

## Minutes for ISLHD Board Meeting

30/06/2025 | 02:00 PM - 05:00 PM - AEST  
ISLHD Executive Office, Warrawong

### Agenda

The Board Chair, Chris Bertinshaw opened at 2.03pm.

#### ITEM 1: Welcome

##### 1.1 Acknowledgement of Country

Marilyn Smith OAM, Deputy Board Chair acknowledged that the Illawarra Shoalhaven Local Health District is committed to truth telling and healing with the First Nations Peoples for whom the lands on which the District operates are their traditional lands. She acknowledged the innate ancestral connection to Country and pay our respects to Elders past, present and future. She expressed the Boards gratitude that they share these lands today, their sorrow for the costs of that sharing, and their hope and belief that they can move to a place of equity, justice and partnership together.

##### 1.2 Attendance

Chris Bertinshaw, Board Chair  
Marilyn Smith OAM, Deputy Chair  
Richard Morris AM. BM., Board Member (via Microsoft Teams)  
Hon. David Campbell, Board Member  
Jenny Collins, Board Member  
Alan Hudson, Board Member  
Suzi Clapham, Board Member  
Nick Mitrevski, Board Member  
Costa Boyages, Board Member  
Jonathon Boswell, Board Member  
Peter McDonald, Board Member.

In attendance:

Margot Mains, Chief Executive  
Jessica De Angelis, Director Office of the Chief Executive  
Angela Twist, Board Secretary (minutes)

In attendance for items 2-5.3:

Dr Kerry Chant, Deputy Secretary, Population and Public Health and Chief Health Officer, Ministry of Health  
Megan Gibbons, Public Health Officer Trainee  
Dr Caroline Sharpe, Medical Advisor, Office of the Deputy Secretary, Population and Public Health & Chief Health Officer, Ministry of Health (via Microsoft Teams)  
Dr Ned Latham, Medical Advisor, Office of the Deputy Secretary, Population and Public Health & Chief Health Officer, Ministry of Health (via Microsoft Teams)

In attendance for item 5.1-5.3:

Mark Garrick, Executive Director Strategy, Risk, Planning and Performance

In attendance for item 5.2:

Sue Harris, Executive Director Infrastructure and Assets (via Microsoft Teams).

## **1.2 Apologies**

There were no apologies for this meeting.

## **1.4 Declarations of Interests**

The Chair invited members to raise any conflicts of interest arising from the agenda items. There were no declarations of conflicts of interest.

## **ITEM 2: Shifting Approach to Managing Population Health Priorities**

Dr Kerry Chant, Deputy Secretary, Population and Public Health & Chief Health Officer presented on the evolving population health landscape and the urgent need to integrate prevention into core health system functions. She noted that modifiable risk factors such as smoking, poor nutrition, physical inactivity and alcohol use are major contributors to the burden of disease in NSW. These risk factors impact individuals across the lifespan — from preconception to older age — and represent a critical opportunity for intervention.

Dr Chant outlined a new framework for prevention being implemented through Service Level Agreements and well as performance outcomes. This approach:

- Aligns with the NSW Treasury Performance and Wellbeing Framework
- Focuses the system on a limited set of measurable, evidence-based priority areas.
- Operates on a four-year horizon to allow time for meaningful outcomes.
- Offers flexibility for Chief Executives to tailor actions to local priorities.
- Requires each Local Health District to develop a Health Outcomes Action Plan and focus on up to three areas.

Dr Chant provided an update on prevention efforts and areas of strategic focus. The Board discussed the importance of coordination through the Ministry to ensure alignment across programs and better use of the Single Digital Patient Record (SDPR). A \$1 million investment in prevention research has been secured for this year, with a consortium being established to focus on diabetes. This work will involve both social and clinical researchers and aims to support Districts in developing tailored prevention plans. The consortium will also align with early life initiatives, including the First 2000 Days.

Key strategic priorities under discussion:

- Diabetes – identified as the top statewide prevention priority.
- Vaccinations – particularly addressing vaccine hesitancy and improving access.
- First 2000 Days – recognised as a critical opportunity for long-term health impact.

The immunisation program includes a project known as PPIT, which is designed to build long-term capacity in culturally and linguistically diverse communities. The tender

process is nearly finalised, and the program is being co-designed with academic researchers to ensure a community-led approach.

