



ICAC Evaluation

Submission by the Central Adelaide
Local Health Network

27 May 2022



Health
Central Adelaide
Local Health Network

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CALHN – About Us

Building a culture of integrity has been a significant focus for Central Adelaide Local Health Network (CALHN) over the past three years, a journey which has been led by our Governing Board and Executive team. CALHN has demonstrated a proactive and ongoing approach into improvement initiatives. We are still on this journey and acknowledge that there are further improvements required as we strive to transform our organisational culture.

This submission will outline the CALHN journey over this period. The annexure to this submission contains further information about Statewide Clinical Support Services' (SCSS) structure, governance and cultural reform.

We look forward to any insights and learnings from the Independent Commission Against Corruption (ICAC) which will be harnessed through the evaluation process and will further inform our commitment to foster a continuous improvement culture.

Our Vision and Strategic Ambitions

We developed our strategic ambitions in 2020/2021. CALHN's vision is:

To shape the future of health with world-class care and world-class research. To become one of the top-five-performing health services in Australia and one of the top-50-performing health services in the world within five years.

Our strategic ambitions focus our efforts on the delivery of world-class care and world-class research that will shape the future of health in South Australia. They express our commitment to care, community, investment, research, technology and importantly, recognise the influence of our world-class workforce on our ability to achieve our vision.

To realise our vision and ambitions, we will move beyond being patient centred to create a culture where we partner with our consumers for shared decision making, particularly when it comes to individual care. Our organisational values will guide a commitment to safety, care and partnering, and support the delivery of our goals over the coming years.

Our People

CALHN (including SCSS) employs over 18,000 staff (about 12,000 FTE), including over 2,000 medical professionals, 6,500 nurses and 2,000 allied health professionals. A further breakdown of our classification mix is contained in Attachment 1.

CALHN is also supported by around 570 caring and hard-working volunteers. We are the most densely populated of all the health networks in South Australia. More than 460,000 people live within CALHN's catchment, which is almost 27% of South Australia's overall population.

While CALHN primarily cares for the health needs of the community within Adelaide's metropolitan areas, its highly specialised capabilities and statewide services mean many people from rural, remote, interstate and overseas also access our services.

We have been at the forefront of the COVID-19 pandemic in South Australia, with the Royal Adelaide Hospital (RAH) being the primary receiving hospital for COVID-19 patients and SA Pathology being the primary COVID-19 testing service. COVID-19 has not only changed our world but presented us with an opportunity to reset, reimagine and reform our organisation to realise our ambitions and achieve our vision.

With a strong focus on research, quaternary services and education we are working towards becoming an academic health science network. Our quaternary site, RAH, is located within the heart of Adelaide BioMed City, which is home to more than 1,000 discovery and clinical researchers.

CALHN highly values research and many internationally recognised researchers undertake ground-breaking work in our hospitals and partner organisations, giving patients access to the latest treatments ultimately leading to better care. Our partnerships with local and international universities and health networks allow us to share, learn and collaborate across clinical, education and research areas. This is enabling us to become a leading academic health sciences network and translate this into best practice models of care.

In order to achieve this we have committed to improving patient safety outcomes and this can only be achieved with strong corporate governance and leadership that ensures professional behaviours are embedded into our daily way of working.

Governance

Effective 1 July 2019, governance reforms across SA Health saw the establishment of 10 Local Health Networks (LHNs), each with its own Governing Board. The reforms placed responsibility and accountability at the local level, with strengthened oversight so that health services are better tailored to local needs, and to deliver a safe, high quality, financially sustainable health system into the future.

The CALHN Governing Board is accountable to the Minister for Health and Wellbeing for the oversight of the delivery of local health services within CALHN's geographic area, in accordance with a service agreement negotiated between CALHN and the Department for Health and Wellbeing (DHW).

Our Board is responsible for the overall governance and oversight for local health service delivery by CALHN, including governance of performance and budget achievement, clinical governance, safety and quality, risk management and achievement of the Board functions and responsibilities. The Board however only has employment responsibility for the Chief Executive Officer (CEO) LHN.

Our Board meets every two months and has established the following committees, each governed by a terms of reference:

- Clinical Governance Committee
- Audit and Risk Committee
- Finance and Investment Committee
- People and Culture Committee (meets three times a year)
- Consumer and Community Engagement Committee
- Statewide Clinical Support Services Committee

The Board receives a Workforce Management Report which outlines the progress of strategies and initiatives across the entire Workforce portfolio. The report includes a monthly HR KPI performance dashboard (refer Attachment 2 for a recent CALHN and SCSS HR KPI performance dashboard). The dashboard includes the number of ICAC and misconduct matters, status of investigations and key themes.

The People and Culture Committee has oversight of the CALHN cultural transformation roadmap. The Committee receives regular updates on misconduct matters, summary of performance at the end of financial year, including timeframes for investigations and key themes. As part of the update, the committee receives deidentified cases which provide transparency of issues of the most serious matters, including but not limited to fraud, racism, and sexual harassment.

From a governance perspective the committee ensures that our cultural strategies and governance and risk framework provides CALHN with an integrative approach to embed desired changes into performance and working practices. This information is also reported to the Audit and Risk Committee.

The Group Executive Director, SCSS reports to the CEO, CALHN. Further explanation of the structure and governance of SCSS, and how it interacts with CALHN, is set out in the SCSS annexure. The Group Executive Director, SCSS provides a report on Fraud, Misconduct and Corruption matters to the SCSS Audit and Risk Committee, which in turn reports to the SCSS Committee of the CALHN Board and the CALHN Audit and Risk Committee.

Our Cultural Transformation Roadmap

CALHN has historically faced significant cultural challenges, including a high number of industrial disputes and reports of bullying and nepotism. These cultural issues, together with the need for financial remediation and improved systems and processes, prompted the involvement of KordaMentha in administration in late 2018.

The key to continuing to address these challenges and achieving our vision and strategic ambitions will be fostering the right organisational culture into the future. At the heart of that culture is our workforce. CALHN has established a cultural transformation road map through the development of our People First Strategy (PFS) (Attachment 3) and our I Work for SA (IWFS) Action Plan (Attachment 4). The voices and insights from our staff have been central in defining the direction of both the PFS and IWFS Action Plan.

This work aims to address many of the historical cultural and systemic issues and those raised within the 2019 ICAC report *Troubling Ambiguity: Governance in SA Health*. Our corporate governance, internal assurance plan and our risk and assurance framework will ensure that this change is embedded into our daily way of working and becomes the new organisational norms.

The IWFS survey enabled us to assess the current culture and work environment of CALHN. It captured a range of information from employees including engagement, presence of the values, leadership, employee-organisation alignment, and wellbeing.

In 2018, 50% of respondents to the survey indicated that they had witnessed bullying or harassment in the workplace and 27% indicated they had been subjected to bullying and harassment. In the 2021 survey, there was a slight decline in these metrics (43% witnessed, 26% subjected to) however addressing bullying and harassment remains a priority area for CALHN.

CALHN's response rate was 29%, which exceeded the rate achieved in 2018 (20%) and was one of the higher response rates of the large LHNs within SA Health.

CALHN's results demonstrated that we should focus our improvement efforts on staff wellbeing, enhancing leadership connections and senior leadership presence, and increasing psychological safety and staff confidence. The action plan has three key areas of focus:

- Enhancing wellbeing
- Leadership connections
- Building a culture of psychological safety.

The IWFS Action Plan outlines 'what we will do', detailing a series of projects to address results and enhance outcomes. Many of these projects are well underway. Some key achievements to-date include:

- implementing a range of COVID Wellbeing staff supports
- engaging guardians of safe rostering practices
- fortnightly executive rounding

- quarterly Gemba walks
- further workshopping leadership connection activities with the CALHN executive team
- identification and mobilisation of recognition champions and mental health first aiders across the organisation.

The PFS outlines a 4-year roadmap to continually building a culture of integrity as this leads to high performance and staff engagement. The PFS will set our workforce up for success by providing our people with a work environment that is safe and reflective of our values, to ensure we are ready for the changing world of work and an exciting future. The strategy sets out the following three key priorities, each with a set of ambitions:

1. Set our people up for success

Aspirations:

Engage and value our people to foster belonging, growth and career success

- Attract and retain world-class talent for critical roles
- Continuous talent planning for future needs.

2. Create the right environment

Aspirations:

Connect people to our purpose so they can thrive and deliver their best

- Build a workplace where staff at all levels are comfortable to speak up, share ideas and challenge thinking
- Establish a world-class organisational culture of integrity, safety and ambition
- Develop a culture that facilitates coaching, learning and reflection.

3. Build for the future

Aspirations:

- Adopt agile and responsive ways of working
- Equip leaders and staff to embrace continuous change and improvement
- Strengthen our commercial focus to grow our network and entrepreneurial approach to work
- Build capabilities to unlock the Adelaide BioMed City Innovation District
- Create awareness of the future trends in work and technology.

The PFS has realised some key achievements to-date, with the launch of the Professional Accountability Program, launch of our online bullying and harassment training module, launch of our Aboriginal Employment and Retention Strategy and the establishment of a Manager Fundamentals training program for new and existing managers in CALHN.

The Professional Accountability Program – developed in conjunction with Vanderbilt University – is an internationally renowned evidence-based model to address unprofessional behaviour in health settings. The model's evidence base demonstrates the effectiveness of early intervention in reducing unprofessional behaviour as well as the link to reducing the risk of surgical and medical complications.

Growing our leadership capability is a significant focus of the PFS, and we see this as key to developing a culture of integrity, compliance and accountability. As such, we have developed a Leadership Framework which focuses on building leadership capability at the self, team and organisation levels. The framework is supported by a series of training and development programs tailored for middle managers, senior managers and emerging leaders.

These programs include our Leaders Within series, our Linking Leaders events, Program Leadership Forums and Manager Fundamentals. While we have developed all of the aforementioned programs in-house, we also regularly draw upon the expertise of our professional partners, such as the University of Adelaide and the Office of the Commissioner for Public Sector Employment, to co-design programs and further grow our leadership

capability. To-date, over 300 of our leaders have undertaken these programs, with the aim to reach all our leaders.

To ensure our new staff understand how CALHN as an organisation function, appreciate their responsibilities as a public sector employee, and are work ready, we have developed the New Employee Orientation (NEO) online training module. This module is a one-stop-shop for orientation and has a substantial focus on our values, ethical conduct and safety. This ensures that our staff are aware of their obligations and know where to go for further assistance.

Our Reconciliation Action Plan (RAP) documents our commitment and action towards Reconciliation. The RAP sets out the network's vision to become a centre for excellence in Aboriginal and Torres Strait Islander health and wellbeing and recognises authentic mutual respect as a foundation to realising this vision. The plan aims to ensure that reconciliation is embedded in our values and enacted in our behaviour and service delivery. We have also released our Aboriginal Employment and Retention Strategy this year which sets out our commitment to building our Aboriginal Workforce by creating more opportunities and increasing representation of Aboriginal staff across all program areas.

The CALHN People First Dashboard includes metrics relating to psychological safety, wellbeing, integrity and culture (Attachment 5). These indicators within the dashboard will monitor our progress and hold us to account for the delivery of our cultural transformation roadmap. Attachment 6 outlines a summary of our current performance indicators and measures and those in consideration for future reporting as part of our continuous improvement approach.

