

Minutes for ISLHD Board Meeting

07/09/2020 | 02:00 PM - 06:00 PM - AEST

Attendees (12)

Denis King; Jill Boehm; Eve Bosak; Roger Downs; Kathy Eagar; Alan Hudson; William Lovegrove; Rod McMahon; John Stubbs; Gerard Sutton; Marisa Mastroianni; Paul Knight

Apologies: Dr William Pratt

In Attendance: Ms Margot Mains, Chief Executive Dr Joshua Rijsdikj, Co-Chair – Medical Staff Council Ms Angela Twist, A/Board Secretary and Executive Officer Ms Angela Butler, A/Assistant Board Secretary

In attendance for ITEM 1:

Ms Margaret Martin, Executive Director Clinical Operations Ms Nicole Shepherd, General Manager Northern Illawarra Hospital Group Ms Kathleen Thorpe, Director of Nursing and Midwifery Northern Illawarra Hospital Group Ms Alison Franklin, Director of Nursing/Operations Manager Coledale Hospital Ms Barb Atkins, Northern Maternity & Women's Health Service Lead Ms Genevieve Clarke, Operations Manager, Surgery & Cancer Care Ms Kelly Watson, Operations Manager, Medicine & Emergency Medicine Wollongong Hospital Ms Nicol Sali, Workforce Support Manager Northern Illawarra Hospital Group Ms Kristen Ireland, Finance Manager Northern Illawarra Hospital Group Ms Melissa Rees, Director of Nursing/Operations Manager Bulli District Hospital Ms Suzanne Lide, Deputy Director of Nursing, Coledale Hospital

In attendance for ITEM 3: Dr Mark Bassett, Senior Medical Advisor Dr Bruce Ashford, Director of Research Dr Lorraine Chantrill, Director Clinical Trials In attendance for ITEM 5: Ms Caroline Langston, Executive Director Integrated Care, Mental Health, Planning, Information and Performance Ms Amy Hains, Director Planning, Performance and Information

Agenda

The meeting commenced at 2.04pm.

The Chair acknowledged the traditional owners of the land on which the Board met and paid respects to Elders past, present and future.

ITEM 1: Presentation by the Northern Illawarra Hospital Group Executive

The Board received the Presentation by the Northern Illawarra Hospital Group (NIHG) Executive noting:

- the differing pandemic management structures across the District given which take into account the design of Emergency Departments and facilities in general impact pandemic planning.
- the new Maternity & Women's Health Birthing Unit has hosted tours for Aboriginal women with a hope that more indigenous women will deliver in the new facility in the future.
- Emergency Department presentations are now more complex and acute due to patient's not seeking immediate attention and present when their condition is more acute.

The Board congratulated the NIHG Executive team for their significantly improved culture and the programs presented.

ITEM 2: BREAK

The Board took a 10 minute recess.

ITEM 3: Board Planning Item - Research

The Board received the report provided.

3.1 Summary of Review of ISLHD Research Ethics and Governance

The Board received the Presentation by Dr Mark Bassett, Senior Medical Advisor.

3.2 ISLHD Clinical Trials

The Board received the Presentation by Dr Lorraine Chantrill, Director Clinical Trials.

3.3 ISLHD Research Report

The Board received the Presentation by Dr Bruce Ashford, Director of Research. Discussion points included:

- research, ethics committees and their level of involvement in research.
- the opportunity of having a consumer on the District Research Committee.
- is the need to directly link targeted research with the District's demographics and health profiles. This includes being proactive towards research opportunities and engaging with researchers. A research event such as the "Blue Sky Day" would assist to encourage staff and consumers in targeted research.
- building a research culture is required as well as allowing more research time and opportunities for clinicians.
- the collaborative meetings occurring with the University of Wollongong and CHRISP are strengthening opportunities to work together in a 'forward thinking' approach to research.

The Board commended the research team for their progress in this area noting the support and dedication provided by the Chief Executive to move research forward for the District.

The Chief Executive thanked Dr Bassett for his time and dedication in his previous role of Executive Director Medical Services and Clinical Governance and now as Senior Medical Advisor.

ITEM 4: BREAK

The Board took a 10 minute recess.

ITEM 5: Board Planning Item - Strategic Planning

The Board received the presentation and information provided by Amy Hains, Director Planning, Information and Performance and discussed:

 the scale of the Shellharbour Hospital (SHH) development and the major influence on the District's clinical service planning for the next decade, including the changes of practice that have been introduced due to the pandemic.

- the State Government's plans reinvigorate the economy in New South Wales (NSW) with major developments such as the Shellharbour Development, are a key part of their strategy.
- the need for the Districts Clinical Services Plan to consider lessons learnt, technology, demographics and climate change.
- rising aging community particularly in the Wollongong Local Government Area, has major implications in the models of care used within the District particularly due to the rise of our aged community living alone in the home.
- the aging community demographics being an opportunity for research. The Board acknowledged Ms Kathy Eager for her leadership and expertise in this area. Ms Eager noted the importance of focusing on early intervention rather than prevention.
- the Board will receive a presentation from the Chief Executive on the District's technology planning.
- the opportunities for the District to learn from the climate change strategies of Adapt NSW.

ACTION: (115/20): The Board will receive a presentation from the Chief Executive on the District's technology planning. (Assignee(s): Unassigned; Due Date: 02/11/2020).

ITEM 6: Other Reading

6.1 Chief Executive Report

The Board received the information provided in the Chief Executive's Report for September 2020.

The District met with Coodinare and local Aged Cared Facilities to discuss working closely together in issues of residential aged care. Stronger general practitioner (GP) involvement is being discussed with the other key aged care organisations. The GPs are able to use the Districts virtual care facility and telehealth opportunities may also assist to improve this area.

The District Infection Management and Control Team (IMACs) have done 43 needs assessments of local aged care facilities relating to infection control. The Report is not yet complete however discussions are continuing.

The Board acknowledged the Chief Executive, and the teams involved in the progressive work being accomplished in residential aged care.

The meeting closed at 5.35pm.