

Minutes

Board

23 October 2024 | 10:00 AM - 01:30 PM, 1 Reserve Road, St Leonards, and Microsoft Teams

Attendees

Nigel Lyons (Chair), Carmen Rechbauer, Cathryn Cox, Darren Turner, David Currow, Gayle Murphy, Michael Legg, Nicholas Hawkins, Yvonne Weldon, and Elizabeth Salisbury.

Apologies: Nil

In Attendance: Vanessa Janissen (Chief Executive), Deanna Paulin for items 3 and 6, James Patterson and Desmond Horsley for item 4, Tammy Boone and Stephen Bignill for item 5, Lyn Baker for item 8.

Secretariat: Tanya Dunn

Welcome, Acknowledgment of Country and Emergency Management

The Chair opened the meeting with Acknowledgement of Country and welcomed all attendees. Due to time constraints and some Board members, needing to leave early, it was proposed to shorten presentations.

Attendance and Apologies:

A quorum of Board members was present, and the meeting proceeded with business. The Secretariat recorded the minutes. No apologies noted.

Darren Turner was recognised for his six year term as a Board member and his role as Chair of the Finance and Performance Committee. Darren's leadership, support, and contributions were highly appreciated, and was presented with a token of appreciation.

The Board is awaiting advice from the Ministry of Health (MoH) Governance Unit on new appointments and reappointments.

Declarations of Conflict of Interest

The Board Chair requested that all attendees declare or remove any conflicts of interest for the Conflict of Interest Register.

No declarations of interest were made.

Confirmation of previous Minutes and Review of Action Log

- The draft Board meeting minutes of the 28 August 2024 were approved as an accurate record of the meeting.
- The action log was reviewed, and progress updates were provided. Items that have been completed or are on the agenda for the today's meeting were acknowledged.
- Follow up on the cytology report was discussed, with Elizabeth Salisbury to email the report to Board members.
- Ongoing work with the Ministry of Health (MoH) regarding salary packing at FASS was noted.

Chief Executive Update

The Chief Executive report was taken as read.

Noting:

- An update was provided regarding the ongoing Technical Officer and Scientific Officer (TO & SO) dispute.
- Consultations are ongoing to establish the regional network laboratory model in Cootamundra and Young.
- Work is underway to improve the wellbeing of Forensic Pathologists. Meetings have been held with Forensic Pathologists to discuss ongoing issues and offer support. Challenges arising from staff shortages and workload pressure were discussed.
- Recent discussions with the Royal College of Pathologists Australasia involve issues related to registrars' training, experience, and accreditation. The upcoming Forensic Medicine accreditation in Newcastle was noted, with additional site visits planned for Lidcombe and Wollongong. Discussions included the workload and timing of these accreditations.
- Meetings for strategic planning with vendors have been scheduled to gather insights on product developments.

The Board **NOTED** the update provided in the Chief Executive report.

People Matters Employee Survey (PMES)

Noting:

- An overview of the PMES results indicates a 37% response rate with consistent demographic representation. Noting improvements in job satisfaction, employee well-being, and recognition.
- Customer service continued to be a strength, with a 2% increase. Further strengths were recognised in risk management and innovation.
- Noted improvements in 11 out of 23 topics, with stability in 11 topics and decline in 1 topic (pay -1%)

