



Take on Board

Transcript – Joy Humphreys

Helga Svendsen 0:00

Today on the Take on Board Podcast, I'm speaking to Joy Humphreys about amalgamations and board dynamics. First, let me tell you about Joy. Joy is the Chair of Great Ocean Road Health, which is the merged entity of Otway health and Lorne Community Health, which gives you a bit of a hint about what why we're discussing amalgamations today. She has previously been on the boards of Otway Health Center for Grief Education, Hope of the Amazon Association, and Group Relations Australia. Joy has a doctorate in organizations, human systems and psychodynamics. And in her day job, she works with individuals and groups helping them improve their performance, including as an executive coach, facilitating group dynamics and undertaken board reviews. Welcome to the Take on Board Podcast Joy. Joy, before we dig into board amalgamations, we just love to always, always dig a little bit deeper about you. Can you tell me something that you're proud of from the last month or so?

Joy Humphreys 1:02

Well, thank you. Thanks for having me here today, too. It's absolutely delightful to sit with you and talk about boards, because that's what I'm really passionate about. So that's anytime you want to talk about boards, I'll talk about boards with you,

Helga Svendsen 1:16

Woman after my own heart.

Joy Humphreys 1:19

In the last month, you know new amalgamated entity which started on the first of July 2019. As the whole world knows, we're in this unique and strange world now with COVID-19. But our staff at Great Ocean Road Health have been extraordinary in the last month. And as the chair, but also as the board were extraordinarily proud of them. They've come together in the most extreme circumstances, things that you just never imagined you're going to have to do and prepare for. And yet they've come together, they have worked together cohesively. They've done all sorts of extraordinary things working from home in a healthcare setting, you know, not necessarily having the best IT support right up front and being able to adapt until we were able to get that for them. And quite extraordinarily, several of our staff volunteers put their hands up and went over to call that area health and assisted them when they're going through all of these strong positive COVID

kind of cluster sitting there. So I think we have an amazing staff crew. And they're well led by a really cohesive and collaborative leadership group, CEO who is prepared to get her hands dirty, and get in there and work with them and work alongside them. So very, very proud of the team that I'm associated with. It's a real pleasure to know that the people that we've got in place are doing the work they're doing and doing it so well.

Helga Svendsen 2:58

Yeah, it's obviously and I should say, I don't normally date the podcasts that we're recording. But given what's going on in the world at the moment, it's always a good idea to do so. So today is the 7th of September. And, you know, there is obviously a lot going on COVID wise, it's such a challenge for so many people, but also just this incredible opportunity for people to work collaboratively into to do things well. So that is fantastic to hear that's what's going on in your health service. And indeed, I'm guessing health services across the country and probably across the world.

Joy Humphreys 3:31

It's amazing for the staff, you know, they've had to create pandemic incident plans. They have our staff have been doing scenario planning, all via an online platform, which is very different for them. And they're all based in a whole lot of different places across the Great Ocean Road. And some of them are working in their lounge rooms. And some of them are working from their cars at times to get reception. And they they all are thinking about and planning for an incident that is really kind of something we've never we've never experienced before to know that they are also willingly getting involved and doing that. And it doesn't always go to plan. And it's not always nice, but they are coming back day after day. They're doing their work alongside that, you know, there's still got their residence in care who need all the care that they can get from them. So it's not just about a pandemic, we've still got business as usual. So the fact that they're doing that and doing it so well is extraordinary, and we're really proud of them.

Helga Svendsen 4:32

Yeah, it's a real testament to health workers across the globe. I think they are coping with these things and coping with it so constructively when there is inverted commas business as usual at the same time as a global pandemic. So, So for today's conversation, we wanted to talk about amalgamations in particular about amalgamations and you've just been through not quite just been through it's a bit over a year ago now but in some ways that's just been through. So how did your board come to the decision around a merger?

