South Eastern Sydney Local Health District

SESLHD Board Meeting – Minutes

T25/44872

Date: Wednesday, 30 July 2025

Time: 4:00 – 7:00 PM

Location: Boardroom, Level 1, Admin Block, Sydney/Sydney Eye Hospital

Present:
Betty Ivanoff, Board Chair (via TEAMS) *
Greg Levenston, Board Deputy Chair
Arthur Diakos, Board Member *
Jan Dudley, Board Member *
Helene Orr, Board Member *
John Estell, Board Member (In Part) *
Liam Harte, Board Member *

Ex Officio
Kate Hackett, Acting Chief Executive & Director, Nursing and Midwifery Services

Invitees:
Ian Anderson, Director, Finance
Dr Heidi Boss, Director, Clinical Governance and Medical Services *
Fiona Fahey, Director, People and Culture

Guests:
Dr John Shephard, Deputy Director, Clinical Governance and Medical Services
Emma Clarke, Director, Strategy, Innovation and Digital Health (In Part)
Wendy Cotter, Associate Director, Digital Health (In Part)
Dr Marianne Gale, Director, Population and Community Health (In Part)
Dr Vicky Sheppeard, Director, Public Health Unit (In Part)
Rianne El-Zein, Management Trainee, Office of the CE (Observer)

Apologies:
Allan Spigelman, Board Member
Anna Guillan, Board Member
Elli Baker, 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 and the CE.

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 5:05 PM.

2.3 Declaration of Interests

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

Resolution: The Board noted the information provided.

2.4 Guest Presentation – Cyber Security update

Presenters: Wendy Cotter, Associate Director, Digital Health
Emma Clarke, Director, Strategy, Innovation and Digital Health

The Chair welcomed the guest presenters in joining the meeting and providing an update on ICT risk and Cyber Security. The Acting Chief Executive provided context on the background and purpose of the presentation, noting that eHealth had recently presented on cyber security to the Council of Board Chairs, highlighting its importance in the current environment.

The presentation outlined the system-wide approach to cyber security, key cyber security events and incidents in NSW during 2025, the NSW Cyber Security Policy (CSP) Attestation Executive Summary, the case for change for the current cyber operating model, security posture and risk mitigation strategies to ensure compliance with the CSP and the Essential Eight (E8) framework. It was acknowledged that education is a key enabler in reinforcing the importance of cyber security across the organisation. The annual attestation process is in place in SESLHD to assess and validate compliance and include in scope of the E8 program. A further update will be provided to the Board in November 2025.

Board Members noted that across NSW Health, progress in implementing the E8 cyber security strategies remain limited. The challenges present in understanding the division of responsibilities of cyber security management between Local Health Districts (LHDs) and third parties, including eHealth, which contributes to a lack of clarity in how cyber security is managed at the local level.
The presenters provided an update on SESLHD's current position, noting variance across the health system in terms of E8 maturity. SESLHD has a dedicated and capable team in place, with a strong focus on supporting progress towards E8 maturity. A risk assessment of the high-priority areas has been conducted, with key risks identified and mitigation efforts underway through vendor management.

There were discussions around funding responsibilities for advancing cyber security capabilities in SESLHD, particularly in relation to E8 compliance. It was noted that a joint approach with eHealth is being pursued, with a business case currently being developed by eHealth to support this work, specifically SOCI compliance. SESLHD Audit and Risk Committee is being kept informed of progress. It is noted that initial expectations are that LHDs will play a role in supporting the uplift, with more detailed guidance to be provided by the Ministry of Health (MoH). Director of Finance confirmed that SESLHD continues to analyse funding requirements and prioritise digital health initiatives accordingly. Funding requests will be made at the appropriate time, based on need and system-wide alignment.

Resolution: The Board noted the information provided.

2.5 Minutes of Previous Meeting

The minutes of SESLHD Board meeting held on 25 June 2025 were tabled and reviewed by the Board.

Resolution: The Board resolved that the minutes of SESLHD Board meeting held on 25 June 2025 be signed as a true and correct record of the meeting.

2.6 Actions from previous meetings

The action log was tabled and noted by the Board.

Resolution: The Board noted the information provided.

2.7 SESLHD Board - Annual Reporting Schedule

The updated SESLHD Board Annual Reporting Schedule was tabled and taken as read.