We look forward to capturing learnings from the evaluation process and incorporating these learnings both into our current initiatives and future opportunities.

Our Current Operating Environment

CALHN operates within a system wide approach to many employment and industrial relations matters. This has meant that we have not been able to autonomously progress some matters in the way we would have preferred. An example of this is the development of Job Planning and Time and Attendance policies for medical staff, which remains under consideration by DHW and LHNs.

Pursuant to the *Health Care Act 2008* (HC Act) employees in incorporated hospitals (LHNs) are employed by the Chief Executive (CE), DHW (the employing authority)¹. CEOs of LHNs are employed by the governing board of such LHNs. Further, under the HC Act, the CE, DHW is responsible for developing and issuing system-wide policies and directives that apply to DHW, LHNs and SA Ambulance Service. CALHN is reliant on DHW to issue timely, contemporary policies, that meet the needs of our network. This can be a challenge in a complex health system. CALHN is responsible for implementing DHW's policies and is looking to further improve on the promulgation of these policies and associated practices.

Within the current operating environment CALHN has limited opportunity to influence industrial reform though enterprise bargaining. The Industrial Relations and Policy (IRAP) branch of the Attorney-General's Department has responsibility for public sector enterprise bargaining. IRAP works with DHW on health-related processes. DHW engages with LHNs as part of the formation of a system-wide management agenda prior to negotiations commencing, but otherwise has an influencing and feedback role into the negotiating process and outcome.

CALHN has taken the position that wherever it has the opportunity it will not wait for system wide change but lead local initiatives that further embed a culture of integrity. This is evident in the work we have undertaken with the Vanderbilt Professional Accountability Program, new

¹ Apart from employees in SA Pathology where the CEO, CALHN is the proclaimed employing authority.

Rural Surgical Services model and the Relationship Agreement with the University of Adelaide. We were also the first LHN to introduce stop line reporting to promote confidential reporting to deal with bullying and harassment and other behaviours of concern related to misconduct, maladministration and corruption.

CALHN has experienced significant industrial disputation over the years, complicated by dispute resolution processes that delay the implementation of change.

In LHNs, administrative processes need to reflect and be responsive to clinical decision making issues. Administrators are not able to make or override clinical decisions. This overlay results in significant complexity when responding to complaints.

We have worked hard to implement improvements during the initial response to the COVID-19 pandemic, various outbreaks, the vaccination program and opening of borders. As the state and CALHN transition to living with COVID-19, improvements will continue to be prioritised, and our approach will be strengthened by the lessons learnt during the pandemic.

Significant Inroads in our Journey

High performing organisations have a strong governance and compliance framework which leads to improved outcomes for patient safety, financial performance and staff engagement. We are always striving to be better as an organisation and we have made significant inroads in responding to our historical cultural and work practices, specifically those that raised integrity issues of concern. Building a culture of integrity is a key component of this journey. Some of the improvements we have made, aligned to our cultural roadmap, include the following, noting that unless otherwise stated they apply to CALHN not including SCSS.

Clinical Structure

A new clinical structure that brings accountability and decision making closer to patient care was implemented in October 2019. Notwithstanding continuing difficulties in meeting the Award organisational structure requirements for medical staff, the new structure has assisted with dealing with concerns of nepotism, bullying and harassment and managing integrity issues.

Last year CALHN successfully achieved accreditation against the National Safety and Quality Health Standards. Successful accreditation was driven by the multi-disciplinary leadership team that has been established under CALHN's new clinical structure. Receiving accreditation with zero 'not mets' is a remarkable turnaround from four years earlier when CALHN received 14 'not mets' following the previous survey. The accreditation review week is an objective and rigorous process, led and performed by very experienced reviewers from across the nation. The accreditation outcome in 2021 is considered a strong third-party endorsement of the success of CALHN's recovery journey and clinical improvements.

Values

The CALHN values were launched in 2020 following an engagement process with staff, leaders and our emerging leaders group. Our values are:

- People first
- Future focused
- Ideas driven
- Community minded.

Our values are promoted widely across the organisation and continue to be reinforced by our leaders and through related programs of work.

In 2022, we launched our staff commendation awards, where staff can be nominated for awards for demonstrably 'living' the values. Awards are made bi-monthly for each of the four values.

Our values have been further embedded as part of the launch of the Professional Accountability Program that encourages staff to report behaviour that is inconsistent with the CALHN values.

Values are introduced through orientation for all staff and reinforced through the credentialing process for medical staff. Values-based recruitment and selection tools and a toolkit for managers to discuss values with their teams are currently in development.

Professional Accountability Program (also applies to SCSS employees at CALHN sites)

CALHN is the first South Australian healthcare service – and one of the first in Australia – to partner with Vanderbilt University to implement a tailored Professional Accountability Program for our medical workforce.

The program is based on peer accountability, peer messaging and peer comparison. It encourages positive behaviour based on feedback and self-reflection on unprofessional behaviour. This model will assist us to value and provide a voice for our workforce – particularly our junior medical staff – safeguarding our workforce's wellbeing and professional development.

We formally launched the program and reporting system in May 2022. The reporting system allows any CALHN employee to report instances where they witness or in some way experience behaviour that is inconsistent with our values. Reports are managed through a triaging process with an appropriate peer messenger assigned to deliver the conversation. Any instances of suspected misconduct reported through the system are referred to the CALHN Principal Integrity Officer in the Workforce team.

The Professional Accountability Program is an innovative program with a strong evidence base that enables early intervention conversations to occur from a respected peer to promptly address behaviour that is inconsistent with CALHN's values and at the same time reinforcing the desired behaviours. To date, there have been 61 CALHN staff trained as peer messengers.

Clinical Compact

The Clinical Compact was formally launched in September 2021. The compact supports our values and defines the shared expectations and professional standards that support quality care outcomes and patient safety. The compact defines specific standards for medical, nursing and allied health professionals and includes a clinician commitment to being identifiable, present, safe and accountable.

The Clinical Compact has been reinforced as part of the launch of the Professional Accountability Program. It is introduced through orientation for all staff and reinforced during the credentialing process for medical staff. There will be a further communications campaign to raise awareness.

Medical Managerial Appointment Process

In response to concerns about a lack of due process and nepotism, CALHN implemented a new medical managerial appointment process in 2019 (Attachment 7). The new process was endorsed by the Commissioner for Public Sector Employment and sets out a process to ensure that selection processes are conducted on the basis of merit and without bias or nepotism. For senior medical leadership positions, the selection panel must include an external expert

recruiter, a Workforce representative and an external medical officer in addition to the line manager to ensure objective decision-making based on merit. All panellists are required to complete the online recruitment and selection process training and there is a documented conflict of interest declaration process.

A Medical Appointments Committee has oversight of the process including approval of the panel composition and all panel recommendations. More than 60 recruitment processes have been conducted in the last 18 months under this model, and to date there has only been one request for review of the selection process.

This process has enabled the organisation to make more strategic decisions about who we appoint as leaders to foster cultural change. It has ensured a fair, open and transparent process that prevents the “tapping on the shoulder of individuals for positions” that previously existed. There has been a noticeable increase in the number of women in medical leadership positions.

The process itself has been one of education for our medical staff to better understand best practice recruitment and selection processes and role expectations within the public sector.

Declaration of Statements of Interest Process

In February 2020, CALHN initiated a program to ensure all medical consultants complete a statement of interest process to report any real, apparent or potential conflicts of interest, by completing a statement of interest declaration. All medical consultants completed this process, which served to increase the level of understanding about the requirement across the organisation.

To assist this process moving forward, a new procedure has been drafted that will reflect a new SA Health policy (in draft) and a process that has been developed to transition to an online system to further assist the management, compliance and rollout of this requirement. This is expected to be launched later this year.

Rural Surgical Services Model

In response to concerns raised regarding the management of the previous rural surgical services model, a new memorandum of administrative arrangement (MAA) was developed which is currently being considered further by surgeons and the regional health network.

The new MAA sets out to improve clinical governance and clinical pathways for rural surgical patients, increase transparency and enable greater oversight over the surgeons participating in the model. An interim arrangement is in place until the end of 2022.

Emeritus Professor Appointment

Prior to 2018, CALHN did not have in place a framework or documentation to accompany Emeritus Professor appointments in place. This caused uncertainty and disputes in relation to such appointments. To address this, in 2018 improvements were made to the Emeritus Professor appointments process.

University of Adelaide and CALHN Relationship Agreement

CALHN has commenced the development of a governance framework with the University of Adelaide for the employment of Clinical Academics, which is intended to address the relationship between the parties with respect to the dual engagement of Clinical Academics. This work will increase transparency of employment arrangements and how Human Resources

matters will be managed by both organisations. This work is in progress and we have had interest from other LHNs and DHW to consider application across the system once completed.

Core Schedule, Job Planning and Time and Attendance for Medical Staff

The policies and system wide approach to Job Planning and Time in Attendance for medical staff are highly industrial and led by DHW. CALHN has continued to take action on these matters whilst the system-wide work continues.

CALHN is currently piloting the Core Schedule system across parts of our medical workforce. This will significantly increase the visibility of rosters and medical staff working arrangements. This work is pivotal to the management of other potential conflicts of interest. The rostering system, coupled with our planned implementation of job planning will strengthen confidence and the management of potential integrity issues across CALHN.

Management of Complaints and Investigations

Significant work has occurred in the management of complaints and investigations. CALHN has moved to capture all misconduct complaints and investigations into the Safety Learning System which allows for improved reporting and visibility of matters.

From a governance perspective, complex misconduct matters have been transferred to the Industrial Relations unit rather than the Human Resources team. Investment into the team has occurred with the addition of two Senior Investigators, a Principal Integrity Officer and a further Principal Industrial Relations Consultant.

The Principal Integrity Officer, Principal Industrial Relations Consultant and Director of Industrial Relations work together in the team to ensure consistent approaches to matters and have made significant improvements in the timely management of investigations. Historically CALHN had over 100 misconduct matters recorded with up to a 3 year backlog. Currently CALHN has on average around 30 matters at any one time and takes an average of 6 months to finalise these matters.

Reporting to the CEO and Board is embedded into governance to ensure there is high transparency of cultural and/or systemic issues and to ensure that the People First strategic roadmap and management of risks is effective in the prevention of misconduct, maladministration and corruption.

Legal support through the Crown Solicitor's Office and/or external legal firms has ensured timely and robust legal support for complex matters that historically have often led to litigation.

Our Improvement Journey

We are proud of our achievements and the cultural transformation road map we have delivered over the past few years despite the challenges we have faced. We have a commitment to make further improvements and welcome any recommendations from ICAC as part of the evaluation process.

Some of the areas we have planned for further improvement include:

- Staff communication and wellbeing, including communication and support for staff during the investigation processes
- Timeliness of the investigation process – while we have seen a significant improvement in the length of investigations, down from 3 years to 6 months, we will consider opportunities to streamline the process further

- Improving reporting awareness and channels, including for public interest disclosures, through our procedures, induction and training
- Raising the awareness and understanding of expected behaviours in the workplace
- Reviewing and reconciling policies, procedures and guidelines to ensure these are contemporary and effective
- Reviewing the governance, processes and approach to workforce management of CALHN and SCSS
- Improving the ability of managers and leaders in the organisation to have difficult conversations around differing clinical opinions, performance management and professional behaviours in the workplace. The Professional Accountability Program will reinforce and support how these conversations are had in the workplace.

