

## SESLHD Board Meeting – Minutes

T25/17661

<b>Date:</b>	Wednesday, 26 March 2025
<b>Time:</b>	4:00pm – 7:00pm
<b>Location:</b>	Meeting room 1, Level 1, 80 William Street, Woolloomooloo, NSW, 2210
<b>Present:</b>	Betty Ivanoff, Board Chair Greg Levenston, Board Deputy Chair Arthur Diakos, Board Member Anna Guillan, Board Member Allan Spigelman, Board Member (via TEAMS) * Helene Orr, Board Member Jan Dudley, Board Member John Estell, Board Member Liam Harte, Board Member
<b>Ex Officio Invitees:</b>	Tobi Wilson, Chief Executive (CE) Marianne Gale, A/Executive Director Operations Ian Anderson, Director of Finance Kate Hackett, Director, Nursing and Midwifery Services Jo Karnaghan, Director, Clinical Governance and Medical Services Fiona Fahey, Director, People and Culture Grant Eruini-Bennett, Chair, Medical Staff Executive Council *
<b>Guests:</b>	Emma Clarke, Director, Strategy, Innovation and Digital Health * Josh Vitali, Virtual Health Engagement Manager * Sharon Carey, General Manager, Corporate Services * Skye Parsons, Director, Aboriginal Health * Emily Dawson, Management Trainee, Office of the CE (Observer)
<b>Apologies:</b>	Elli Baker, Board Member Kim Olesen, Executive Director Operations
<b>Secretariat:</b>	Carrie Han, Executive Assistant to the CE / Board Secretary

### 1. In-camera Session

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

### 2. Opening

#### 2.1 Acknowledgement of Country

An acknowledgement of country was shared.

#### 2.2 Present and Apologies

The chair welcomed the Director, People and Culture for joining SESLHD Board as an ex officio member. Attendance and apologies were noted. The Chair declared that a quorum was present, and the meeting opened at 5:00pm.

#### 2.3 Declaration of Interests

The updated Conflict-of-Interest Declaration Register for SESLHD Board was tabled and reviewed.

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*Resolution:* The Board notes the information provided.

## **2.4 Minutes of Previous Meeting**

The minutes of SESLHD Board meeting held on 26 February 2025 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 February 2025 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 both action items were closed with papers provided for today's meeting.

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*Resolution:* The Board notes the information provided.

## **2.6 SESLHD Board - Annual Reporting Schedule**

The updated SESLHD Board Annual Reporting Schedule was tabled and noted by the Board Members.

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*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 24 February 2025 were tabled in the papers and taken as read. The F&P Chair advised that at the meeting held on Monday, 24 March 2025, financial results and key drives for the month of February 2025 and YTD were discussed. The full-year forecast certificate is due to the Ministry of Health (MoH) for end-of-March reporting, noting actions to address overdue surgeries will impact SESLHD FY2024-25 budget result.

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*Resolution:* The Board notes the information provided.

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

The Board notes that the minutes for the last meeting are in progress. The Q&C Chair advised that at the meeting held on 13 March 2025, the positive accreditation outcomes across SESLHD and the data issue affecting the Patient Safety and Quality KPIs were noted.

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*Resolution:* The Board notes the information provided.

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

The Board notes that the minutes for the last meeting are in progress. At the meeting held on 4 March 2025, the quarterly Risk Management Report and Security Services Report were tabled and discussed. The Committee is satisfactory with the progressing of the top strategic risks. Andeson report completion rate is 89%, noting the actions are largely BAU now.

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*Resolution:* The Board notes the information provided.

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

The Board notes that there are no minutes for this month. Next BSCPC meeting is scheduled on Thursday, 29 May 2025.

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**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, including:

- SESLHD Board Strategic Planning Day, noting this is under planning to align with the SESLHD strategic priorities and focus areas.
- Resignation of Ms Emilija Beljic from the SESLHD Board due to an unforeseen change in circumstances. The Board supports the appointment of Dr John Estell as an additional member for SESLHD F&P Committee while stepping down from ARC.
- Annual Key Management Personnel Declaration requires completion by Board Members by 30 April 2025.
- Mandatory Training - Public Interest Disclosures Training for Disclosure Officers is due for completion by 30 April 2025.
- Meetings and forums attended by the Chair, including meeting with the RHIP A/Executive Director, joining the RHIP Council meeting and the site visits within SESLHD.

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

### 4.2 Chief Executive (CE) Report

The CE Report was included in the papers and noted by the Board, including:

- Appointment of Dr Heidi Boss as the new Director, Clinical Governance and Medical Services for SESLHD, effective 11 April 2025.
- Update on the industrial activity across the State
- SPHERE Executive Director recruitment in progress

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

### 4.3 Patient Story

The Patient Story provided by the Royal Hospital for Women was noted. The Board acknowledges the extraordinary care provided by every single service to the patient and their family during the patient journey, which was highlighted in the Patient Story.

