considered there should be better coordination, more transparent systems of performance management and reporting, and greater clinician employment flexibility between the two hospitals. The Culture Review recommended that a summit of senior clinicians and administrators of CHS and Calvary PHB map a plan for improved coordination of health services and participation of clinicians across the health system.

This recommendation has not been substantively changed or amended since the Culture Review. However, in practice, there has been much more focus on questions as to whether and how to hold a summit, than on developing a plan for improved collaboration and coordination, which was the intent of the recommendation.

The plans for a summit in 2020 were derailed by the need for the health system to prepare for and respond to the COVID-19 pandemic. The response to the pandemic itself did involve greater collaboration and coordination, which could form the basis for a more systemic approach to improved coordination going forward. While efforts to progress this have been limited, more action has been developing in recent months.

A networking event was held in February 2021, attended by the two Health Ministers and senior executives and clinicians from the three health system organisations. The event provided an opportunity for senior clinicians and executives to discuss future coordination and co-operation between Canberra Health Services and Calvary PHB, and lay the foundations for future collaboration.

Topics discussed include clinical service coordination and collaboration between CHS and Calvary PHB, and learnings from the COVID-19 experience. Overall, the group concluded that, while clinicians work together well on a personal and clinical level, more should be done to formalise clinical networks for specified areas of practice, and to identify and collaborate on some specific cross-territory initiatives.

The efforts by clinicians to work together on some specific initiatives and to form ongoing networks are pleasing. The Review would encourage a focus on developing ongoing systems for collaboration, rather than on a one-off summit. These could include:

- regular formal meetings between the two hospitals to resolve specific identified issues and improve cross-Territory communication
- regular informal networking events, and
- formal clinical networks.

While advancing these plans for ongoing collaboration, clinicians and administrators should not lose sight of the practical issues identified by the Culture Review concerning the mobility of medical officers between the two hospitals. The First Annual Review raised these issues again, including the need for support for Junior Medical Officers rotating between the hospitals and the concerns of Visiting Medical Officers who practice in both services.[8]

More broadly, there is work to be done to improve relationships between the three health organisations. Many staff still spoke of "us and them" attitudes between various parts of the public health system, and criticised unhelpful attitudes and behaviours they observed. The CEOs of the three health organisations and their executive teams should take the lead in exemplifying respectful and collaborative behaviours, and expect their staff to do the same. There is nothing to be gained from competitive or adversarial behaviour, especially in a small public health system such as that of the ACT.

Over-arching issues of structure, funding and governance of the elements of the public health system were raised in these consultations. While those matters are beyond the scope of this Review, it may be worthwhile for the Health Directorate to consider the extent to which health service coordination could be improved under current or potential governance arrangements.

Conclusions

The ACT would benefit from improved co-ordination of public health services in the ACT. While substantive change to the governance arrangements for health services is beyond the scope of this Review, clinicians and senior administrators should, to the extent feasible within the existing arrangements, adopt a collaborative and system-wide approach. Formal

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clinical networks and other means to enable a whole-of-Territory approach to clinical matters to be developed. Barriers to clinical collaboration and mobility should be vigorously addressed.

Recommendation 5

> The CEO of Canberra Health Services should review mechanisms to better integrate clinical streams of the community health services within the Clinical Divisional Structures.

This recommendation has not been substantively changed or amended since the Culture Review.

CHS has made a concerted effort to link community health services with broader governance processes and meetings. Expectations have been recalibrated that, although not physically located within the main hospital campus, staff are involved in governance mechanisms and there is an expectation to participate.

CHS is proposing to monitor and evaluate the integration of community health services through the quarterly Workplace Culture Pulse surveys to track attitudinal change, available data on meeting attendance and frequency, annual portfolio and organisation OCIM assessments, and the 2022 Workplace Culture Survey.

Recommendation 6

> That the ACT Health Directorate re-establish open lines of communication with the NGO sector and other external stakeholders. The proposal [by NGOs] to establish a peak NGO Leadership Group to facilitate this new partnership is supported.

The Culture Review identified the need for better relationships and improved collaboration with health sector NGOs and peak bodies, in recognition of the benefits of reducing avoidable demand, facilitating better care coordination, and enhancing strategic policy development. The Culture Review particularly noted the need for NGO input on design, funding models and governance of strategies to improve health policy. One practical step recommended by the Culture Review was the creation of an NGO Leadership Group to facilitate a reinvigorated partnership with the Health Directorate.

This recommendation has not been substantively changed or amended since the Culture Review.

The NGO Leadership Group has been established with the inaugural meeting held on 23 October 2019. The purpose of this forum is to provide a platform for collaboration and engagement between NGOs, ACT Health Directorate, Canberra Health Services and Calvary PHB.

The NGO Leadership Group meets bi-monthly and is jointly Chaired by the CEO of Carers ACT and the Deputy Director General, ACT Health Directorate, with membership including representatives from:

- Carers ACT (Co-Chair)
- ACT Health Directorate (Deputy Director-General – Co-chair)
- Canberra Health Services
- Calvary PHB
- Alcohol and Other Drug Association ACT
- ACT Council of Social Services
- ACT Mental Health Community Coalition
- Health Care Consumers Association
- ACT Mental Health Consumer Network
- Winnunga Nimmityjah Aboriginal Health and Community Services
- Sexual Health and Family Planning ACT
- Capital Health Network

The NGO Leadership Group provides a platform for collaboration and engagement between NGOs, the Health Directorate, CHS and Calvary PHB. The group 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. It is a mechanism to share strategic advice and operates to an agreed workplan. The agenda also regularly includes COVID-19 advice and updates for high-risk settings relevant to the sector.

The establishment of the NGO Leadership Group is a positive step and has been welcomed by the NGOs consulted for this Review. It is important to recall that the establishment of the Group was not the sole aim of the Culture Review's recommendation. Rather it was to be one vehicle for improving the relationship with NGOs in order to improve input to policy development and better coordination of care.

The Health Directorate recognises that NGOs are a significant part of the public health system and that effectively engaging with them in strategic policy development and service planning through collaborative design and consultation assists to ensure health services meet the needs of our community. The Health Directorate engages with approximately 70 organisations to deliver a range of health, advocacy and sector development services, as well as using the NGO Leadership Group as a mechanism for consultation and advice on the engagement of, and messaging to, NGOs as partners in the delivery of health care. The operation and effectiveness of the NGO Leadership Group is to be evaluated this year, with the evaluation report expected in November 2021.

NGOs consulted in this Review were overall positive about the improvements in communication and engagement by the Health Directorate, particularly at Executive level, while noting that the attitude of openness and partnership had not necessarily reached all parts of the Directorate. NGOs welcomed the establishment by Calvary PHB of a Community

Advisory Council. Concerns were expressed that CHS had not demonstrated the same willingness to engage constructively.

NGOs want to see genuine collaboration and involvement and an attitude of respect for the knowledge and experience that health sector and community NGOs can contribute both to health policy development and to models of care. The Health Directorate recognises the benefit of an engaged and open relationship with NGOs and sees that the culture and mechanisms to achieve this are maturing. The Directorate noted that the role played by NGOs may vary for different projects, from consultation through to co-design. It would be beneficial for both Calvary PHB and CHS to review the effectiveness of their arrangements for consultation and collaboration with relevant NGOs.

Conclusions

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

Recommendation 7

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 Culture Review recommended a more coordinated and active research strategy and partnership with academia, both to improve the underpinnings of health care quality and to enhance clinical engagement.

This recommendation has not been substantively changed or amended since the Culture Review.

Clinicians and academics consulted by this Review were united in recognising the need for research to be valued within the hospital system, pointing to the need for health systems to be learning environments, the benefits for attraction and retention of senior specialist clinicians, and the expanded opportunities and mindset that partnerships between hospitals and academia bring. However, they were also united in expressing frustration that systems and attitudes within the ACT health system did not encourage or enable the interplay between clinical practice and academic research that characterises high quality teaching hospitals.

Medical officers at CHS report that, although they are engaged on the basis of an 80:20 split between clinical and non-clinical time, with non-clinical time to be available for activities

such as teaching or research, in practice this is not honoured. Those doctors who do commit to academic work find that they have to undertake the work in their own time, or not at all. Staff specialists note that other jurisdictions manage effectively the interface with academic appointments and indeed value the learning that it brings into the health system; doctors nationally would expect this from a good teaching hospital and its absence limits Canberra's ability to attract clinical talent.

Clinical stakeholders considered that it was short-sighted of CHS not to more actively enable research engagement, not only in terms of attracting senior medical officers but also in relation to the building of a healthy culture among the Junior Medical Officers (JMOs) who will feed Canberra's future medical workforce. Research projects were also noted as opportunities for cross-disciplinary work, with flow-on benefits to engagement across the health system.

Academics at both the Australian National University (ANU) and the University of Canberra (UC) emphasised the importance of partnerships with academia for building the culture of learning and innovation that a good health system must have, as well as the specific benefits that patients derive when research improves treatment or clinical practice.

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

Efforts to progress the development of a research strategy have been progressed by the ACT Health & Wellbeing Partnership Board. The Partnership Board is responsible for identifying shared priorities and setting the overall framework to improve the health and wellbeing of the Canberra community and surrounding regions of NSW. This is to be achieved by integrating and driving more collaborative relationships across education, research and health service sectors. Membership includes the CEOs of the three health organisations, Dean of the College of Health and Medicine ANU, Executive Dean of UC, Executive Director of the Health Care Consumers Association, and CEO of the Capital Health Network.

The Partnership Board agreed in September 2020 to oversee the delivery of an ACT Health System Research Strategic Plan, which would lay out the overall system strategy, with operational and clinical research plans to be developed under that Strategy by the two hospitals. The Partnership Board established a Research Working Group which included broad representation across clinical and related disciplines from both ANU and UC, research and clinical leads from CHS, and research and program representatives from the Health Directorate. The Research Working Group developed a scope of works for the Research Strategic Plan, with a view to contracting out the development of the plan. However, approach to the market in 2021 failed to identify a suitable provider within the available budget.

