

SESLHD Board Meeting – Minutes

T25/11084

Date:	Wednesday, 26 February 2025
Time:	4:00pm – 7:00pm
Location:	Boardroom, Level 4, James Laws House, St George Hospital
Present:	Betty Ivanoff, Board Chair Greg Levenston, Deputy Board Chair Arthur Diakos, Board Member Elli Baker, Board Member Emilija Beljic, Board Member Helene Orr, Board Member Jan Dudley, Board Member John Estell, Board Member Liam Harte, Board Member
Ex Officio Invitees:	Tobi Wilson, Chief Executive (CE) Kim Olesen, Executive Director Operations (EDO) Ian Anderson, Director of Finance (DoF) Kate Hackett, Director, Nursing and Midwifery Services Jo Karnaghan, Director, Clinical Governance and Medical Services (DCG&MS) (virtually) *
Guests:	Dr Marianne Gale, Director, Population & Community Health Wendy Vincent, Director Breast Centre, Royal Hospital for Women (RHW) * Robyn Gasparotto, Director of Nursing & Midwifery Services, RHW * Fiona Fahey, Director, People and Culture * Sharon Carey, General Manager Corporate Services * Amy Murray, A/Head, Office of the CE (OCE) Emily Dawson, Management Trainee, OCE (Observer)
Apologies:	Allan Spigelman, Board Member Anna Guillan, Board Member Grant Eruini-Bennett, Chair, Medical Staff Executive Council
Secretariat:	Carrie Han, Executive Assistant to the CE / Board Secretary

1. In-camera Session

An in-camera session was held for Board of Directors.

2. Opening

2.1 Acknowledgement of Country

An acknowledgement of country was shared.

2.2 Present and Apologies

The chair welcomed the Board Members, attendees and observers to the meeting. Attendance and apologies were noted. The Chair declared that a quorum was present, and the meeting opened at 4:50pm.

2.3 Declaration of Interests

The Conflict-of-Interest Declaration Register for SESLHD Board was tabled and reviewed. Additional declarations made by the Board Members will be reflected in the Register for tabling at future Board meetings. Board members were encouraged to review their bios on the SESLHD website and advise Management of any changes.

2.4 Minutes of Previous Meeting

The minutes of SESLHD Board meeting held on 27 November 2024 were tabled and reviewed by the Board.

Resolution: The Board resolved that the minutes of SESLHD Board meeting held on 27 November 2024 be signed as a true and correct record of the meeting.

2.5 Actions from previous meetings

The action log was tabled in the papers and taken as read, noting no outstanding action item from previous Board meetings. The Chair recommended some of the action items to be moved to the Annual Calendar of actions as recurring items.

Resolution: The Board notes the information provided.

2.6 SESLHD Board - Annual Reporting Schedule

The Board notes that SESLHD Board Annual Reporting Schedule was added as a new agenda item and will be regularly updated for tabling at future Board meetings.

Resolution: The Board notes the information provided.

3 SESLHD Board Sub-Committees

3.1 Finance and Performance Committee (F&P)

Minutes of the F&P meeting held on 25 November 2024 were tabled in the papers and taken as read.

Resolution: The Board notes the information provided.

3.2 Quality, Safety and Culture Board Committee (QS&C)

Draft minutes of QS&C meeting held on 14 November 2024 QS&C Annual Report to SESLHD Board 2024 were provided and noted by the Board.
DCG&MS advised the EDWARD data integrity issue and potential impacts on the Hospital Acquired Complication (HAC) performance were acknowledged by Ministry of Health (MoH). Remediation efforts are under progress and caution has been applied when interpreting the trend.

Resolution: The Board notes the information provided.

3.3 Audit and Risk Committee (ARC)

Draft minutes of ARC meeting held on 5 December 2024 was tabled in the papers and taken as read. Two internal audit reports regarding Research Governance and Visiting Medical Officers presented at the meeting were outlined at today's Board meeting.
CE provided a brief summary of the audit reports, key findings and strategies implemented for improvement. Noting the reports were circulated as late papers, offline communications are encouraged for questions and feedback.
The requirement for climate-related financial disclosures as part of the annual reporting was discussed, noting this is being introduced in a phased approach. Ongoing requirements will be met in the annual Audited Financial Statements.