- Areas of focus for improvement include role clarity, teamwork, and decision making. This will be achieved with a continued focus on enhancing leadership programs to improve team and manager effectiveness and overall culture improvement.
- Given current context an important focus will be on supporting change management processes and building change capability. There was a mention of existing courses like Accelerated Implementation Methodology (AIM) and Clinical Redesign School to support change management.
- Positive signs from the results in the experiences of Aboriginal and Torres Strait Islander employees. NSWHP's focus on employment strategies and partnerships will continue.
- Ongoing efforts to maintain and build on improvements in diversity and inclusion. Noting that there has been progress in recruitment practices for people with disabilities.
- The survey results indicated a slight decline in the sense of belonging. Strategies are in place to investigate and address any localised issues noting a spread in results.
- Some areas highlight the need for a greater focus on psychological safety, leadership development, and recruitment practices. This is consistent with feedback on concerns around staff burnout resulting from high workload and insufficient staffing. Psychological safety has been prioritised, with results indicating steady or improved scores in related measures.
- Continuous refinement of the People Strategy, with more visible actions based on survey results. Three key metrics will be prioritised and closely monitored.
- A focus on investment in leadership; including senior executives, senior operations managers, and clinicians.

The Board **NOTED** the update and provided positive feedback about the ongoing efforts and achievements. The Board will receive regular progress updates.

Cyber Security

Noting:

- Des Horsley, Chief Security Architect, provided an overview of the governance structure for cyber security within NSWHP. The Data and Technology Committee serves as the key decision-making group. The Information Security Working Group meets monthly to develop policies. The implementation of the Essential 8 Maturity model. NSWHP aims to attain maturity level 3 of the Essential 8.
- An update on the mandatory cyber security training; two cyber security courses are mandated; the statewide blue flag and CE red flag. NSWHP's aim is to achieve 90% compliance. Noting, recent changes in the training frequency; transitioning from a two year refresher to an annual refresher.
- Noting challenges in clinical application testing resulting from changes in staffing levels at eHealth. There is a need to address these challenges to ensure service continuity despite staffing changes.

- Specific training is available for SLT members and Board members, similar to existing mandatory training but tailored for high-profile users.
- NSWHP will be an early adopter of eHealth's cyber security risk assessment process. The focus is on low risk initiatives and vendor-supplied solutions, and cost savings are anticipated, along with retention of in-house security knowledge.
- Working towards ISO 27001 Certification to improve security standards and practices.
- NSWHP has executed sensitivity labelling to align with NSW government guidelines and ISO 27001 standards.
- The team collaborated with the Australian Signals Directorate and the Australian Cybersecurity Centre for advanced training. This interactive workshop designed to understand and mitigate cyber threats, including setting up a laboratory environment to simulate attacks.
- The risk register now includes two risks: generic cyber-attack and data loss and risks from operating legacy systems.
- Laboratory simulations and phishing simulation exercises have been carried out, highlighting some vulnerabilities. Risk management and mitigation strategies are in progress to reduce vulnerabilities, minimise risk, and enhance security measures to limit exposure.
- Ongoing system upgrades are in progress, incident response plans are in place, and there is a focus on enhancing security measures.

The Board **NOTED** the overview provided. The Board has requested additional updates on the progress of action items at an upcoming Board meeting.

Risk Appetite

Enterprise Risk Manager, Stephen Bignill, presented a refreshed Risk Appetite Statement.

Noting:

- No significant changes to the existing Risk Appetite statement.
- The proposed statement introduced risk tolerance measures allowing clearer guidance and more latitude when risks are rated. Risk categories were also revised.
- The implementation of risk tolerance statements for particular risks, signifies a progression in risk maturity. A commitment to maintaining a low risk tolerance for clinical care and patient safety was discussed.
- The revised Risk Appetite Statement has received endorsement from the Audit and Risk Management Committee (ARMC) as well as the Strategic Leadership Team.

Board members were invited to provide feedback on the revised Risk Appetite Statement. The feedback was discussed. The Board endorsed the revised Risk Appetite Statement.

Technical Officer and Scientific Officer Implementation:

Noting:

- Additional resources have been allocated to the TO and SO implementation plan to address delays and to meet the tight schedule. Engagement with stakeholders is ongoing to manage expectations. Further resources will be required to support the Industrial Relations team.
- A formal dispute notification has been filed to Commissioner McDonald regarding the membership of a Transitional Review Committee (Committee), which will include representatives from the Health Services Union (HSU) and NSWHP. The Board were informed about potential challenges related to representation within the Committee.