CALHN – A Learning Organisation

CALHN has been on a journey to build more effective ways of working and quality systems for the last few years. We recognise that we must continually identify ways in which we can improve, and understand that cultural change takes time. We are focused on ensuring a sustainable approach where cultural, systems and policies and work practices prevent misconduct, maladministration and corruption. This is embedded into our People First Strategy and our Internal Assurance Plan.

We acknowledge that the pace of change has been not as fast as what we would have hoped for given some significant external challenges, particularly in response to the pandemic and being the major receiving COVID-19 response LHN. We are also cognisant that we have continued to take a proactive approach to diligently pursue opportunities to improve our culture of integrity throughout this period.

CALHN is committed to the cultural roadmap we have developed for the future. This will continue to propel us on a journey of continued improvement and leading practice.

We look forward to the insights and learnings through the evaluation process, and welcome any recommendations made by ICAC. In the meantime, we will continue our journey of continuous improvement and welcome regular dialogue with your office during the evaluation.

Annexure Statewide Clinical Support Services

SCSS – About Us

Governance

Statewide Clinical Support Services (SCSS) incorporates BreastScreen SA (BSSA), SA Medical Imaging (SAMI), SA Pathology and SA Pharmacy. SCSS was formed in 2012 from a Cabinet Direction. At the time SA Pathology was already formed and was within the Adelaide Health Service which was later restructured to become CALHN. The Cabinet Direction required all the pharmacy and medical imaging services from the metropolitan hospitals to become their own entities and form SA Pharmacy and SA Medical Imaging respectively. BSSA transitioned from Central Adelaide Local Health Network (CALHN) Hospitals to SCSS in January 2018. The statewide services apart from BSSA, work across every Local Health Network (LHN), providing services to the South Australian community as a service provider to all LHNs. BSSA is a community based population screening program for the women of South Australia.

SCSS is led by the Group Executive Director (GED). The SCSS GED, reports to the Chief Executive Officer (CEO), CALHN. Each service has its own Executive or Program Director reporting directly to the SCSS GED. BSSA, SA Pathology and SAMI also have Clinical Directors who report directly to the CEO CALHN and work collaboratively with the SCSS GED. The SCSS Director of Finance and Director of Workforce report to the GED, SCSS. The finance and workforce functions are managed independently under the SCSS governance.

CALHN has formal responsibility of SCSS including overall clinical governance, the SCSS Committee of the CALHN Board has been established to provide oversight for the governance and management of SCSS.

SCSS has a robust governance, reporting and escalation structure in place and operates with devolved accountability for all aspects of its business, operating independently from its host organisation (CALHN). This has been undertaken to drive focus, performance and accountability and independent oversight as. CALHN is SCSS's biggest customer.

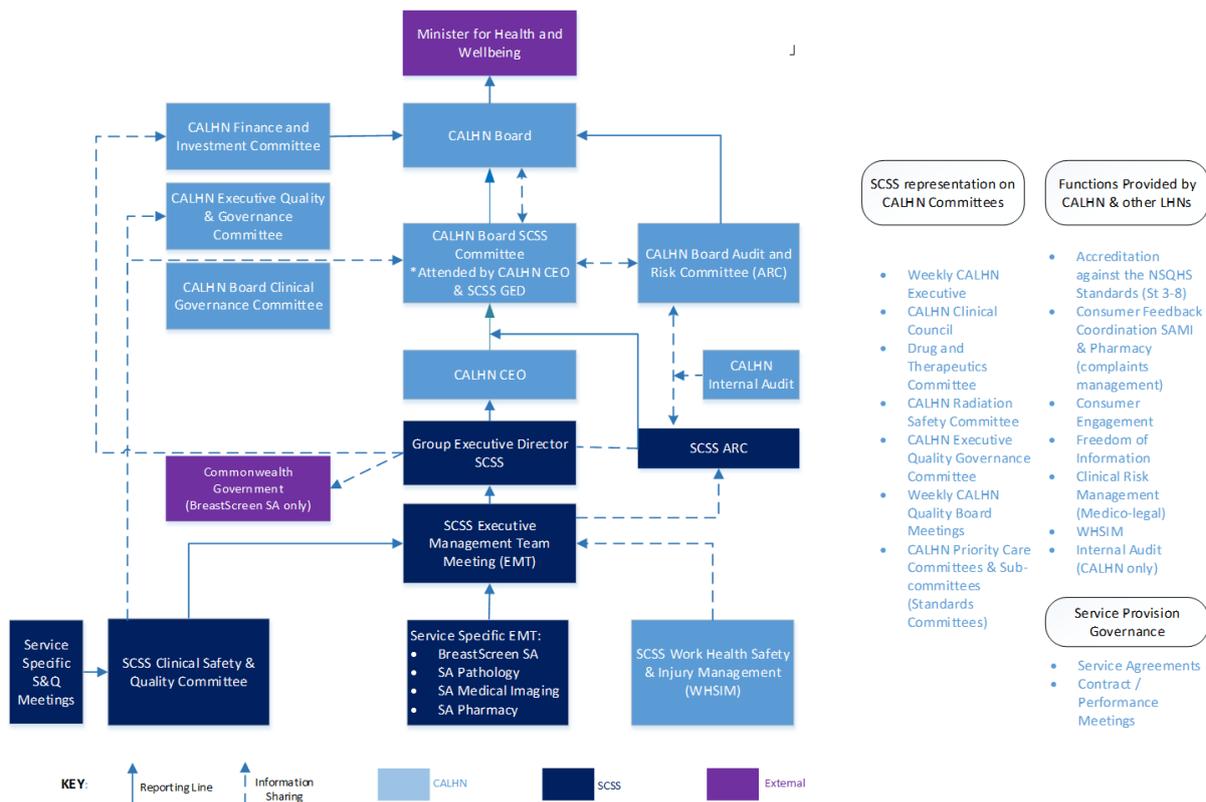
The executive organisational reporting structure is illustrated below. Lead committees within and external to SCSS provide advice, analysis and recommendations to executive management teams in relation to key risks and opportunities. The integrated governance links between SCSS and CALHN include:

SCSS Committee reports to the CALHN Governing Board after every meeting (bi-monthly)

- Three-monthly attendance at the CALHN Finance and Investment Committee by the CALHN CEO, SCSS GED and SCSS Director of Finance
- Six monthly attendance at the CALHN Audit and Risk Committee by the CALHN CEO and SCSS GED
- Six monthly attendance at the CALHN Clinical Governance Committee by the CALHN CEO, SCSS GED and SCSS Manager Safety, Quality and Risk
- Annual attendance at the CALHN Board 'annual showcase' by the CALHN CEO and SCSS GED

The CALHN Board is proposing the establishment of sub-committees to the SCSS Committee to enable SCSS to operate independently of CALHN. The proposed subcommittees with terms of reference to be developed are:

- Finance and Investment
- Clinical Governance, Research Innovation and Learning
- Audit and Risk Committee (in place since November 2016)



CALHN provides SCSS with services in relation to work health and safety, clinical worker health service, access to the CALHN Learning Management System, which included the new employee online orientation and various online training, HR administration and components of workforce reporting.

All other SCSS HR functions are managed directly under the SCSS governance with no reporting or accountability to CALHN workforce.

The Group Executive Director, SCSS and the SCSS Director of Workforce meet with the CALHN CEO on a monthly basis to discuss all misconduct and ICAC cases. The meetings include discussion on:

- The nature and seriousness of the alleged misconduct
- The status of the matter
- Current themes and patterns across the service and how this is being addressed
- Anticipated timeframe for resolution
- Consistency of decisions and sanctions

Cultural Transformation

In line with CALHN, over the last few years SCSS has focused on building a culture of integrity.

The IWFSa Survey is used as a gauge of the culture across SCSS. While in 2018 SCSS received a response rate of 20% this increased to 30% in 2021. From the 2018 Survey it was evident that bullying and harassment appeared to be a theme with 41% of SCSS staff having reported witnessing it and 22% subjected.

An action plan was developed to address the key themes that arose – leadership, wellbeing and values. SCSS launched mandatory bullying and harassment awareness training in July 2020 which was later adopted across all of SA Health.

In October 2020, SCSS entered into a partnering agreement with the Studer Group to embark on a cultural reform journey. This work aims for SCSS to remain strongly patient/consumer focused, achieve a high level of consistency in service delivery and build capability, capacity of our people, culture and systems. As part of the cultural reform agenda, the opportunities currently being explored and progressed include:

- Leadership and skills development for management
- Objective measurement and accountability of performance
- Improved communication across all areas of management, employees and consumers
- Staff recognition and reward
- Standardised processes and systems

The SCSS strategy aims to increase staff engagement, focus on values and make people, both the workforce and our consumers, at the heart of everything we do.

In April 2022 SCSS introduced and launched the Synergy Program which encompasses the journey to developing and improving the culture. Three components, identified through staff feedback as part of the IWFSa Survey, are the main focus areas:

- Values and behaviours
- Accountability
- Leadership Development

The first priority for the program is the values and behaviours component that includes the introduction of core values – Integrity, Compassion, Accountability, Respect and Excellence (ICARE). Work continues to be undertaken across the services and SCSS as a whole, to communicate and engage with staff to embed those values in the workplace.

Additionally, SCSS is currently developing a framework to align those values to the following:

- Values-based recruitment
- Values-based performance review and development
- Development of a suite of training and development
- Conflicts of interest (aligned to ICAC online learning)
- Change management: consultation in the workplace
- Recruitment and selection
- ICAC Induction for public officers

A review of mandatory training is currently underway, with the project being led by the Department of Health and Wellbeing.

Future Opportunities

SCSS acknowledges there is opportunity for improvement in the future. The key areas of focus include:

- Building on the organisation structure to support employees
- Improving staff communication
- Delegate training
- Focusing on staff wellbeing
- Leadership and education – giving the leaders and managers the right tools
- Improving reporting awareness, mechanisms, processes and systems
- Improving the conduct of investigations, timeliness and consistency of outcomes
- Improving the support system available to staff
- Managing a complex industrial framework
- Clarification and communication of policies, procedures and legislation
- Further developing and encouraging models of care that support seamless transitions across SCSS sites and the community
- Utilising technology to support systems and processes

SCSS welcomes the opportunity to collaborate with ICAC to learn, identify and develop improvements. There is a strong willingness to learn how SCSS can make improvements to ensure staff compliance with the Code of Ethics, policy, legislation, performance, coupled with the ability to improve our staff attraction and retention, systems and processes.

It should be acknowledged that SCSS constantly reviews and monitors areas of improvement. This will continue while we work with our CALHN colleagues and ICAC, to ensure our systems and culture not only encourage reports of wrongdoing but manages them consistently and objectively in accordance with the principles of procedural fairness, without bias, and outcomes reflect the seriousness of the matter.

