

## SESLHD Board Meeting – Minutes

T24/53446

Date: Wednesday, 31 July 2024  
Time: 4:00pm – 7:00pm  
Location: Auditorium, The Sutherland Hospital, Kareena Rd, Caringbah NSW 2229

Present: Dr Deb Graves (Board Chair)  
Arthur Diakos  
Anna Guillan  
Dr Gregory Levenston  
Dr Jan Dudley  
Dr John Estell  
Elli Baker  
Jonathan Doy  
Helene Orr (via TEAMS) \*  
Liam Harte

Ex Officio: Tobi Wilson, Chief Executive (CE)  
Invitees: Kim Olesen, Executive Director Operations (EDO)  
Ian Anderson, Director of Finance (DoF)  
Kate Hackett, Director, Nursing and Midwifery Services  
Dr Jo Karnaghan, Director, Clinical Governance & Medical Services (DCG&MS) \*

Guests: Robin Girle, Nurse Manger, Practice and Workforce Capabilities Service, St George and Sutherland Hospitals  
Suzanne Murray, Nurse Manger, Workplace Capabilities, District Nursing & Midwifery  
Skye Parsons, Director, Aboriginal Health  
Caroline Curtin, A/Director, Strategy, Innovation and Improvement (SII)  
Natalie Tuffin, Planning & Partnerships Lead, SII  
Cassandra Manning, Management Trainee OCE (observer)

Apologies: Allan Spigelman, Board Member  
Grant Eruini-Bennett, Chair, Medical Staff Executive Council

Secretariat: Carrie Han, Executive Assistant to the CE / Board Secretary

### 1. Opening

#### 1.1 Acknowledgement of Country

An acknowledgement of country was shared.

#### 1.2 Present and Apologies

Apologies were noted by the Board. The chair declared that a quorum was present and the meeting opened at 4:45pm.

#### 1.3 Declaration of Interests

Conflict of Interest Declaration Register was tabled. The Chair advised commencing a Government Relations/Advocacy project with the Council of Medical Colleges at a national level on a short-term and part-time basis, which will be added to the Register.

#### 1.4 Minutes of Previous Meeting

The minutes of SESLHD Board meeting held on 26 June 2024 were tabled and reviewed by the Board.

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**Resolution:** The Board resolved that the minutes of SESLHD Board meeting held on 26 June 2024 be signed as a true and correct record of the meeting.

### **1.5 Actions from previous meetings**

The action log was tabled in the papers and taken as read, noting update on St George Hospital Radiology training accreditation is included in the Chief Executive report and the other actions items have been completed.

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**Resolution:** The Board notes the information provided.

## **2 Committees**

### **2.1 Finance and Performance Committee (F&P)**

Minutes of the meeting held on 24 June 2024 were tabled in the papers and taken as read.

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**Resolution:** The Board notes the information provided.

### **2.2 Quality, Safety and Culture Board Committee (QS&C)**

Draft minutes of 11 July 2024 QS&C meeting was tabled. QS&C Chair advised a presentation was provided regarding SESLHD Clinical Governance Framework 2024-29 at the meeting, which is tabled for the Board's endorsement today (agenda item 5.3). Accreditation update was provided, noting communication with board members is underway offline to discuss a plan for their involvement with late notice. Workforce and Culture report and Hospital and Service reports were tabled at the meeting, noting a memo to be written by DCG&MS reminding staff about mandatory training.

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**Resolution:** The Board notes the information provided.

### **2.3 Audit and Risk Committee (ARC)**

Draft minutes of the meeting held on 16 July 2024 were tabled and taken as read. It was noted at the meeting, the Committee reviewed and endorsed the SESLHD 2023/24 Financial Statements for submission to the Audit Office of NSW and Ministry of Health (MoH). The HealthShare NSW and eHealth NSW Interim Certification 2023/24 was tabled and noted. The Committee noted the 2023/24 SESLHD Corporate Governance Attestation Statement, which is tabled for the Board's endorsement (agenda item 5.2).

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**Resolution:** The Board notes the information provided.

### **2.4 Board Strategic Community Partnerships Committee (BSCPC)**

Draft minutes of the meeting held on 30 May 2024 were tabled and taken as read. It is noted that a presentation on Aboriginal Workforce Development, Recruitment & Retention was delivered by Director, Aboriginal Health. The BSCPC Annual Report 2024 was reviewed and endorsed by the Committee, which is tabled and noted by the Board. The SESLHD Business Plan 2024-25 is also tabled for the Board's endorsement (agenda item 5.4).