The Centre for Health and Medical Research (CHMR) in the Health Directorate commenced work on a research strategy in mid 2021. This work is now being further developed by the Research Working Group with the continued involvement of the CHMR.

In parallel, CHS has established an Office of Research and Education, and has commenced the development of a CHS clinical research strategy. That strategy is expected to be released for consultation in late 2021.

Conclusions

Work on finalising a research strategy needs to be given greater momentum and be brought to a workable outcome with research priorities adopted and then actioned. The Culture Review emphasised the importance of research linkages for improving clinical engagement and enhancing the attractiveness of Canberra as an employment destination for talented clinicians. Research should be a core component of the ACT's health strategy, and part of fostering the kind of climate where innovation thrives in solving the clinical or organisational issues facing health services. Adopting a strategy alone will not be enough. The two hospitals must recognise the value of engagement with research, both by fostering open and positive relationships with academic institutions, and by enabling clinicians in a practical sense to undertake research by allocating and protecting time for that purpose.

Recommendation 8

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.

The Culture Review recommended greater collaboration with NSW Health in order to break down the relative isolation of the ACT health system and to give clinicians greater exposure to the clinical experience, research opportunities, professional development and more mature culture of the larger NSW health system.

This recommendation has not been substantively changed or amended since the Culture Review. However, its implementation has become caught up with the broader issues of the negotiation of an intergovernmental agreement.

Work has been underway since September 2019 on the negotiation of a Regional Agreement between ACT and NSW. The draft Agreement deals, among other matters, with the workforce issues contemplated by the Culture Review, including arrangements to support access to professional development, education, and supervision for clinicians through a strong networked approach and to promote research initiatives through partnerships with research institutions.

As the proposed Agreement deals with a wide range of other matters that are outside the scope of this Review, it is not possible to comment on the likely timeframe or outcomes of negotiation of the Agreement between the two jurisdictions. The demands of COVID-19 response may also be impacting on the scope available in either jurisdiction to progress the Agreement. If the broader Agreement will involve greater time or complexity to be resolved, even after the current impacts of the pandemic are reduced, consideration should be given to whether arrangements could be made at a Directorate level to progress arrangements for professional opportunities and interactions with NSW Health. One option could be through the already established ACT and Southern NSW LHD Joint Operations Committee (JOC), which includes Canberra Health Services, the Health Directorate, Calvary PHB, adjacent NSW Health Districts, and the Capital Health Network. Although the JOC's primary roles are

operational, it also aims to enhance the culture and strengthen the relationships between jurisdictions.

There are also some arrangements on foot between CHS and NSW Health that enable JMOs and Registrars from the ACT to complete clinical rotations in areas of NSW adjacent to the ACT. These arrangements not only broaden the experience of ACT doctors during their training, but are considered beneficial for the impetus they may give some doctors to decide to practice in rural or regional areas during their careers and for the increased access to medical expertise in rural areas that these clinical rotations bring. These arrangements are welcome for the benefits they bring to doctor training, but do not address the broader issues raised by the Culture Review.

Conclusions

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

Clinical engagement

Recommendation 9

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

Recommendation 10

There should be a clear requirement for senior clinicians to collaboratively participate in clinical governance activities.

The Culture Review found there was a need for greatly improved clinical engagement across the health system. The Review exposed a problematic cycle of low morale amongst the medical workforce, frustration by clinicians with burdensome administrative processes, and disengagement with administration and governance leading to even less ability to positively influence hospital systems and practices. The Review noted that greater clinical engagement was necessary to improve the quality of health care and to ensure a culture that learns from adverse events.

The recommendation of the Culture Review was that the system needed to better enable clinician participation and that clinicians should take up those opportunities.

The Culture Review noted the need for clinicians to be involved in clinical governance as an integral part of assuring the delivery of quality health services and continuous improvement. This need has been formally recognised by the Australian Commission for Safety and Quality in Health care.

The Review found that, while there was good participation by nurses, midwives, and allied health workers, doctors were less likely to be appropriately involved.

These recommendations have not been substantively changed or amended since the Culture Review.

Canberra Health Services launched a Clinical Governance Framework 2020-2023 in August 2020. The Framework describes clinicians' role and responsibilities to ensure clinical governance works across CHS to ensure exceptional health care and embeds CHS' clinical governance approach. The CHS committee structure was reviewed and standardised to ensure that all levels of the organisation participate in all aspects of governance, including CHS' clinical governance quality and safety committees. Advisory Executive Committees have been established for Nursing and Midwifery, and Allied Health, with the Medical Advisory Executive Committee being progressed.

A number of activities have been undertaken to improve collaboration and participation in clinical governance by senior clinicians. These activities included:

- Convening the CHS Governance Committee
- Establishing the regular Clinical Directors Forum (see below)
- Inviting Clinical Directors to attend the Corporate Plan Review Committee meetings and high-level CHS committees, including the National Standard Committees
- A stocktake of all clinical leads on governance committees
- Attendance by senior clinicians to Divisional Quality and Safety meetings

Canberra Health Services also launched the Improving Medical Engagement and Culture (IMEC) Strategy in August 2020.

There are four IMEC Priority Areas, which were drawn from medical officer feedback:

1. Promote a safe and collegiate workplace
2. Improve communication with medical officers
3. Promote a medical voice in organisation decision-making and high-level committees
4. Ensure equitable workloads

The Clinical Directors Forum (CDF) has the responsibility to guide and progress the implementation of the IMEC. The purpose of the CDF more broadly is to provide a forum that brings together medical practitioners to discuss medical and patient care issues and to provide advice and feedback to CHS management on medical policy, workforce, quality, education and research issues. The CDF is chaired by the Executive Director of Medical Services and comprises Divisional Clinical Directors, various Medical Unit Directors representing professional specialisations, the Chief Medical Officer, and a number of other sector representatives.

As part of the IMEC, monthly Medical Officer Webinar and Q&A sessions have been held to share information, discuss best practice, ask questions, and seek input for change. Approximately 50 Medical Officers usually attend the regular Webinars or Q&A, and the recordings and slidedecks are made available online for medical officers who were unable to attend. Regular meetings have been held with JMO representatives and People and Culture representatives. Tailored webinars have been held to communicate new policies and procedures, to summarise changes and to provide an avenue for clinicians to ask questions, including nursing, midwifery and allied health clinicians.

The establishment of the Clinical Directors Forum has been welcomed by stakeholders consulted by the Review. It is performing a valuable function to ensure the views and knowledge of medical specialists are considered in the many executive decisions that impact both patient care and the medical workforce. It is helping to build relationships across speciality areas, which enhances patient care and increases engagement for those involved in the Forum. The Review strongly supports the continuation of the Forum and active engagement by CHS management with the views of clinicians brought together by the Forum.

“there used to be frustration that doctors didn’t have a voice in the Executive. That has changed in the last 12 months”

“Information is being disseminated in more accessible forms”

“two-way communication is very welcome”

It is less clear that it is improving overall satisfaction and engagement for medical staff below the level that is represented on the CDF. It was agreed as part of the IMEC that the success of the IMEC would be monitored by feedback through the regular Pulse Surveys and periodic Q&A sessions with medical officers. While no information was provided to the review indicating that there had been Q&A session feedback about the success of the IMEC, there have been a number of Surveys of the medical workforce, including participation in the 2021 Pulse Surveys. Those surveys indicate that low levels of satisfaction and engagement persist, including low levels of trust in executive management, poor ratings for whether there is a culture of trust and respect and whether things are getting better, and negative scores on whether medical officers would recommend CHS as a good place to work. The response rate of medical officers to the staff surveys is low; while this means that it is not possible to be certain that the views of medical officers expressed in the staff surveys are representative, it is usually the case that more engaged workforces have higher response rates. Low response rates tend to indicate that the workforce is so distrustful and disengaged that it does not expect management to listen or to respond to their views.

Doctors who spoke to the review expressed frustration that consultation was not meaningful, and tended to consist of being told rather than having genuine input. Involvement in policy and governance committees by doctors and nurses was difficult when those meetings were not scheduled with awareness of clinical timeframes and availability. Clinicians felt undermined and devalued when day-to-day decisions on matters such as roster arrangements were taken by people in senior or administrative roles without regard to the impact on the medical workforce, or when clinicians were unable to influence inefficient and burdensome systems that added complexity and difficulty to the essential work of providing clinical services.

“there’s no culture of daily/ongoing consultation and engagement – it’s unilateral and adversarial”

“Clinicians have been there, and will be there for decades but are not being listened to”

“We want a positive culture – open to ideas and input and to feel valued.”

Much good work has been done by CHS to establish structures and processes designed to involve clinicians in executive decision making, and to enable clinicians to be better informed and consulted on matters that affect them. Matters considered at the Webinars and Q&A sessions have included information and consultation on overtime arrangements, non-clinical work time, new clinical procedures, and the work towards a Digital Health Record. These are important issues to be raised with medical officers, though it is unclear how effective the Webinars are for consulting with the majority of medical officers given the low numbers that attend.

At senior levels, there is now much better engagement and involvement of clinicians. More needs to be done to ensure that medical officers who are not personally involved in the CHS Governance Forum or the Clinical Directors Forum are kept informed and involved. While attendees at the CDF are expected to cascade the matters discussed to the staff in their teams, there may not be an effective or well-established practice of doing so. The Review would encourage the CDF, in its role of oversighting the implementation of the IMEC, to give careful consideration not only to the operation of structures and processes for engagement, but to assessing whether these are effective in building a genuine culture of engagement for the clinical workforce.

