

July 8 2019

Mr Andrew Holland
Executive Director
ASMOF NSW

NSW 2007

Via email:

Re: Request for HETI reports on Junior Medical Staff at Northern Beaches Hospital

Dear Mr Holland,

As requested, please find attached a document which contains the two reports provided by HETI to Northern Beaches, relating to site visits undertaken in December 2018 and January 2019. HETI have indicated they were satisfied with the response to the initial concerns and plan to visit again in September 2019.

We have also included a current update on the issues raised in the initial report, demonstrating further progress on these matters.

We trust that you will recognise and acknowledge the prompt response from Northern Beaches Hospital to the concerns initially raised and our ongoing commitment to provide a positive and supportive environment for the training of our junior medical staff.

Sincerely,

Dr Simon Woods – Interim Director of Medical Services

Cc: Mr Peter Walsh: Executive Director – Corporate Support and Business Partnerships – Health Education & Training (HETI). Via email:

Mr Richard Royle: Interim CEO – Northern Beaches Hospital

Ms Deb Wilcox: CEO Northern Sydney Local Health District. Via email:

Right Care | Right Place | Right Time

Issue	Status in Dec 2018	Recommendation Dec 2018	Assessment by HETI late Jan 2019	Current status – update by DMS 3/7/2019
1.	Inadequate JMO staffing levels.	Enhance current staffing levels between now and new academic year with short term or locum appointments.	Good response. Immediate increase in locum coverage both at JMO and registrar levels. Significant increase in staffing numbers for 2019 again both at JMO, registrar and CMO level with expansion in the number of terms to reduce the workload demands on individual JMOs. Recruitment is continuing but initial results have been positive. There are some remaining vacancies at Feb 4 with recruitment continuing to fill those positions as soon as possible.	There has been a further increase in JMO numbers with the opening of the Medical Assessment Unit, the restructure of the medical units and the creation of a consulting registrar to assist with internal consults for Infectious Diseases, Endocrinology & Immunology. There are additional CMOs supporting Ward 5A, - 2 shifts per day.
2.	Inadequate after hours staffing levels on medical and surgical wards.	Enhance after-hours staffing rosters to ensure that there are at least 3 JMOs and 2 registrars on site 24/7.	Staffing levels on the after-hours roster have been increased as per agreed levels. These are predominantly with locums but this will improve as permanent staffing levels are achieved in the new year. The quality of locums is a variable and the hospital will need to closely monitor activity to ensure appropriate support and supervision for JMOs.	Agreed levels maintained, with a CMO assigned to each acute inpatient floor overnight

3.	Staff uncertainty re current team structures /responsibilities /coverage.	Urgent clarification of team structures and roles and responsibilities of staff especially after hours and ensure they are known/understood by the entire hospital.	The Term structures have been completely reviewed with an increase in the number of terms particularly medical. This should assist to more evenly redistribute workload amongst the increased number of JMOs. New term descriptions have been issued with nominated supervision responsibilities.	Further restructure occurred in June with sign off by HETI
4.	Abnormal diagnostic results are not directly notified to teams resulting in additional work and increased likelihood that results will be missed.	Ensure that there is a system in place for timely direct notification to teams of abnormal diagnostic tests and inadequate samples.	This has improved with the provider having a greater on site presence. There were a number of instances reported by JMOs although the number of reported instances has decreased since last visit.	This has largely been rectified with a combination of enhancements to the EMR and clarification of the notification responsibilities for the diagnostic providers. If there are difficulties identifying which doctor to call the radiologist or pathologist rings the hospital coordinator 24/7
5	Other than a morning medical handover, there is no structured shift to shift handover creating clinical uncertainty amongst JMOs.	The hospital establish clear operational processes for shift to shift handover between JMOs.	There are now good structured handover processes in place for shift to shift with good participation at all levels.	These continue
6	The DMs position is currently vacant and being supported by the National CMO.	The hospital progress replacement of the DMS position as a matter of priority	The hospital has recently appointed a very experienced interim DMS who is on site 4 days per week. Permanent	Since February and interim Deputy DMS has also been appointed, with direct responsibility for the JMOs and a 5 day per week