Joy Humphreys 5:08

Look, it was a whole lot of things coming together, I joined the board of Otway Health in 2016. So Otway Health is a multi purpose service. And we provide a lot of services in an actual hospital facility, urgent care as well as residential aged care. But we also provide a lot of community services. So you can imagine we have allied health and all of those other services in there as well. So that's very much an organization that the community feel like they are very much a part of. And we had some experience there around 2016-17, where the community felt like, we were not as engaged as we could have been with them. We had trouble getting good stuff, there was a lot of things that we were doing that were costing us a lot of money, such as quality assessments, managing risk, all of those things that you must do, I must do well, and that we wanted to do well. But they draw on your resources. We were kind of wondering how do we make sure that we have a viable health service, we were really challenged about how we could have an ongoing general practitioner service, which was so important in our community. And we got to a point at Apollo Bay where our CEO left. So then we started to have conversations with Lorne, which is a small rural health service, again, offering urgent care as well as residential aged care and dialysis. And perhaps doing less community then we were doing in an MP a service in Apollo Bay, but we start to have conversations with their board and with the CEO, about sharing the CEO services across Otway Health and Lorne and the CEO a wonderful and generous character and very smart, you know, one of the top 50 Health Executives. So we thought, well, we'll give that a go, we were struggling to get to say, oh, we'll give that a try. And we did. And it became really evident that there was duplication of a whole lot of systems particularly, that didn't really need to happen, there could be better effective use of our resources, both human resources, our people as well as our financial resources. And if we could do that we could do much better service delivery to all of our community, our community, and Lorne and Apollo Bay is all about residents that are there in the hospital. But it's also our residents that leaving both towns and across the whole of the Great Ocean Road, and the region's around it. And it's also all of those people that come and visit our towns in summer, you know, where we swell up each area to around 20,000. So we've got an interesting community that we serve as in terms of healthcare. So it just became really obvious that if we did all our due diligence, and if it looked like it was the right thing to do, and if the department supported us, we could come together and we could offer better health care to the people who needed it. And and that was our driving force. Interestingly, we had a group of six board members, at Otway Health. And I think there were six or seven Lorne, of those 12 members, there was four of us who volunteered to create an integration project team. And so that integration team really looked at all the things that would affect whether or not we come together, you can imagine all of those due diligence things as well as engaging a consultant to help us understand what local area planning needed, what we thought about in terms of population health, what we could or could not do in each size, and where we weren't meeting particular needs in the community. That team came together for about two years and met regularly. And we were, interestingly, as I said, My interest is in group dynamics. So we were trying to sort of assess each other and, you know, work out how we could work together and whether or not not only could we do all the financial and material matters and new construction matters, but could we actually work together as two very different communities and different representatives of those communities? So interesting time.

Helga Svendsen 9:43

I just want to take you back a little bit there, because it sounds like it was Gosh, what's the word almost fortuitous? I guess because that the catalyst for this was the sharing of a CEO and just in doing that, that's quite a kind of innovative approach, even just there before you even thought about merger or to share a CEO with another organization is quite unusual. Even just that would have been a big decision, presumably for your organization and for their organization to hand over part of their CEO. So can you just talk me through that one a little bit? And then I want to come back to this transition working group or whatever you were calling it, that that group? But yeah, can you just talk us through some of the your thinking and what you know, they're thinking about that, that first part, the shared CEO.