> *"it would be good if the hospital could set up a better system for cascading information. Every Clinical Director might not be doing this well"*
>
> *"there needs to be more clarity about the role and expectations of Clinical Directors"*

Calvary PHB advised that its Clinical Governance Committee has been integrated into its formal governance hierarchy with reporting lines to Executive Management. Medical professionals have mandatory objectives in their Performance Development Plan that expect them to be engaged in business processes and initiatives. The extent of such involvement was unable to be determined from the information provided to the Review; however Calvary PHB did indicate that Medical Officers have been increasingly engaged in business-related initiatives (especially HR and WHS) for input, consultation and feedback. Calvary PHB is also developing a survey to assess VMO engagement.

As the Review understand that Calvary PHB's annual staff survey does not enable it to disaggregate responses by job family, Calvary PHB is not equipped with objective information to assess whether its changes to clinical governance have been effective, and whether clinical engagement and medical officer satisfaction are in fact improving.

Conclusions

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

Recommendation 11

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.

Adoption by the ACT health system of the Choosing Wisely initiative was recommended as an example of the benefits of clinical engagement, improving safety and quality of patient care and lowering the inefficiencies of unnecessary tests and treatments.

This recommendation has not been substantively changed or amended since the Culture Review.

The Choosing Wisely Initiative seeks to support consumer safety by identifying and reducing tests, treatments and procedures that are not evidence based and could potentially cause harm. The goal is to start conversations involving consumers and healthcare professionals about unnecessary tests, treatments and procedures, thus enhancing the quality of care.

CHS became a champion health service member of Choosing Wisely Australia and established a Choosing Wisely Low Value Care Steering Committee (CWSC) in February 2020 to provide leadership and coordination in adopting Choosing Wisely actions and other identified low value care initiatives in a coordinated, sustained manner across CHS. An increased number of senior medical officers were engaged throughout 2020 with a total of 22 consulted on specific projects or involved with working groups. Projects undertaken or in progress have covered such matters as pathology tests and imaging ordering and have involved senior clinicians in the development and delivery of education and the sharing of information with colleagues and junior doctors.

CHS conducted a baseline survey in June 2020 and a follow-up survey in March 2021, which found over 200% increase in awareness of Choosing Wisely amongst medical officers, and has found substantial reductions in ordering of tests and procedures on completed projects.

Calvary PHB endorsed the Choosing Wisely Initiative in June 2020 and has established governance arrangements and a communication plan and stakeholder engagement plan. Calvary PHB intends to implement processes to ensure treatments and tests are in line with up-to-date evidence, are patient focussed and with the goal to minimise unnecessary and low-value treatments, tests and practices.

Recommendation 12

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.

The Culture Review focussed on clinical leadership as an important aspect of clinical engagement and called for the clinical divisions to be led by clinical directors, who could be medical officers but could also where appropriate be nurses, midwives, or allied health professionals. Clinical leads would be supported by business managers to assist with administrative skills and knowledge. The Culture Review said that the frustration of burdensome administrative processes should progressively be reduced by upskilling clinical directors to be able to manage their own budgets and approvals within clear strategic goals.

This recommendation has not been substantively changed or amended since the Culture Review.

Canberra Health Services has largely implemented this recommendation. The CHS operating model requires that all Clinical and Unit Directors are suitably clinically qualified. Each clinical division is supported by quality and safety, finance, and HR Business Partners, dedicated to providing expert and timely advice.

The arrangements for business partners have been welcomed, helping to support divisions and units with advice on management issues. There is still frustration expressed about slow and inefficient procedures, with many matters requiring central approval rather than being delegated to clinical directors within budgets and organisational goals as envisaged by the Culture Review. Particular mention was made of extended delays and opaque processes for routine recruitment or procurement, which impact adversely on front line health services and on morale.

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

Recommendation 13

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.

The Culture Review recognised that clinical staff taking up roles of Unit and Divisional leadership will need to be appropriately trained in leadership and management skills. The Review recommended that a leadership and mentoring program be available for all clinical leads and executive personnel, and that reasonable time should be allocated for staff to undertake such programs.

Investment in leadership skills is vital for people placed in executive and middle management roles to be effective managers of people and leaders of workplace change.

This recommendation has not been substantively changed or amended since the Culture Review.

The Workplace Culture Framework found, based on extensive review of evidence, that people and leadership skills were essential in addressing the workplace change priorities. People skills are needed in order to meet the basic workplace needs of others, and to address workplace incivility, improve psychological safety, and build team effectiveness. Developing people and leadership skills was one of the four key steps identified by the Framework to achieve the desired workplace change. Having leaders model expected behaviours and skills was one of the five implementation drivers needed to support and sustain workplace change and outcomes.

The Organisation Culture Improvement Model (OCIM) provides the vehicle for the three health organisations to assess their maturity against key aspects of the inputs that will be needed to produce sustained positive workplace culture, including the approach to learning

and development, training, leadership development, and coaching and mentoring. All three assessed their status in June 2020 as being in the early stages of establishing the necessary maturity on these aspects, such as not having a leadership and development strategy or only being at a basic level or having a leadership training program but only having it available to a subset of leaders or being uncertain as to its effectiveness.

Considerable effort has gone into developing system-wide management and leadership training aligned with the Workplace Culture Framework that all three organisations have adopted. However, that work has taken a considerable time to bear fruit. The process of reaching agreement within the organisations on the desired training and seeking external providers to provide the training has now taken well over a year. It is expected a provider will be contracted in August 2021 for management fundamentals training, and for leadership training by the end of December 2021. Doubts over future funding may impact the development and implementation of the training programs.

In the meantime, the three health organisations have continued to deliver some training programs for managers and supervisors.

Canberra Health Services has a set of training programs for managers, most of which pre-dated the Culture Review, covering such matters as people management for front-line and middle level supervisors, introduction to management for new supervisors, training in performance management for managers at all levels including a number of specific programs for managing problematic behaviour or responding to grievances, and how to have difficult conversations.

These are all important matters for training, but the training is not mandatory and the numbers that have attended the training in the past two years are very low in proportion to the number of people in management or supervisory roles. A review of training programs conducted in 2021 (see recommendation 16) found that this existing suite of training programs was not well-aligned with the goals of the Workplace Culture Framework and that there was inadequate evaluation or analysis to determine if the training was meeting organisational goals.

CHS also advised that the CHS Executive cohort has participated in several leadership workshops over the past two years, to build and accelerate a cohesive executive group, develop key leadership technical skills and discuss the application of contemporary leadership approaches.

The Health Directorate has been running leadership training for middle management (Being a Conscious Leader) since 2019. It uses a group coaching approach to equip managers with practical skills for leading people strategically through change. The course is not mandatory; 105 staff members have attended the training since it commenced in November 2019. This course was also reviewed as part of the review of training programs conducted in 2021 and was found to be not well-aligned with the Workplace Culture Framework or to have an evaluation framework that enabled assessment of its effectiveness. Directorate staff may also access leadership training that is provided across the ACT public service, but no data was available as to the extent of uptake.

Calvary PHB draws on the management and leadership training provided for all Calvary sites, with four different levels of training: Senior Leaders; Established Leaders, for Executive

level participants; Emerging Leaders for front line managers and supervisors, and Foundational Leadership material available by online modules as base level management training for front line managers and supervisors. These programs, which were scheduled to commence in 2020, were delayed due to the impacts of COVID-19 and have now commenced delivery in the first half of 2021. Calvary also ran a Clinical Leadership Program as a pilot in 2019. The Program focussed on frontline clinical leadership education for nurses, such as guiding teams, managing change, good communication, and managing conflict.

Staff across the organisations were largely unimpressed about management capability and considered there needed to be more investment in management training.

> *"the leadership training is great but there needs to be more"*
>
> *"the people who most need management training don't go to it – they need to be targeted"*
>
> *"I asked for management training when I became a supervisor, but I was told to just work it out myself"*
>
> *"there is a document that articulates management expectations, but it's not supported with training"*
>
> *"maybe there is management training but if so, it has no profile"*
>
> *"people are put in charge who have no idea how to run things"*
>
> *"there is no training for managers, people go up in the ranks because they are next in line"*
>
> *"no follow up is done after training to see if it's working"*

Action on this front needs to be substantially increased and expedited to develop the capability of leaders and managers. As identified by the detailed evidence reviewed for the Workplace Culture Framework, effective leadership skills are critical to model and embed the changed behaviours that are needed to produce a positive workplace culture. The Framework identified core skills that need to be broadly instilled in managers and supervisors such as team building, goal setting, communication, psychological safety, performance improvement, empowerment, recognition, and alignment with organisational goals.

Effective people-centred leadership is a critical element of creating a healthy workplace culture. On a range of matters where this Review has found more effort is needed to produce the desired change, inadequate leadership and management capability is likely to be a key contributor. Many of the excellent initiatives that have been launched by the Executive leadership of all three health organisations have not penetrated successfully through to the experience of front line staff due to a lack, in the management layers below, of awareness of their role in driving change and capability to do so effectively. This must be addressed if the clear commitment of the three health organisations to improve workplace culture is to be achieved.

The Review understands that some doubt has been expressed about ongoing investment in management and leadership training, which was being developed with additional funding provided for the implementation of the Culture Review. The Review would strongly encourage the three health organisations to see investment in management and leadership capability as a core aspect of business as usual, not a special one-off event attributed to the Culture Review.

Conclusions

There needs to be substantial and ongoing commitment to developing leadership and management capability in all three health organisations. Leadership and management training should focus on the elements identified by the Workplace Culture Framework and should be regularly evaluated for its effectiveness. Promotion into and performance management in leadership roles should be based equally on leadership behaviours as on technical skills. The pathway to establishing and maintaining a positive and productive workplace culture depends on effective management and leadership at all levels.

Human resources

Recommendation 14

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.

Recommendation 15

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.

