South Eastern Sydney Local Health District

SESLHD Board Meeting – Minutes

T25/62116

Date:	Wednesday 29 October 2025	Time:	4:00PM – 7:00PM
Location:	Boardroom, Sydney/Sydney Eye Hospital		
Present:	Dr Greg Levenston – A/Board Chair Arthur Diakos, Board Member (via Teams) Allan Spigelman, Board Member Anna Guillan, Board Member Ellie Baker, Board Member (via Teams) Helene Orr, Board Member Jan Dudley, Board Member Liam Harte, Board Member (via Teams)		
Ex-Officio Invitees:	Kate Hackett, A/Chief Executive Ian Anderson, Director, Finance Dr Heidi Boss, Director, Clinical Governance and Medical Services (via Teams) Dr John Shephard, Deputy Director, Clinical Governance and Medical Services Karen Tuqiri, A/District Director, Nursing and Midwifery Services and Director of Nursing, Prince of Wales Hospital Louise Johnson, A/Director, People and Culture		
Guests:	Emma Clarke. Director, Strategy, Innovation, and Digital Health (via Teams) Dr Marianne Gale, Director, Population and Community Health (via Teams) Lisa Woodland, Director, Equity and Prevention Service and NSW Multicultural Health Communication Service Jesusa Helaratne, Deputy Director, NSW Multicultural Health Communication Service Dr Georgina Hold, Director, Research (via Teams) Christine Feldmanis, Chair, Audit and Risk Committee Rianne El-Zein, Management Trainee, Office of the Chief Executive (observer) Amy Murray, A/Head Office of the Chief Executive (observer)		
Apologies:	John Estell, Board Member Grant Eruini-Bennett, Chair, Medical Staff Executive Council		
Secretariat:	Monique Remfrey, A/Executive Assistant to the Chief Executive/Board Secretary		

1. In-Camera Session

An in-camera session was held with the Board of Directors and the Acting Chief Executive, which included the introduction of Leisa Rathborne, incoming Chief Executive.

2. Opening

2.1 Acknowledgement of country

An acknowledgement of country was shared.

2.2 Present and apologies

Attendance and apologies were noted by the Board. The Chair declared that a quorum was present, and the meeting opened at 5:05pm.

2.3 Declaration of Interests

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

Resolution: The Board noted the information provided.

2.4 Minutes of Previous Meeting

The minutes of the SESLHD Board Meeting held on 24 September 2025 were tabled and reviewed by the Board.

Resolution: The Board resolved that the minutes of the SESLHD Board Meeting held on 24 September 2025 be signed as a true and correct record of the meeting.

2.5 Actions from previous meetings

The action log was tabled and noted by the Board, with no actions recorded as completed.

Resolution: The Board noted the information provided.

3. SESLHD Board Sub-Committees Minutes and Reporting

3.1 Finance and Performance Committee (F&P)

The draft minutes of the F&P meeting held on 22 September 2025 were tabled and taken as read.

Overspend in the first quarter of FY25/26 was noted, matching trends from previous years relating to Winter. September was noted to be unusually busy. The District continues to travel at a higher than sustainable FTE level, which is a significant cost driver. Interim strategies are in place to mitigate cost overruns and ongoing strategies are in place to deliver significant reductions in the long-term.

District Finance remains in dialogue with the Ministry of Health in relation to organisational performance and budget expectations. An Efficiency Improvement Plan (EIP) visit is scheduled for November to assist in identifying cost saving initiatives in the District. The visit will share initiatives from other Districts that may be relevant, noting SESLHD is travelling similarly to the rest of the state. Initial findings will be received at the end of the visit, with a formal report to come.

Resolution: The Board noted the information provided.

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

The draft minutes of the QS&C meeting held on 11 September 2025 were tabled and taken as read.

Software to facilitate Hospital-Acquired Complication (HAC) recovery was discussed. Manual correction of errors retrospectively is not reflected in reporting – software will standardise and streamline this. The Ministry of Health is developing a program, but this is unlikely to be ready until April 2026.

The District has identified a program available as an add-on to an existing contract for other services. Five HACs have been identified for immediate action, and the program provider

will be sending a facilitator for training of SESLHD staff. This will be trialled to identify benefits and prepare processes for when the Ministry of Health program comes available. The immediate focus will be on data quality, which can be easily corrected. Improving this area will remove noise from the data and enable to District to better discern other issues.

Resolution: The Board noted the information provided.