	As a result there is a lack of an onsite senior clinical manager presence to establish systems and support changes.	As an interim NSW Health/NSLHD be approached with a view to seconding a senior medical manager to NBH to assist with establishing appropriate systems and structures.	recruitment is in progress with an outcome likely soon. Consistent interaction between the DMS and JMOs is yet to be properly established. In addition to the GCTC, the DMS will now provide a direct, immediate single point of access for the raising and escalation of issues by JMOs. This should allow the DPET to withdraw from some of the more administrative functions which they have been fulfilling and concentrate on support and advocacy for JMOs. JMOs have been encouraged to contact DMS early and directly in relation to issues that arise.	<p>presence in the JMO unit. Recruiting for a permanent DDMS is in progress.</p> <p>The Interim DMS continues in the role and is on site 4-5 days per week.</p> <p>The DPET is no longer required to provide operational support.</p> <p>Consultation processes with ASMOF have occurred on a variety of issues and a regular consultation schedule is proposed with the next meeting at the end of July</p>
7	Communication and trust between management and JMOs is inconsistent and at least in the short-term would benefit from regular routine meetings.	The hospital establish a weekly minuted meeting between management representatives/JMO office/DPET and JMOs to escalate concerns and advise on progress of issues under review.	There has been greater contact/communication between management and JMOs however this can still be improved. Now that the DMS is on site a regular meeting with JMO representatives would be helpful not only in ensuring issues are escalated quickly but also continuing to build on the improvements in communication and trust with JMOs. The hospital is continuing to improve communications with JMOs and is introducing group newsletters, an App and the new	As above. There are now also regular medical staff newsletters, which go to JMOs and senior doctors.

			Bijib IT system allows for group SMS messages.	
8	Current rostering practice is unclear with sharing of responsibilities between NBH and the Mona Vale JMO Office.	The hospital ensure that all rosters are based on agreed staffing levels / accurate and communicated to JMOs within an industrially acceptable timeframe.	Rostering has also improved along with staffing numbers. Rosters for Term 1 have been issued and are available online through the Bijib IT system. There is still ongoing system incompatibility between the hospital and NSLHD so that neither organisation is able to “see” all the relevant staff information held by the other. Ongoing issue.	The roles of the respective JMO teams (LHD and NBH) have been clarified through an MOU with the LHD. All rostering is undertaken at NBH. Kronos is used for those directly employed by NBH and will be extended to include the doctors rotated to NBH from the LHD to provide a single source of truth. Anticipated Go Live at commencement of new term in August
9	The NBH JMO Office has only recently had their staffing levels increased to appropriate levels. Some staff are relatively junior and the team would benefit from additional support. Current engagement between the JMOs and JMO office would benefit from familiar and	The hospital negotiate with the NSLHD for the temporary secondment of resources from the Mona Vale JMO Management Unit to NBH to assist with operational issues and ensure a proper transition for JMOs between the two organisational administrative systems.	NSLHD JMO administration staff have recently come on site 2 days per week to assist with rostering and other administrative responsibilities. This has been invaluable both to JMOs (who have people that they know to deal with as well as the NBH JMO office staff (who require training and familiarisation with systems and processes). It is essential that this continues for at least the first 2-3 terms until systems and processes are consistent and bedded down.	The LHD has now withdrawn this onsite support. However, the appointment of a Deputy DMS and some further restructuring of the unit plus transition to Kronos means this is no longer required.

	experienced personnel.			
10	Current paging system is unreliable resulting in missed calls/notifications.	Ensure the EWIS system is operational and used to enhance the communication of clinical issues hospital-wide.	The DEC phone system for notification of codes is now working well.	This was further augmented with provision of iPhones. However, as the paging system is now working well, these will be progressively withdrawn later this year, on a case by case basis
11	Current paging system is unreliable resulting in missed calls/notifications.	Install new paging system to support current DEC phones.	The paging system has been addressed and is working well.	As above
12	The hospital currently does not have a definitive and comprehensive set of policies/protocols /procedures.	JMOs have ready access to approved policies /protocols/procedures to assist with the provision of safe clinical care.	<p>Policies and protocols are available on the Healthscope site. There are still some ongoing issues with policies and protocols as a number of processes on the eMR system are linked to Healthscope policies. The hospital continuous to work this through. Currently all Department Heads have been asked to review policies/protocols to determine what there is and what deficiencies need to be addressed.</p> <p>The Review team have asked JMOs as a matter of priority to review what is available on the Healthscope site and create a list of important ones that are not</p>	After a gap analysis was undertaken, there has been a comprehensive augmentation of the policies, protocols and procedures, based on those from the LHD. These are now on the desktop of all computers

			available. They have been asked to present that to the new DMS with the intention of ensuring that they are available and easily accessible on Feb 4.	
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Northern Beaches Hospital