Discussion also focused on the rise of vaccine hesitancy, including potential influence from trends in the United States. While it remains a concern, the strategy is to avoid amplifying misinformation and instead focus on:

- Ensuring good access to vaccines.
- Supporting trusted practitioners to provide guidance.
- Equipping frontline staff with the tools and confidence to engage in difficult conversations, especially in the context of workforce fatigue.
- Exploring an expanded role for pharmacists in vaccine delivery.

On obesity, the group discussed the complexity of addressing prevention across different settings:

- The need to distinguish between clinical education and community engagement.
- Efforts to shift the food environment, including through Health Star Ratings and engagement with Food Authorities in Australia and New Zealand.
- The importance of community-level conversations to foster ownership and cultural relevance.
- Recognition of localised successes and the need for faster learning and scaling across the state.

The decline in physical activity among teenagers was highlighted as a significant concern, requiring integrated efforts across schools, communities, and public health programs.

Potential vaccine supply constraints at the community level were also raised, with a suggestion to review service agreements from a statewide perspective to ensure planning for upstream ("primordial") prevention.

Finally, the issue of tobacco control was discussed, with agreement on the need to expand the current approach to include other nicotine products, such as vapes, in future strategies.

Dr Chant's commitment to public health and prevention was acknowledged and appreciated by the group.

Dr Kerry Chant, Megan Gibbons, Dr Caroline Sharpe and Dr Ned Latham left the meeting at 3.03pm.

### **ITEM 3: Chairs Consultation**

The Chair confirmed that Members had no concerns to raise in relation to the agenda.

He spoke about the importance of Openness, one of the CORE values of NSW Health, emphasising that being open to kindness is a strength and it is a privilege to serve on the Board. Members were encouraged to move forward with humility, particularly in times of challenge.

At 3:08pm, Kelly Stehr and Ketan Thakkar joined the meeting and provided a brief overview of their professional backgrounds and experience.

A strategic discussion followed on key improvement opportunities. When asked what the organisation most needs to work on, the group agreed on the importance of:

- Creating space at a leadership level to think and plan strategically.
- Acknowledging current pressures and the need for a clear commitment to free up time for longer-term priorities.
- Maintaining focus on financial recovery and identifying how to sustainably improve performance while remaining within budget.

The Board discussed the 2025–29 Service Agreement, which has now been shared with the Audit and Risk Committee (ARC) Chair and Finance and Workforce Performance Committee (FWPC) Chair. To support progress towards the required 31 July sign-off, the following has been requested of staff:

- An action list to track outstanding tasks.
- A weekly dashboard to monitor performance and ensure visibility across the organisation.

While the current funding position is better than the previous year, it was noted that it remains less than ideal, with ongoing work required to understand and address impacts on aged care services, where significant gaps are emerging. From a governance perspective, reflections on the previous financial year highlighted that the organisation did not meet expectations in terms of activity delivery relative to budget. Members expressed a desire for greater clarity on:

- What the organisation is budgeted for in NWAU terms.
- Gaining a clearer understanding of the funded NWAU target and the drivers behind any overperformance, including how and why activity may exceed what has been budgeted.

Kelly Stehr and Ketan Thakkar left the meeting at 3.14pm.

## **ITEM 4: Business from the last meeting**

### **4.1 Confirmation of Minutes - 28 April 2025**

The Chair invited comments or amendments to the draft minutes of the ISLHD Board meeting held on 28 April 2025. The Board approved the Minutes.

### **4.2 Actions Arising**

The Board noted the actions arising and verbal updates and close items 298/25, 303/25, 304/25, 305/25, 306/25, 307/25, 308/25 and 310/25.

## **ITEM 5: Strategic Matters**

### **5.1 Planning Update**

The Board noted the Planning update, including receipt of the 2025–29 Service Agreement and 2025–26 Funding and Performance Supplement on 24 June 2025. ISLHD's identified local priorities under the new Agreement are:

- Redevelopment readiness
- Addressing aged care market failure

- Improving children's healthcare in Illawarra and Shoalhaven
- Expanding local cardiovascular services

ISLHD conducted extensive stakeholder engagement to inform the draft Wollongong Health Precinct Strategy, which was generally well received. Feedback supported hospital expansion, greenspace inclusion, and highlighted service needs. Some concerns were raised about the site and direction of future development.

