

# Minutes

## Board

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

### Attendees

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

**Apologies:** Lyn Baker

**In Attendance:** Vanessa Janissen (Chief Executive), Deanna Paulin, Nick Dunn, Louise Wienholt, Darren Croese and Neil Catlett for Item 3, Matthew Watts for Item 4, Rob Lindeman, and Thomas Bowe for Item 6.

**Secretariat:** Tanya Dunn

### Welcome, Acknowledgment of Country and Emergency Management

The Chair opened the meeting with Acknowledgement of Country and welcomed all attendees.

### Attendance and Apologies:

A quorum of Board members was present, and the meeting proceeded with business. The Secretariat recorded the minutes. The meeting began with a welcome to new members and introductions. John Roach, new Board member and Chair of the Finance and Performance Committee and David Brown as the new Chair of the Medical Staff Council, replacing Elizabeth Salisbury were welcomed to the meeting.

### Declarations of Conflict of Interest

The Board noted the Conflict-of-Interest register provided. The Board Chair requested that all attendees declare or remove any conflicts of interest from the Conflict-of-Interest Register.

David Brown declared his conflicts of interest provided to the Board Secretariat and declared receiving royalties from a test performed by NSWHP.

### Confirmation of previous Minutes and Review of Action Log

- The draft Board meeting minutes of the 23 October 2024 were confirmed as an accurate record of the meeting.
- The action log was reviewed with updates provided. Work is ongoing with the Ministry of Health (MoH) regarding salary packing at FASS. The standardisation work underway to streamline the research billing process is ongoing. A research session was proposed for next year, focusing on engagement and coordination of research efforts across different laboratories and hospitals. It was

suggested that Dr Jean-Frederic Levesque, Chief Executive, Agency for Clinical Innovation and Deputy Secretary, Clinical Innovation and Research, NSW Health be invited to a future meeting to

**Action: Schedule a research session for next year focused on engaging and coordinating research efforts across different laboratories and hospitals. Extend an invitation to Dr Jean-Frederic Levesque, Chief Executive, Agency for Clinical Innovation and Deputy Secretary, Clinical Innovation and Research, NSW Health to attend a future meeting to discuss the Ministry of Health's research prioritisation and strategy.**

### **Acting Chief Executive Update**

The Acting Chief Executive report was taken as read.

Noting:

- Wellbeing and Leadership: Wellbeing scores increased by 17%. Positive feedback on the Senior Clinical Leadership Program, with plans to extend it to Clinical Directors by mid-2025.
- Budget and Investment: Discussed balancing budget stabilisation with future laboratory investments.
- People Strategy: The importance of incorporating the People Strategy into the next five years of strategic planning was discussed.
- Forensic Pathologist Recruitment: An update on recruitment and culture initiatives, including trauma-informed practice. Ongoing discussions with the Royal College of Pathologists Australasia (RCPA) regarding accreditation and support. Recognised the international shortage and need for collaborative solutions. The re-accreditation of the Newcastle, Wollongong, and Sydney sites has been moved to January 2025.
- The Minister provided positive feedback on the regional model and future laboratory plans, which were recently presented to the Minister's Office.
- Achievements were recognised in various programs, including the Real Futures Women's Business Second Chance Hub and the NSW Service Medallion Ceremony.
- Dr Stephen Braye's retirement as Chief Medical Information Officer and Director, Clinical Services was acknowledged, with recruitment underway. The recruitment for a new Director of Finance and Corporate Services is also underway, with a broader review and restructuring of the Finance Team planned for 2025 to meet future needs. Nick Dunn's exceptional support over the past few years, as well as his ongoing support during the transition period were acknowledged.
- The exposure related to Forensic Medicine cases was discussed. The importance of maintaining communication with relevant authorities and preparing holding statements was discussed.