The Board notes the Clinical Governance: Climate Risk Assessment will be provided to the Board at March 2025 meeting for review and endorsement.

Resolution: The Board notes the information provided.

3.4 Board Strategic Community Partnerships Committee (BSCPC)

Draft minutes for BSCPC meeting held on 14 November 2024 was tabled and taken as read. It is noted at the meeting, the Consumer and Partner Engagement – Consumer and Partners Showcase Report was presented and provided to the Board.

Incorporating the proposed changes endorsed at the meeting, BSCPC focus areas for 2024-25 are:

- Young people experiencing mental health challenges
- Aboriginal Health Priorities detailed in the SESLHD Aboriginal Health Plan 24-26
- Domestic & Family Violence
- Homelessness
- Paediatric Care

Resolution: The Board notes the information provided.

4 Standing Items

4.1 Board Chair Report

The Board Chair's report was tabled and taken as read.

The Chair extends sincere gratitude to Dr Debra Graves and Jonathan Doy for their exceptional service and leadership during their terms with SESLHD Board, as well as sharing insights with the Chair to ensure a smooth handover.

The Chair provided a brief summary on the operational matters, including the Board and Committee Membership update, creation of a Microsoft TEAMS group for SESLHD Board to facilitate communication amongst the team and Board members and the Board Directors' Development. Meetings and forums attended by the Chair and planned to take place were shared, including the Meet and Greet sessions, site visits and deep dive sessions to ensure a comprehensive orientation.

Resolution: The Board notes the Chair's report.

4.2 Chief Executive Report

The Chief Executive's Report, including the issues on CE's radar for the Board's attention was included in the papers and noted by the Board.

CE provided a verbal update on following matters:

- SESLHD DCG&MS' leave and retirement plan. On behalf of SESLHD Board and Leadership Team, the Chair and CE thank Dr Jo Karnaghan for the dedicated services and contribution to SESLHD over the past decade. It is noted the recruitment to fill the position is underway.
- SESLHD's Australia Day Honours
- Condemnation of Hate Speech, noting support strategies in place.
- Elective surgery funding received to meet increased demands, noting activity targets will be updated in accordance with the additional funding allocation.
- Staff Specialist Psychiatrist industrial action
- Mindgardens Functional Neurological Disorders (FND) Clinic funding

Resolution: The Board notes the information provided.

4.3 Patient Story

The Patient Story provided by Prince of Wales Hospital General Rehabilitation Unit was noted.

Resolution: The Board notes the information provided.

4.4 Innovation Story – Royal Hospital for Women (RHW)

The Board welcomed Wendy Vincent, Director Breast Centre and Robyn Gasparotto, Director of Nursing and Midwifery Services RHW to join the meeting and present on Breast Cancer Surgical Advancements. The presentation provided the background/case for change, the innovation, outcomes including patient and system benefits and the next steps. The Board acknowledges the positive impact and success of the innovation initiative and thanks the presenters.

Resolution: The Board notes the information provided.

5 New Business

5.1 New Business – For Decision

5.1.1 Paper – SESLHD Board Committee Membership

A paper proposing the changes to SESLHD Board Committee membership to fill the vacancies and meet quorum is provided for the Board's endorsement, including:

- Appointment of Dr Greg Levenston as Deputy Chair for SESLHD Board
- Appointment of Arthur Diakos as the Chair and Emilija Beljic as a Member for F&P Committee
- Appointment of Dr Jan Dudley as the Chair for QS&C Committee while Dr Greg Levenston steps down as a Member
- Appointment of Anna Guillan as a Member to BSCPC while Dr Greg Leveston steps down from the Committee

Resolution: The Board notes the information provided and resolved to endorse the proposed Board Committee membership changes.

5.1.2 Paper – SESLHD Board Charter and Review of SESLHD Board Administrative Functions

A paper proposing creation of SESLHD Board Charter was provided for the Board's consideration. Following a review of SESLHD Board administrative functions to ensure compliance, Office of the CE proposed creation of a charter for SESLHD Board to provide a clear framework for governance, decision-making, and operational effectiveness, aligning with practices observed across other LHDs.

