Australian National University

Feedback findings and actions report

Implementation plans in scope

- Campus Environment 2024
- Academic Portfolio 2024
- Research & Innovation Portfolio 2024
- ANU College of Health and Medicine 2024
- ANU Academic Colleges Realignment 2024
- ANU Renew Change Principles Paper 2025

Reporting period

The internal staff survey opened to the University Community (all staff and the NTEU) from **15 December 2025** and closed at **11:59pm on 11 February 2026**.

This report was prepared and finalised on 9 October 2026.

Purpose of the report

This document records the outcomes of the Post-Implementation Review (PIR) undertaken for all formal implementation plans released in 2024 and the 2025 Change Principles paper. It provides a summary of feedback received through the review process, outlines how that feedback has been analysed and considered, and documents the learnings arising from the review.

It is acknowledged that this report is being released after 11 February 2026. The findings were not released earlier to preserve the integrity and independence of significant external reviews and processes occurring concurrently, including the review of ANU Council, the TEQSA inquiry and the ANAO review. It is noted that the findings within this report did not identify significant new issues beyond those already identified through other University review and consultation processes.

Purpose of the PIR

Following significant change, post-implementation reviews are required to ensure we take time to reflect on experiences and to support commitment to ongoing improvement. They are also a requirement under the Enterprise Agreement, ensuring that significant organisational changes are assessed for effectiveness, impact and alignment with intended outcomes.

The scope of the post implementation reviews aligns directly with the requirements outlined in Subclauses 70.19 and 70.20 of the Enterprise Agreement and assesses the following:

1. whether the original objectives of each change have been achieved;
2. the impact on staff workloads;
3. the effects on Aboriginal and Torres Strait Islander employment and overall workplace diversity;
4. any shifts in casualisation, and;
5. opportunities to improve processes in the future.

The PIR is not intended to revisit or reopen approved decisions. Rather, it provides an opportunity to understand how implementation has been experienced in practice and identify opportunities to improve future organisational change activity.

Summary of PIR feedback process

Feedback was collected via an internal PIR staff survey open to all University staff and the NTEU. Responses include both staff directly impacted by the relevant change areas and those providing broader institutional perspectives.

To support confidentiality and constructive review, feedback has been synthesised thematically rather than reported at an individual level.

A total of 444 responses has been received via the online survey. Not all the responses had been attributed against a specific change plan as this section was left incomplete. As such, **392 responses were able to be used.**

Of the 392, 91 responses received were from staff that identified as being directly impacted. Some staff did not disclose whether they were an impacted staff member or not.

The definitions of these staffing groups, for the purpose of the survey ad this document are:

- Impacted staff: those who selected “Yes, my position was listed in the change plan as directly impacted.”
- Not impacted staff: those who selected “No, my position was not listed in the change plan document.”

The breakdown of responses received are outlined in **Table 1:**

Table 1: Summary of responses to the all staff survey by area and impact

Area	Impacted	Not directly Impacted	Impact was not disclosed	Total including incomplete responses
Academic Portfolio	**35**	20	40	95
Research & Innovation Portfolio	**20**	15	18	53
Campus Environment	**10**	9	13	32
College of Health and Medicine	**17**	49	23	89
Academic College Realignment	**4**	38	18	60
Change Principles Paper	**5**	28	30	63
Total	**91**	159	142	392

Feedback analysis

Table 2: Feedback analysis for Academic Portfolio 2024

Category	Summary
Response Volume	**Total responses:** 63 | **Impacted:** 5 | **Not impacted:** 28| **Not disclosed:** 30
Split insight	• Impacted staff more often framed the principles as translating into personal uncertainty and workload transfer • Non impacted staff most frequently criticised the principles as too vague/performative and highlighted trust/accountability failures at the institutional level.
What worked well (when it worked)	• Some acknowledgements of improvements in tone/visibility later in the period and the value of a central info hub. • A few respondents liked the idea of principles, but only if consistently applied.