The Culture Review noted the important role the Human Resources (HR) function should play in resetting culture, and that HR should be helping to fulfil the strategic goals of the health system by helping to acquire, develop and retain the needed health workforce with aligned attitudes and behaviours. However, the Review found many shortcomings in the HR function. The Review made three specific recommendations about HR: to review their functions, properly align their recruitment processes with relevant laws and procedures and improve their training offering. The Culture Review also highlighted the need not just to review the HR function, but to take action across a range of HR policies and processes: workplace safety, recruitment processes, long-term acting arrangements, JMO recruitment, staff development, supervisor teaching time, mobility of staff between the two hospitals, performance development, misconduct processes, HR systems and data, people skills, and training in general.

This recommendation has not been substantively changed or amended since the Culture Review.

The Culture Review recommended an overall review of HR staffing numbers and functions in light of the many concerns expressed by staff. That review has been conducted and a report on the HR functions of each of the three health system organisations was provided in December 2020 ('the HR Functions Review').

The aim of the HR Functions Review was to contribute to the development of a high-performance HR model that actively supports the implementation of organisational strategy as well as fostering positive workplace culture across the ACT public health system and within each organisation. The Review sought to articulate the HR functions, resourcing requirements and capabilities required to deliver on strategic and operational commitments.

Four priority areas for improvement were identified where current practice does not yet match best practice approaches. These areas were consistent across all three health organisations, and are:

1. Recruitment
2. Performance Management
3. HR Metrics
4. Strategic Workforce Planning

The findings indicate that priority should be given to enhancing processes in these areas to build capability of HR staff and managers, and further develop the maturity and effectiveness of the services delivered.

Work is underway to respond to the priorities of the HR Functions Review.

Canberra Health Services has undertaken some restructuring of its People & Culture Division and intends to undertake further work to address capacity and capability deficits with a focus on quality service delivery and future organisational requirements. A People Committee has been established to oversight the implementation of the Our People Framework, which includes a commitment to making CHS a Great Place to Work, including being well-led, collaborative, and safe, with strong leadership and a positive culture.

On the four priority areas identified by the HR Functions Review, the action that has been taken is as follows:

Recruitment: CHS has been conducting training in the recruitment process, with over 300 staff having completed selection training in the past 2 years. Training is mandatory for panel chairs before undertaking a selection process. A merit-based, rather than seniority based, process has been implemented in 2021 for advancement to Senior Staff Specialist positions.

Performance Management: A revised approach to assist staff with performance discussions has been developed and cascading performance frameworks have been put in place, following a review that was completed in late 2020. Training is being developed to support the new framework.

HR metrics: Dashboards of key people metrics have been developed that were developed in consultation with executives and other stakeholders. Feedback in November 2020 was to the effect that management in line areas welcomed the new dashboards.

Workforce Planning: Organisational Workforce Plans are being developed for the 4 major classifications (Medical, Nursing and Midwifery, Health Professionals and Administration), which are expected to be completed over 2021-22. These will be foundational plans, with more detailed work on job families to follow.

The Health Directorate is considering the report as part of a service redesign and restructure of HR and culture improvement functions. Implementation activities have so far been limited. Nearly 200 staff have attended Recruitment and Selection training and work is underway to evaluate the Directorate's recruitment activities. A workforce data dashboard has been developed. Staff have been consulted since mid 2021 about improvements to the performance management and development process including education and training, and

plans are being developed to respond to those consultations. Work has not commenced on workforce planning.

Calvary PHB has also undertaken some limited activities to implement the recommendation, including re-structuring of the HR teams and training to build their capability. People dashboards are now provided to line managers.

It is positive that all three organisations have developed more useful dashboards to enable managers to be aware of workforce data and trends. These are an important tool that enables line managers to understand their workforce patterns. Desirably, they should also be used by HR as a tool for strategic thinking and workplace change, and refined if necessary to collect and reflect the right data. For example, dashboards that report on the amount of accrued leave enable managers to identify and address problems with staff not taking leave sufficiently to be refreshed; an additional and more strategic layer would see data being tracked to identify patterns such as high or increasing levels of personal leave, which can be an indicator of workplace dysfunction. Similarly, data on the numbers of cases on hand of complaints and grievances are a useful means of tracking and managing workload; a more strategic layer would track the trend over time in number of cases, time to resolution, and outcomes, and would link case incidence with other potential indicators of workplace culture issues that need to be addressed. Data on trends over time in numbers of temporary contracts and length of time on higher duties would also be useful for all three organisations to better understand the drivers of this issue, raised by many staff as problematic for both individual job security and for workforce culture change, and to develop strategies to improve.

The Review would encourage all three organisations to treat their HR data as a source of insights and a basis for more strategic attention to workforce issues, not only as a tool for routine management and monitoring.

More broadly, while the HR functions review identified numerous areas requiring attention in all three organisations, progress has been limited in addressing these and more should be done in order to establish the capabilities that HR needs to support the organisations. CHS has work underway on most of the four priority areas, but there is scope for considerably more ambition in developing capability and momentum. Both Calvary PHB and the Directorate have made only limited progress in responding to the HR Functions Review.

Undertaking the HR Functions Review seems to have been taken by the three organisations as the key required outcome of Recommendation 14. However, the HR Functions Review was supposed to be a means of identifying the key areas for action so that the underlying problems identified by the Culture Review would be addressed. Those most urgently highlighted by the Culture Review included: reducing the high numbers of long term acting arrangements, reducing the protracted time taken for recruitment processes, improving attraction and retention, improving the management of complaints of poor behaviour and misconduct, and implementing effective performance development processes. The report card on these is mixed.

None of the organisations were able to provide data on trends over time in the number or length of higher duties arrangements. The proportion of staff on temporary contracts has remained stable. Senior staff considered that the extent of temporary contracts could not be addressed without greater funding certainty, and that little could be done in any event

on the extent of higher duties arrangements. Current data provided as at June 2021 by Calvary PHB and CHS indicated that the average length of time on HDA was 18 months and 9 months respectively and the average time on temporary contracts was about 13 months. Staff interviewed by the Review expressed frustration with the instability caused by temporary contracts.

> *"Long term contracts have been rife"*
>
> *"Rolling short term contracts"*
>
> *"Jumping between contracts – always waiting. Permanent positions are few and far between"*
>
> *"People are going for too long in temporary contracts – Executive won't fill permanently"*

Staff also considered that the extent of long term acting arrangements was a hindrance not only to organisational stability and progress on workforce culture, but to fairness in recruitment.

> *"We can't recruit to ongoing positions so we can't get the right people to fix the culture"*
>
> *"many temporary positions, they're not there long enough to fix the systemic problems"*
>
> *"Positions are not being advertised or only in one place with short turnaround because someone is acting in the position"*

Staff expressed continued frustration with delays in recruitment processes, which was one of the key issues identified by the Culture Review.

> *"It's very difficult to fill positions, there are tons of administrative roadblocks"*
>
> *"the approval steps take too long"*
>
> *"we have staff shortages, and recruitment delays make it worse"*
>
> *"it's still cumbersome, you never know where it's up to, many approval steps involving different areas, it takes months"*
>
> *"then after all the effort, it takes so long that you lose the person to another role before you get to appoint them, very dispiriting"*

Data from the Health Directorate indicated that the average time for positions to be filled was 40 days in 2020-21, slightly up from 38.4 in 2019-20. These timeframes are within normal benchmarks. Dashboards of human resources data in Calvary PHB do not provide any data on time to fill. Data from CHS indicated that time to fill had improved significantly since 2018, now at 63 days in 2021 compared to 141 days in 2018. This is a good outcome, but may not be seen in all areas given the extent of frustration expressed by clinical and administrative staff. The hospitals in particular may need to more closely examine the

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

Recommendation 16

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.

The Culture Review considered that there was a need to improve the people management skills of people at all levels of management in the health system. It noted that, while there was an array of training opportunities relevant to people management, these should be reviewed to ensure that training provided a coherent program and responded to the issues raised in the Review.

This recommendation has not been substantively changed or amended since the Culture Review.

A consultancy was engaged in late 2020 to undertake a review of existing people training programs being delivered within each organisation, and reported in March 2021.

There is a more well developed program for training in CHS, compared to both Health Directorate and Calvary PHB. This was reflected in the number of training programs that were assessed, with 10 programs being identified for assessment by CHS and only one each in Health Directorate and Calvary PHB.

The review included an assessment of why current training programs may not be having the impact required or expected and why learning is not being translated into changed behaviours by managers and staff. It also included an assessment as to the degree that current people training programs align to the five priorities identified in the Workplace Culture Framework as well as the Workplace Skills Development Model under that Framework.

The training review found that the courses overall had low alignment with the Workplace Culture Framework and inadequate evaluation methodologies. In short, these training programs are not focusing on the right things, and are not being evaluated to determine if they are producing the intended results. The review recommended changes to course delivery, a greater focus on evaluation and regular review of the training offering, and accountability in performance management for applying the learning from training courses.

Although the review has been conducted as recommended by the Culture Review, there does not appear to have been a great deal of action since then to reframe or re-align the training programs. Canberra Health Services advised that it is developing comprehensive evaluation plans and that it will use the results of its 2021 staff survey to guide revision of its training programs.

Conclusions

As discussed in relation to Recommendation 13, it is essential that there is a more determined focus on delivering appropriate training in order to equip managers and staff at all levels with the skills they need to foster the necessary changes in workplace culture. This should not be seen through the lens of budget stringency, as if it were merely an additional cost, but should be seen as an investment in capability that will lower costs currently expended on unproductive matters such as unscheduled absences, workforce attrition and replacement, and handling complaints and grievances. Furthermore, creating a more positive workplace culture will ameliorate the adverse impacts on patient care and productivity that arise from low engagement and poor morale, and will increase the attractiveness of the ACT public health system for future talent across its workforce.

Implementation

Recommendation 17

Should the recommendations of this Review be accepted, a public commitment should be jointly made by the Ministers for Health and Wellbeing, and Mental Health, the Director-General ACT Health Directorate, the CEO Canberra Health Services, the General Manager Calvary Public Hospital and key representative organisations to collectively implement the recommendations of this Review to ensure ongoing cultural improvement across the ACT public health system.

Recommendation 18

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.