Site Visit Report

17 January 2019

Name of Prevocational Training Provider	Northern Beaches Hospital
Date of Site Visit	17 January 2019
Team Leader	Dr Martin Mackertich
Surveyor	Dr Matthew Chu
Surveyor	Dr Helen Boyd
Surveyor	Ms Louise Cook

Summary of Findings:

Overall the hospital has made significant progress in addressing the issues identified at the December 2018 visit.

There have been significant improvements in staff levels both immediate and for the 2019 academic year.

There has been good progress with operational issues and support although there is still further work required to embed these into the day to day working of the hospital.

Junior Medical Officers (JMOs) are generally happier and acknowledge the progress that has been made.

There are still some ongoing issues particularly at the registrar level which may impact on supervision and training of prevocational trainees. The organisation are aware of these and will carefully monitor the situation over the early part of the year.

The hospital has recently appointed an intern experienced Director of Medical Services (DMS) who will be onsite 4 days a week until the permanent appointment hopefully early in the new year.

This will enable a single point of access for JMOs and the hospital generally to raise/escalate clinical and operational issues and have them effectively managed at a senior level within the organisation.

The hospital still has a less than ideal reliance on locum staffing particularly after-hours. The hospital management will need to closely monitor this to ensure appropriate supervision and support of staff but this is unavoidable at this stage as recruitment continues. It does however demonstrate a commitment by the organisation to ensure safe staffing levels going forward.

Preparations for the new clinical year - orientation; JMO handbook; term descriptions; rover forms; supervision arrangements; rosters have all been confirmed with the Network and are all in place.

Recommendations:

Overall the Review team were satisfied with the progress made by the hospital and the commitment of management to continue doing what was required to ensure a safe and efficient working environment for Junior Medical Staff within the hospital.

There were however a couple of issues that we wish to emphasise.

1. The current group of JMOs at NBH have managed exceptionally well and are to be commended. Over the last 4 months, they have not only managed patient care but also been instrumental in assisting the hospital in identifying and addressing a number of the operational issues that have arisen.

It should be noted that for the most part these were reasonably experienced JMOs. Even the interns have had 8 months' work experience.

On February 4 the hospital will be faced with a virtually new cohort of JMOs both brand new interns as well as inexperienced Basic Physician Trainees/registrars. This poses a significant risk for the site as virtually all JMO corporate memory and onsite colleague support with day to day operational issues will not be working at Northern Beaches Hospital.

The team has raised this with the hospital and they are aware of the issue. They have agreed for Term 1 to provide additional "senior Career Medical Officer" staff familiar with the hospital to act as a readily available point of additional support and local knowledge for new JMOs.

This will need to be monitored closely during Term 1 both by the hospital and also by HETI to ensure that all staff, but in particular Interns, receive the level of support that they need.

2. The arrangement whereby the NSLHD provides NBH with onsite administrative support to the JMO Management Unit has recently commenced 2 days per week. It has been very successful and very much appreciated by JMOs and hospital JMO staff.

Continuation of this onsite support is essential in providing much needed consistency for JMOs as well as ongoing training and familiarisation of NBH staff with the necessary processes and systems.

It is the view of the Review team that this support is critical and if at all possible, this should be continued at least till the completion of Term 3 but preferably for the entire 2019.