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

**Action:** A letter from the Board to be prepared and sent to the staff members mentioned in the Patient Story for providing extraordinary care.

### 4.4 Innovation Story – Strategy, Innovation & Digital Health - Remote Patient Monitoring Gestational Diabetes Mellitus (RPM-GDM)

The Board welcomed Emma Clarke, Director, Strategy, Innovation and Digital Health and Josh Vitali, Virtual Health Engagement Manager to join the meeting and present on PRM-GDM, the Digital Innovation for Community Gestational Diabetes Care. The presentation provided an introduction of the District Virtual Health team, the background/case for change for the project, the project goal, purpose and objectives, innovation throughout the patient journey, impacts and outcomes and the future targets. The Board acknowledged the positive impact and success of the initiative and thanked the presenters.

Discussions were held on quantifying cost savings and benefits, noting that the evaluation is planned for completion at 6 and 12 months. The IP component and development of the new model of care are being considered, noting that an effective partnership is in place to provide support.

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

**Action:** A letter from the SESLHD Board is to be prepared and sent to the guest presenters and the innovation program lead.

## 5 New Business

### 5.1 New Business – For Decision

#### 5.1.1 Paper – SESLHD Board Charter

A paper proposing the draft SESLHD Board Charter was tabled for the Board's endorsement. Following the support for the preparation of the SESLHD Board Charter at the February 2025 Board meeting, the draft Board Charter had been developed incorporating feedback provided offline.

Discussions around the scope were held in the in-camera session. The Board notes the legislative requirements described in the Charter, noting annual review of the Charter to occur while the Board effectiveness evaluation to be completed every 2 years.

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**Resolution:** The Board resolved to endorse the Charter for SESLHD Board and for publication of same on the SESLHD website.

#### 5.1.2 Paper – SESLHD Board Self-Assessment Survey

A paper providing the draft SESLHD Board Self-Assessment Survey was tabled for the Board's consideration and feedback. The Board noted the Self-Assessment Survey is intended to be a crucial governance tool, including the Board Director skill matrix assessment and the Board evaluation document.

The Board recommends rolling out the skill matrix assessment by end of May 2025, while the evaluation to be revisited post the Board Strategic planning session.

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**Resolution:** The Board resolved to endorse the Board Director Skills Matrix Assessment to be rolled out by end of May 2025.

**Action:** The Board evaluation survey to be revisited post the Board Strategic Planning session.

#### 5.1.3 Paper – SESLHD Climate Risk Assessment (Physical Risks)

A paper detailing the SESLHD Climate Risk Assessment was provided to the Board for review and endorsement. The Board noted that MoH System Purchasing Branch mandates all NSW Health organisations to complete a Climate Risk Assessment by 31 March 2025. Any Out of Tolerance risks identified through this process are being reported to MoH to support NSW Health's adaptation planning response.

The Risk Management Unit has coordinated this process and prepared the necessary documentation for SESLHD. Following review and approval by the Executive Team at the SESLHD Executive meeting on 20 March 2025, the Assessment now requires the Board's endorsement for submission to MoH.

The Board commended the high quality and effectiveness of the reporting, noting that the risk level rating is based on the SESLHD Risk Register and input from local expertise. The Board will receive further updates if MoH proposes any changes to the SESLHD Climate Risk Assessment.

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**Resolution:** The Board resolved to endorse the SESLHD Climate Risk Assessment for submission to MoH.

## **5.2 New Business – For Noting**

### **5.2.1 Paper – Randwick Health and Innovation Precinct (RHIP) and Health Science Alliance (HSA) Governance Harmonisation**

A paper providing an update on the governance harmonisation was tabled, accompanied by a presentation outlining the background, recent developments and next steps.

The Chair advised that the proposed changes were discussed and supported by the RHIP Council at its meeting on 11 March 2025. Subject to endorsement of these changes, MoH will be informed of amendments to the RHIP Collaboration Agreement and HSA Constitution aimed at limiting control by health entities. MoH will then provide the updated brief to the Treasurer for approval, allowing HAC, SCHN, and SESLHD to become members of the RHIP Collaboration joint venture under the Government Sector Finance Act (2018).

The Chair also provided an update on the RHIP Executive Director recruitment process, noting that the RHIP Council supports the establishment of a Nominations and Remuneration Committee, with the SESLHD Board Chair included as a member.