What could be improved (recurring themes)	• Genuine pre-consultation on a broad scale before decisions are made and clearer communication about impacts and resourcing. • Principles viewed as vague/not operationalised; weak link between “principles” and outcomes. • Consultation frequently described as performative. • Efficiency described as burden transfer (more admin on academics/professional staff). • DEI impacts raised (marginalised groups disproportionately affected). • Trust in leadership and accountability perceived as low. • Lifting school based professional staff to College Teams is proving challenging in areas of accreditation needs. • Ensuring that administrative burden is not just passed around and sustainable efficiencies are found. • Communication was often top-down and reactive, with limited clarity around impacts, resourcing, or transition arrangements, contributing to confusion and increased workload and stress for staff.
Suggestions / opportunities for future change	• Convert principles into measurable commitments (consultation minimums, readiness gates, evidence requirements). • Publish what changed due to feedback (feedback-response register). • Stronger accountability: clear owners for the change, clear driver of the change project, decision logs, wellbeing risk controls. • Ensure teams are resourced to perform change at the appropriate scale. • Commitments to stronger DE&I focus during change. • Avoid multiple changes at once. • Ensure all Senior Leadership is aligned to support the change process. • The change plans rolled out too slowly. • Principles should be imbedded from the start, not after the commencement of some of the plans. • Longer and genuine consultation from bottom up. • Ensuring future plans align to the change principles.

Table 3: Feedback analysis for Research and Innovation Portfolio 2024

Category	Summary
Response volume	**Total responses:** 53 | **Impacted:** 20 | **Not impacted:** 15 | **Not disclosed:** 18
Split insight	• Impacted staff most often reported immediate operational fallout - lost capacity, inconsistent service points of contact, hiring constraints and delivery risk. • Non impacted staff more often highlighted strategic drift (including rollbacks) and opportunity/revenue loss from prolonged uncertainty.
What worked well (when it worked)	• Some respondents observed strong team cohesion and managers trying to protect staff. • A few noted early momentum where initial phases were completed quickly.
What could be improved (recurring themes)	• Strategy/end-state unclear; in some cases changes perceived as undone/rolled back. Not enough was done to understand the work prior to the change. • Loss of comms/admin capacity created downstream burden (websites, coordination, information quality). • Increased workload due to fragmented service support and inconsistent contacts. • Hiring constraints and long approval cycles reduced agility (casual/fixed-term delays). • Wellbeing impacts driven by prolonged uncertainty and capacity loss. • Very slow process.

	• Short notice periods for staff meetings. • Really review what duties are being performed, not just via PD's.
Suggestions / opportunities for future change	• Clarify operating model (what is centralised vs local and why) + stable service ownership. • Define service charters / SLAs for finance, research management and HR. • Measure "cost saving" alongside revenue enablement and opportunity loss.

Table 4: Feedback analysis for Campus Environment 2024

Category	Summary
Response volume	**Total responses:** 32 | **Impacted:** 10 | **Not impacted:** 19 | **Not disclosed:** 13
Split insight	• Impacted staff most often described capability loss, role-stretch and morale decline from staffing/skills changes • Non impacted staff were more mixed and more likely to comment on visibility, policy outcomes, and service experience.
What worked well (when it worked)	• Some reported clear local communication and delivery against stated timelines in their area. • Where leadership explained the "why," staff noted better acceptance and smoother adoption. • University generosity for the VSS scheme.
What could be improved (recurring themes)	• Perceived undervaluing of technical expertise and drift toward subcontracting/contract management without domain knowledge. • Increased workload and people covering unfamiliar roles without training/recognition. • Reliance on contractors/casuals described as reducing quality and increasing operational risk. • Morale/trust impacts from uncertainty and inconsistent messaging.
Suggestions / opportunities for future change	• Formal workload assessment + capability-based role design (training, realistic spans). • Transparent recruitment and progression pathways; reduce "promise fatigue." • Additional consultation to understand the 'front line' work. • Improve communication style – no last-minute notifications for formal meetings. • Strengthen offboarding/handover controls to reduce knowledge loss. • A faster change process, where it does not occur in two stages.

Table 5: Feedback analysis for ANU College of Health & Medicine 2024

Category	Summary
Response volume	**Total responses:** 89 | **Impacted:** 17 | **Not impacted:** 49| **Not disclosed:** 23
Split insight	• Impacted staff emphasised day-to-day service degradation (HR/finance/research support), false guise of 'needing to save costs' workload escalation and loss of corporate memory and reputation • Non impacted staff more often foregrounded the broader strategic harm including fragmentation, reduced visibility/identity, and reputational impacts for health/medicine.
What worked well (when it worked)	• Some reported strong support from leadership and collegiality among the College. • A small number described relatively smooth administrative transitions after the move. • A small number reported that there was minimal disruption to classes.
What could be improved (recurring themes)	• Disestablishment widely viewed as poorly justified, seemingly false pretence of cost saving; benefits not made clear. • Fragmentation of health/medicine capability and reduced external visibility/identity.