For more information

[REDACTED]
Group Executive Director,
Statewide Clinical Support Services

T: [REDACTED]
E: [REDACTED]



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Summary of Workforce by Classification

Central Adelaide LHN (Excluding Statewide Clinical Support Services)

11/05/2022

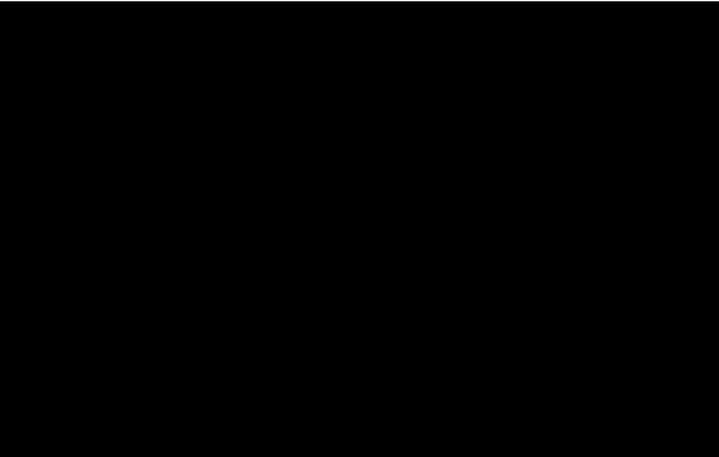
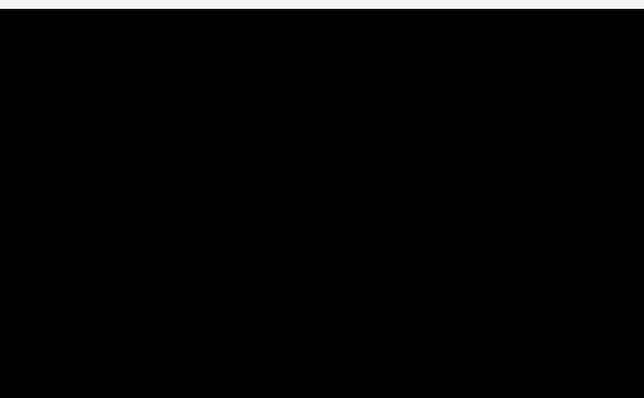
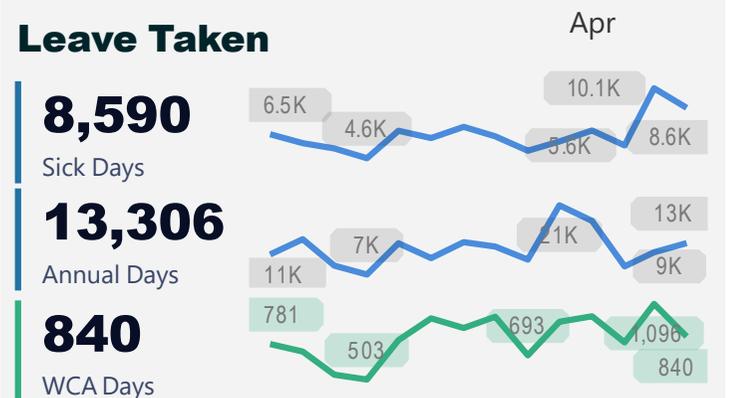
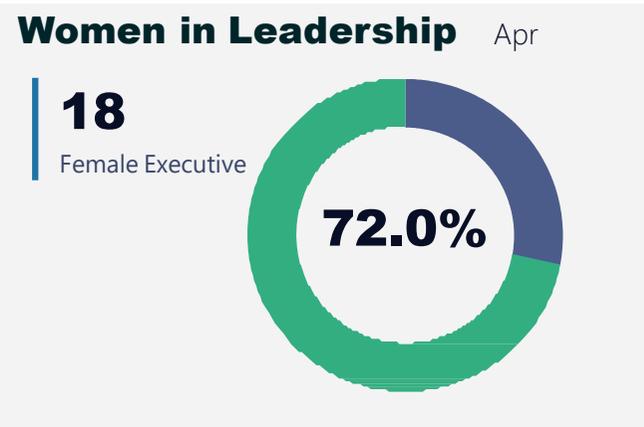
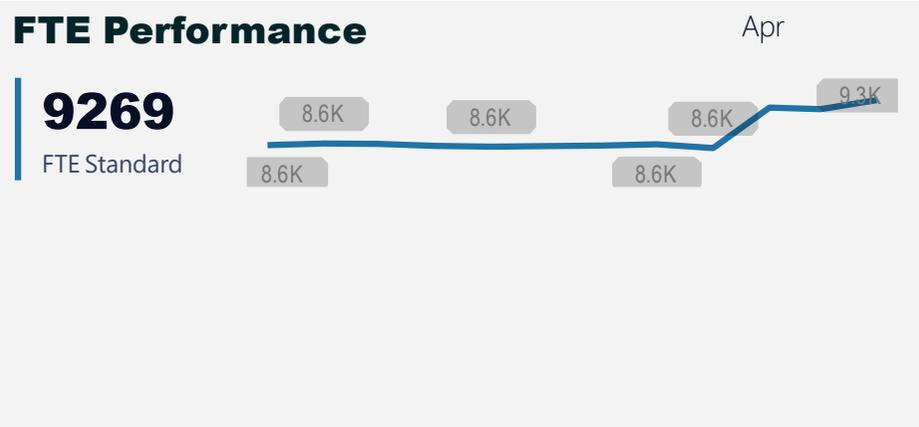
Row Labels	Gender			ATSI Status		Contract FTE	Headcount (Total)
	F	M	X	ATSI	Not ATSI		
01. Medical Professionals	744	1,052		4	1,792	1,371	1,796
02. Nurses/Midwives	5,479	1,030	2	36	6,475	4,568	6,511
03. Allied Health Professionals	957	190		6	1,141	879	1,147
04. Professional Officers	21	14			35	33	35
05. Administrative-Executive	1,364	293		30	1,627	1,350	1,657
06. Scientific-Technical	117	107		1	223	177	224
07. Weekly Paid	272	178		2	448	326	450
09. Dental and Visiting Dental Officers	82	71		1	152	85	153
10. Operational Services	637	77		22	692	482	714
11. Other	5	36			41	28	41
Total	9,678	3,048	2	102	12,626	9,298	12,728

Statewide Clinical Support Services

11/05/2022

Row Labels	Gender			ATSI Status		Contract FTE	Headcount (Total)
	F	M	X	ATSI	Not ATSI		
01. Medical Professionals	161	197			358	210	358
02. Nurses/Midwives	416	74		4	486	195	490
03. Allied Health Professionals	820	271		6	1085	901	1,091
04. Professional Officers	8	8			16	14	16
05. Administrative-Executive	437	100		1	536	462	537
06. Scientific-Technical	679	323			1002	843	1,002
07. Weekly Paid	30	43		2	71	55	73
10. Operational Services	1,279	475		16	1738	507	1,754
11. Other	1				1	1	1
Total	3,831	1,491	-	29	5,293	3,188	5,322

ATSI - Aboriginal and Torres Strait Islander



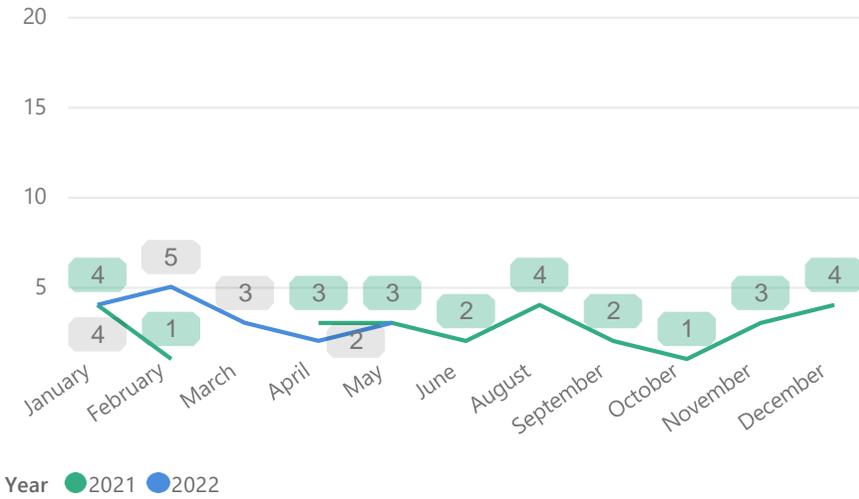
Key Observations

- The decline in PR&D rates has been arrested with the rate increasing following a renewed focus at performance meetings.
- Seasonally March sees an increase in sick leave
- Aboriginal headcount has increased by 6 (net) since the previous Board report in February

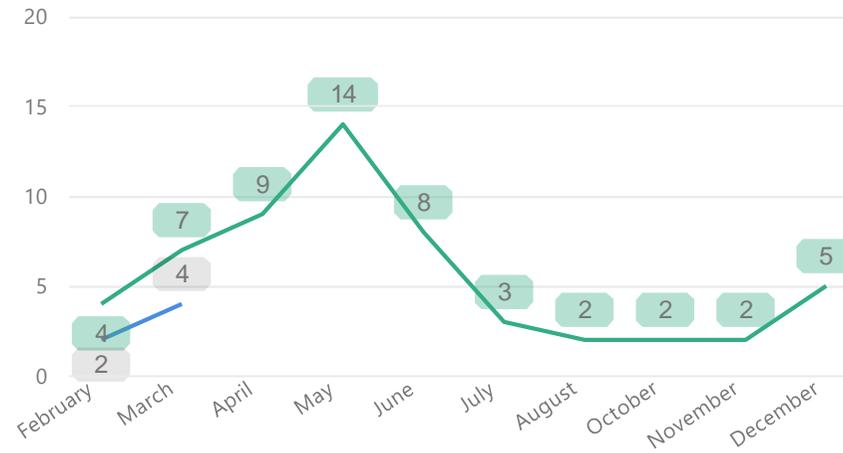
Open Investigations (Includes ICAC) 12 May 2022

20 | **1** ICAC | **6** Closed YTD | **17** Opened YTD

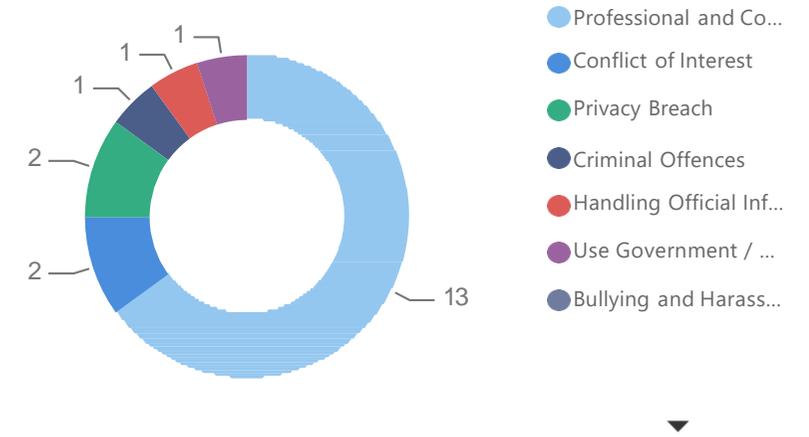
Investigations Opened



Investigations Closed



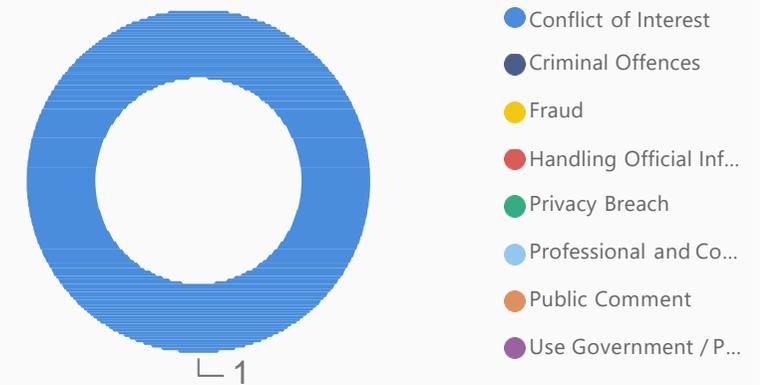
Open Investigations Activity by Type



Open ICAC Investigations - 12 May 2022

1 | **0** Closed YTD | **1** Opened YTD

Open ICAC Investigations Activity by Type



Key Observations

- One (1) Open ICAC investigation
- Seventeen (17) investigations initiated in 2022 YTD
- Six (6) investigations have been finalised in 2022 YTD