4. Standing Items

4.1 Board Chair Report

The Board Chair's report was taken as read. The A/Board Chair provided an overview of key highlights including:

- 2025 Consumer Partners Showcase
- Sydney Eye Hospital Foundation Day celebrating over 200 years of healthcare service
- The A/Board Chair will be meeting with the Board Chair for Sydney Children's Hospital Network to strengthen relationships across the Randwick precinct.
- Mindgardens to attend February meeting following their Board review.
- Grattan Institute to present at the November meeting, focusing on hospital productivity.
- The A/Board Chair will be meeting with new Executive Director of Randwick Health and Innovation Precinct (RHIP).
- Board Meeting schedule for 2026.

Resolution: The Board noted the Chair's report. The Board agreed in-principal for meetings to continue the last Wednesday of every month in 2026, with locations to be advised.

4.2 Chief Executive (CE) Report

The CE Report was tabled and noted by the Board. The Acting CE provided an overview of key highlights, including:

- The Board Strategy Day is scheduled for November, including presentations from representatives from the Ministry of Health.
- The Industrial Relations Commission has awarded a temporary attraction and retention allowance to Staff Specialist Psychiatrists.
- The intranet homepage has been launched with positive feedback overall.
- Leisa Rathborne has been announced as the new Chief Executive of SESLHD, commencing 12 January 2026.
- Andrew Elliot has resigned as Chief Information Officer, SESLHD, following a secondment with eHealth NSW. He will be taking up the role of Executive Director, Strategy, Architecture and Transformation, at eHealth NSW. Emma Clarke will continue to manage the District's Digital Health portfolio.
- Dr Marianne Gale has resigned as Director Population and Community Health, to take up the role of Chief Health Officer and Deputy Director, General Population Health, QLD Health. Dr Apo Demirkol, Director, Drug and Alcohol, will act in the position, with recruitment to commence shortly.
- The District Allied Health Awards Ceremony was held on 14 October.
- The NSW Health Awards will be held on 30 October. SESLHD has two finalists.
- The NSW Premier's Awards will be held on 17 November. SESLHD has two finalists.
- Prince of Wales Hospital is celebrating the 30th anniversary of Hospital in the Home today.
- The Royal Hospital for Women recently celebrated its 250th home birth.
- Service Recognition Awards are continuing across the District Awards for Prince of Wales Hospital staff were held on 16 October, and the St George Hospital ceremony will be held on 3 November.

- SESLHD is hosting the 2025 Gathering of Kindness event at Parliament House on 10 November with Susan Pearce, Secretary, NSW Health.
- Tobi Wilson, former Chief Executive, SESLHD, has submitted a formal resignation letter to the CESPHN Board Chair. SESLHD is awaiting response about ongoing District representation on the Board.
- The Acting Chief Executive has been endorsed as a SESLHD representative on the SPHERE Council, along with Professor Georgina Hold, Director of Research.
- The Randwick Health Innovation Precinct (RHIP) and the Health Science Alliance (HSA) will be consolidated under the HSA entity. The HSA Board will include the SESLHD Board Chair and Chief Executive as members. This is awaiting formalisation.
- The Nurses Wage Claim trial in the Industrial Relations Commission has concluded. A decision is unlikely until the new year.
- SESLHD has achieved below forecast for overdue planned surgeries.
- Vicki Weeden commenced as Acting General Manager of St George Hospital on 13 October. Dr Heidi Boss will return to her substantive position as Director Clinical Governance and Medical Services.
- Joanne Newbury commenced as Acting General Manager of The Sutherland Hospital on 13 October following Vicki Weeden's appointment to St George Hospital.

Resolution: The Board noted the information provided.

4.3 Patient Story – The Sutherland Hospital/Garrawarra Centre – RADIUS Unit

The Board noted the Patient Story provided by The Sutherland Hospital/Garrawarra Centre.

Resolution: The Board noted the information provided.

4.4 Presentation – Population and Community Health

Presenters: Dr Marianne Gale, Lisa Woodland, and Jesusa Helaratne

The Board welcomed the presentation from District Population and Community Health on the Translated Health Information for Refugee Communities Project. The Project has been awarded the SESLHD Core Award for Excellence in Multicultural Healthcare and the NSW Humanitarian Award 2025.

The presentation highlighted the work of the NSW Multicultural Health Communication Service in developing translated health resources for newly arrived refugees. The Service is hosted by SESLHD and works with Districts across the state to identify the languages and needs of local refugee communities. The most urgent health issues for people arriving in Australia included navigating the primary healthcare system, mental health, maternity and child health, and domestic and family violence. Resources are available in over 20 languages. The Service prioritises codesign, consultation, and knowing the needs of people at different stages of the refugee journey.

The Service's website hosts translations of pre-existing health information, aimed at clinicians, community leaders, and settlement services working with refugees. It acts a library of resources that can be provided to refugees based on their needs.