Joy Humphreys 10:33

I think one of the things that happens in health, and look, I've been around health for a long time I started my career in nursing and midwifery, then moved into managing major projects, I think, I think there's a real generosity of sharing in health. And I've found that even more so in rural and isolated areas, where you reach out to each other and you don't reinvent the wheel with things you try and support each other. And so that that initial thing, there had been, certainly communication, if not some kind of relationship between the CEO who left Otway Health and the CEO of Lorne, but it really came down to people having conversations together, and a willingness and a generosity to give it a go. So it took a bit of courage, as well as sort of putting protective defended territory behind us a little bit, you know, we had to say, well, let's, let's see how this works. I don't know if any one person had that initiative, it was about let's talk to Lorne, see whether or not we can get this to happen. And the CEO there was willing to give it a try. And the executive team at both sides, were willing to give it a try, because it meant that the CEO would work for me the size across the week, it meant that we had to have other systems in place, you know, you have to drive between Lorne and Apollo Bay, and it's along the Great Ocean Road. So we had to think about all of these things. And we also needed a lot of support from the department to give it a try. At that time, the Department of Health and Human Services was looking, I think there was three different amalgamations going on across Victoria at the same time. So they you know, this was a different way of working a way of bringing systems together, thinking more regionally or more more systematically, systemically. And so we got a lot of support from the department to help us do that, too. But at the end of the day, I think it came down to the generosity and the willingness and the way that the groups work together, and the way that our communities supported us to do that. So we had a lot of community consultation, you know, we were doing things like having tea talks, inviting groups of four to six community members to come in and meet with a board member and the CEO. And we have cups of tea and scones and slices we will get you know, we will certainly well fed but we'd sit around and we talk about what does that mean to them? If we merge? You know, what are their thoughts about it? What are their anxieties about it? What do they hope will happen? We did the same thing, the CEO is doing the same thing with staff internally, all the board members made themselves very available. When I started on the board, we were a volunteer board. So these people were still making themselves very available as volunteers. But every one of us that was on both boards, were there not because of our careers, but because we wanted to give something back to the community and

bring our expertise and try and help the community ensure that it had a sustainable, long life, great care kind of health service along the Great Ocean Road. At Apollo Bay, they have market stalls on Saturday, or they used to pre COVID, we'd set up our stand down there and talk to as many people that did want to talk to us about Apollo Bay and merging with Lorne. And Lorne did very similar things with our going out to the community and having lots of conversations with key stakeholders, community members around the we did lots of things in terms of our websites and the local newsletters and social media, Facebook and we went out as as much as we could we had really difficult conversations true with some people that, you know, really felt a strong ownership of the local community health service, and we're concerned about joining. So you know, we did everything in good faith. And we did everything as closely as we could to not only achieve what the community wanted and not only achieve what our staff wanted, but also achieve what we need to achieve in terms of being a health service that who is funded by key stakeholder call the government. So we've got to kind of make decisions and take direction that they want us to do. But we also have to marry that with what the community wants as well. It was a difficult time, and the people coming together in the integration project team, we didn't know each other. I have this almost like a metaphor here, where I suggest to people that they take their cardigans off and actually see, you know, what we're wearing underneath, not exposing ourselves, but in a very supportive and safe way time discover a little bit more about each other, and how we can work together, what we have in common, what we're all hoping for. So we didn't always have things in common, we had to discover what we had in common. And we had to represent each board, as best we could, taking these stories and their messages as much as we poured into this integration project team. I do think there's a lot of generosity good spirit, mutuality, willingness to work together to find a way that, you know, would ensure that we had a sustainable health system. That was what was happening at Otway Health, I think at Lorne there been issues around viability throughout the years, whether it be financial liability, or ensuring that we had appropriate qualified staff, all of those kinds of things that really came down to how can we better serve the people of the Great Ocean Road in an effective way? How can we grow as staff and give them opportunities? How can we make sure that we are giving great care with great staff along the Great Ocean Road?

Helga Svendsen 16:36

It sounds like you were really clear on your why you spoke about that earlier on in terms of your thinking about it, it had to be about great care. In terms of the conversations initially with the CEO and the conversations you're having with the community, it sounds like you're very clear on your why which helps enormously. The integration project team, you needed to build the relationships there internally take off the cadigan, as you say, which is a lovely way of doing it. And it sounds like at least part of the role was the community engagement, which is key. Like I imagine a lot of amalgamations or mergers, whether they're in the health sector or not people feel quite strongly about it. I imagine sometimes there is quite a bit of opposition in the community around it as well. So doing that really open engagement is key. What are the other key chunks of work that that integration project team needed to do or have oversight of?