The Board supports creation of the SESLHD Board Charter in principle, with feedback towards the draft Charter to be provided offline.

Discussions had around the roles, responsibilities and authorities of the Board of Directors. Further advice and clarification will be sought from MOH on the scope and legislative requirements. A suggestion was made to include Board composition to ensure an appropriate mix of skills and expertise. Board members advocate for a regular review of the effectiveness of meetings and undertake a review of the Board every two years, including its composition, achievements and operations.

Resolution: The Board notes the information provided and resolved to endorse creation of a Charter for SESLHD Board.

Action: To seek clarification on scope and legislative requirements to define the roles, responsibilities and authorities of the Board and bring the finalised charter back to the Board for endorsement.

Action: To develop Self-assessment survey for Board evaluation and skill matrix

5.2 New Business – For Noting

5.2.1 Paper – SESLHD Strategy Planning Day

A paper providing the SESLHD Strategy Planning Day Summary Report was included. The Board notes that the SESLHD Strategy Planning Day was held on 23 January 2025 with the focus of the day being to commence the refresh of the SESLHD Strategy to 2028 as well as to identify the strategic priority initiatives to build into the SESLHD 2025/26 Business Plan. A report provides a summary of the discussions and outputs from the day has been prepared.

CE advised the priority initiatives and draft Business Planning will be presented at March 2025 SESLHD Executive meeting. Further refinement is underway to ensure a more deliverable performance matrix. Regular updates to the Board will be provided three times per year, with the next due in April 2025 incorporating feedback from the consultation process.

Resolution: The Board notes the information provided.

5.2.2 Paper – SESLHD Psychiatrist Issue update

A paper providing update on Staff Specialist psychiatrist issue was tabled, including the potential impact and risk on SESLHD associated with the statewide coordination of staff specialist psychiatrist resignation. The Board notes that a business continuity plan has been developed and implemented to mitigate the risk. A suite of risk mitigation strategies has been implemented across SESLHD MHS sites, including actively working with MHS and SESLHD facility stakeholders to ensure on-call contingencies overnight. There were discussions regarding the impact on trainees and registrars, noting that significant work has been done to ensure sufficient support in place. The Board acknowledges positive feedback received towards the relationship, leadership and communication approach in managing the issue.

The Board notes that an Industrial Relations Commission (IRC) mediation hearing will commence mid-March 2025. The risk assessment undertaken by MHS is frequently reviewed given the rapidly evolving situation, noting the impact is unclear until the final decision of the IRC hearing is made.

Resolution: The Board notes the information provided.

5.2.3 Paper – True Colours - Trans and Gender Diverse Health Service Update

A paper providing information on the provision of gender-affirming care at True Colours since it became operational in July 2024 was included.

The Board notes that the True Colours Clinic is part of NSW Health statewide Specialist Trans and Gender Diverse Health Services, providing safe, quality, and inclusive gender-affirming care and treatment to the Trans and Gender Diverse population aged 16 to 25 years, living within the Sydney Metropolitan area.

Director, Population and Community Health advised that in January 2025, the Queensland Government announced a pause in gender affirming hormone therapy in public services for people under 18 following an investigation into the model of care provided at a clinic in North Queensland, which is alleged to have not followed standard consent procedures and multidisciplinary team management. Subsequent to this, the

Federal Health Minister asked the NHMRC to undertake a further review of the evidence and develop new National Guidelines.

The Board notes that provision of comprehensive gender-affirming healthcare at True Colours is provided in accordance with the NSW Framework for the Specialist Trans and Gender Diverse Health Service for People Under 25 Years. Other NSW Health Specialist Trans and Gender Diverse Health Services include Sydney Metropolitan Hub and Rural and Regional Hub. A Statewide TGD Health Service Steering Committee and Community Advisory Group are in place to ensure guidelines are followed.

Resolution: The Board notes the information provided.