TABLE 1:
REQUIRED ACTIONS

ISSUE		RESOLUTION	TEAMS ASSESSMENT
1.	Inadequate JMO staffing levels.	Enhance current staffing levels between now and new academic year with short term or locum appointments.	<p>Good response. Immediate increase in locum coverage both at JMO and registrar levels.</p> <p>Significant increase in staffing numbers for 2019 again both at JMO, registrar and CMO level with expansion in the number of terms to reduce the workload demands on individual JMOs.</p> <p>Recruitment is continuing but initial results have been positive. There are some remaining vacancies at Feb 4 with recruitment continuing to fill those positions as soon as possible.</p>
2.	Inadequate after hours staffing levels on medical and surgical wards.	Enhance after-hours staffing rosters to ensure that there are at least 3 JMOs and 2 registrars on site 24/7.	<p>Staffing levels on the after-hours roster have been increased as per agreed levels. These are predominantly with locums but this will improve as permanent staffing levels are achieved in the new year.</p> <p>The quality of locums is a variable and the hospital will need to closely monitor activity to ensure appropriate support and supervision for JMOs.</p>
3.	Staff uncertainty re current team structures /responsibilities /coverage.	Urgent clarification of team structures and roles and responsibilities of staff especially after hours and ensure they are known/understood by the entire hospital.	<p>The Term structures have been completely reviewed with an increase in the number of terms particularly medical. This should assist to more evenly redistribute workload amongst the increased number of JMOs. New term descriptions have been issued with nominated supervision responsibilities.</p>
4.	Abnormal diagnostic results are not directly notified to teams resulting in additional work and increased likelihood that results will be missed.	Ensure that there is a system in place for timely direct notification to teams of abnormal diagnostic tests and inadequate samples.	<p>This has improved with the provider having a greater on site presence. There were a number of instances reported by JMOs although the number of reported instances has decreased since last visit.</p>

5.	Other than a morning medical handover, there is no structured shift to shift handover creating clinical uncertainty amongst JMOs.	The hospital establish clear operational processes for shift to shift handover between JMOs.	There are now good structured handover processes in place for shift to shift with good participation at all levels.
6.	The DMs position is currently vacant and being supported by the National CMO. As a result there is a lack of an onsite senior clinical manager presence to establish systems and support changes.	<p>The hospital progress replacement of the DMS position as a matter of priority</p> <p>As an interim NSW Health/NSLHD be approached with a view to seconding a senior medical manager to NBH to assist with establishing appropriate systems and structures.</p>	<p>The hospital has recently appointed a very experienced interim DMS who is on site 4 days per week. Permanent recruitment is in progress with an outcome likely soon.</p> <p>Consistent interaction between the DMS and JMOs is yet to be properly established. In addition to the GCTC, the DMS will now provide a direct, immediate single point of access for the raising and escalation of issues by JMOs.</p> <p>This should allow the DPET to withdraw from some of the more administrative functions which they have been fulfilling and concentrate on support and advocacy for JMOs.</p> <p>JMOs have been encouraged to contact DMS early and directly in relation to issues that arise.</p>
7.	Communication and trust between management and JMOs is inconsistent and at least in the short-term would benefit from regular routine meetings.	The hospital establish a weekly minuted meeting between management representatives/JMO office/DPET and JMOs to escalate concerns and advise on progress of issues under review.	<p>There has been greater contact/communication between management and JMOs however this can still be improved. Now that the DMS is on site a regular meeting with JMO representatives would be helpful not only in ensuring issues are escalated quickly but also continuing to build on the improvements in communication and trust with JMOs.</p> <p>The hospital is continuing to improve communications with JMOs and is introducing group newsletters, an App and the new Bejit IT system allows for group SMS messages.</p>

8.	Current rostering practice is unclear with sharing of responsibilities between NBH and the Mona Vale JMO Office.	The hospital ensure that all rosters are based on agreed staffing levels / accurate and communicated to JMOs within an industrially acceptable timeframe.	Rostering has also improved along with staffing numbers. Rosters for Term 1 have been issued and are available online through the Bejit IT system. There is still ongoing system incompatibility between the hospital and NSLHD so that neither organisation is able to “see” all the relevant staff information held by the other. Ongoing issue.
9.	The NBH JMO Office has only recently had their staffing levels increased to appropriate levels. Some staff are relatively junior and the team would benefit from additional support. Current engagement between the JMOs and JMO office would benefit from familiar and experienced personnel.	The hospital negotiate with the NSLHD for the temporary secondment of resources from the Mona Vale JMO Management Unit to NBH to assist with operational issues and ensure a proper transition for JMOs between the two organisational administrative systems.	NSLHD JMO administration staff have recently come on site 2 days per week to assist with rostering and other administrative responsibilities. This has been invaluable both to JMOs (who have people that they know to deal with as well as the NBH JMO office staff (who require training and familiarisation with systems and processes). It is essential that this continues for at least the first 2-3 terms until systems and processes are consistent and bedded down.
10.	Current paging system is unreliable resulting in missed calls/notifications.	Ensure the EWIS system is operational and used to enhance the communication of clinical issues hospital-wide.	The DEC phone system for notification of codes is now working well.
11.	Current paging system is unreliable resulting in missed calls/notifications.	Install new paging system to support current DEC phones.	The paging system has been addressed and is working well.