ISLHD has received \$21 million to support KHWA in Nowra. To date, 9 new units in Bomaderry (22 beds) have been purchased for \$5.7 million – bringing the total to 34 properties and 94 beds. A brief has been submitted to the Ministry of Health to progress the purchase of 15 units in Worrigee, with additional options being explored in Douglas and Graham Streets. Engagement with Shoalhaven Council and Homes NSW continues as part of the Nowra Riverfront Development.

### 5.1.1 Milton Ulladulla Hospital Master Planning

The Board received an update on the Milton Ulladulla Hospital Master Plan, noting progress and the recommendation for a greenfield site due to capacity limits, pending Ministry of Health approval. The ageing population remains a key factor in planning, alongside broader age-related needs. Potential sites are being considered, though none is finalised. Budgeted funds reflect the previously committed \$7.5 million, not new funding. For Wollongong Hospital, \$220 million has been allocated, with funding details and priorities still being finalised.

***ACTION 311/25: Chief Executive to provide a report to the Board on the details relating to the funding announced in the budget relating to Wollongong and Milton Ulladulla Hospital. (Assignee(s): EDSRPP; Due Date: 25/08/2025)***

### 5.1.2 Wollongong Hospital Master Planning

The Board was updated on Wollongong Hospital's master planning and service planning activities.

## 5.2 Major Capital Works Update

The Board noted the Major Capital Works update. Regarding Five Islands Road, it was noted that the Government Property Register listing expired on 27 June, and the team is now awaiting formal confirmation that no other government agency has expressed interest in the site. Once received, Property and Development NSW (PDNSW) will provide the required report, and it is anticipated that the property may proceed to sale within the next month.

As part of the standard due diligence process for property sales, consultation with the Aboriginal Land Council is required. A meeting is scheduled with the Ministry of Health, PDNSW, and Sue to assess the level of risk and any implications associated with this requirement.

Positive feedback was shared regarding the quality and layout of the report.

*Sue Harris left the meeting on 3.27pm.*

## 5.3 Quarterly Risk Report

The Board was advised that the District's Risk Report is undergoing a review and refinement process. The Core Executive have been actively discussing this and agree that a comprehensive review of all risks is a priority. A revised version of the report will be presented in due course.

It was noted that the Climate Change Risk Assessment will be provided to the Board for consideration at a future meeting.

The Quarter 2, 2025 Risk Profile and Updates were presented. The following risks were rated as HIGH:

- Workforce safety
- Patient access and flow
- Elective surgery access
- Endoscopy services access
- Budget variation
- Cyber security
- Non-admitted community services
- Infrastructure management
- Legacy ICT assets
- Workforce skills shortages
- Maternity services

The Board acknowledged the continued efforts to monitor and mitigate these key risks.

***ACTION 312/25: Chief Executive to advise out of session when a revised risk report is able to be provided to the Board. (Assignee(s): EDSRPP; Due Date: 11/07/2025)***

***ACTION 313/25: Climate Change Risk Assessment to be provided to the Board. (Assignee(s): EDSRPP; Due Date: 25/08/2025)***

## ITEM 6: For Approval

### 6.1 ARC and Internal Audit Charters

The Board discussed the Audit and Risk Committee and Internal Audit Charters noting that as per NSW Health PD2022\_022 Internal Audit, the Audit and Risk Committee and the Internal Audit unit must have charters that are reviewed annually and are consistent with the NSW Health model charters. The policy also states, 'The Board (or Chief Executive, where Chief Executive governed) must approve the Audit and Risk Committee Charter and ensure it is distributed to all Members of the Committee, including all new appointments, at the point of induction to the Committee.'

No concerns were raised and the Board approved both charters.

**RESOLUTION 2025/119:** The Board:

1. approved the ISLHD Audit and Risk Charter and the ISLHD Internal Audit Charter
2. Chair signed the ISLHD Audit and Risk Charter.

## **ITEM 7: Board Chair Report**

The Board noted the report provided by the Board Chair. The exec provided its quarterly performance report, with a focus on Aboriginal models of care and a pilot initiative aimed at improving emergency department metrics. Key matters discussed included financial outcomes, workforce movements, and plans to drive operational efficiency.