As part of the Project, a community panel of individuals with lived experience of the refugee journey was consulted to produce a best-practice guide for developing translated health materials for refugee communities. Key considerations include written literacy levels, using a trauma-informed lens, and how to disseminate health information to refugee communities. It was noted that refugees may have language literacy issues in their own language. Resources were developed in multiple formats, including audio and visual resources that can easily be shared over messaging services such as WhatsApp.

The community panel identified domestic violence resources as a key area of need. The Project involved the development of video resources in partnership with SBS, and a script for engaging and effective posters. The video resource and accompanying script can be utilised by healthcare and other workers who provide care to refugees to start a conversation about domestic violence. The intergenerational context of domestic violence in refugee communities and cultural nuances were key considerations. The domestic violence poster developed as part of the Project is available in 33 languages.

The Project has recently received additional funding from the Ministry of Health to continue and enhance its existing work. The Service wants to use this funding to build the capacity of the community panel to review resources and communicate with communities.

The board acknowledged the work of the NSW Multicultural Health Communication Service and congratulated the presenters on their achievements.

Resolution: The Board noted the information provided.

5. New Business

5.1 New Business – For Decision

5.1.1 SPHERE – SESLHD Contribution

SESLHD is one of 14 organisations in partnership with SPHERE, each making an equal financial contribution. The current term will conclude at the end of 2025. A new, three-year contract has been received from SPHERE, with the annual amount paid remaining unchanged. The Acting Chief Executive has written to SPHERE to request a two-year agreement, noting SESLHD will be transitioning to a new Chief Executive in early 2026. The Board discussed the return on investment for SESLHD, and SESLHD's participation outside the financial contribution. The Acting Chief Executive will obtain further information from SPHERE around financial contribution, future direction, and benefits of investment.

Resolution: The Board noted the information provided.

Action: Acting Chief Executive to provide further information about SPHERE partnership to November Board meeting.

5.1.2 HSA/RHIP Membership

The Randwick Health Innovation Precinct (RHIP) and the Health Science Alliance (HSA) will be consolidated under the HSA entity, to be renamed RHIP Ltd. Board approval was sought to nominate Kate Hackett, Acting Chief Executive, and Dr Greg Levenston, Acting Board Chair.

Resolution: The Board resolved to endorse the nominations of Kate Hackett and Greg Levenston to the HSA Board.

5.2 New Business – For Noting

5.2.1 SESLHD Approach – Ministry of Health Priority Initiatives 2025

Presenter: Emma Clarke

Ministry of Health priority initiatives are aimed at avoiding hospital presentations and admission, reducing length of stay and supporting earlier discharge, and strengthening alternative care pathways. A gap analysis for SESLHD has identified significant overlap between programs aligned with these initiatives. A strategic approach is required to build efficient, well-governed services. Representatives from the Ministry of Health will present

the Ministry's vision of a virtual hospital strategy at the upcoming Board Strategy Day. SESLHD is working to align its services with Ministry of Health policy directives.

Resolution: The Board noted the information provided.

5.2.2 Safe Staffing Update

St George Hospital is managing attrition within business-as-usual processes. Prince of Wales Hospital and The Sutherland Hospital are continuing recruitment and have commenced on Ministry of Health action plans. Sydney/Sydney Eye Hospital is on track to meet Safe Staffing Levels within six months.

Resolution: The Board noted the information provided.

5.2.3 People Matter Employee Survey (PMES) Presentation

Presenter: Louise Johnson

The results for the 2025 PMES have been received and are being distributed to sites. Results were unremarkable, with very little change from 2024. The response rate was slightly down from 2024. Improvements were noted in employee engagement, learning and development, role clarity, and support. Employees feel they have more time to do their job well. The SESLHD results compare well with those of other Districts.

Highest scoring questions related to role clarity and support, ethics and values, and other wellbeing. Opportunities for improvement were identified in wellbeing, pay, employee voice, and action on survey results. Burnout was noted as a possible contributor to negative outcomes, with flexible working arrangements and sustainable wellbeing initiatives identified as possible solutions.

A three-year action plan has been proposed to align with the District strategy, noting action on survey results has continued to receive low scores over several years. The focus in 2026 will be priority-setting, strategic alignment, and foundation-building, followed by delivery and scale up in 2027. The 2026 and 2027 PMES will be utilised as a measure of progress in these areas. It is anticipated that change will be embedded in the District by 2028. Working groups are planned for February 2026 as an opportunity for staff to debrief with Human Resources and inform the District's action plan.

Resolution: The Board noted the information provided.