Recommendation 19

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.

The Culture Review recognised that there was scepticism across the health system as to whether recommendations arising from the Review would be effectively implemented. The Review's recommendations on implementation were directed to ensuring there was public and high level commitment to action, and mechanisms to ensure implementation was pursued over time.

These recommendations have not been substantively changed or amended since the Culture Review.

The Minister and the CEOs of the three health organisations fulfilled the Culture Review's recommendation on commitment by publicly committing in 2019 to implement the Review's 20 recommendations and to work together to improve the workplace culture within the ACT public health system.[9]

As recommended by the Review, a Culture Review Oversight Group was established in 2019 to oversight the implementation of the Review's recommendations. The Oversight Group comprises the Ministers for Health and Mental Health, the CEOs of the three health organisations, representatives of the health workforce, representatives of doctors and health care consumers, and representatives from academia. The members of the Oversight Group also committed to work together to implement the Culture Review's recommendations and to drive positive and enduring culture change.[10] The Oversight Group has met regularly since its establishment, on a bi-monthly basis.

An Implementation Steering Group supports the Culture Review Oversight Group, to more closely manage the implementation plans for the various recommendations, to discuss and share information on key issues, and to coordinate efforts across the Health portfolio. The Implementation Steering Group comprises the CEOs of the three health organisations supported by their respective corporate or human resources managers. The Group meets every 6-8 weeks and has met regularly since the Culture Review.

Other measures to support the implementation of the Culture Review have been the provision of funding of $12m over three years and the establishment of the Culture Review Implementation Branch in the Health Directorate, to lead the planning and support the implementation of the recommendations of the Culture Review.[11]

The Oversight Group has evolved over time in its approach to oversighting the implementation of the Review's recommendations. At times, it has chafed at the feeling that its role is limited to receiving reports on progress rather than actively driving it. There has sometimes been tension between the roles of members as representatives of a particular sector or group, and their roles as contributors to a collegiate process of change. Where members have fallen into defending the interests of their own organisation rather than working collaboratively to achieve agreed shared outcomes, this has not been helpful in achieving the outcomes of the Culture Review. Structural issues, such as the funding arrangements for Calvary PHB and the divide of responsibilities between the Health Directorate and Canberra Health Services, have sometimes impacted the necessary spirit of collegiality.

These issues have been actively considered in recent workshops and there appears to be a good spirit towards working collaboratively and constructively together. That commitment to collaboration, focussing on shared aims rather than pursuing separate agendas, will be crucial to the ongoing success not only of implementation of the Culture Review, but of developing and implementing system-wide approaches focussed on all aspects of high quality care in the public health system.

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9 See appendix C

10 See appendix D

11 See Page 5 for description of the Culture Review Implementation Branch role and functions

Going forward, the Review encourages the Oversight Group to review its operations and agenda to ensure that it is focussed on the key drivers of workplace culture change. Part V of this Review sets out a proposed approach to establish a sustainable program beyond the three year arrangements and funding that were specifically established for the Culture Review implementation.

The roles and responsibilities of the Oversight Group and the Steering Group, and the communication lines between them, should be further clarified. The Oversight Group should operate in a similar mode to a Board, with responsibility for strategic guidance and with all members expected to focus on the shared goal of improving culture, rather than using the meetings as the forum for airing bilateral issues that have other forums for their resolution. The Implementation Steering Group should, as a minimum, have responsibility to work together to progress action and outcomes on particular issues that the Oversight Group identifies as needing action or resolution between the three health organisations. More broadly, it should share information and learning between the three health organisations on what is working well or not, and identify opportunities for more strategic partnership work.

There needs to be greater clarity and agreement between the three health organisations as to the matters that require a system-wide approach, such as the identification and monitoring of health system data and overall commitments to the key aspects of workplace culture improvement, and the matters on which details can vary to reflect the different functions and nature of the three organisations. For example, it was necessary for all three organisations to commit to a greater focus on values that uphold both staff and patient well-being and to take action to ensure the values are lived throughout their organisations, but it is not essential that the values are expressed in identical terms. Conversely, it will be unhelpful if the three organisations decide to measure and monitor health system performance differently, or to depart from the commitment to monitoring the improvement of organisational culture consistently. On some matters, identical arrangements will not be strictly necessary, but adopting a shared approach may be efficient, in that each organisation need not 're-invent the wheel'; for example, improvements to make HR data reporting more meaningful could be adopted across the different organisations.

As well as a strong commitment to collaboration to underpin culture reform, there needs to be a commitment to action. The recent establishment of Working Groups under the Oversight Group to progress particular issues is a positive step, but there needs to be ongoing willingness of Oversight Group members and their organisations to put in time and effort to make these Working Groups effective. Culture reform has to be seen as core business for all members, not an added burden or an optional extra.

That theme – that culture reform is core business – needs to inform not only the work of the governance bodies progressing the implementation of the Culture Review, but the work of all three health organisations in developing and applying systems of health care and in managing and developing their workforces.

Change management and communication

Recommendation 20

As a result of this Review, the Culture Review Oversight Group should engage with staff in the development of a change management strategy which clearly articulates to staff, patients/clients and the community the nature of the issues to be addressed and the mechanisms for doing it.

The Culture Review considered it was obvious that there needed to be effective communication with staff, stakeholders, and the community about the implementation of the Review. Indeed, all significant organisational change depends on an effective change management strategy of which clear and ongoing communication is an essential component.

This recommendation has not been substantively changed or amended since the Culture Review. However the three organisations have failed to agree on system-wide change management or communications strategies and have made only limited inroads into establishing or implementing organisation-specific strategies.

Change management

Attempts were made to establish a Change Management Approach in 2020. A proposed change management approach was tabled at the Implementation Steering group in October 2020 but the Steering Group did not agree to the proposed approach. The three organisations preferred to adopt their own approaches to change management, so that other organisational changes as well as culture reform could be addressed. However, it does not appear that a change management strategy was then adopted in any of the organisations.[12]

Communication

The Culture Review Steering Group endorsed a Communication and Engagement Strategy ('the Communication Strategy') in November 2019. The Strategy was developed by the Culture Review Branch based on extensive consultation with the communication teams across the three health organisations. Following endorsement of the Strategy, the Culture Review Branch developed intranet and internet pages to share information about the background and progress of the Culture Review across the health system. Several joint communications workshops and regular meetings with each organisation were held from July 2019 through to June 2020, seeking to bring the three health organisations together to deliver the objectives of the endorsed strategy. However, at this point, despite the three organisations having endorsed the Communication Strategy, it became apparent that there

12 Calvary provided the Review with guidelines and policy on change management applicable to all Calvary institutions, but no change management plan for implementation of the Culture Review

was a lack of willingness to implement it. The issue was raised as a high risk with the Steering Group in July 2020, but does not appear to have been substantively addressed.

The Culture Review Branch continued to operate the internet and intranet pages, adding new content about progress of culture reform and putting up information and guides for staff and managers, including a newsletter, articles and videos focussing on staff recognition and values, toolkits for managers about the Workplace Culture Framework, and weekly articles promoting work on culture reform across the health system. However, the content for material outside the Branch's own activities has had to be sourced from social media channels and intranet sites, as neither CHS nor Calvary PHB has engaged with the Culture Review Branch to provide tailored communication material.

Little appears to have been done within CHS or Calvary PHB to foster access to the Culture Review material produced centrally. None of the communications created by the Culture Review Branch have been shared with CHS staff through their internal channels. There is a link to the Culture Review Implementation page on the CHS intranet but, as the link has not been promoted through CHS internal channels, few staff are accessing it. Calvary PHB staff do not have access to the Culture Review Implementation page on the intranet; instead all content is sent to Calvary PHB for distribution to staff through its internal channels. Calvary PHB advised that culture review communications are shared with staff, however it is unclear to which staff it is distributed or by what means.

Further efforts have been made throughout 2020-21 to re-invigorate the approach to communications. The launch of the Workplace Culture Framework in November 2020 provided an opportunity to shift the system-wide communications from the Review findings, towards a narrative focussed on the changes being produced for the benefit of the health system and the community. A launch event was held and material was produced for staff, including a video, a manager's tool kit, and guides to the five priority change areas of the Workplace Culture Framework. However, the three health organisations did not participate in the launch and neither CHS nor Calvary PHB have promoted internally the video or other materials on the Workplace Culture Framework.

The Culture Review Branch consulted with the three organisations through December 2020 to March 2021 to propose a new phase of communications, focussing on regular progress updates, the roadmap for change, and engaging stories of real change happening 'on the ground'. There does not appear to have been any take-up of the new proposal in CHS or Calvary PHB. There has been a greater drive more recently in the Health Directorate to incorporate culture-related messaging into current communications channels, promote more actively the Culture Review Implementation material and to develop new opportunities to showcase the impact of culture reform. Increasing engagement with the culture review material on the intranet suggests this is having a positive effect.

Both Canberra Health Services and Calvary PHB have developed their own communication approaches.

CHS adopted the Fostering Organisation Culture Improvement Strategy (FOCIS) and associated Communication Action Plan in December 2020. The FOCIS Communication Plan is to promote a number of initiatives that are being or will be implemented in 2021 that are focussed on making CHS a 'great place to work'. These are: The Speaking up for Safety program; the regular staff survey; a revamp of the performance framework; and attention

on building management and leadership capability. Neither the FOCIS strategy or the Communication Action Plan reference the Culture Review, or demonstrate a plan to bring together meaningfully for staff the many disparate initiatives that have been commenced as outlined throughout this Review.