Culture, Safety and Wellbeing

The Culture, Safety and Wellbeing report was taken as read with no questions from Board members.

Finance and Performance Committee

The Finance and Performance Committee report was taken as read.

Darren Turner, Chair of the Finance and Performance Committee noted the following:

- The financial report for September 2024 indicated an unfavourable result. The Board discussed ongoing efforts focused on budget stabilisation, with an expectation of positive outcomes despite current challenges. The integration of labour management, restructuring and change initiatives into a comprehensive plan.
- Activity has stabilised, noting, ongoing improvements.
- Effective monitoring of goods and services expenditure, as well as salaries and wages, was highlighted.
- The pathology stewardship program is progressing, aiming to enhance transparency and identify new opportunities. An update on this program will be provided to the Board at the December Board meeting.
- The Board expressed an interest in understanding the functionality and usage of the Local Health District (LHD) dashboards. A dedicated session will be scheduled for the December Board meeting to discuss this further.
- The scorecard showed improvements, although two harm 2 incidents remain under investigation. Forensic Medicine reporting continues to be a challenge. Initiatives are being implemented to address non-conforming areas. Regular meetings with NSW Police are in place to ensure compliance. Continuous monitoring of activity levels and discussions regarding the re-negotiation of the Service Level Agreement with NSW Police are ongoing.

- The Board received a deep dive on Forensic Analytical Science Service (FASS) key performance indicators related to forensic biology (DNA), the drug toxicology laboratory, and ignitable liquids activity. Noting that continued efforts are expected to improve compliance and reduce the backlog.
- The Board discussed the sustained increase in ignitable liquids activity, noting a rise over a period due to spikes in crime events involving ignitable liquids. The strong relationship with NSW Police was noted, highlighting their capacity to adjust activities to manage resource demands. Subcommittees at the operational level are addressing this issue by reviewing demand drivers and reallocating resources as needed.
- The Board acknowledged the efforts to address the operational challenges and improve compliance with KPIs. Noting the importance of ongoing monitoring in collaboration with NSW Police to manage resource demands, particularly in areas with significant activity increases, and to address any emerging issues.
- The Board **NOTED** the update provided.

Audit and Risk Management Committee

Lyn Baker, Chair, Audit and Risk Management Committee provided an update to the Board.

Noting:

- The audit program is largely complete, with discussions around the end-to-end billing stage 1 audit.
- The importance of timely audits to address known issues was highlighted, and further reports are expected in future meetings.
- The Board reviewed and discussed the risk appetite statements, considering emerging risks and the need for continuous monitoring.
- The ongoing pressures for efficiency and savings in procurement and supply chain management. These discussions will be briefed to the ARMC at the next meeting.
- Meet and greet with Matthew Watts, Chief Pathologist, who attended the meeting. This provided an opportunity to discuss strategic direction and focus areas.
- The ARMC plans to reassess its focus in alignment with the revised strategy. A session will be scheduled to discuss how the ARMC might refocus its efforts.

The Board **NOTED** the update provided.

Quality and Clinical Safety Committee

Nick Hawkins, Chair of the Quality and Clinical Safety Committee provided an update to the Board.

Noting:

- An audit by the National Association of Testing Authorities (NATA) identified issues related to the notification of critical results. An internal audit had previously noted similar issues, but this had not

resulted in a change of procedure, highlighting the need for full completion of actions arising from internal audits.

The Board **NOTED** the update provided.

Clinical Council

Report only by exception. No update provided.

Medical Staff Executive Council

Noting:

- The Board **NOTED** the update provided.