12.	The hospital currently does not have a definitive and comprehensive set of policies/protocols/procedures.	JMOs have ready access to approved policies /protocols/procedures to assist with the provision of safe clinical care.	<p>Policies and protocols are available on the Healthscope site.</p> <p>There are still some ongoing issues with policies and protocols as a number of processes on the eMR system are linked to Healthscope policies.</p> <p>The hospital continuous to work this through. Currently all Department Heads have been asked to review policies/protocols to determine what there is and what deficiencies need to be addressed.</p> <p>The Review team have asked JMOs as a matter of priority to review what is available on the Healthscope site and create a list of important ones that are not available. They have been asked to present that to the new DMS with the intention of ensuring that they are available and easily accessible on Feb 4.</p>
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TABLE 2:
Provisionally Approved Terms

Term Name	Term Type	PGY2 Only	PGY1 Capacity	PGY2 Capacity	Total Capacity
Cardiology Team A	Medical	No	1	1	1
Cardiology Team B	Medical	No	1	1	1
Emergency Medicine	Emergency	No	4	8	8
General Medicine + Endocrine & Respiratory	Medical	No	1	1	1
General Medicine + Rheumatology	Medical	No	1	1	1
General Medicine+ Gastroenterology	Medical	No	1	1	1
General Medicine + Renal	Medical	No	1	1	1
General Medicine + Infectious Diseases & Oncology	Medical	No	1	1	1
General Surgery Team A - UGIT Surgery	Surgical	No	1	1	1
General Surgery Team B - Colorectal Surgery	Surgical	No	1	1	1
General Surgery Team C - Surgical Oncology	Surgical	No	1	1	1
General Surgery Team D - ENT Surgery	Surgical	No	1	1	1
General Surgery Team E - Urology and Vascular Surgery	Surgical	No	1	1	1
Orthopaedic Surgery Team A	Surgical	No	2	2	2
Orthopaedic Surgery Team B	Surgical	No	2	2	2

Paediatrics	Other	Yes	0	2	2
Psychiatry	Other	No	1	1	2
Relief	Other	No	2	2	4
Obstetrics and Gynaecology	Other	Yes	0	2	2
Geriatrics & Aged Care	Medical	No	2	2	2
Neurology	Medical	No	1	1	1



TRIM: DOC18/20363

Mr Stephen Gameren
Interim CEO
Northern Beaches Hospital

FRENCH FOREST NSW 2086

Email:

Dear Mr Gameren

Re: Northern Beaches Hospital – Site visit decision

Following the completion of a further site visit of Northern Beaches Hospital (NBH) on 10 December 2018 the Prevocational Accreditation Committee (PAC) has agreed to maintain the Provisional Accreditation of the Hospital.

Please find attached a copy of the survey report. To assist you in addressing the issues raised, the survey team has prepared an action plan which is attached to the report. The PAC has asked that you use this action plan as the template for weekly reporting by your DPET and JMO Manager until the beginning of the new Clinical Year. It is requested that the reports be prepared in collaboration with representatives of the junior medical staff.

We would appreciate you distributing this letter and the report to the appropriate people in your organisation.

In addition, it is planned to have some of the survey team members visit the hospital in mid-January 2019. This visit, and the reports will form the basis of determining what, if anything, needs to occur prior to the scheduled survey visit in mid-2019, which will advise the PAC regarding changing NBH from Provisional to full Accreditation in September 2019.

Terms

The following terms continue to be provisionally accredited:

<u>Term ID and Term Name</u>	<u>Term Capacity</u>
ID 081001 - Acute Medicine	2x PGY2
ID 081002 - Emergency Medicine	6x PGY1
ID 081003 - General Medicine	6x PGY1
ID 081007 - General Surgery Team A	2x PGY1
ID 081008 - General Surgery Team B	2x PGY1

ID 081009 - Orthopaedic Surgery Team A	2x PGY1
ID 081010 - Orthopaedic Surgery Team B	2x PGY1
ID 081011 - Paediatrics	1x PGY2
ID 081012 - Psychiatry	1x PGY1
ID 081013 - Relief	2x PGY1 and 1x PGY2 (for a total of 3)

HETI acknowledges that additional term descriptions have been received since the first site visit in September 2019. These new terms are currently being assessed.