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

## Budget Stabilisation Program

Noting:

- An update on the current financial performance was provided, including the impact of unfunded CPI absorbed in FY23 and 24.
- Financial results during COVID (FY21 and 22) was discussed, as well as the recovery in FY23 and 24 to be achieved through the delivery of operating efficiencies, investment in new technology and structural change.
- The split between BAU and COVID related results was noted, as well as the challenges in understanding BAU due to the pandemic.
- The funding for the capital asset reserve was considered.
- The reduction in price to Local Health Districts (LHDs) was noted.
- The FY24 budget stabilisation plan was presented, highlighting the overachievement of targets in FY24 and ongoing efforts to manage increased activity efficiently in FY25.
- The forecast for FY25 and 26 was discussed, with a focus on achieving targets, maintaining productivity and supporting service with quality outcomes.
- Clinical and corporate efficiencies, annual leave, revenue, and procurement targets were reviewed, with potential for further cost savings in goods and services, as well as the need for improvements in labour management, and structural reform.
- The pathology stewardship team and clinical operations engaged with LHDs to benchmark pathology data and improve performance. 30 low volume tests have been transitioned from specific sites.
- Discussed risk of anticipated cost pressures from Award classifications, regional allowances, and other factors impacting the four-year forecast, as well as the need for improved governance and savings tracking.
- The Board was informed of the 60 efficiency projects in progress, each with a detailed plan. It was noted that improvements are needed between finance tracking, (actual budget cashflow), and project timelines, with savings realised cumulatively rather than immediately after project initiation.
- Discussed FTE levels and the importance of maintaining controls as reshaping labs and activity occur. Detailed benchmarking has been used to define staffing decisions and maintain consistency in laboratory activities and standardised structures.
- The need for long-term solutions and tools to manage workforce flexibility and activity pricing was discussed. It was noted that cost control within each cost centre and management should be prioritised.

- Progress towards a three-year turnaround plan and ensuring budget controls are in place was highlighted. There was agreement to continue monitoring and adjusting staffing and project plans, with a focus on unachieved targets, and the need for an action plan to address the budget shortfall and achieve the committed savings.
- The Board discussed the appetite for making changes while maintaining safe services and considering the economic cycle.

The Board **NOTED** the update provided, expressed confidence in the team's capabilities, and reiterated their commitment in addressing challenges and supporting the executive team and staff through this challenging time.

### **Anatomical Pathology Priorities**

Matthew Watts, Chief Pathologist provided a summary of the Anatomical Pathology Workshops held throughout 2024 as well as AP operating priorities.

Noting:

- Three Anatomical Pathology workshops were held in 2024 to gather input on identifying priorities, resource allocation, addressing ongoing issues, and identifying future needs. Participants included Clinical Directors/Heads of Department, Laboratory Managers, and other stakeholders.
- The workshops were well received, with participants acknowledging the constraints of service provision and resourcing allocation, as well as the importance of budget constraints and resource management.
- Based on the findings from the workshops and the broader AP operational context, the following priority areas will be included in the annual operational plan and budget cycle.
  - Training and Development: Prepare for the EPIC system transition with detailed planning, training, and change management (Fusion program).
  - Standardisation and Efficiency: Invest in new equipment and streamline operations to manage workloads and prevent backlogs. Ensure digitisation for increased efficiency and standardisation.
  - Digitalisation and AI: Inform stakeholders on the benefits and requirements of digital pathology and AI. Develop an action plan, invest in digital and molecular capabilities, and recruit dissection scientists to assist pathologists.
  - Funding and Advocacy: Meet the demands of AP, ensure budget transparency through a new pricing model, and develop a service model for future clinical plans.
  - Workforce Plan: Optimise staff utilisation, meet site-specific needs, streamline recruitment, and address acute staffing shortages. Administrative staff play an important role in assisting

AP. IT was suggested that part-time university students be considered for recruitment into health care settings.

- Trust and Structure: Rebuild trust, improve organisational structure, enhance infrastructure, agility, and transparency in decision making.
- Sustainable Service: Aim for a high-quality, patient-centred service that is integrated, coordinated, and standardised. Focus on digital enablement, innovation, continuous improvement, and a future-focused workforce and culture.

The Board acknowledged the success of the workshops in bringing people together and highlighted the need to continue supporting these initiatives to enhance service delivery and support staff.

## **People and Culture**

### **Technical Officer and Scientific Officer Implementation:**

- Deanna Paulin provided an update on the Technical Officer and Scientific Officer implementation, 470 applications received, with half of them reviewed and notifications sent. Of the 250 reviewed, 115 were supported, 98 were denied, and the remainder were incomplete or ineligible. Denied applications can be referred to the Transitional Review Committee or Industrial Relations Committee, starting February 2025.
- Structural changes and budget impacts will be monitored, with conversions likely starting in February 2025. Manual tracking of applications poses a significant workload, to be escalated to eHealth.
- The Board was briefed of financial impacts and efforts to address rostering, overtime, and on-call issues.
- Hannah Beveridge, Program Manager, People and Culture, was recognised for her exceptional work.
- The Board noted the update, and the challenges experienced during the application process, highlighting the need for ongoing support and management to ensure a smooth transition.