Joy Humphreys 17:30

The other two groups that we were very closely connected to? Is at Otway Health, we had a community advisory committee, we still have a community advisory committee. The community advisory committee is a group of people who rely on us and we rely on them to be conduits between decisions the board is making, and what is happening in the community. So our integration project team needed to work really closely with the community advisory committee, and keep them informed about what we were finding out as we were doing our due diligence. And similarly, at Lorne, we had a community liaison Committee, which we still have, and their role is very similar. We have really strong stakeholder connections with people that represent a variety of different groups across both communities. Interestingly, our op shop people in both Lorne and Apollo Bay are integral to our decision making. They're such strong supporters in terms of fundraising. And we needed to work with them and wanted to work with them to ensure that whatever we were doing, we were aligned with what they were hoping for. And at times, we weren't and we had to work that through. But we had to keep working at that. And everybody in the community and everybody on the board and all our staff just needed and to do exceedingly well to give it a go, I suppose, you know, say, All right, we'll step up here. And we'll see how this goes and prepare for the transition. So let's start with a really important group to be proud of, and to ensure that we're effectively communicating we've, you know, we did it pretty well. But you know, it's interesting. Now, we're just about to go through some more strategic planning. And I had some conversations with board members the other day, and we were wondering, you know, what could we have done better? And so I think now we're here in 2020, we're looking at perhaps How can we write this up about, you know, so that we continually learn and perform even better than we do? How can we learn from that?

Helga Svendsen 19:41

This all ended up in your merger and you came together on the first of July 2019, so a bit over 12 months ago. what's happened since then, in terms of that merged organization?

Joy Humphreys 19:53

Well, we ended up bringing the boards of both organizations together, which gave us a board Have 12 people. And not every room in the lawn or Apollo Bay fits 12 people that was an interesting stat, where are we actually going to get 12 people to be able to sit around a table together. And each of those board members has a skill, great expertise is a subject matter expert or has experienced in governance. So we had a very, very high quality set of people coming together to govern this newly amalgamated organization. So there was all of that, how do we come together and play nicely and bring all of the history and bring all of our differences together, so that we can still, our intention all the time has been to provide great care along the Great Ocean Road. And our staff need to have all the support that they can possibly get, in order to provide that great care. So we held on to that, that philosophy, that intention, we organized it so that the chair and the deputy chairs and chairs of committees were shared across the Lorne and Apollo Bay groups, it wasn't just one side or the other. It seems to me that no matter how hard you work at it, and all the communication that you

do, there's still a perception that this is a Lorne takeover, or it's an Apollo Bay takeover. So we've had to work really hard at it. And we don't see it as one or the other taking over, we do see it very much about bringing the strengths of both together, the strength of MPS together with a small rural health service, the strengths of the capability and community at Apollo Bay, together with the strengths of more urgent care at Lorne, both of our areas have strong aged care services. So we you know, we wanted to bring the strengths together, we wanted to ensure that we weren't duplicating where we didn't have to so that we could actually put that money that we could save into providing better resources and better care for our patients. However, the other thing that happened was that as CEO who've been so generous, and kind of pivotal is coming together, she got a better offer from a regional health service. And couldn't say no to that for her own career. You know, she's, she's a great CEO. So what happened next was that one of the executive team really stepped up and she acted in the role of CEO. And so she was in this whole changing paradigm where people are saying, Who are we? What does it mean? Does it mean we all have to wear the same uniform? Does that mean I'll have to work in a different side? What will I be doing now? Who will I be sitting next to all that sort of thing. So she stepped up and held on to the role until we were able to recruit a CEO into the role. The CEO we recruited was someone much more experienced, who'd experienced amalgamations or mergers before, and is there today, she's an absolute delight, Sandy Chamberlain is her name. And she's been extraordinary in arriving around November 2019. And her character and her leadership and the way that she's been able to bring people together and communicate to them very transparently, has really helped them because what happened next area was that we had a cyber attack,