5.2.4 Paper – Safe Staffing Levels Update

A paper providing update on Safe Staffing Levels (SSL) is tabled. Director, Nursing and Midwifery Services advised that the Government's commitment includes the equivalent of 2480 FTE towards the rollout of SSL over a 4-year period. Agreement was reached by the SSL Taskforce on ratios, along with skill mix principles and inclusion/exclusion of supernumerary roles within ratios in December 2023. Further agreement has been reached by the SSL Taskforce on transition timeframes being 6 months from initial notification of safe staffing levels, Emergency Department Navigator and Clinical Initiatives Nurse roles not being included in safe staffing levels and census points to measure SSL compliance in the Emergency Departments.

The Board notes the update on SSL implementation across SESLHD, including potential risks of additional workforce availability in line with SSL principles, skill mix restrictions, funding being received for required FTE enhancement and extended consultation with the NSW NMA. Monthly update will be provided to the Board at future meetings.

Resolution: The Board notes the information provided.

5.2.5 Paper – Summary of Special Commission of Inquiry into Healthcare Funding Outline of Submissions by Counsel Assisting

A paper providing a summary of the Special Commission of Inquiry into Healthcare Funding (SCOI) - Outline of Submissions by Counsel Assisting was prepared. The summary identifies the recommendations and key points as provided in the Outline of Submissions by Counsel Assisting as part of the SCOI.

The Board notes that SCOI continues. The Inquiry will deliver the final report to the Governor on or before 24 April 2025, which will be shared with the Board.

Resolution: The Board notes the information provided.

6 Regular Reporting

6.1 Clinical Governance Report

Clinical Governance Report January 2025 was tabled and taken as read.

DCG&MS reported that actions have been taken in response to the findings from the deep dive into the District's Hospital Acquired Complications (HACs) performance. Measures implemented for appropriate urine test ordering, aiming to decrease the Healthcare Associated infections rate. As on 30 November 2024, five Serious Adverse Events Reviews (SAERs) were in progress with one overdue. Works underway across the sites to improve the recommendations.

Resolution: The Board notes the Clinical Governance Report.

6.2 Health, Safety and Wellbeing report for Quarter 2 FY2024-25

The Health, Safety and Wellbeing report for Quarter 2 (October to December 2024) FY24-25 was tabled. Director, People and Culture provided a summary of the report, noting Health, Safety & Wellbeing Key Initiatives and programs are tracking well across SESLHD.

Resolution: The Board notes the Health, Safety and Wellbeing Report for Quarter 2 FY2024-25.

6.3 Operations Report

The Operations report was tabled and taken as read. EDO highlighted improvement of District's Transfer of Care performance, pharmacy saving initiatives and great works underway in Corporate Services, including increasing Aboriginal workforce in Security Service.

Resolution: The Board notes the Operations Report.

6.4 Finance Report

The Finance report was tabled and taken as read. Director of Finance provided a summary of the financial results for the month of January 2025 and YTD, including the key drives and challenges. Full year forecast remains unchanged.

Resolution: The Board notes the Finance Report.

6.5 Performance Report

The Integrated Performance Report for January 2025 and MoH League Table for December 2024 was tabled and noted by the Board.

Resolution: The Board notes the information provided.

6.6 Capital Works Report

The Capital Works report was tabled and taken as read, with a verbal summary provided by General Manager, Corporate Services. It is noted that the capital projects within SESLHD are on track, with no significant risks identified.

Resolution: The Board notes the Capital Works Report.

6.7 Correspondence Register

The updated correspondence register for SESLHD Board is provided, including:

- Letter from Minister for Health regarding additional funding to meet increased demand for services
- Letters from Minister for Health regarding appointments & reappointments to SESLHD Board and Acknowledgement letters to Dr Deb Graves and Jonathan Doy
- Quarterly Board Report from July to September 2024.

Resolution: The Board notes the information provided.

7 Meeting Finalisation

7.1 Business Without Notice

Nil

7.2 Noting of Confidential Items

Nil

7.3Next Meeting

It is noted that next SESLHD Board meeting is scheduled on 4-7pm, Wednesday, 26 March 2025 in Meeting room 1&2, Level 1, 80 William Street, Woolloomooloo NSW 2011. A meeting with Population and Community Health Leadership & Clinician representatives is scheduled between 3-4pm.

7.4Close

The meeting closed at 7pm.

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



Betty Ivanoff
SESLHD Board Chair