Resolution: The Board noted the information provided.

3. SESLHD Board Sub-Committees

3.1 Finance and Performance Committee (F&P)

The approved minutes of the F&P meeting held on 25 June 2025 were tabled and taken as read.

The F&P Chair advised that at the Committee meeting held on Monday, 28 July 2025, the financial results for June 2025 and key drivers were discussed. These were in line with the certified full-year forecast provided to MoH. FTE management was identified as a key focus area, given the challenges associated with the opening of additional surge beds, increased winter activity and the need to maintain safe staffing levels. The 2025-29 Service Agreement and 2025-26 Funding and Performance Supplement for SESLHD also reviewed at the meeting. Papers incorporating the feedback received have been provided to the Board for consideration at today's meeting.

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 updates on the strategic matters, meetings and forums attended by the Board Chair and the events for SESLHD Board.

Resolution: The Board notes the Chair's report.

4.2 Chief Executive Report

The Chief Executive Report was included in the papers and noted by the Board. The Acting CE provided an overview of key highlights, including:

- Development of the SESLHD Strategy 2026–2028, with staff engagement sessions scheduled from August to September 2025
- Implementation of sensitivity labelling across SESLHD
- NSW Health system-wide staffing movements, including an update on the recruitment process for the Randwick Health & Innovation Precinct Executive Director
- NAIDOC Week celebrations held across all SESLHD sites in July 2025

Resolution: The Board notes the information provided.

4.3 Patient Story

The Board noted the Patient Story provided by St George Hospital, which was accompanied by a presentation delivered by Dr Heidi Boss, Acting General Manager, St George Hospital (covering for leave). The presentation outlined the background and details of the clinical incident, the associated challenges, the actions taken to address the concerns and the resulting outcomes. The lessons learned and the value of sharing them to support continuous improvement was acknowledged, reinforcing the importance of delivering patient-centred care.

The Board expressed its appreciation for the presentation and the thorough investigations undertaken.

Resolution: The Board notes the information provided.

4.4 Innovation Story – SESLHD Population and Community Health Public Health Unit: Enhancing Vaccination Rates in Aged Care

Presenters: Dr Marianne Gale, Director, Population and Community Health (PaCH)
Dr Vicky Sheppeard, Director, Public Health Unit (PHU)

The Board welcomed guest presenters from PaCH, who provided an overview of initiatives aimed at improving vaccination coverage in Residential Aged Care Facilities (RACFs) within SESLHD.

The presentation outlined the background of the initiative and highlighted tailored innovations developed in response to qualitative research into barriers and potential solutions. A range of tools and resources were created and introduced to support implementation within facilities. Positive outcomes to date include:

- Increased vaccination rates within the first four months of the initiative
- Positive feedback from the RACF managers via the evaluation survey
- Successful advocacy, including invited presentations to broader groups expressing interest in adopting the approach more widely

The next steps include ongoing support for RACFs, launch of the VillageVax project and commencement of the ACAT Pilot.

Discussions were held around the funding and partnership, noting the project is supported through Commonwealth Primary Health Network funding for 12 months (1.6FTE). The Director, PaCH advised that the intervention aims to equip the facilities with tools to adequately prepare and sustainably manage the vaccinations, representing a strategic investment in system-wide improvement.

It was noted that the initiative aligns closely with the NSW Health Chief Health Officer, Dr Kerry Chant's recent presentation to the SESLHD Board, reinforcing the importance of strategic partnership in delivering the Prevention Strategy and the value of system-level investment to reduce the burden of disease and improve patient outcomes.

Resolution: The Board notes the information provided.

5. New Business

5.1 New Business – For Decision

5.1.1 Paper – 2025-29 Service Agreement and 2025-26 Funding and Performance Supplement for SESLHD

A paper regarding the 2025–29 Service Agreement (SA) and 2025–26 Funding and Performance Supplement for SESLHD was presented to the Board for endorsement. This included the accompanying correspondence from the SESLHD Board Chair to the Secretary, NSW Health.