The Board notes Domestic and Family violence remains a priority focus area for SESLHD, with a large number of cases reviewed in 2023 to identify opportunities to reduce risk.

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**Resolution:** The Board notes the information provided.

## 3 Matters for Noting

### 3.1 Correspondence Register

The correspondence register was tabled and noted, including the quarterly Board report for January to March 2024.

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*Resolution:* The Board notes the information provided.

## 4 Standing Items

### 4.1 Chief Executive Report

The Chief Executive's Report was tabled and taken as read. CE provided a verbal update on the accreditation of St George Hospital for radiology training, Special Commission of Inquiry's request for a site visit, the Commonwealth Home Support Program Quality Audit and the supply of IV Fluid.

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*Resolution:* The Board notes the information provided.

### 4.2 Board Chair Report

The Board Chair's report was tabled and taken as read, including the Minister for Health's visit to the Nelune Centre.

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*Resolution:* The Board notes the Chair's report.

### 4.3 Patient Story

The Patient Story provided by the Developmental Disability Assessment Team within Population and Community Health was noted.

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*Resolution:* The Board notes the information provided.

### 4.4 Innovation Story

The Board welcomed Ms Robin Girle and Ms Suzanne Murray, Nurse Managers from SESLHD Nursing & Midwifery Practice & Workforce Team to join the meeting and present on "Influence and lead the strategic direction of nursing and midwifery for transforming person centred and compassionate cultures". The presentation provided the background, innovation, outcomes and next steps. There were discussions around the drives for initiating the programs, noting the flexible learning model enables the inclusive and accessible learning and development opportunities. The board acknowledges the ongoing commitment and efforts to developing contemporary interdisciplinary professional development programs that support person-centred practice, noting the importance and positive contributions to talent retention and development within SESLHD.

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*Resolution:* The Board notes the information provided.

## 5 New Business

### 5.1 Paper –Nomination of Jennie Barry to Sydney Eye Hospital Foundation Board

A paper proposing the nomination of Ms Jennie Barry to serve as Director on the Sydney Eye Hospital Foundation (SEHF) Board was tabled for endorsement. It is noted that SEHF is the established health promotion charity supporting the Sydney/Sydney Eye Hospital (SSEH). The Foundation is governed by a Board. The Foundation constitution provides for appointment of a Director nominated by SESLHD. Ms Jennie Barry, General Manager, Prince of Wales Hospital and SSEH has recently been invited to nominate as the SESLHD

representative. Ms Barry is considered an appropriate nomination to the Board and has agreed to the nomination.

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*Resolution:* The Board resolved to endorse the nomination of Jennie Barry to Sydney Eye Hospital Foundation Board.

## **5.2 Paper –2023/24 SESLHD Corporate Governance Attestation Statement**

A paper detailing the SESLHD 2023/24 Corporate Governance Attestation Statement (CGAS) is provided to the Board for approval for submission to MoH. DCG&MS advised that the submission of a CGAS is an annual requirement from MoH for all LHDs. The purpose of the Attestation Statement is to set out the main corporate governance practices in operation within SESLHD within a financial year. The SESLHD 2023/24 CGAS has been approved by the CE and reviewed by the SESLHD Audit and Risk Committee, noting no concerns identified and no significant change from CGAS 2022/23. The Board is responsible for the corporate governance practices of SESLHD and approving the Attestation Statement.

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*Resolution:* The Board resolved to endorse the 2023/24 SESLHD Corporate Governance Attestation Statement for submission to MoH.

## **5.3 Paper - SESLHD Clinical Governance Framework 2024 -29 - Transforming for the Future**

A paper describing the SESLHD Clinical Governance Framework 2024-29 was provided to the Board for endorsement. DCG&MS advised the purpose of this framework is to provide context and strategic direction, which will assist SESLHD sites and clinical units in formulating their independent Clinical Governance Plans, as well as all other safety and quality documents. The framework has been developed through broad consultation including with site and service Clinical Practice Improvement Units and Clinical Streams. It has been approved for submission to the Board for endorsement by SESLHD Clinical and Quality Council, Executive Meeting and the Quality, Safety and Culture Board Committee, noting this framework document is a cornerstone document required for the Accreditation.

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*Resolution:* The Board resolved to endorse the SESLHD Clinical Governance Framework 2024-29.