On behalf of the site visit team and HETI we would like to thank you and all your staff for their cooperation during this process.

Should you require any further information above the accreditation decision please contact the HETI Accreditation Unit at [or call](#)

Yours sincerely

Associate Professor Ian Rewell
Chair, Prevocational Accreditation Committee

19 December 2018

CC: Ms Deborah Wilcox

Chief Executive NS LHD

TRIM Ref: DOC18/19881

Northern Beaches Hospital

Site Visit Report

10 December 2018

Name of Prevocational Training Provider	Northern Beaches Hospital
Date of Site Visit	10 December 2018
Team Leader	Dr Martin Mackertich
Surveyor	Dr Margaret Ginger
Surveyor	Dr Kathryn Costantino
Surveyor	Ms Louise Cook

Report completed by: Dr Martin Mackertich

Issues Identified

- Inadequate planning and preparation for opening of the new hospital.
- Inadequate staffing levels particularly after-hours.
- Inadequate formal systems/processes
- Lack of policies/procedures/protocols to support safe work practice.
- Operational difficulties with operating systems– including EMR, paging and ordering and reporting of diagnostic tests.
- Inconsistent engagement/communication between hospital management/support structures and JMOs in escalating concerns and addressing issues.

Current Situation

The current situation is unsustainable and only working because of the significant commitment of JMOs to continue providing a service under adverse conditions. Significantly no JMOs requested that HETI withdraw accreditation.

Morale amongst JMOs is low, and quick clear progress on issues will need to be demonstrated and maintained to regain their trust in the organisation.

The hospital acknowledges the seriousness of the situation and current management has stated that they are committed to addressing the identified issues although progress has been slow.

Progress to Date

The current hospital management is committed to a significant enhancement of staffing levels. They are currently recruiting short term locums to support staff between now and the new clinical year.

For 2019 the hospital has committed to an additional 35 SRMO/Registrar and CMO positions and have already recruited to approximately 30% of those positions. There is also the option to further increase the intern numbers during the 2019 year once issues of structure and supervision have been adequately addressed.

The hospital currently has 276 beds open with a maximum capacity of 488. The management has already restricted elective activity to assist with the current operational issues and has made a commitment that they will not open additional capacity until staffing and other operational issues have been addressed.

There are a number of operational issues that are frustrating staff and exacerbating the staffing issues. These include the eMR in use (which is unreliable and not user friendly); previously available NSW Ministry and District Policies and Procedures are not available to JMOs; the current paging system is not reliable; JMO Office staff do not have access to Healthroster or Stafflink.

The hospital acknowledges the operational difficulties caused by problems with the eMR; the DEC phone system and lack of clarity around policies and procedures. They are committed to addressing these issues as quickly as possible and have already taken steps. The hospital, vendor and JMOs are meeting regularly to resolve some of the technology issues. There are a number of computers with access to Cerner available through the hospital.

A new paging system to augment the DEC phones has been purchased and will be installed in February 2019. In addition an upgrade of the EWIS system should be completed this week to ensure adequate notification and advice to staff of clinical issues across the hospital and they are negotiating with NSLHD to make their policies /protocols available to JMOs.

Communication between JMOs and the hospital has been poor with difficulties in escalating concerns and having them heard. This has improved with the new management although could be further improved. The hospital Director of Prevocational Education and Training has had their fte increase to 2 days per week. This together with recently increased staffing to the JMO Unit has improved the level of engagement and communication between the JMOs and the hospital. However there is still room for greater speed and consistency.

While there is a senior JMO Manager, the rest of the JMO Unit is relatively inexperienced and almost all corporate memory has been lost in the transfer. The hospital has established a GCTC and appointed an experienced chair. However the Committee has yet to meet with the first meeting scheduled for later this week. While the GCTC will be the forum for addressing and dealing with issues once things have settled down, it is unlikely to be sufficient at this time. In the short term an additional regular forum/venue for JMOs to meet with management to escalate issues and report on progress will need to be established.