CALHN STOPLINE Management up to 13/05/2022

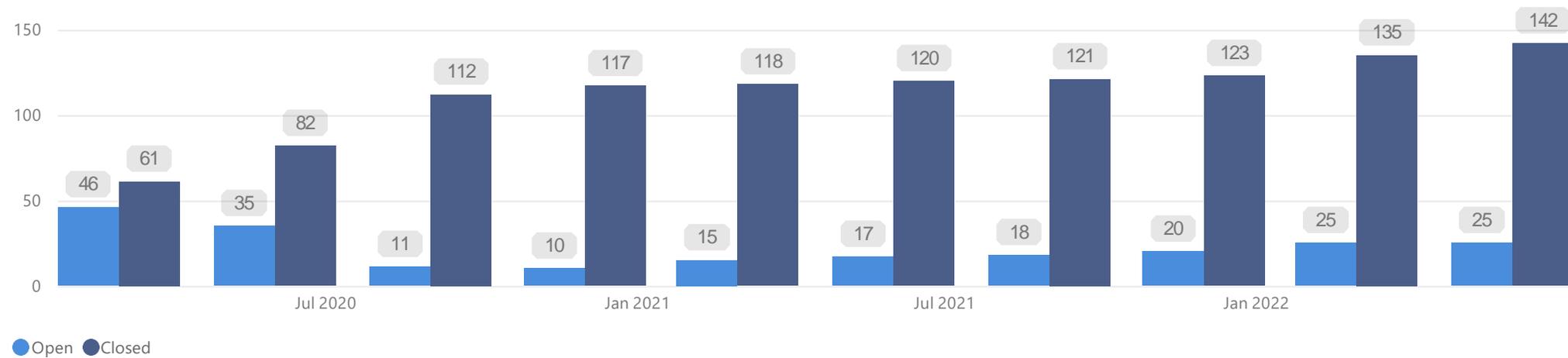
5

New reports received YTD

19

Reports closed YTD

Running Report Figures since 24 March 2019 Stopline introduction (exc. Statewide)



Commentary and reflections of Stopline management within Workforce, CALHN

- HR BPs are responsible for investigating the Stopline reports
- Most of these have limited information as they are anonymous reports
- The reports mainly relate to professional behaviours in the Workplace



Statewide Clinical Support Service

HR & KPI Executive

Summary May 2022

Statewide Clinical Support Services

HR Performance & KPI's May 2022

FTE Performance

3500

FTE Standard



Note that since the beginning of March, [REDACTED] no longer has the functionality to report Overtime and Casual FTE. This was done at the request of OCPSE seeking alignment between Health's internally produced FTE figures and OCPSE reported FTE figures.

Performance Review & Development

51%

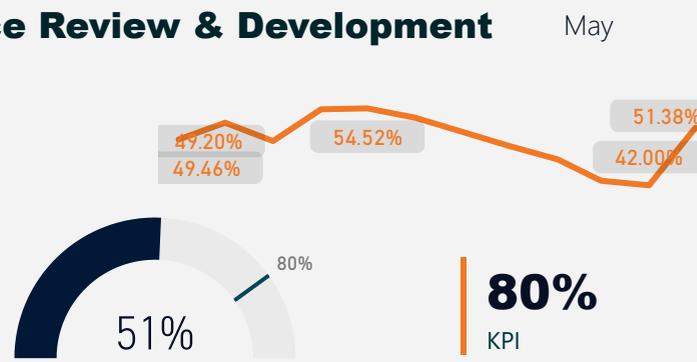
% Current

2,428

Current PR&D

1,353

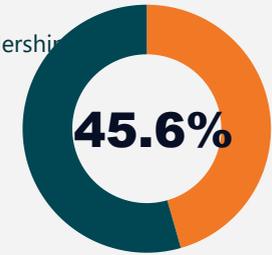
KPI Shortfall



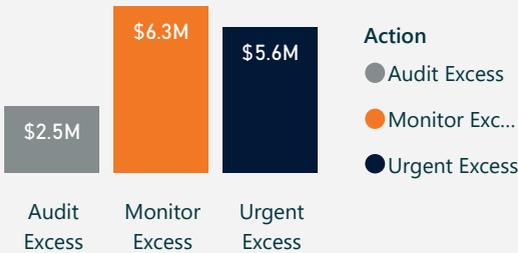
Women in Leadership

170

Women in Leadership



Excess Leave Liability



Action

- Audit Excess
- Monitor Excess
- Urgent Excess



Leave Taken

2,417

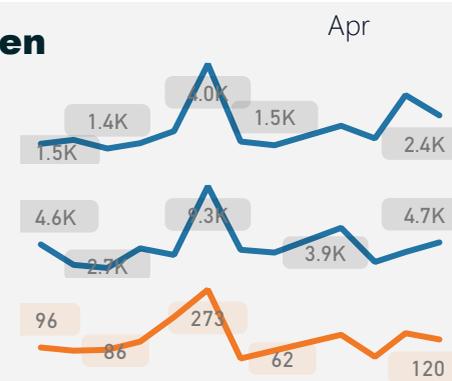
Sick Days

4,742

Annual Days

120

WCA Days



Lost Time Injury Rates

[REDACTED]

New Claim Costs FY YTD

40

New Claims FY YTD



Recruitment

34

New Starters

13

Exits

8.5%

SCSS Turnover Rate

HR Ops, Industrial & Misconduct

47

Reclassifications

0

Suspensions

8

Investigations

0

New

0

Closed

55

Total

Figures for the full month of April 2022

Aboriginal Participation

29

Number of ATSI

126

KPI Shortfall

0

New Starters

0

Exits





Health
Central Adelaide
Local Health Network

2022-2025 and beyond

People First Strategy

Shaping the future of health with
world-class care and world-class research





Acknowledgement of Traditional Custodians

We acknowledge and respect the Kaurna People whose ancestral land the Central Adelaide Local Health Network (CALHN) provides services on.

We acknowledge the deep feelings of attachment and relationship of Aboriginal and Torres Strait Islander peoples to Country.

The network also acknowledges the Traditional Owners and Custodians of the many lands our Aboriginal and Torres Strait Islander consumers travel from to receive services.

In the spirit of reconciliation, we also acknowledge the non-Aboriginal people who contribute to our reconciliation journey of improving Aboriginal health outcomes.



We are all part of the story

Ngadluku kuma pirrkutidli

Welcome

Ninna Marni

In 2020, we set a vision to shape the future of health with world class care and world class research. This vision supports our goal to be one of the top five performing health services in Australia and one of the top 50 performing health services in the world by 2025.

The key to achieving these ambitions and prevailing over challenges that arise, will be fostering the right organisational culture into the future. At the heart of that culture is our workforce.

To support our network of more than 16,000 talented professionals, I am proud to share our CALHN People First Strategy, which will be implemented over the next three years and beyond. Shaped by the voices within CALHN and aligned to our values, this plan provides a clear roadmap and set of priorities towards realising the changes required to ensure we operate at our best.

The plan will set our workforce up for success. This means providing our people with a work environment that is safe and reflective of our values, to ensure we are ready for the changing world of work and an exciting future.

We understand the world-class care we strive for starts with the people who are, first and foremost, delivering optimal care to patients. I am proud to be working together as we embark on this next chapter and evolution of our workforce here at CALHN.

Lesley Dwyer

Chief Executive Officer,
Central Adelaide Local Health Network



I am pleased to launch the CALHN People First Strategy which outlines our plans for the next three years in terms of workforce planning, talent management, capability, culture and engagement, safety, wellbeing and performance.

The voices of our people have helped to shape the direction of this strategy and this engagement will continue to guide our approach and ability to deliver better results for our workforce, our patients and the community.

We continue to face work changes and challenges now and into the future. We need to prepare for these while enacting our ambitions to be entrepreneurial, innovative and deliver a world-class health service.

One of our Strategic Ambitions is to become a place that attracts and grows world-class talent and the People First Strategy underpins the network's ability to achieve this.

Our People First Strategy is guided by our values and outlines how we will set people up for success to be able to perform at their best. This includes fostering the right environment where people feel engaged, safe and able to be their whole selves at work.

These foundations will see our staff recognised as leaders in their field and the best talent actively pursue opportunities to work for us and further enhance our world-class work.

Gabby Ramsay

Executive Director
Workforce Management & Reform,
Central Adelaide Local Health Network



Our network

Shaping the future of health with world-class care and world-class research.

OUR HOSPITALS

The Royal Adelaide Hospital
Major quaternary facility

The Queen Elizabeth Hospital
Tertiary hospital

Hampstead Rehabilitation Centre

Glenside Health Services
Acute and community mental health rehabilitation

Adelaide Dental Hospital

Saint Margaret's Hospital

OUR ENABLING FUNCTIONS

Safety, Quality & Risk

Finance

Workforce

Communications & Marketing

Administration

Science and Research

Volunteers

Strategic Partners

BioMed

OUR STATE-WIDE CLINICAL SUPPORT SERVICES

SA Pathology

BreastScreen SA

SA Medical Imaging

SA Pharmacy

OUR COMMUNITY HEALTH SERVICES

SA Dental Service

SA Prison Health

DonateLife SA

Integrated Care Services

The Lodge Lourdes Valley



"We get to work with passionate, dedicated people and tap into broad experience and knowledge."

Our values and ambitions

Our people are the key to unlocking the Strategic Ambitions and living our values.

CALHN's Strategic Ambitions outline our focus on the delivery of world-class care and research. By building world-class talent, our people will be the key to the realisation of these ambitions.



Our care is connected and revolves around the patient in their (and our) community



Our technology enables excellence



Our curiosity compels us to always do better - research and innovation drives everything



We invest in what matters



We attract and foster world-class talent

OUR VALUES

PEOPLE FIRST

IDEAS DRIVEN

FUTURE FOCUSED

COMMUNITY MINDED

"How can I use the Strategic Ambitions to influence my daily work?"