Medical and Dental Appointments Advisory Committee

- The Medical and Dental Appointments Advisory Committee report was taken as read.
- An update was provided on the recredentialing process for senior medical staff. Due to the complexity of the process and the need for credentialing subcommittees, the process may not be completed within the timeframe. The Board was informed of the minimal risk associated with this delay. The Board discussed the implications and agreed to extend current arrangements until the process is complete. Lessons learned from the process highlighted the need for improved record-keeping and the need for a more refined process and longer timeframe for future recredentialing.

Report only by exception.

Fusion and Single Digital Patient Record (SDPR)

Vanessa Janissen presented an overview of the Dashboard.

Noting:

- The SDPR report indicated that the program is tracking well, with some issues related to contracts expected to be resolved soon.
- Budget discussions are ongoing, particularly around Treasury funding and internal funding, to ensure proper allocation and resource management.

The Board **NOTED** the update provided.

Items without Notice

The Board Chair invited Board members to raise any items without notice.

- The Board discussed the meeting schedule for the upcoming year. The Board endorsed the proposed 2025 Board meeting dates. There was preference for holding more meetings offsite at various locations, to spend more time at different laboratories.

- It was agreed that the December 2024 Board meeting to be held at Liverpool Hospital, with a dinner the night prior for those travelling. This will include a visit to the new pathology laboratory at Liverpool.

Board Evaluation

- The Board reflected on the day's meeting, noting the morning discussion was productive and set a good foundation for strategic planning.
- The Board Chair thanked Board members for their reflections on today's Board meeting and appreciation for the efforts and contributions of all members.
- With no other business to come before the meeting, the meeting was closed at 4.03pm with a note of appreciation extended to Darren Turner for his contributions.

For Information

NSW Health Pathology Scorecard

The Scorecard was provided for information and taken as read.

Medical and Dental Appointments Advisory Committee Meeting Minutes

Noted for information.

Finance and Performance Committee Meeting Minutes

Noted for information.

Audit and Risk Management Committee Meeting Minutes

Noted for Information.

Quality and Clinical Safety Committee Meeting Minutes

Noted for Information.

Clinical Council Committee Meeting Minutes

Noted for information.

Medical Staff Executive Council Committee Meeting Minutes

Noted for information.

Meeting Close

Endorsed by Nigel Lyons, Board Chair, NSW Health Pathology



Action Log NSW Health Pathology Board

Date	Action	Lead	Status
28/08/2024 Item 3.	A presentation on the LHD dashboards, focusing on pathology ordering and charges, and pathology stewardship, will be provided to the Board at the December Board meeting.	Rob Lindeman Craig Scowen	On agenda December 2024
28/08/2024 Item 3.	<p>Initiate discussions with the Strategic Leadership Team on research billing improvements and research support teams and provide an update to the Board at a future meeting.</p> <p><i>'A program of activities to standardise research support workflows is currently being developed and will be implemented over the next 6-12 months. These activities will include improvements to current billing practices, with broader reforms contingent on the roll-out of Fusion/SDPR.'</i></p>	Tammy Boone	Completed December 2024
26/10/23 Item 6.	Investigate the salary packaging issues concerning FASS. <i>*NSWHP has been working with the Ministry of Health P(MoH) Principal Taxation Advisor to complete a submission to the Australian Taxation Office (ATO) for a binding private ruling on whether the remaining FASS staff are eligible to access salary packaging arrangements. This application is in the final stages of review with the MoH and is expected to be lodged with the ATO soon with an outcome by the end of the calendar year.</i>	Nick Dunn	Ongoing February 2025
24/04/2024 Item 6.	The Board requested a progress update on the paediatric pathology recommendations in six months at the October Board meeting. <i>*A Paediatric Pathology Community of Practice has been established to take carriage of the recommendations. Currently working through the alignment of SCHW and NSWHP in preparation for Fusion. A report will be provided to the Board in the New Year.</i>	Cathryn Cox	Ongoing April 2025
24/04/2024 Item 4.	The Board requested a progress update on the People Strategy Implementation Plan in 12 months.	Deanna Paulin	Ongoing April 2025