The Board noted that MoH provided the SA and Supplement in June 2025 for Executive and Board review, with copies tabled at the June 2025 Board meeting. The Director of Finance advised that revised documents, with minor amendments to activity targets and budget schedules, were issued by MoH on 15 July 2025. The SA and Supplement require the Board's endorsement by 31 July 2025 for execution. The correspondence to the Secretary, NSW Health highlights SESLHD's performance and achievements during FY2024–25. It expresses the concerns that the budget rebaseline for FY2025–26 does not adequately fund the District and that meeting the expenditure and net cost of service (NCOS) targets is considered unachievable. While SESLHD will continue to pursue efficiency initiatives, the expenditure base from which substantial efficiency can be

delivered is reducing. The correspondence also outlines the range of existing efficiency programs currently in place across SESLHD.

Discussion was held regarding funding for the St George redevelopment, noting that budget allocation is included for FY2025–26, with further funding anticipated in FY2026–27. The budget allocation had been reviewed and supported by the Executive Team at its meeting on 17 July 2025, acknowledging the transparency of the budget development process.

The Board noted that the correspondence had been reviewed by the Board Chair, Deputy Chair, and Chair of the Finance & Performance (F&P) Committee prior to review by the F&P Committee on 28 July 2025, with feedback incorporated into the version tabled at today's meeting.

Resolution: The Board resolved to endorse the 2025–29 Service Agreement and the 2025–26 Funding and Performance Supplement for execution by SESLHD Board Chair and the Acting Chief Executive, for submission to MoH.

Resolution: The Board resolved to endorse the correspondence from the SESLHD Board Chair to the Secretary, NSW Health, to accompany the signed 2025–29 Service Agreement and 2025–26 Funding and Performance Funding and Performance Supplement.

5.1.2 Paper – SESLHD Service Agreement Key Performance Indicators (KPIs) Changes

A paper outlining changes to the SESLHD Service Agreement KPIs, including newly introduced and retired indicators, was tabled.

The Board noted that the proposed KPI changes were discussed at the SESLHD Executive meeting. Work is underway to negotiate and allocate the revised KPIs to the relevant Directorates, with an escalation pathway being established for ongoing monitoring. Discussions with Executive Sponsors, the SESLHD Analytics Team and Population and Community Health provided assurance that the KPIs are measurable and appropriate.

Resolution: The Board noted the information provided.

5.1.3 Paper – 2024/25 SESLHD Corporate Governance Attestation Statement

A paper was tabled providing the 2024/25 SESLHD Corporate Governance Attestation Statement for the Board's endorsement prior to submission to MoH.

The Director, Clinical Governance and Medical Services advised that the submission of a Corporate Governance Attestation Statement is an annual requirement from MoH. The Statement outlines the key corporate governance practices in place within SESLHD during the financial year. It has been approved by the Chief Executive and reviewed by the SESLHD Audit and Risk Committee. The Board, as the governing body responsible for corporate governance, is required to approve the Attestation Statement.

Following the Board's endorsement, the Statement will be signed by the Board Chair and Acting Chief Executive and submitted to MoH by 31 August 2025. It will also be published on the SESLHD public website.

Should any further issues be identified before the submission deadline, an updated version of the Statement will be provided to the Board for review. The Acting Chief Executive advised that the Office of the Chief Executive will conduct a final check-in and take any necessary action ahead of submission.

Resolution: The Board resolved to approve the 2024/25 SESLHD Corporate Governance Attestation Statement for submission to MoH.

Action: The Office of the CE to conduct a final check-in prior to submission to MOH.

5.1.4 Paper – SESLHD Governing Body Attestation Statement

A paper outlining the SESLHD Governing Body Attestation Statement was provided to the Board for endorsement.

The Board noted that submission of the Governing Body Attestation Statement is a requirement under the National Safety and Quality Health Service (NSQHS) Standards. The Statement confirms compliance with Actions 1.01 and 1.02 of the Clinical Governance Standard (NSQHS Standard 1) and must be submitted to the accrediting body by 30 September 2025.

The Director, Clinical Governance and Medical Services, advised that the Statement had been reviewed and endorsed by the Board Quality, Safety and Culture Committee. Subject to the Board's endorsement, the SESLHD Board Chair and Acting Chief Executive will sign the Statement.

The same approach as the previous item will be applied. An updated version of the Statement will be provided to the Board for review should any further issues be identified before the submission deadline. The Office of the Chief Executive will conduct a final check-in and take any necessary action prior to submission to the accrediting body.