Helga Svendsen 23:28

Oh, my goodness

Joy Humphreys 23:30

We lost all about information systems. And you know, there was real fear about what would happen about patient confidentiality. And even just as simple as looking at something on the internet to know what you know, you had to do or to enter some data was no longer available. And you know, even being able to email people was no longer available. You know, we're using this word pivot a lot at the moment, kind of it. So the staff really did they really had to say, Well, how can we be ingenious and creative about this and still maintain confidentiality and keep things intact. So Sandy led them through that, that we thought that was pretty extraordinary, and it took quite a while to resolve. And then before to quite resolved, we find ourselves in the midst of a pandemic, you know, unique situation in the world where we actually thought initially that we're going to have hundreds of people coming into our services who were very, very sick with COVID. And we've been fortunate we haven't had that happen, you know, service like red ocean, Red Hills, but we have had all the preparation and all the readiness, we've been doing a lot of swabbing for COVID. And we've again, as I said earlier, we've had this extraordinary generosity capability and professionalism demonstrated by our staff have just got themselves ready and are willing to, to do whatever it takes to ensure that we continue to provide the greatest care that we can provide along the graduation, I

Helga Svendsen 25:03

Wow, what a story, my goodness, there has been so much in there that is of incredible value. What are the key points you want people to take away from the conversation that we've had today?

Joy Humphreys 25:14

One of the things I've mentioned a little bit, that I guess the key point for me is that the relationships between people, we do all need to just be generous enough to listen to the other person, and to be thinking about what they're bringing, rather than holding on to our own position. And defending that all the time. One of the strengths, I think of Great Ocean Road, our staff, the way that they work together, the way that they communicate their willingness to go through this change and, and go through the awkwardness of that and having to give up some of the things that they used to, but also getting things that they didn't even know they could have. That's been extraordinary, I think it's been there's been a real generosity of spirit amongst the board directors, and a willingness to work together. And that means that my role of chair is a lot easier, because I'm working with people that are thinking about how we can make this better, rather than holding on to things that hold us back, I suppose, you know, defending her. But the other thing that has worked extremely well, and I thank Sandy for this is that she and I are working together very cohesively very collaboratively. We meet once a week, we go through things like staff morale, and general practitioner services, and what's happening from the department. And you know, we kind of have this structured meeting. But there is the informal part of that as well, so that we check in with each other, we know how things are going. We've just had an incident over the weekend, where we've been texting each other about the changing COVID again, and her willingness to kind of be open and transparent, and work with me in a way that enables me to do the work I need to do as a chair, the way that we both work and understand our roles. She's She's the CEO on the chair, and we've got clarity around that. But we work together on that, at the key message I think is about relationships, build the relationship works together to get the best you can, abundantly yeah, that you can do more together than you cannot learn

Helga Svendsen 27:32

Absolutely. Oh, what a beautiful phrase to end on. You know, Joy, you were just saying there's been a real generosity of spirit from the community, a generosity of spirit of the board, and also some openness and transparency from the CEO. I know this to be the case that the chair of the board is key in those things. And so it doesn't surprise me that you're somebody that works in culture and dynamics, because it sounds to me like you have absolutely created that dynamic within the organization. So thank you for your generosity in sharing part of the story with us today. I know it'll be incredibly helpful for organizations, whether they're going through a merger or not. Some of these lessons are key no matter where organizations are at. So thank you for sharing your wisdom with us today.

Joy Humphreys 28:18

Thank you for inviting me, you know, we all stand on the shoulders of others, don't we, if this helps somebody learn something. You know, that's great. If there's, I'm really proud to be able to talk about what we do down there. I'm really proud of the staff and our board and the community that we serve. So I'm really pleased to take take part in this Helga and thanks for the opportunity.