Calvary PHB developed the 'Great Workplaces Deliver Great Outcomes' communication strategy in March 2020. That strategy envisaged three phases of Inform, Involve, and Inspire. Under the strategy, Calvary PHB has established a Great Workplaces Intranet, established a bi-annual staff newsletter, and has added updates on the Great Workplaces Program to its executive meetings and its quarterly leadership forums. The promotional material for the Great Workplaces Program states that its intent is to implement the outcomes of the Culture Review. The 'Inform' stage of the communications plan underpinned the launch of Great Workplaces, including with all-staff communication from the Regional CEO. The 'Involve' stage of the plan envisaged the launch of new policies such as the Occupational Violence strategy and the Values in Action Framework. The 'Inspire' stage of the plan indicated there would be regular staff feedback, updates, and information sessions. However, the plan provided to the Review did not attribute responsibility for any of these ongoing actions, and action appears to have somewhat petered out. Communication information from the past year provided to the Review comprised the Great Workplaces newsletter of December 2020 and updates on Speaking Up for Safety.

Interviews with staff across the health system showed that few had any knowledge of the work that was being undertaken to implement the findings of the Culture Review:

> *"We've heard about it – heard more informal things from other nurses than managers"*
>
> *"What was communicated wasn't relevant"*
>
> *"Never heard the outcome of the review"*
>
> *"It doesn't filter down to teams"*
>
> *"What has happened didn't flow through"*
>
> *"A lot has been done, but it's not well communicated – lack of coordination"*

The lack of knowledge or awareness of culture reform is of concern. The Culture Review was seen by staff as a great opportunity for change. A lack of visible action on major change tends to lead to disappointment and cynicism, and a reduced willingness to believe that anything will change. The lack of belief that positive change is happening is reflected in staff sentiment: in CHS, in the June 2021 pulse survey, only 27% of staff agreed that 'Things are getting better all the time' and 39% agreed that 'Change in CHS means better things to come for me'. Both of these scores were lower than the previous survey results on the same questions. The Health Directorate will need to examine its survey scores to assess whether staff are receiving adequate communication on the change program. Calvary PHB may need to use other measures to assess its communication efforts given that the employee engagement questions asked in its survey do not cover awareness of workplace change programs such as the Great Workplaces program.

Organisational change is only successfully effected when people in the organisation adopt the change. Especially in large and complex organisations, achieving change will not happen by chance and will not be effective if it is implemented in an ad hoc way. For any change process, people need to have a clear understanding of the reason for change and the direction of change, to be equipped with the tools and capabilities to make the change, and to keep receiving information and reinforcement that the change is achieving the desired results. There needs to be a systematic focus on ensuring all the levers for change are operating in a joined-up way. For example, if there were a change management strategy on foot, either at a system level or in each of the organisations, it would have become apparent at an earlier stage that the slow progress in rolling out management and leadership training at all levels would impact the effectiveness of the plans and measures being adopted at executive levels in the organisation.

There also needs to be much more coherent and deliberate communication about culture change. It is much easier for staff to understand and embrace change that is delivered with a simple clear message than to make sense of a plethora of different initiatives.

There is no one right way to communicate change. Good material has been produced by the Culture Review Implementation Branch, which could be incorporated into communication efforts in the three organisations even if they have decided that they wish to adopt their own branding and approach to communication. But consistent communication, tailored to the various segments of the workforce, and based strongly on change management principles, will be essential for staff to understand, adopt, and believe in the promise of culture change.

Conclusions

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

Effectiveness of planning and implementation

Governance arrangements

The governance arrangements put in place to progress the implementation of the Culture Review were sound. These included the establishment of oversight involving all key stakeholders, a steering group of the CEOs of the three organisations that needed to take action to implement the Culture Review, and a dedicated support function in the Culture Review Branch.

The governance bodies have met regularly and have continued to focus on the implementation of the Culture Review. However, as noted under recommendation 18, the members of the governance bodies have sometimes departed from their responsibilities to achieve the collectively agreed outcomes of the Culture Review and have instead pursued their own organisational goals and interests. It has taken some time, and the involvement of independent facilitation, to enable the honest conversations that need to be had to keep the groups focused on their shared outcomes. This will need ongoing attention.

Implementation delays

The support of the Culture Review Branch has been valuable in enabling the development and implementation of a large body of work. However, the effectiveness of this supporting role is only as good as the effectiveness of the action and decision making of the governance bodies to which it reports. On some matters where progress has been slower than ideal, such as the establishment of system-wide health measures or the adoption of change management and communication strategies, much time and effort has been expended for slim results, due to the difficulties the three health organisations had in agreeing on shared actions.

On several foundational matters, implementation has been slow, and there does not seem to have been sufficient sense of urgency in the governance bodies to change course or take action to expedite progress.

- The Workplace Culture Framework was a key piece of underpinning architecture needed to provide the foundation for the development of training and change strategies, but was not commissioned until September 2019 and not delivered until May 2020, a year after the commitment to implement the Culture Review recommendations. Perhaps as a result, the Framework seems to have had little impact on the range of activities the three organisations have been adopting to implement culture reform.
- The subsequent development of programs for the delivery of the people and leadership skills envisaged by the Workplace Culture Framework were not agreed between the three organisations in a timely way, such that requirements to be offered out to training providers were not ready until early 2021; further delays in the procurement process have led to there now being less than a year left of the Culture Review program without any substantial management and leadership training having commenced.

- Similar inertia has bedevilled the development of the research strategy envisaged by Recommendation 7.[13]

The lack of an agreed change management strategy has meant that the impact of delays in these foundational matters on the ability to achieve the intended culture reform outcomes has not been made as visible to the three organisations as it should have been.

There is a weakness in the structural arrangements that has allowed implementation on important measures such as these to drift. The Culture Review Branch, which has the central role to monitor and manage implementation, does not have any power to stimulate greater action by the three organisations, other than to report on emerging risks. Since the split of Canberra Health Services into a separate Directorate, the Health Directorate does not have any power or influence to require or expect alignment with strategic outcomes by CHS; and the contracting arrangements with Calvary PHB similarly do not enable any such expectation of action. Progress on all these matters has depended on effective collaboration and shared willingness to act with persistence and determination, and where these have been insufficient, there have been no levers to instigate change.

Focus on process

The third area that has impacted on effective implementation has been the tendency of the three organisations and the overarching governance bodies to focus more on process that on outcomes. Discussions and documentation show there has been more consideration of and reporting on whether certain actions and commitments were being implemented, than on whether real change was occurring. Program documentation provided to the Review reported in many places that certain recommendations were "complete" where all the actions that those responsible were prepared to undertake were completed but the thrust of the recommendation was clearly not achieved. On a wide range of matters, key people in the three organisations consulted by the Review appeared to be satisfied that matters were on track because processes had been reviewed or new strategies had been adopted, without there being any means to ascertain whether these were effectively addressing the relevant issue identified by the Culture Review.

Going forward

The Culture Review Branch should undertake a stocktake of the progress to date and the areas highlighted by this Review that need greater momentum, and propose to the Steering Group a consolidated and prioritised set of actions aimed at maximising the impact and effectiveness of the culture reform program over its final year of operation. These should be considered and discussed collaboratively by the Steering Group with a view to identifying the actions each organisation is willing and able to take, and the system wide measures to which they will commit. That plan should then be reviewed by the Oversight Group, with a view to agreeing an approach over the balance of the year that is focussed on achieving outcomes and on setting a path towards sustainable implementation.

13 See recommendation 7, Page 26

Sustainability

The Culture Review reported two years ago. The Government established dedicated funding and support for its implementation over a three year period. That period will come to an end at the time the third annual review is conducted, a little under a year from now. That timing should not be the end of culture reform in the ACT public health system. As this report has emphasised throughout, a positive workplace culture is an essential ingredient for performance and productivity in every workplace, and the health system needs to have an enduring commitment to fostering a healthy workplace culture. This should be a core commitment for the leadership of the three health organisations, and a responsibility for leaders at all levels throughout the health system.

In a practical sense, it is to be expected that, unless the three health organisations commit ongoing resources for the purpose, the Culture Review Branch will reduce its monitoring work and the support for specific programs of work will need to be absorbed by the three organisations as part of business as usual. It would be highly desirable if the three organisations can agree to maintain at least a small level of central oversight and support.

By the end of the current financial year, culture reform needs to have transitioned from a special activity focussed on the implementation of the 20 recommendations of the Culture Review, into an embedded part of normal business. This can be achieved by all three organisations anchoring in their strategic plans and their business plans the key components that remain to be fulfilled and that need to be ongoing, and ensuring that there is clear accountability in their structures for achieving expected outcomes. It will be critical that these elements of culture reform are not left at the level of aspirational statements, but are underpinned by plans and deliverables that are linked to the business responsibilities and performance expectations of specific people and positions.

Most importantly, the three health organisations must ensure that the strategies they adopt and the actions they commit to are being effectively communicated and implemented all the way to the front line. This will require sustained and determined effort to lift leadership capability at all levels.

The Culture Review's focus on workplace culture was explicitly linked to achieving the goals of a good health system. Achieving an effective and well-coordinated health system will require greater collaboration between the three health organisations, both on matters identified by the Culture Review such as system-wide measures of success and clinical co-ordination, and more broadly on health system performance. Enhanced governance may also be needed, and the Review would encourage the three health organisations to consider whether future governance models could fold ongoing consideration of culture into a broader collaboration on health system performance and co-ordination.

In Part IV, this Review recommended that the remaining work on Culture Review recommendations should be consolidated and prioritised for action. This should form the initial phase of transitioning culture reform into core business. Over the final 6 months of the Culture Review program, the three organisations should map the key outcomes of the Culture Review into their strategic and business planning processes. These should cover the following elements:

- Ensure the values are lived
  - The Workplace Culture Framework has already set out the steps to achieve the necessary workplace change: establish clear expectations, build people skills, and measure and report outcomes transparently
  - The OCIM will be a useful tool for the three organisations to continue to improve their capability across the spectrum of workplace change priorities
- Build employee engagement
  - A positive and productive workplace culture will help the three organisations to attract and retain talent and will improve performance and innovation
  - Steps to ensure greater engagement and satisfaction among clinicians are a core element of this focus area
  - Many of the improvements that need to be made are simply good management, such as having processes and systems that enable people to do their work, and instituting regular and meaningful two-way communication
  - There needs to be a clear focus on outcomes, not only processes
- Adopt an open and collaborative approach with partners, including academia, NGOs, professional bodies, and between the three health organisations
  - These relationships need to be lived, and focussed on shared objectives of a good health system and an engaged health workforce, not just reduced to an agenda of pro-forma meetings

The Review has been heartened by the commitment that all participants have consistently expressed towards making the ACT public health system an effective and high performing one. It is to be hoped this desire will now translate into an ongoing commitment to build and maintain the positive workplace culture that will underpin the achievement of that outcome.