Resolution: The Board resolved to endorse the SESLHD Board Chair and Acting Chief Executive to sign the Governing Body Attestation Statement.

Action: The Office of the CE to conduct a final check-in prior to submission to the accrediting body.

5.1.5 Paper – Co-Chair for SESLHD Clinical and Quality Council

A paper was presented to the Board recommending the appointment of Professor Peter Gonski as Co-Chair of the SESLHD Clinical and Quality Council.

The Acting Chief Executive advised that SESLHD Clinical and Quality Council is a mandatory committee established under the SESLHD By-laws, which reports to the Board Quality, Safety and Culture Committee. The By-laws set out the requirements for the Council and state "the Board will appoint a chairperson and may also appoint a co-chairperson or deputy chairperson to the Council" (Part 9, Clause 43(4)). In accordance with its Terms of Reference, the Council is co-chaired by a clinician and the Chief Executive.

Following the conclusion of the previous clinician Co-Chair's term, an Expression of Interest process was undertaken. Professor Gonski, Clinical Stream Director, Aged Care and Rehabilitation, expressed interest and is recommended for appointment as Co-Chair.

Resolution: The Board resolved to endorse the appointment of Professor Peter Gonski as Co-chair of the SESLHD Clinical and Quality Council.

5.1.6 Paper – SESLHD Chief Executive Board Memberships update

A paper regarding SESLHD Chief Executive Board Memberships was presented to the Board for noting and decision.

The Acting Chief Executive advised that following Mr Tobi Wilson's resignation as Chief Executive of SESLHD, a number of Board and Committee resignations will be initiated where Mr Wilson served in a representative capacity. Formal resignation letters have been, or will be, issued to the respective organisations. Those letters outline either proposed interim representation or invite further discussion, as appropriate.

A summary of the current status was provided for the Board's information. It was noted that Mr Wilson will remain as a member for Health Science Alliance (HSA), affiliated to University of NSW (UNSW), until a decision is made by the NSW Treasurer regarding the

proposed changes to the HSA Constitution. SESLHD retains the option to nominate an alternative representative should there be delays in the governance changes.
The Board's endorsement was sought for the nomination of Mr Chris Hay, General Manager, Mental Health Services, as the SESLHD representative on the Mindgardens Neuroscience Network Limited (MNNL) Board.
The Board notes that further update will be provided to the Board via the Chief Executive Report.

Resolution: The Board noted the update regarding SESLHD CE Board Memberships, including that Mr Tobi Wilson will remain a member of the HSA, affiliated with UNSW, until a decision is made by the NSW Treasurer regarding the proposed changes to the HSA Constitution.

Resolution: The Board resolved to endorse the nomination of Mr Chris Hay, General Manager, Mental Health Services as SESLHD's representative on the MNNL Board.

Action: A letter is to be drafted and sent to the MNNL Board advising of Mr Chris Hay's nomination as SESLHD's representative.

Action: To provide updates on SESLHD Chief Executive Board Memberships via the Chief Executive Report to the Board.

5.1.7 Paper – SESLHD Hospital Acquired Complications (HAC) Recovery Plan

A paper outlining the draft SESLHD HAC Recovery Plan was provided to the Board for information. It was proposed that ongoing governance of the Plan be delegated to the Board Safety, Quality and Culture Committee.
The Director, Clinical Governance and Medical Services advised that at the Quarterly Performance Meeting with MoH in May 2025, SESLHD was requested to develop a HAC Recovery Plan. Following consultation, a comprehensive plan was developed and subsequently endorsed by the Board Safety, Quality and Culture Committee at its July 2025 meeting. To date, MoH has not requested formal submission of the Plan. The next SESLHD Quarterly Performance Meeting with MoH is scheduled for 20 August 2025, with further guidance on submission expected.

Resolution: The Board noted the information provided and resolved to approve delegation of ongoing governance to the Board Safety Quality and Culture Committee.