	• Impacted staff feel the process was managed poorly, and was highly stressful. • Major workload increases and slower service delivery after centralisation/redistribution of support. • Loss of corporate knowledge and long-running unresolved issues after turnover. • No transparency or adequate consultation with staff on the consequences. • High psychosocial impact and erosion of trust. • Leadership was not brought along the change journey, rather fed misleading information. • HR/Finance approval delays and unclear workflow ownership linked to need for impact/transition planning. • Build another way to re-connect and centralise Health and Medicine.
Suggestions / opportunities for future change	• Do not remove support until replacement model is proven (parallel run, transition uplift). • Communicate strategic vision and engage and communicate with staff. • Audit post-centralisation impacts (HR cycle times, hiring delays, research enablement). • Better processes for transition during Implementation, rather than release Implementation Plan and cease support. • Rebuild “front door” clarity for health stakeholders and internal identity cohesion. • Pre-consultation with staff. • There is a gap in dedicated leadership ibn this discipline now, the University may require dedicated leadership in this space, to prevent medical research from falling further behind other Go8 universities. • Some themes suggested uncoupling the merger of Medicine and Psychology, which staff feel has led to the College being oversized and an ineffective partnership.

Table 6: Academic College Realignment 2024

Category	Summary
Response volume	**Total responses:** 60 | **Impacted:** 4 | **Not impacted:** 28| **Not disclosed:** 18
Split insight	• Broadly, affected staff were far more likely to describe immediate operational disruption (loss of local professional support, broken handovers, unclear delegations) • Less affected staff more often focused on strategic rationale, discipline fit/identity, and reputational concerns.
What worked well (when it worked)	• A minority saw potential in new structures/leadership where there was clearer local direction and follow-through. • Where there were stronger College Exec advocacy and communication, the changes worked better – success relying on leadership capability. • Some pockets reported “delivered as promised” once changes were settled (less common than the critiques).
What could be improved (recurring themes)	• Rationale/objectives often seen as unclear and/or not aligned to academic reality. • Identity and reputational impacts (discipline fit, external confusion, reduced visibility). • Support functions didn’t move with the schools which led to delays, duplication, unclear points of contact. For example, CSS support resides in CoSM as well as some commentary about the budget not moving with the schools as well. • Have the change plan be assessed holistically to be more equitable. • Workload increases as academics absorbed admin tasks; remaining professional staff supported larger spans with limited uplift. • Consultation frequently described as tokenistic / predetermined. • Better support was needed for the transition during Implementation, particularly for College Execs. This includes appropriate resourcing and change management support.

	• There is not adequate representation for disciplines that have merged into other Colleges. • This was a missed opportunity to have merged CASS and CAP. • Some themes that CAP was weakened through the CLGP merger. • The fit of previous CoS schools merged with CSS is receiving mixed response. • The fit of NCEPH into CLGP rather than remaining with other areas of health is receiving mixed responses.
Suggestions / opportunities for future change	• Centralising of support services should be conducted and finalised first. • Provide an evidence-based "why" (problem statement, options analysis, trade-offs), including a risks vs benefits assessment. • Transparent publishing of cost benefit analysis to demonstrate where change has led to savings. • Transparent outlining of objectives rather than broad statements such as 'cost-savings'. • Stage go live with readiness gates: delegations, workflows, contacts, handovers. • Resource the receiving areas based on real process/volume mapping, not org charts. • Ensuring proper branding and communications internally and externally. • Work to gain better buy-in and genuine consultation. • Make 'human-centric' business decisions.