In line with the directive to reduce the number of Board members, a review of the Board's committee structure will be undertaken. This review will support strengthened governance, improved strategic alignment, and enhanced stakeholder engagement, and will be conducted through a consultative and transparent process. The Chair noted that a planning meeting is likely to be held on 2 September to consider the proposed committee structures, in preparation for the revised Board configuration.

## **ITEM 8: Chief Executive Report**

The Board received the Chief Executive's Report, including written and verbal updates on key operational and strategic matters. Key points included:

- The Staff Council continues to progress initiatives to improve leadership visibility and workplace behaviour across the District.
- The District is experiencing unfavourable expenditure trends and below-average performance in areas such as Transfer of Care and Hospital Access Targets.
- Positive progress has been made in reducing overdue elective surgery waitlists, largely through outsourcing arrangements.
- Ongoing collaboration with the University of Wollongong (UOW) continues, focusing on research, education, and co-location initiatives.
- Funding for an MRI unit is a priority, with Professor Kathy Eagar playing a significant role in grant applications and advocacy.
- Nursing and midwifery achievements were acknowledged, including staff awards and the successful launch of the Shoalhaven Midwifery Group Practice, with plans for expansion.
- Discussions with St George Hospital about cardiothoracic services revealed they are currently unable to perform ISLHD surgeries; the District has requested a commitment for 3–4 surgeries per month to maintain patient access.
- A detailed report on workers' compensation claims, focusing on psychosocial risks, is under review; a 30-minute presentation will be scheduled at the next Board meeting to discuss findings and mitigation strategies.
- Personal Effectiveness and Development (PED) plans remain a focus, with FWPC receiving an in-depth presentation on current challenges and progress at the next meeting; these matters are also regularly discussed by the Medical and Dental Appointment Advisory Committee (MDAAC) and addressed through the Executive Director of Medical Services Clinical Governance (EDMSCG).

The Board noted the report and the ongoing work in these key areas.

***ACTION 314/25: Chief Executive to present on the report from the Districts insurance providers on workers compensation claims. (Assignee(s): EDPC; Due Date: 25/08/2025)***

## **8.1 SCOI Report**

The Board received the summary paper and presentation on the key findings from the Special Commission of Inquiry into Healthcare Funding.

The presentation noted that NSW Health received the interim report and was invited to provide feedback. The inquiry process was described as inclusive, involving significant travel across the state and engagement through roundtables, during which the Illawarra Shoalhaven Local Health District (ISLHD) was classified as metropolitan.

Key themes and discussion points included:

- Consideration of the appropriate balance between:
  - Functions to be centralised at the Ministry of Health (MoH),
  - Responsibilities to remain with Local Health Districts (LHDs), and
  - Areas requiring clearer delineation between the two.
- Chief Executives have been briefed by the MoH, which is now reviewing the report to determine which recommendations it will support.
- The issue of historical vs needs-based funding was raised. While the report acknowledges the concern, it does so only at a very high level, and timeframes for reform are currently unclear.
- The Board queried the extent to which the report's findings differ from previous reviews, noting several thematic similarities.
- Although the Commission considered structural changes, it ultimately opted not to recommend major reforms in this area.
- The report highlighted a lack of engagement in areas of market failure, such as general practice and aged care, and raised the question of whether targeted investment could deliver net system-wide benefits. It was suggested that a local pilot may be explored as an interim measure.

The Board and Chief Executive commended Jessica De Angelis for her leadership and management of ISLHD's contribution to the Special Commission of Inquiry.

## **ITEM 9: Committee Reports**

The Board noted the minutes from the Board Committees:

- Finance and Workforce Performance Committee meeting held 26 May 2025 - DT25/57728
- Health Care Quality and Safety Committee meeting held 30 April 2025 - DT25/23751
- Aboriginal Health Committee meeting held 12 May 2025 - DT25/39624
- Audit and Risk Committee meeting held 16 April 2025 - DT25/35159

## **ITEM 10: For Information**

### **10.1 Board Calendar and Leave**

The Board noted the 2025 Board calendar and leave planner including updates.

## **ITEM 11: Closure of General Meeting**

There being no further business, the Board Chair closed the meeting at 4.09pm.