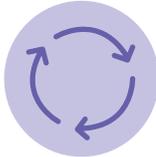


Our workforce at a glance

APPOINTMENT TYPE


11,761
Full Time Equivalent (FTE)


16,136
Headcount
Full Time - 41%

 **70%** ONGOING

 **12%** CASUAL

 **17%** TEMPORARY

KEY METRICS



8.4%

EXCESS LEAVE



7%

TURNOVER



2702

TOTAL HIRES



9.4

AVERAGE SICK DAYS



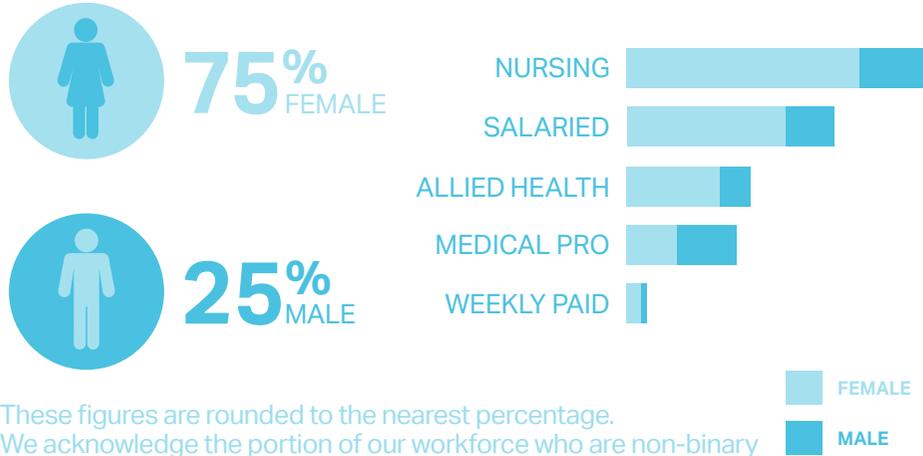
58%*

EMPLOYEE
ENGAGEMENT
*I Work For SA
Survey Results

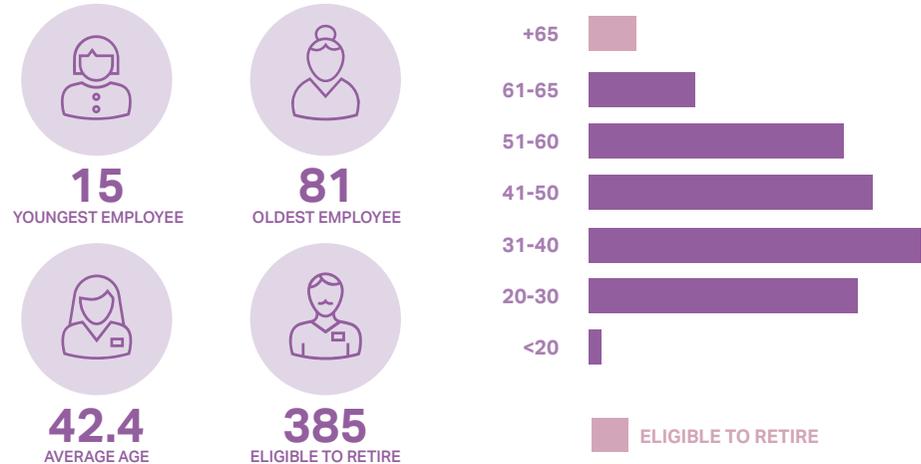


Our workforce at a glance

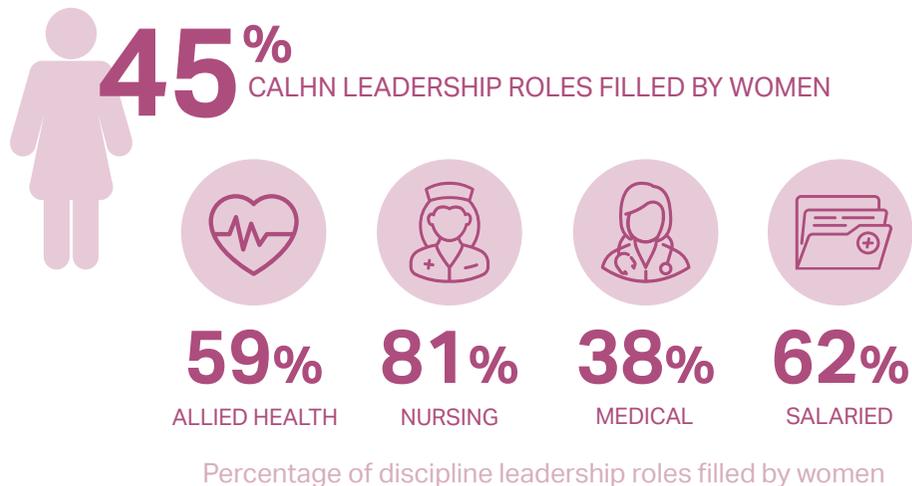
GENDER



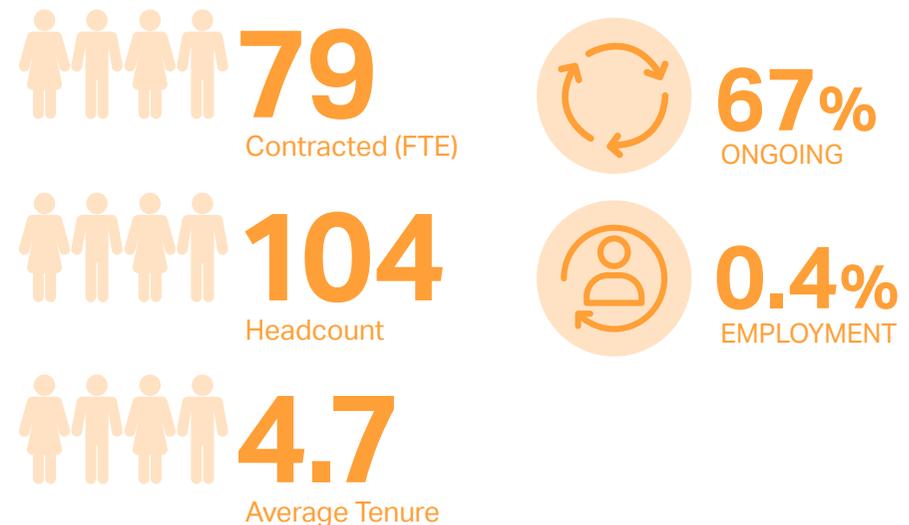
AGE



WOMEN IN LEADERSHIP



ABORIGINAL WORKFORCE



A group of people, including a man in a blue shirt on the left, a woman with glasses in a striped top in the center, and a woman in a dark blue vest on the right, are smiling and talking outdoors. The background shows other people and trees. A purple circular overlay is positioned in the foreground, containing white text.

More than 16,000
people contribute to
the health and wellbeing
of the community through
our sites and services
across CALHN.

Our approach

Development of the People First Strategy.

The People First Strategy is based on research, best practice and the needs of our people and stakeholders.





"We aim to use the development of the CALHN People First Strategy as an opportunity to live our values and build a positive organisational culture."

The changing world of work

There are a number of external and internal factors that will impact our people and workplace.

Our review has highlighted the following influences:

- Technology, automation and the intersection of people
- Flexibility and the capability to work remotely
- The necessity for lifelong learning both from a technical and soft skill standpoint
- The diversification of our teams, with a high proportion of our workforce made up of millennials by 2025
- Evolving skills and capabilities to adapt to the jobs of the future and allow for role substitution
- New roles that will emerge from the changes



By fostering a positive workplace culture, strong leadership, agility and supporting the wellbeing of CALHN staff, we are putting into place foundations that will help us effectively navigate and adapt in line with these factors.

“The pandemic response showed that we can adapt quickly and implement technology to meet our consumer and staff needs. Let’s keep this going!”



Emerging roles and evolving skills

To succeed, we need to continually anticipate and adapt to change.

The key to this is ensuring we have the right skills and capabilities of our staff to ensure we have the right people in critical roles within our organisation and through our key partners. This also includes having a workforce that is skilled to deliver improved health outcomes for Aboriginal people.

We anticipate future demand for the following:

- Advanced and specialist nursing
- Medical assistants
- Public health researchers
- Support for aging population
- Patient management services
- Allied health services*
- Aboriginal health practitioners

Building aptitude in data science, digital strategy, design thinking, clinical ethics and multidisciplinary teamwork as we strive to be one of the top 50 performing health services in the world.

*Our research and consultation indicates that there may be increased demand for roles including, but not limited to, occupational therapists, psychologists, radiation therapists, prosthetists, orthotists, physiotherapists, speech pathologists, dietitians and social workers.



Emerging themes

Following workforce research and engagement, eight strategic themes were identified.

1. Agile talent acquisition (recruitment and onboarding)
2. Valuing our Aboriginal Business and Connecting with Community
3. Fostering inclusive, engaging and agile managers
4. An environment where people can thrive and do their best
5. Preparing for the future of work and better technology with simplified systems
6. Always talent planning for future needs
7. Create a world-class culture and environment
8. Building capabilities to unlock Bio-Precinct entrepreneurship



Workforce priorities

Our eight themes informed our three strategic priorities and are aligned to our values.

IDEAS DRIVEN



PRIORITY 1: Set Our People up for Success

- Enabling agile talent acquisition (recruitment and onboarding)
- Always talent planning for future needs
- Fostering inclusive, engaging and agile managers

PEOPLE
FIRST



PRIORITY 2: Create the Right Environment

- Building an environment where people can thrive and do their best
- Valuing our Aboriginal Business and connecting with Community
- Creating a world-class culture and environment

COMMUNITY
MINDED



PRIORITY 3: Build for the Future

- Preparing for the future of work with improved technology and simplified systems
- Strengthening capabilities to unlock Bio-Precinct entrepreneurship

FUTURE
FOCUSED



PRIORITY 1: Set Our People up for Success

Our Aspirations

- Engage and value our people to foster belonging, growth and career success.
- Attract and retain world-class talent for critical roles.
- Continuous talent planning for future needs.

Success is:

- Streamlined recruitment to acquire high quality candidates, aligned to our values.
- An engaging and accessible onboarding program that caters to all roles.
- Compelling employee value proposition for external talent attraction, targeted at hard to fill roles within a competitive talent market.
- Implementation of a succession planning process focused on critical roles.
- Guidance regarding the management of short-term contracts to stabilise the churn (turnover processes).
- Leadership Development Framework to foster inclusive, agile and engaging leaders and promote world-class learning.
- A recognition program to support leaders to value and acknowledge the efforts of employees.

"We need to remove the barriers that get in the way of our passionate, talented staff so they can provide the best patient care."





PRIORITY 2: Create the Right Environment

Our Aspirations

- Connect people to our purpose so they can thrive and deliver their best.
- Build a workplace where staff at all levels are comfortable to speak up, share ideas and challenge thinking.
- Establish a world-class organisational culture of integrity, safety and ambition.
- Develop a culture that facilitates coaching, learning and reflection.

Success is:

- *Professional Accountability Model* embedded into our way of working.
- Delivery of our *Diversity and Inclusion Action Plan*.
- Strategic Ambitions and values embodied in our daily work.
- Development of a wellbeing framework and a baseline measure for wellbeing.
- Implementation of our *Mentally Healthy Workplaces Framework*.
- Enactment of our Aboriginal Workforce Strategy to build our network and enhance developmental opportunities. Further develop our leadership commitment to cultural safety.
- Initiatives aligned to the *Cultural Evolution Pathway* to create a culture of integrity.

“What does being world-class mean - what do I need to do differently?”





PRIORITY 3: Build for the Future

Our Aspirations

- Adopt agile and responsive ways of working.
- Equip leaders and staff to embrace continuous change and improvement.
- Strengthen our commercial focus to grow our network and entrepreneurial approach to work.
- Build capabilities to unlock the Bio-Precinct.
- Create awareness of the future trends in work and technology.

Success is:

- Bringing together learning, innovation, collaboration and leadership by establishing the institute to build workforce capabilities aligned with healthcare needs.
- Continuing to build strategic partnerships across the Bio-Precinct through networks, collaboration, research and innovation partnerships.
- A digitally-enabled workforce equipped with integrated systems for a cohesive experience.
- An automated and simplified recruitment experience.
- Digitising processes to simplify and streamline the accessibility of information.