Appendices

Appendix A: List of stakeholders consulted

Interviews

Stakeholders	Position/description
Minister Stephen-Smith	Minister for Health
Minister Davidson	Minister for Mental Health
Mrs Giulia Jones MLA	Opposition Health Spokesperson
Mr Mick Reid	Chair of the Independent Review into Workplace Culture and Reviewer for the Inaugural Annual Review
Karen Toohey	Discrimination, Health Services, Disability & Community Services Commissioner
Damian West	Deputy-Director General, Workforce Capability and Governance, Chief Minister, Treasury and Economic Development Directorate
Ms Di van Meegen	Facilitator, Culture Reform Oversight Group facilitated workshops
Culture Review Oversight Group	Minister for Health Minister for Mental Health Director-General, ACT Health Directorate Chief Executive Officer, Canberra Health Services Regional Chief Executive Officer, Calvary ACT Regional Secretary, Community and Public Service Union ACT President, Australian Medical Association ACT Executive Director, Health Care Consumers Association ACT President, Australian Salaried Medical Officers Federation ACT President, Visiting Medical Officers Association ACT Dean, College of Health and Medicine, Australian National University Executive Dean, Faculty of Health, University of Canberra

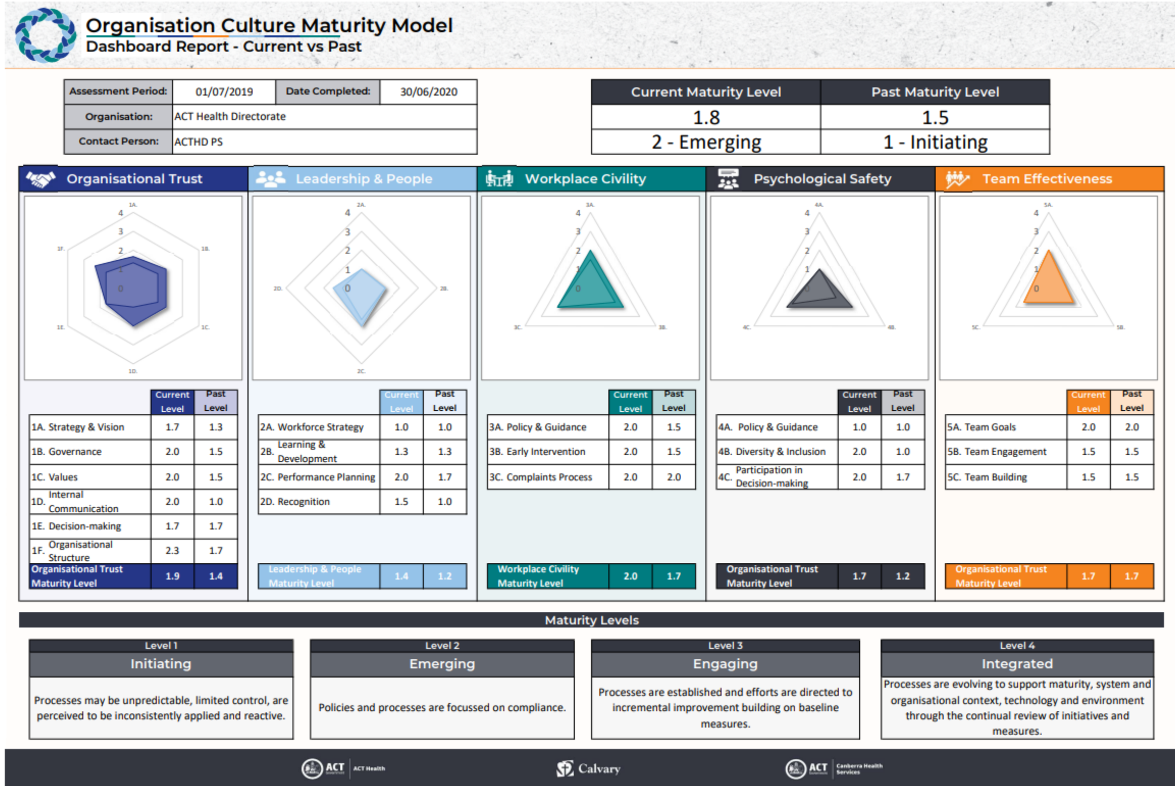
Culture Review Implementation Steering Group	Director-General, ACT Health Directorate Chief Executive Officer, Canberra Health Services Regional Chief Executive Officer, Calvary ACT Executive Branch Manager, People Strategy and Culture, ACT Health Directorate Executive Group Manager, People and Culture, Canberra Health Services
Rebecca Cross	Director-General, ACT Health Directorate
Bernadette McDonald	CEO, Canberra Health Services
Barb Reid	Regional CEO, Calvary ACT
Robin Haberecht	General Manager, Calvary Public Hospital Bruce
Meg Brighton	Deputy-Director General, ACT Health Directorate
Dr Dinesh Arya	Chief Medical Officer, ACT Health Directorate
Jacinta George	Executive Group Manager, Health System Planning & Evaluation, ACT Health Directorate
Raelene Burke and Kalena Smitham	Executive Group Manager, People & Culture, Canberra Health Services (outgoing and incoming)
Dr Nick Coatsworth	Executive Director Medical Services, CHS
Dr Ashwin Swaminathan	Clinical Director, Division of Medicine
Representatives from People and Culture Group	Canberra Health Services
Matthew Daniel	Secretary, Australian Nursing and Midwifery Federation (AMNF) ACT
Madeline Northam	Regional Secretary, Community and Public Sector Union (CPSU) ACT
Dr Peter Hughes	President, Visiting Medical Officers Association (VMOA) ACT
Darlene Cox	Executive Director, Health Care Consumers Association (HCCA) ACT
Lisa Kelly	CEO Carers ACT and Co-Chair NGO Leadership Group

Associate Professor Jeffrey Looi and Mr Steve Ross	Australian Salaried Medical Officers Federation (ASMOF) ACT
Dr Walter Abhayaratna	Australian Medical Association (AMA) ACT President
Dr Gert Frahm-Jensen	Royal Australasian College of Surgeons
Professor Imogen Mitchell	Executive Director of Research and Academic Partnerships, Canberra Health Services / ANU Professor, ANU Medical School Intensive Care Specialist, Canberra Health Services
Professor Russell Gruen	Dean, College of Health and Medicine, Australian National University (ANU)
Professor Michelle Lincoln	Executive Dean, Faculty of Health, University of Canberra
Professional Colleges Advisory Committee Members	Dr Ali Teate - Australian College of Midwives Dr Jessica Tidemann - Royal Australian College of General Practitioners Professor Jane Dahlstrom - Royal College of Pathologists of Australasia Dr Louise Stone - Australian College of Rural and Remote Medicine Stephen Jackson - Australian College of Mental Health Nurses Dr Fatma Lowden - The Royal Australian & New Zealand College of Psychiatrists Juliane Samara – Australian College of Nurse Practitioners
Clinical Leadership Forum Members	Shelley McInnes - Consumer Representative Toni Ashmore - Allied Health Professional Associate Professor Paul Craft - Clinical Director Cancer Ambulatory Support, Canberra Health Service
Culture Review Implementation Branch	Jodie Junk-Gibson, Executive Branch Manager People Strategy and Culture Branch Belinda Harris, Senior Director Program Management, Culture Review Implementation Suze Rogashoff, Strategic People Advisor

Focus groups

Stakeholder group	Organisation
Bowes Street Staff	ACT Health Directorate
Health Protection Service Staff	ACT Health Directorate
Staff	Calvary Public Hospital
Representatives and Members	Community and Public Service Union
Representatives and Members	Australian Nursing and Midwifery Federation

Appendix B: OCIM assessments



Organisation Culture Maturity Model
Dashboard Report - Current vs Past

Assessment Period:	01/07/2019	Date Completed:	30/06/2020
Organisation:	ACT Health Directorate		
Contact Person:	ACTHD PS		

Current Maturity Level	Past Maturity Level
1.8	1.5
2 - Emerging	1 - Initiating

Organisational Trust

	Current Level	Past Level
1A. Strategy & Vision	1.7	1.3
1B. Governance	2.0	1.5
1C. Values	2.0	1.5
1D. Internal Communication	2.0	1.0
1E. Decision-making	1.7	1.7
1F. Organisational Structure	2.3	1.7
Organisational Trust Maturity Level	1.9	1.4

Leadership & People

	Current Level	Past Level
2A. Workforce Strategy	1.0	1.0
2B. Learning & Development	1.3	1.3
2C. Performance Planning	2.0	1.7
2D. Recognition	1.5	1.0
Leadership & People Maturity Level	1.4	1.2

Workplace Civility

	Current Level	Past Level
3A. Policy & Guidance	2.0	1.5
3B. Early Intervention	2.0	1.5
3C. Complaints Process	2.0	2.0
Workplace Civility Maturity Level	2.0	1.7

Psychological Safety

	Current Level	Past Level
4A. Policy & Guidance	1.0	1.0
4B. Diversity & Inclusion	2.0	1.0
4C. Participation in Decision-making	2.0	1.7
Organisational Trust Maturity Level	1.7	1.2