## **5.4 Paper - SESLHD Business Plan 2024-25**

A paper detailing the SESLHD Business Plan 2024-25 was provided to the Board for endorsement, with a presentation delivered by Natallie Tuffin, SII Planning & Partnerships Lead. It is noted that the SESLHD Business Plan 2024-25 reiterates the importance of business-as-usual responsibilities and actions that continue to drive the way care is delivered, outlining that the initiatives included in the Plan are those beyond which SESLHD is already committed to. These initiatives were identified through consultation with SESLHD Board Members, SESLHD Executive and leadership including Clinical Stream Leads and nominated leaders from each directorate and site at the SESLHD Strategy Planning Day, with consideration given to initiatives identified in the SESLHD Strategy Implementation Plan and Health Care Services Plan. CE advised half-yearly update will be provided to the Board on implementation of the Plan and measurement of the deliverables.

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*Resolution:* The Board resolved to endorse the SESLHD Business Plan 2024-25.

## **5.5 Paper – SESLHD Aboriginal Health Plan 2024-26 - Healthy Mob, Strong Community**

A paper regarding the Healthy Mob, Strong Community: SESLHD Aboriginal Health Plan 2024-2026 was provided to the Board for endorsement. CE and Director Aboriginal Health advised that the launch of the Plan is scheduled for 23 August 2024 following the Board's

endorsement. The Plan lays the foundations and strategic priorities for Aboriginal Health in SESLHD over the next three years. It is closely aligned to the Close the Gap Strategy, and guided by six strategic directions that were designed alongside Community. The improvement in increasing Aboriginal workforce across SESLHD is noted.

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*Resolution:* The Board to endorse the SESLHD Aboriginal Health Plan 2024-26.

#### **5.6 Paper – SESLHD Service Agreement Key Performance Indicators**

A paper detailing SESLHD FY2024/25 Service Agreement (SA) key performance indicator (KPIs) is provided to the Board for noting, outlining the new and retired KPIs that are listed in the 2024/25 SA document. The measuring mechanisms were discussed, noting SESLHD has robust strategies in place to monitor and improve the performance against a majority of the KPIs.

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*Resolution:* The Board notes the information provided.

#### **5.7 Paper – FY2024-25 SESLHD Service Agreement with MoH**

A paper regarding the FY2024-25 SESLHD SA with MoH was tabled for the Board's review and endorsement, including a letter to the Secretary, NSW Health returning the SA and a presentation delivered by DoF on SESLHD Efficiency Improvement Plans.

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*Resolution:* The Board resolved to endorse the Service Agreement and the correspondence to the Secretary, NSW Health.

## **6 Regular Reporting**

### **6.1 Finance Report**

The Finance report was tabled and taken as read.

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*Resolution:* The Board notes the Finance Report.

### **6.2 Operations Report**

The Operations report was tabled and taken as read. EDO provided a verbal update on the District's elective surgery performance and Pharmacy Services. It is noted that in July 2024, the NSW Telestroke Service consulted on its 5000<sup>th</sup> patient with sites across NSW screening over 21,000 potential stroke patients.

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*Resolution:* The Board notes the Operations Report.

### **6.3 Performance Report**

The Integrated Performance Report for June 2024 and MoH League Table for May 2024 was tabled and noted by the Board.

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*Resolution:* The Board notes the information provided.

### **6.4 Clinical Governance Report**

The Clinical Governance report was tabled and taken as read. DCG&MS advised that Hospital Acquired Complications remain a focus for SESLHD. Improvement reflected in the SESLHD Patient Experience Information Proof of Concept reporting was noted.

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*Resolution:* The Board notes the information provided.

### **6.5 Capital Works Report**

The Capital Works report was tabled and taken as read. GMCS provided a summary of the redevelopment across SESLHD, noting the capital projects are on track with no significant risks identified.

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*Resolution:* The Board notes the Capital Works Report.

## **7 Meeting Finalisation**

### **7.1 Business Without Notice**

Nil.

### **7.2 Noting of Confidential Items**

The information shared around budget FY2024-25 and EIPs in agenda item 5.7 is noted as confidential.

### **7.3 Next Meeting**

It is noted that next SESLHD Board meeting is scheduled on Wednesday, 28 August 2024 at the Sydney/Sydney Eye Hospital.

### **7.4 Close**

The meeting closed at 7:05pm.

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I certify that the foregoing is a true and correct copy of the minutes approved by Members of the Board.



**Board Chair  
Dr Debra Graves**