"Be prepared to take a risk. Have a genuine desire to do cutting edge things."

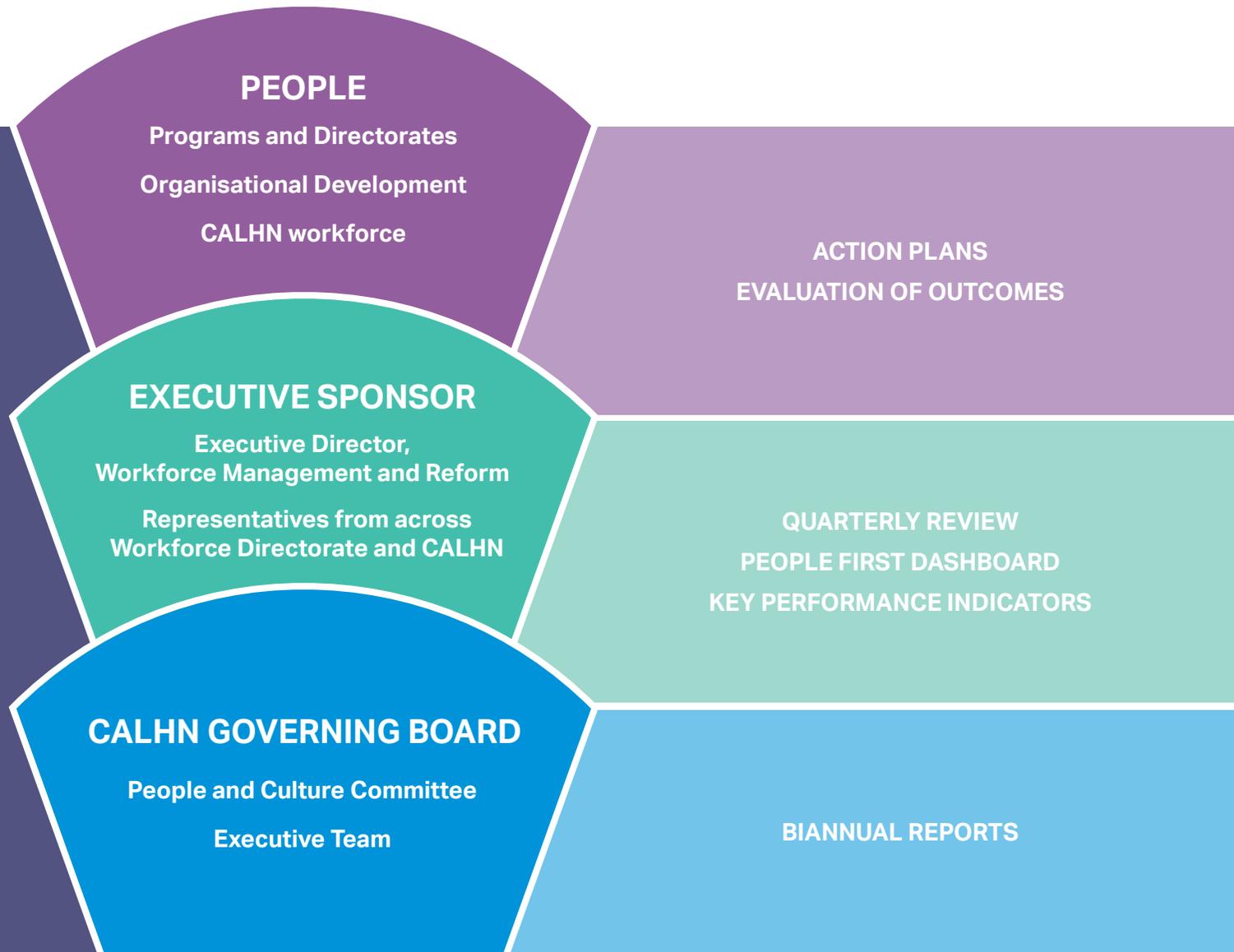
- Toby Coates, World Class Interviews



How we will do this



People First Strategy accountability structure





What's next

We see an exciting future and evolution for CALHN, something we each play a role in creating.

You will be hearing more from us as we begin to rollout and put into place measurable action plans and activities that support the successful delivery of our People First Strategy.

We look forward to working together to accomplish this vision.

'Kumangka – Together'

Contact us



I Work for SA

Your Voice Survey

 **I WORK FOR SA**
YOUR VOICE SURVEY 2021



Action Plan 2021-2023

The across Government I Work for SA – Your Voice Survey was launched in April 2021. Our response rate increased to 29% which is positive and signifies an increase in the number of CALHN staff wishing to have a say and provide feedback on their workplace.

The results for CALHN indicated that whilst we have some key strengths, we also have some improvement needs as our results declined in many areas since the 2018 survey.

Areas of Strength	Areas for Development
Employee-manager relationships	Staff wellbeing
Staff willing to go the extra mile	Staff comfort to speak up
Using skills and abilities	Senior leadership presence
COVID-19 response	Diversity and inclusion
Performance discussions	Learning from mistakes
Linkage to patient outcomes	Recognition
Living the values	Alignment to strategy

"26% of respondents believe that action will be taken as a result of this survey"

This action plan denotes CALHN's commitment to addressing these areas and provides a clear indication of the actions that will be taken over the next 18 months.

We have focused our actions upon three important areas



Enhancing Wellbeing



Building a Culture of Psychological Safety



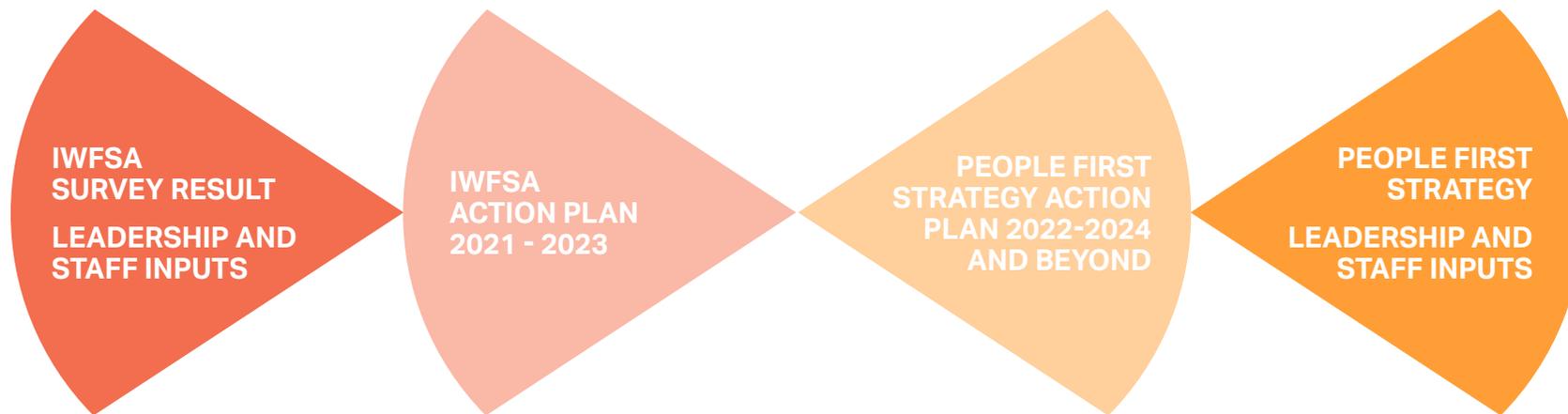
Leadership Connections

Improvements in these areas will enhance employee engagement and wellbeing whilst ensuring we feel safe to speak up and feel connected to our leaders.

Accountability

The CALHN Workforce team will be working with Senior Leaders and the Programs and Directorates to undertake a series of projects aimed at enhancing these areas – many of these projects are already underway. We are also working with Programs and Directorates to explore their own results to the IWFSAs survey and create an action plan that is specific to them and the needs of their staff.

This action plan has a strong link to CALHN's People First Strategy – many of the projects and actions overlap or are complimentary to ensure we have a focused effort on what is required to make this a great workplace for all.



The actions in this plan have been shaped by the feedback we have received through the survey, through our consultations and discussions with staff, and through engagement with senior leaders. Thank you for your feedback and we look forward to making some positive contributions to our workplace.

The success of our actions will be primarily measured by key metrics that are highlighted in the People First (Culture and Integrity) Dashboard.



Enhancing Wellbeing

What We Heard

46%

are satisfied with the policies/practices in place to help manage health and wellbeing



40%

are satisfied with the recognition received for doing a good job



35%

feel that CALHN cares about their wellbeing



33%

feel the level of stress in their work is appropriate



Burnout can lead to ongoing problems for the individual, for the teams and **creates risk for the safety of our patients***

*Quoted by staff from survey

46%

feel able to balance work and home life



48%

are satisfied with flexible working arrangements



42%

feel comfortable discussing mental health and wellbeing with their manager



50%

feel their workgroup has the tools and resources to perform well





Enhancing Wellbeing

What We Will Do

We've identified several key projects that will progress during 2021 and into 2023 that have the objective of addressing the results a and enhancing the wellbeing of our staff. Through these actions we aim to build a mentally healthy workplace that supports the wellbeing of our workforce and minimises stress levels and burnout.

Actions	Responsibility	Timeframe
<p>Project 1 - COVID Wellbeing Support</p> <p>We will support our staff through the COVID-19 pandemic by ensuring their physiological and safety needs are met.</p> <p>We will appoint Guardians of Safety to promote safe rostering practices.</p>	<p>Work, Health and Safety COVID Wellbeing Working Party</p>	<p>Q1 2022</p>
<p>Project 2 - Wellbeing Roadmap</p> <p>We will create a pathway to facilitate wellbeing being initiatives to address burnout risks and allow leaders to promote wellbeing for their teams and support individuals to manage their wellbeing.</p> <p>We will regularly check in on the wellbeing of our staff through standardised tools and measures.</p>	<p>Organisational Development and Workforce Strategy CALHN Staff Wellbeing Committee</p>	<p>Q1 2022</p>
<p>Project 3 - Recognition Program</p> <p>We will provide a recognition program for CALHN that acknowledges where staff have gone above and beyond in living our values.</p>	<p>Communications and Public Relations Leaders and Managers</p>	<p>Q2 2022</p>
<p>Project 4 - Flexible Working</p> <p>We will promote the current flexible working arrangements for staff in a broad range of roles in a healthcare setting.</p>	<p>HR Operations Media & Communications</p>	<p>Q3 2022</p>

Measures of success:

We will measure our success through a range of metrics including:

- 2023 IWFSA Survey
- BeWell Tracker
- People First (Culture and Integrity) Dashboard
- Rosters (i.e. double rosters)



Building a Culture of Psychological Safety

What We Heard

36%

feel it is safe to speak up and challenge the way things are done in CALHN



62%

indicated that people in their workgroup treat each other with respect



43%

feel their workplace takes action when integrity and respectful behaviour standards are not met



The **fear of consequences** is a **barrier to people speaking up***

*Quoted by staff from survey

38%

feel their workplace responds appropriately to complaints of bullying, harassment or discrimination



53%

would feel comfortable speaking up if they were not treated respectfully



43%

reported that they have witnessed bullying or harassment at work in the last 12 months





Building a Culture of Psychological Safety

What We Will Do

We've identified several key projects that will progress during 2022 and into 2023 that have the objective of addressing the results. The actions below aim to create the systems and structures that facilitate staff to speak up. This will then build a culture where we feel safe to do so.