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

### **5.2.2 Paper – Safe Staffing Levels Update**

A paper providing an update on Safe Staffing Levels (SSL) was tabled. Director, Nursing & Midwifery Services provided a verbal summary on SSL implementation across SESLHD, including the notifications of the SSL for the Emergency Departments in the Sutherland Hospital and Prince of Wales hospital received. The Board acknowledges the risk of additional workforce availability in line with SSL principles and the skill mix restrictions, noting strategies are embedded across the sites to reach the SLL target.

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

### **5.2.3 Paper – Overdue Planned Surgery**

A paper providing an update on the overdue planned surgery in SESLHD was included. The Board notes the revised overdue surgery estimate for SESLHD and the financial impact of reaching this number. CE advised that weekly SESLHD surgery waitlist planning meetings with MoH are in place. Extensive efforts are being made to minimise the numbers of overdue patients at 30 June 2025, through both increasing internal capacity and outsourcing elective surgery to private providers.

The Board's recommendation of audit of the waitlist to ensure compliance is noted for confirmation, including the analysis of the appropriateness of patients awaiting cataract surgery on the surgical wait list, using the Indications for Cataract Surgery standards of the Australian Commission on Safety and Quality in Healthcare (Quality Statement 4).

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

**Action:** Additional updates and analysis, including insights into the various approaches to recording and reporting that contributed to the delayed understanding of the overdue planned surgery position will be provided to the Board following the completion of this analysis.

**Action:** To confirm the audit of the waitlist to ensure compliance in place, including

the analysis of the appropriateness of patients awaiting cataract surgery on the surgical wait list, using the Indications for Cataract Surgery standards of the Australian Commission on Safety and Quality in Healthcare (Quality Statement 4).

## 6 Regular Reporting

### 6.1 FY2024-25 Biannual Risk Management Framework Report

FY2024-25 Biannual Risk Management Framework Report was tabled and taken as read. The Director, Clinical Governance & Medical Services advised the report details the body of works required to uplift SESLHD Risk Maturity level by 30 June 2025 and confirmed the progress is on track.

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*Resolution:* The Board notes the information provided.

### 6.2 SESLHD Aboriginal Health report

The quarterly SESLHD Aboriginal Health report was tabled, which highlighted the updates within Aboriginal Health across SESLHD. The Board acknowledged the significant works and achievement towards the priorities and focused areas defined by the Aboriginal community, including strengthening the aboriginal workforce. The group discussed the participation rate for Respecting the Difference training across SESLHD, acknowledging the heavy workload of staff. Director, Aboriginal Health advised that the Aboriginal Health Directorate remains committed to ensuring the training is delivered across the LHD in a culturally safe and sustainable way.

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*Resolution:* The Board notes the information provided.

### 6.3 Operations Report

The Operations report was tabled and taken as read. The Acting Executive Director Operations highlighted the District's ED performance & planned surgery performance and the positive collaboration between Clinical Stream Directors and the Executive partners to facilitate and support district wide implementation of agreed workplans.

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*Resolution:* The Board notes the information provided.

### 6.4 Finance Report

The Finance report was tabled and taken as read. The Director of Finance provided a high-level summary of the District's financial results for the month of February 2025 and YTD. Planning is underway for the FY2025-26 budget build. Discussions were held regarding FTE management across SESLHD, noting the contributing factors to the February 2025 results. The Board acknowledges the recent federal budget release, noting that the funding allocated to boost the NSW Health workforce is yet to be advised.

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*Resolution:* The Board notes the Finance Report.

### 6.5 Performance Report

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

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*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 the General Manager, Corporate Services. It is noted that the capital projects within SESLHD are on track, with no significant risks identified.

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Resolution: The Board notes the information provided.

## 6.7 Security Report

The biannual Security report was tabled and taken as read.

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Resolution: The Board notes the information provided.

## 6.8 RHIP Report

The quarterly RHIP Report was tabled and taken as read.

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Resolution: The Board notes the information provided.

## 6.9 Correspondence Register

The updated correspondence register for SESLHD Board is provided, including the proposal regarding LHD board changes.

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Resolution: The Board notes the information provided.

# 7 Meeting Finalisation

## 7.1 Business Without Notice

Noting Dr Jo Karnaghan's upcoming leave plan in transition to retirement, the Board thanked Dr Karnaghan for the dedicated service and contribution to SESLHD over the past decade.

## 7.2 Noting of Confidential Items

Nil

## 7.3 Next Meeting

It is noted that next SESLHD Board meeting is scheduled on 4-7pm, Wednesday, 30 April 2025 at Boardroom, Sydney / Sydney Eye Hospital.

## 7.4 Close

The meeting closed at 7:00pm.

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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**

Date: 30/04/2025