6. Regular Reporting

6.1 Financial Summary Report

The Financial Summary Report was tabled and taken as read. September was noted to be a challenging month with expenditure and revenue unfavourable to budget. High employee expenditure including overtime and casual staff was identified, in response to high activity levels over the first quarter of FY25. This is expected to slow down over the coming months. Increased demand and price increases have contributed to goods and services overspend. Results in the first quarter are in line with previous years.

The Net Cost of Service forecast has been revised based on September results. Budget supplementation is expected in December, which, while likely to be less than in previous years, should help performance. Discussions are occurring at site-level about cost-reduction initiatives.

Resolution: The Board noted the information provided.

6.2 Operations Report

The Operations Report was tabled and taken as read. Activity was high for September and is continuing into October, with many surge beds remaining open that would ordinarily be closed. An increase in Emergency Department presentations in September compared to same time last year was reported, but a reduction in admissions was observed, indicating successful redirection to community pathways. Overdue planned surgery breaches were below the Ministry of Health trajectory for September. This trend is projected to continue through to December, noting strategies in place including transfers between sites within the District and to other facilities such as St Vincent's Hospital.

Resolution: The Board noted the information provided.

6.3 Performance Report

The Integrated Performance Report for End of Financial Year 2024/25 and the League Table for August 2025 were tabled and taken as read. Slight discrepancies between the Integrated Performance Report and the Ministry of Health's Health System Performance Report were noted, due to the use of locally sourced data in some parts of the report. SESLHD was identified as sitting in the middle of the pack for League Table outcomes compared to other Local Health Districts. SESLHD's Category 1 overdue surgeries were noted to be comprised of Transcatheter Aortic Valve Implantation (TAVI) surgeries, all of which have now been allocated a date for surgery, which will be reflected in future reports. The District is aiming for zero Category 1 overdue surgeries by the end of the year.

Resolution: The Board noted the information provided.

6.4 Capital Works Report

The Capital Works Report was tabled and taken as read. Key points included:

- St George Hospital Stage 3 – Handover of the Kensington Street Building is scheduled for January 2026. Refurbishment of services that have been decanted into the new building will then commence, with forecast completion in 2027. Recruitment to roles associated with the new building will occur.
- Prince of Wales Hospital Kidney Care Centre and Theatres – Completion of redevelopment of these areas is scheduled for Quarter 4 FY25, with commissioning work to occur in 2026.

Resolution: The Board noted the information provided.

6.5 Clinical Governance Report

The Clinical Governance Report was tabled and taken as read. The system is under pressure, evident in an uptick in Harm Score 1 events (still within normal range) and complaints. Tuberculosis (TB) Clinic waiting list times continue to be an outside of tolerance risk. The redesign of the Mental Health Acute Care Team model of care is in progress, aiming to improve coordination, collaboration, and flow. The Aboriginal Health Unit is working to refine indicators related to Aboriginal healthcare and develop meaningful measures of performance in this area.

Resolution: The Board noted the information provided.

6.6 Audit and Risk Committee Report

Presenter: Christine Feldmanis

The Audit and Risk Committee Report was tabled and taken as read.

Resolution: The Board noted the information provided.

6.7 Audit and Risk Committee Charter

Presenter: Christine Feldmanis

The Audit and Risk Committee Charter was tabled and taken as read. The role and meeting schedule of the Committee was discussed. It was noted that the support provided to the Committee was good, and that it functions well. The importance of Board member attendance at Committee meetings was emphasised, specifically noting the role Board members play in ensuring regular communication between the Board and the Committee. It was noted that an Expression of Interest is currently open for a new Committee member, and the desire to bring a fourth Board member onto the Committee was expressed. Existing membership, terms, and staggered appointments are being reviewed to avoid the loss of corporate knowledge.

Resolution: The Board resolved to approve the Audit and Risk Committee Charter.

6.8 SESLHD Board Correspondence Register

The SESLHD Board Correspondence Register was tabled and taken as read, including:

- Acknowledgement of receipt of the 2025-29 Service Agreement and 2025-26 Funding and Performance Supplement from Susan Pearce, Secretary, NSW Health
- An apology from Elizabeth Wood, Deputy Secretary, Health System Strategy and Patient Experience, for the Board Strategy Day

Resolution: The Board noted the information provided.

7. Meeting Finalisation

7.1 Business Without Notice

Nil

7.2 Noting of Confidential Items

Nil

7.3 Next meeting

The next SESLHD Board Meeting is scheduled for Wednesday 26 November 2025, from 4:00 to 7:00 PM, in the Heritage Boardroom, Sydney/Sydney Eye Hospital.

7.4 Close

The meeting closed at 7:15PM.

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

Dr Greg Levenston OAM
A/SESLHD Board Chair