5.1.8 Paper – 2025 SESLHD Annual Public Meeting (APM) Planning

A paper regarding planning for the 2025 SESLHD APM was provided to the Board for information and decision.
The Acting Chief Executive advised that the 2025 SESLHD APM is scheduled for 3:00 – 4:00PM on Thursday, 11 December at the Auditorium, The Sutherland Hospital. Planning for the event has commenced. The draft agenda tabled at today's meeting includes changes from previous years to enable greater participation from the Board and introduces a refreshed and more diverse line-up of speakers and content. These changes aim to enhance staff engagement with the event.
The Board's endorsement was sought for the draft agenda to guide ongoing planning. Board Members were invited to indicate their availability at the meeting to:

- Present one of the two CORE Award categories listed below
  - SESLHD CORE Awards - Board Members' Choice
  - SESLHD CORE Awards – Consumer's Choice for Person Centred Care

- Announce the release of the Year in Review annual publication for FY2024–25

Resolution: The Board noted the information provided and resolved to endorse the draft agenda to guide planning for 2025 SESLHD APM.

Action: The Acting Head, Office of the CE to follow up with Board Members via email regarding nominations.

5.2 New Business – For Noting

5.2.1 Paper – People Matters Employment Survey (PMES) Action Plan 2024-2025 update

An update on the 2024-25 PMES District Action Plan was presented. The Board acknowledged the actions taken in response to the PMES results for 2024-25, focusing on the three priority areas: Wellbeing, Workplace Behaviours/Culture and Leadership. It is noted that these priorities will be communicated to staff ahead of the launch of the 2025 survey in November 2025.
Further details regarding the Leadership – Senior Executive results, which recorded a total score of 46%, will be shared offline.

Resolution: The Board notes the information provided.

Action: Director, People and Culture to share further details regarding the Leadership – Senior Executive results.

5.2.2 Paper – Overdue Planned Surgery

A paper providing an update on SESLHD's overdue planned surgery was tabled. The Board noted the results for SESLHD overdue planned surgery for FY2024–25, acknowledging the significant efforts undertaken across all sites and services within SESLHD to achieve this outcome. The Acting Chief Executive advised that action planning to manage surgery demand in FY2025-26 is underway.

Resolution: The Board notes the information provided.

5.2.3 Paper – Safe Staffing Levels Update

A paper providing an update on Safe Staffing Levels (SSL) was tabled. The Acting Chief Executive delivered a verbal summary of the implementation of SSL across SESLHD, with specific reference to the Emergency Departments (EDs) at St George, Sutherland, Prince of Wales and Sydney/Sydney Eye Hospitals. The associated risks were noted, including those related to funding for the required FTE enhancements.

Resolution: The Board notes the information provided.

6. Regular Reporting

7.1 Operations Report

The Operations Report was tabled and taken as read, including updates on SESLHD's ED performance, Pharmacy Services and Voluntary Assisted Dying Liaison Service.

Resolution: The Board notes the information provided.

7.2 Finance Report

The Finance Report was tabled and taken as read. The financial results for June 2025 were discussed, highlighting that budget adjustments in June impacted both expenditure and

revenue for the month. The financial results for FY2024-25 were noted, which are consistent with the certified full-year forecast submitted to MoH.

Resolution: The Board notes the Finance Report.

7.3 Integrated Performance Report

The Integrated Performance Report for June 2025 were tabled and taken as read. The Board noted that no league table was received from MoH for this month.

Resolution: The Board notes the information provided.

7.4 Capital Works Report

The Capital Works report was tabled and taken as read, highlighting the redevelopment in St Goerge Hospital and the Randwick Campus. The Acting Chief Executive advised that capital projects within SESLHD are overall on track with no new or additional/significant risk identified.

Resolution: The Board notes the information provided.

7.5 Correspondence Register

The updated SESLHD Board correspondence register is tabled and taken as read, including the Quarterly Board Report Jan-March 2025.

Resolution: The Board notes the information provided.

8 Meeting Finalisation

8.1 Business Without Notice

Nil

8.2 Noting of Confidential Items

Nil

8.3 Next Meeting

The next SESLHD Board meeting is scheduled for Wednesday, 27 August 2025, from 4:00 to 7:00 PM at the Auditorium, The Sutherland Hospital. A walkaround will be available from 3:00 to 4:00 PM for Directors' consideration.

8.4 Close

The meeting closed at 6:58 PM.

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

Dr Greg Levenston OAM
SESLHD Board Deputy Chair