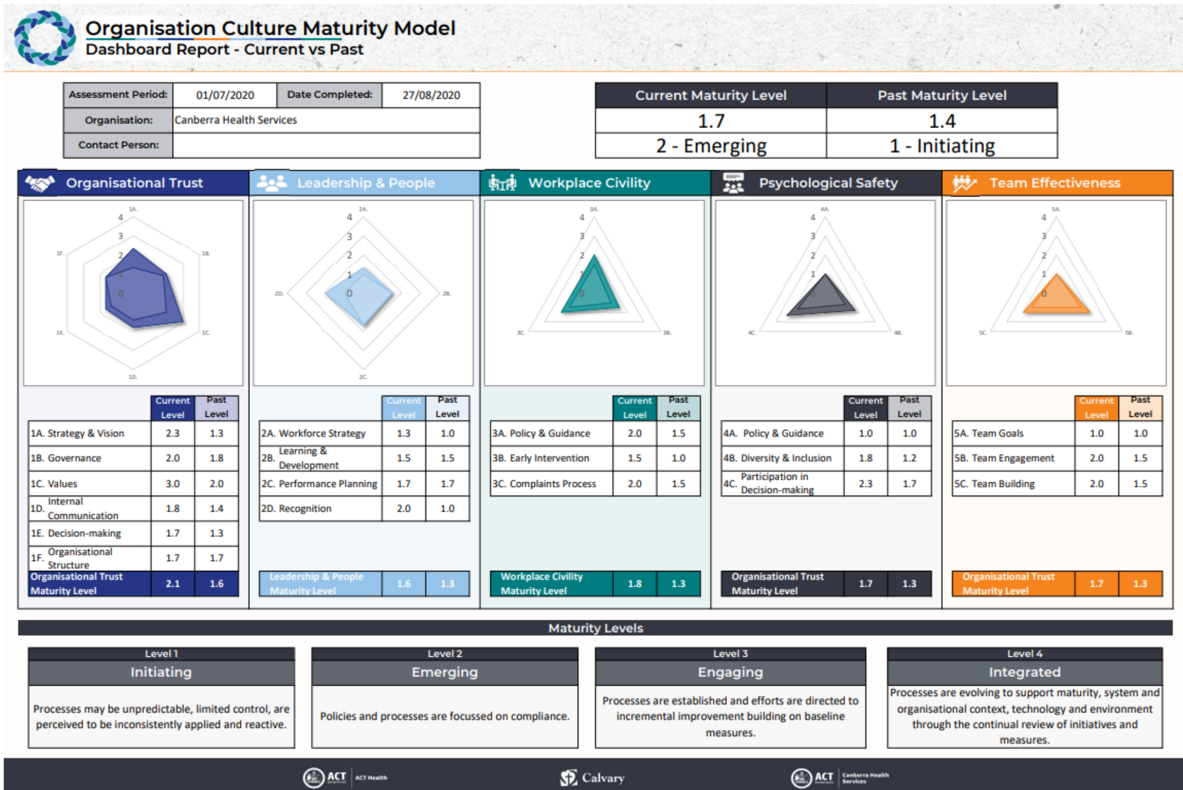
Team Effectiveness

	Current Level	Past Level
5A. Team Goals	2.0	2.0
5B. Team Engagement	1.5	1.5
5C. Team Building	1.5	1.5
Organisational Trust Maturity Level	1.7	1.7

Maturity Levels

Level 1 Initiating	Level 2 Emerging	Level 3 Engaging	Level 4 Integrated
Processes may be unpredictable, limited control, are perceived to be inconsistently applied and reactive.	Policies and processes are focussed on compliance.	Processes are established and efforts are directed to incremental improvement building on baseline measures.	Processes are evolving to support maturity, system and organisational context, technology and environment through the continual review of initiatives and measures.

ACT Health | Calvary | ACT Canberra Health Services



Organisation Culture Maturity Model
Dashboard Report - Current vs Past

Assessment Period:	01/07/2020	Date Completed:	27/08/2020
Organisation:	Canberra Health Services		
Contact Person:			

Current Maturity Level	Past Maturity Level
1.7	1.4
2 - Emerging	1 - Initiating

Organisational Trust

	Current Level	Past Level
1A. Strategy & Vision	2.3	1.3
1B. Governance	2.0	1.8
1C. Values	3.0	2.0
1D. Internal Communication	1.8	1.4
1E. Decision-making	1.7	1.3
1F. Organisational Structure	1.7	1.7
Organisational Trust Maturity Level	2.1	1.6

Leadership & People

	Current Level	Past Level
2A. Workforce Strategy	1.3	1.0
2B. Learning & Development	1.5	1.5
2C. Performance Planning	1.7	1.7
2D. Recognition	2.0	1.0
Leadership & People Maturity Level	1.6	1.3

Workplace Civility

	Current Level	Past Level
3A. Policy & Guidance	2.0	1.5
3B. Early Intervention	1.5	1.0
3C. Complaints Process	2.0	1.5
Workplace Civility Maturity Level	1.8	1.3

Psychological Safety

	Current Level	Past Level
4A. Policy & Guidance	1.0	1.0
4B. Diversity & Inclusion	1.8	1.2
4C. Participation in Decision-making	2.3	1.7
Organisational Trust Maturity Level	1.7	1.3

Team Effectiveness

	Current Level	Past Level
5A. Team Goals	1.0	1.0
5B. Team Engagement	2.0	1.5
5C. Team Building	2.0	1.5
Organisational Trust Maturity Level	1.7	1.3

Maturity Levels

Level 1 Initiating	Level 2 Emerging	Level 3 Engaging	Level 4 Integrated
Processes may be unpredictable, limited control, are perceived to be inconsistently applied and reactive.	Policies and processes are focussed on compliance.	Processes are established and efforts are directed to incremental improvement building on baseline measures.	Processes are evolving to support maturity, system and organisational context, technology and environment through the continual review of initiatives and measures.

ACT Health | Calvary | ACT Canberra Health Services

Organisation Culture Maturity Model

Dashboard Report - Current vs Past

Assessment Period:	01/07/2020	Date Completed:	20/08/2020
Organisation:	Calvary Public Hospital Bruce		
Contact Person:			

Current Maturity Level	Past Maturity Level
1.7	1.4
2 - Emerging	1 - Initiating

Organisational Trust

	Current Level	Past Level
1A. Strategy & Vision	2.7	2.3
1B. Governance	2.7	1.8
1C. Values	2.5	2.0
1D. Internal Communication	1.8	1.6
1E. Decision-making	2.0	1.3
1F. Organisational Structure	1.7	1.3
Organisational Trust Maturity Level	2.2	1.7

Leadership & People

	Current Level	Past Level
2A. Workforce Strategy	2.3	1.0
2B. Learning & Development	1.5	1.5
2C. Performance Planning	2.7	1.7
2D. Recognition	1.5	1.5
Leadership & People Maturity Level	2.0	1.4

Workplace Civility

	Current Level	Past Level
3A. Policy & Guidance	2.0	1.8
3B. Early Intervention	1.5	1.5
3C. Complaints Process	1.5	1.5
Workplace Civility Maturity Level	1.7	1.6

Psychological Safety

	Current Level	Past Level
4A. Policy & Guidance	1.3	1.3
4B. Diversity & Inclusion	1.4	1.4
4C. Participation in Decision-making	1.7	1.3
Organisational Trust Maturity Level	1.5	1.4

Team Effectiveness

	Current Level	Past Level
5A. Team Goals	2.0	1.0
5B. Team Engagement	2.0	1.5
5C. Team Building	1.5	1.5
Organisational Trust Maturity Level	1.8	1.3

Maturity Levels

Level 1	Level 2	Level 3	Level 4
Initiating	Emerging	Engaging	Integrated
Processes may be unpredictable, limited control, are perceived to be inconsistently applied and reactive.	Policies and processes are focussed on compliance.	Processes are established and efforts are directed to incremental improvement building on baseline measures.	Processes are evolving to support maturity, system and organisational context, technology and environment through the continual review of initiatives and

Appendix C: Public commitment by the Ministers and three leaders of the ACT public health system

A public commitment was made by the Ministers and three leaders of the ACT public health system on 16 May 2019:

"We are committed to improving the workplace culture within the ACT public health system and through that, enhancing the standard of health care and services provided to the Canberra community.

We will work together to ensure all 20 recommendations of the review are addressed and implemented. This is our commitment to all who work in the ACT public health system and to the community.

We are focussed on embedding best practice to ensure the changes that are implemented from the review are enduring across the ACT's public health system. We will ensure strong governance is in place across all organisations and at all levels of leadership to drive the implementation of the recommendations.

We look forward to new beginnings and the continuation of work already underway to improve workplace culture within our organisations.

Together we are unreservedly committed to change for our staff and the community."

Appendix D: Public commitment by the Culture Reform Oversight Group members

A public commitment was made by the Oversight Group members on 4 September 2019:

"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 in supporting the application of the best evidence available to ensure the approaches implemented from this review are enduring across the ACT public health system"

Appendix E: Biography of Renee Leon, Leon Advisory

Renée Leon was recently appointed Vice-Chancellor at Charles Sturt University. Previous to this, Renée was Secretary of the Department of Human Services from 2017-2020, having been Secretary of the Department of Employment from 2013-2017. Her other senior public service roles included roles as Deputy Secretary in the Attorney-General's Department and in the Department of the Prime Minister and Cabinet. She also spent three years as Chief Executive of the ACT Department of Justice and Community Safety, where she led the amalgamation of a broad range of public safety agencies into the Department.

Renée is qualified in Arts and Law and holds a Masters in Law from Cambridge University. She was awarded a Public Service Medal in 2013 for outstanding public service to public administration and law in leadership roles in the Australian Capital Territory and the Commonwealth.

Renée is a Fellow of the Australian Institute of Public Policy at the Australian National University. She has served on the Boards of the Australian Institute of Criminology, the National Australia Day Council, and the Australia New Zealand Policing Advisory Agency, and was a member of the Council of the Order of Australia.

ACKNOWLEDGMENT OF COUNTRY

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

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