In order to ensure that progress in addressing issues is maintained and that HETI can be confident of an effective working environment for junior staff commencing in 2019, the hospital needs to undertake and demonstrate clear progress with the following prior to commencement of the 2019 clinical year:

ISSUE		RESOLUTION	TIMEFRAME
1.	Inadequate JMO staffing levels	Enhance current staffing levels between now and new academic year with short term or locum appointments.	Immediate
2.	Inadequate after hours staffing levels on medical and surgical wards.	Enhance after-hours staffing rosters to ensure that there are at least 3 JMOs and 2 registrars on site 24/7. Prevocational trainees will continue not to be rostered for nights.	Immediate
3.	Staff uncertainty re current team structures /responsibilities /coverage	Urgent clarification of team structures and roles and responsibilities of staff especially after hours and ensure they are known/understood by the entire hospital.	Immediate
4.	Abnormal diagnostic results are not directly notified to teams resulting in additional work and increased likelihood that results will be missed	Ensure that there is a system in place for timely direct notification to teams of abnormal diagnostic tests and inadequate samples	Immediate
5.	Other than a morning medical handover, there is no structured shift to shift handover creating clinical uncertainty amongst JMOs.	The hospital establish clear operational processes for shift to shift handover between JMOs.	Immediate
7.	The DMs position is currently vacant and being supported by the National CMO. As a result there is a lack of sufficient onsite senior clinical manager presence to establish systems and support changes	The hospital progress replacement of the DMS position as a matter of priority As an interim NSW Health/NSLHD be approached with a view to seconding a senior medical manager to NBH to assist with establishing appropriate systems and structures.	Immediate
8.	Communication and trust between management and JMOs is inconsistent and at least in the short-term would benefit from regular routine meetings	The hospital establish a weekly minuted meeting between management representatives/JMO office/DPET and JMOs to escalate concerns and advise on progress of issues under review.	Immediate
9.	Current rostering practice is unclear with sharing of responsibilities between NBH and the Mona Vale JMO Office.	The hospital ensure that all rosters are based on agreed staffing levels / accurate and communicated to JMOs within an industrially acceptable timeframe.	Immediate

10.	The NBH JMO Office has only recently had their staffing levels increased to appropriate levels. Some staff are relatively junior and the team would benefit from additional support. Current engagement between the JMOs and JMO office would benefit from familiar and experienced personnel.	The hospital negotiate with the NSLHD for the temporary secondment of resources from the Mona Vale JMO Management Unit to NBH to assist with operational issues and ensure a proper transition for JMOs between the two organisational administrative systems.	Immediate
11.	Current paging system is unreliable resulting in missed calls/notifications	Ensure the EWIS system is operational and used to enhance the communication of clinical issues hospital-wide	December 21
12.	Current paging system is unreliable resulting in missed calls/notifications	Install new paging system to support current DEC phones	February 2019
13.	The hospital currently does not have a definitive and comprehensive set of policies/protocols /procedures	JMOs have ready access to approved policies /protocols/procedures to assist with the provision of safe clinical care	December21
14.	HETI requires a level of confidence that issues are being addressed in order to ensure a safe and effective workplace for JMOs.	The hospital provide HETI with weekly updates on all issues identified for review and action	Immediate
15.	JMOs and patients would benefit from easy access to all appropriate patient clinical information.	The hospital continue to negotiate with the NSW Ministry of Health for appropriate access to the HIE	Ongoing

Provisionally Accredited Terms as at September 2018

Term Name	Term Type	PGY2 Only	PGY1 Capacity	PGY2 Capacity	Total Capacity
Relief	Other	No	2	1	3
Acute Medicine	Medical	Yes	0	2	2
Emergency Medicine	Emergency	No	6	0	6
General Medicine	Medical	No	6	0	6
General Surgery Team A	Surgical	No	2	0	2
General Surgery Team B	Surgical	No	2	0	2
Orthopaedic Surgery Team A	Surgical	No	2	0	2
Orthopaedic Surgery Team B	Surgical	No	2	0	2
Paediatrics	Other	Yes	0	1	1
Psychiatry	Other	No	1	0	1
Total of 10 Terms	2 x Medical 1 x Emergency 4 x Surgical 3 x Other	2 PGY2 only terms			27 (total capacity)