Actions	Responsibility	Timeframe
<p>Project 1 - Professional Accountability Model</p> <p>We will continue to work with Vanderbilt University to implement the Professional Accountability Model and provide a pathway for staff to safely report negative behaviours.</p>	<p>Vanderbilt Project Team Vanderbilt Steering Group</p>	<p>Q3 2022 (end contract with Vanderbilt)</p>
<p>Project 2 - Promoting Safety and Respect at Work</p> <p>We will provide respectful behaviour training/call it out training for staff in a range of roles to assist them to identify inappropriate behaviour and take action to address it.</p> <p>We will provide a toolkit for leaders and staff to support them in addressing inappropriate behaviours.</p> <p>We will identify peer support officers - key representatives who can support staff in speaking up against inappropriate behaviour.</p>	<p>HR Operations</p> <p>WHS&IM</p> <p>Organisational Development & Workforce Strategy</p>	<p>Q4 2022</p>

Measures of success:

We will measure our success through a range of metrics including:

- Exit survey data
- 2023 IWFSAs Survey
- People First (Culture and Integrity) Dashboard



Leadership Connections

What We Heard

33%

feel that senior managers provide clear direction and effectively lead change



37%

feel that senior managers model the behaviours expected of employees



32%

feel that senior managers promote collaboration between LHNs



There appears to be a **disconnect** between senior **leadership** and the **front line***

*Quoted by staff from survey

37%

feel that senior managers keep employees informed



33%

feel that senior managers actively engage with employees



36%

feel their executive leader provides clear direction for their program/directorate





Leadership Connections

What We Will Do

We've identified several key projects that will progress during 2022 and into 2023 that have the objective of address the results above and foster greater connections with our leaders.

Actions	Responsibility	Timeframe
Project 1 - Leadership Communications and Visibility We will work with leaders at all levels to promote Gemba walks every 90 days. We will also facilitate a fortnightly Executive Rounding with a focus on patient safety, wellbeing and valuing staff.	Executive Team & Senior Leadership Communications and Public Relations	Q2 2022
Project 2 - Leadership Capabilities We will continue to provide our leadership development activities, including Leaders Within, Linking Leaders and Program Leadership Forums. This will ensure leaders further build upon their knowledge and skills and can share information with staff.	Organisational Development and Workforce Strategy	Ongoing
Project 3 - Leadership Live Streams We will work with leaders to encourage a monthly live stream from leaders to their teams – <i>CALHN Strategic Ambitions Update</i> . This will be supported by a managers bulletin for leaders to communicate to their staff.	Communications and Public Relations	Q3 2022

Measures of success:

We will measure our success through a range of metrics including:

- 2023 IWFS A Survey
- People First (Culture and Integrity) Dashboard
- Participation in leadership programs

Contact us



People First Dashboard

Psychological Safety & Wellbeing



Integrity Measures

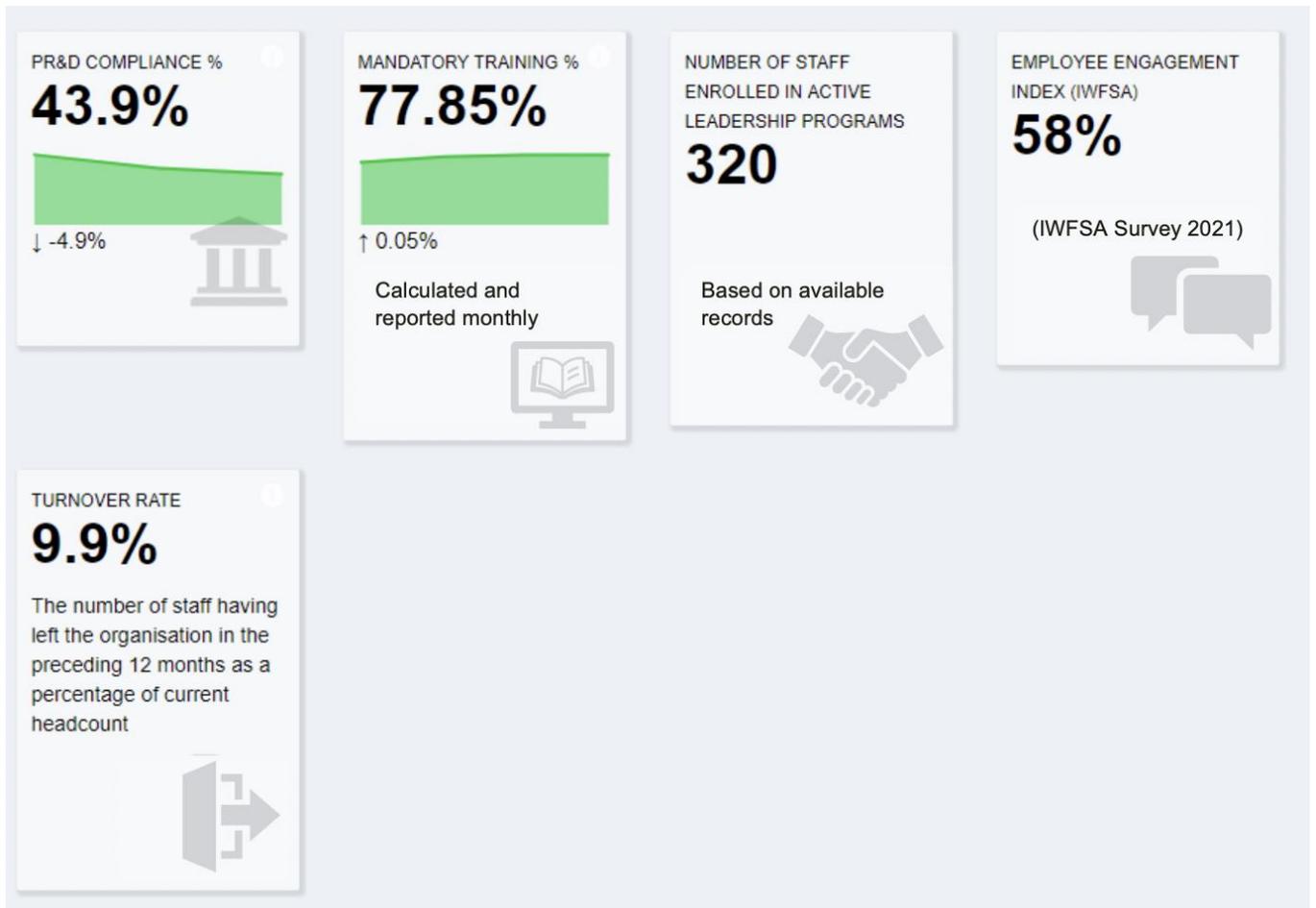


Government of South Australia

Health

Central Adelaide Local Health Network

Cultural Measures



Summary of current KPIs and measures

Metric	CALHN	SCSS
Culture		
Performance Review & Development Compliance (%)	✓	✓
Women in Leadership (%)	✓	✓
Turnover rate (%)	✓	✓
Aboriginal Workforce participation (%)	✓	✓
Mandatory Training Compliance (%)	✓	✓
Leadership Program Participation	✓	✓
Employee Engagement Index (IWFSa Survey)	✓	
Integrity		
Closed Investigations (#, YTD)	✓	✓
Stopline Reports (#, YTD)	✓	
Investigation Timeframes – average duration	✓	✓
Public Interest Disclosures – annual (#)	✓	✓
Respectful Behaviour – Workplace Taking Action (IWFSa Survey)	✓	✓
Bullying & Harassment – subjected to (IWFSa Survey)	✓	✓
Employee Reclassifications		✓
Suspension from duty	✓	✓
Psychological Safety and Wellbeing		
Lost Time Injury Rates	✓	✓
Direct Claims Costs	✓	✓
Wellbeing Index (Be Well Tracker)	✓	✓
Burnout index (Be Well Tracker)	✓	✓

Measures in consideration for future reporting

Metric	CALHN	SCSS
Culture		
Professional Accountability Program notifications	✓	N/A
Integrity		
Internal Reviews – selection processes	✓	✓
Internal Reviews – selection processes – substantiated	✓	✓
Annual Statements of Interest – Medical Consultants (%)	✓	✓
OPI Integrity Survey	✓	✓
Understanding of how to report integrity / behavioural issues (IWFSa Survey)	✓	✓
Psychological Safety and Wellbeing		
Staff trained in mental health first aid	✓	✓
Psychological Injury Claims	✓	✓

Medical Managerial Appointments Process

CALHN will comply with the recruitment process and requirements set out in the SA Health (Health Care Act) Human Resources Manual and the Guidelines of the Commissioner for Public Sector Employment: Recruitment, as amended from time to time, in relation to all medical managerial appointments.

In addition, the following steps will apply:

1. A Medical Appointments Committee to be established comprising of Executive Director Medical Services, CEO and Steer Co member / Board member.
2. An external "Expert" Recruiter/s to be engaged to chair the selection panel (**Chair**).
 - (a) The Chair is required to identify any issues associated with preconceived concerns or conflicts on the part of panel members, to ensure actual and perceived conflicts are declared and/or managed.
 - (b) The Chair shall comply with the principles in the Code of Ethics for the Australian Public Sector (**Code of Ethics**) and implement conflict of interest management strategies appropriate to the circumstances.
 - (c) The Chair to refer any bias or problematic clinical issues to the Medical Appointment Committee in the course of the appointment process if the Chair considers these issues put the integrity of the process at risk. The Chair to regularly report back to the Medical Appointments Committee in relation to each appointment process.
3. A selection panel to be appointed by the Medical Appointment Committee for each medical managerial appointment, prior to advertising a role.
4. The selection panel to consist of the Chair, Direct Report Manager, HR representative and a medical officer that is external to the relevant directorate (this person may be internal or external to CALHN). Each panel member to agree to undertake training endorsed by the Medical Appointments Committee and comply with the principles in the Code of Ethics.
5. All advertised positions must remain open for application for at least 14 days. Once the selection panel receives applications, each panel member must provide a statement identifying any conflicts.
6. Selection panel to shortlist and interview applicants.
7. Selection panel, other than the HR representative, to vote on the preferred applicant based on merit and having regard to the principles in the Code of Ethics (and in particular diversity).
8. Within 14 days of the last interview and referee check, the Chair to provide a report to Medical Appointments Committee on the appointment process and recommended appointment.
9. Within 14 days, the Medical Appointment Committee to review the report and approve or reject the recommendation.
10. The successful applicant to be advised by the Direct Report Manager and provided with an offer of employment on the same remuneration terms as those stated when the position was advertised. On request, feedback to be provided to unsuccessful applicants.

The above will be in place for six months from the date that the first proposed appointment process commences in accordance with this document. Together with continual feedback, after six months the Chair/s will prepare a feedback report to the Medical Appointments Committee in relation to the process and suggestions for improvement (if any). CALHN will engage with SASMOA in relation to any issues arising from the feedback report.

Additionally, the Chair/s will provide a detailed recommendation about how CALHN and/or SA Health and/or the Public Sector at large could develop a sustainable, internally operated appointment process. Without limiting options that may be considered, these could include the engagement of a specialist recruiter as a direct hire employee.

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E: [Redacted]



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