Table 7: Change Principles Consultation Paper 2025

Category	Summary
Response volume	**Total responses:** 63 | **Impacted:** 5 | **Not impacted:** 28| **Not disclosed:** 30
Split insight	• Impacted staff more often framed the principles as translating into personal uncertainty and workload transfer • Non impacted staff most frequently criticised the principles as too vague/performative and highlighted trust/accountability failures at the institutional level.
What worked well (when it worked)	• Some acknowledgements of improvements in tone/visibility later in the period and the value of a central info hub. • A few respondents liked the idea of principles — if consistently applied.
What could be improved (recurring themes)	• Genuine pre-consultation on a broad scale before decisions are made and clearer communication about impacts and resourcing. • Principles viewed as vague/not operationalised; weak link between "principles" and outcomes. • Consultation frequently described as performative. • Efficiency described as burden transfer (more admin on academics/professional staff). • DEI impacts raised (marginalised groups disproportionately affected). • Trust in leadership and accountability perceived as low. • Lifting school based professional staff to College Teams is proving challenging in areas of accreditation needs. • Ensuring that administrative burden is not just passed around and sustainable efficiencies are found. • Communication was often top-down and reactive, with limited clarity around impacts, resourcing, or transition arrangements, contributing to confusion and increased workload and stress for staff.

Suggestions / opportunities for future change	• Convert principles into measurable commitments (consultation minimums, readiness gates, evidence requirements). Publish what changed due to feedback (feedback-response register). • Stronger accountability: clear owners for the change, clear driver of the change project, decision logs, wellbeing risk controls. • Ensure teams are resourced to perform change at the appropriate scale. • Commitments to stronger DE&I focus during change. • Avoid multiple changes at once. • Ensure all Senior Leadership is aligned to support the change process. • The change plans rolled out too slowly. • Principles should be imbedded from the start, not after the commencement of some of the plans. • Longer and genuine consultation from bottom up. • Ensuring future align to the change principles.

Findings against the Enterprise Agreement requirements

1. Achievement of original objectives

Respondents described achievement of objectives as mixed and not consistently evidenced in day-to-day outcomes. Some reported that centralisation or realignment had potential benefits where the purpose was clear, local leadership was strong and transition arrangements were supported. Others reported that the rationale, intended end-state, expected benefits or measures of success were unclear.

Across several initiatives, respondents sought clearer explanation of the problem being addressed, the options considered, trade-offs, expected benefits and how success would be measured. In some areas, feedback indicated that operational arrangements had not been sufficiently mature at go-live to demonstrate the intended benefits.

2. Impact on workloads

Workload was the most consistent cross-cutting theme. Respondents reported increased workload associated with reduced capacity, role stretch, work transferring to remaining staff, fragmented services, unclear contacts and workflow ownership, delays, duplication, and unfamiliar tasks without sufficient training or recognition.

These reports were particularly evident where service functions were centralised or redistributed before replacement arrangements were fully established. Respondents described impacts on business-as-usual work, service quality, wellbeing and morale. The feedback indicates that workload management should be treated as a core implementation and psychosocial-risk control, not only as an operational efficiency issue.

3. Aboriginal and Torres Strait Islander employment and workplace diversity

Respondents raised broader concerns that organisational change can have disproportionate effects on marginalised staff and that diversity, equity and inclusion considerations were not always visible in planning or implementation. It is noted that the available survey data does not provide a specific assessment of Aboriginal and Torres Strait Islander employment outcomes.

Workforce data indicates that the proportion of full-time equivalent Aboriginal and Torres Strait Islander staff decreased from 2.23% in December 2024 to 2.03% in June 2025, before increasing to 2.13% in December 2025.

4. Casualisation

The feedback from the survey identified qualitative concerns rather than a quantified enterprise-wide change in casualisation. In Campus Environment, respondents referred to reliance on contractors and casuals, with perceived implications for capability, service quality,

knowledge retention and operational risk. In Research and Innovation, respondents described constraints and delays affecting casual recruitment.

5. Opportunities to improve future processes

The strongest opportunity is to make change implementation more evidence-based, transparent and accountable. Respondents consistently sought earlier consultation, clearer ownership and decision-making, sufficient resourcing, practical service design and better support for managers and teams during transition.

Closing statement

These formal implementation plans were released in 2024 and April 2025 and have substantially progressed since this review has taken place. All findings contained in this report have been made available to staff and published to the ANU Community.

The findings have not identified significant new issues beyond those identified through other University review and consultation processes undertaken since the survey closed on 11 February 2026.

Nevertheless, the findings contribute to the University's broader understanding of the experience and impact of implementation. They have also contributed to the development of the ANU by 2030 Strategy and the Service Delivery Implementation Program.

As the report will be available to the ANU Community, areas may draw on the findings where relevant to decisions being considered at a local level.

The report is being published to support transparency and provide the ANU Community with access to the findings. These findings may be considered alongside other sources of evidence and community feedback to support decision-making and continuous improvement.