### **People Strategy Scorecard and Work Health Safety Report**

- A discussion was held regarding the current Work Health and Safety reporting. A recommendation was made to move the focus to a more comprehensive People Strategy Scorecard.
- The Board supported this change, noting the Scorecard's reporting, including health and safety information. It was suggested that iCare reports be attached for context, as well as local work, health, and safety tables, in the new format.
- The Culture, Safety and Wellbeing report was taken as read, with no questions from Board members.

### **Pathology Stewardship Clinical Taskforce**

A presentation was provided on the Pathology Stewardship Clinical Taskforce (Taskforce), which was formed earlier this year with nominations from LHDs. The Taskforce has held several meetings to discuss key issues and develop outcomes aimed at strengthening clinical partnerships, ensuring appropriate testing, and understanding system variations.

Noting:

- The agreed strategic priorities of the group; engagement and data needs to be identified to increase efficiencies, particularly in testing and avoiding duplication. Data will be utilised to provide feedback to LHDs and clinicians, identify variations, and monitor program implementation. Long-term plans include incorporating data into workflows and transitioning decision support to EPIC.
- Survey feedback identified the need for improved data tools, peer comparisons, and change management resources, resulting in a consolidated resource hub. Significant progress has been made in developing clinical activity data tools, which are now incorporated into the Edward data warehouse and provide context-specific data for peer benchmarking.
- Plans include making data tools available to ICU and admitted patients, improving data accuracy, and integrating data into clinical workflows. An FAQ section addresses pathology pricing questions and serves as a single resource for data tools and communication materials.
- The term “best practice laboratory medicine” was proposed to replace “stewardship,”
- The Board mentioned the importance of a data portal and push notifications for outliers, as well as ongoing efforts to assure data accuracy, patient safety, and timely task completion.
- The Board discussed the importance of monitoring adverse events following changes in prescribing practices. It was suggested that LHDs should monitor these changes to ensure patient safety.

The Board acknowledged the progress made by the Taskforce and noted the importance of continuing these efforts around ensuring data accuracy, monitoring patient safety, and developing timeliness KPIs.

### **Local Health Districts Dashboards**

Thomas Bowe, Senior Data Scientist, demonstrated the dashboard, which uses data from the LIMs system to provide insights into pathology usage, billing, and performance indicators across facilities.

- The dashboard allows LHDs to compare their performance to that of peers and identify areas of improvement.
- The dashboards have received positive feedback and provide insights into outliers and performance variations.
- The discussion mentioned the importance of using data to enhance decision-making and incorporating dashboard data into the expenditure review process. Plans to share this information with NSW Health Senior Executives were recommended, with timing to be determined.

The Board acknowledged the team's efforts in developing the dashboard, noting its influence on clinical and financial decision-making. Highlighting the need of defining relevant timeliness KPIs and how these dashboards provide better information to LHDs, resulting in improvements and collaboration.

### **Finance and Performance Committee**

The Finance and Performance Committee report was taken as read. There was no update provided in addition to the brief.

### **Audit and Risk Management Committee**

The Audit and Risk Management Committee report was noted. It highlighted that 56% of risks were above the organisation's risk appetite, with 40% within it. Concern was expressed about the accuracy of risk classification and residual risk after mitigation.

The Board agreed to continue monitoring and requested that management consider further actions to address risk classification and evaluation.

### **Quality and Clinical Safety Committee**

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

Noting:

- **KPIs Discussion:** Highlighted the importance of KPIs that are meaningful to staff, the Board, and patients. Noted that there is a disconnect between real-time safety statistics and other indicators. A follow-up meeting with Cain Byrnes, Director of Clinical Governance, is scheduled.
- **BAU ICT Operations:** Noted the pressure on BAU ICT operations, highlighting system instability at South East Sydney due to the Fusion system transition and declining support for legacy systems. The focus on the Single Digital Patient Record (SDPR) has led to IT staff redeployment, adding pressure to the system.
- **eHealth Challenges:** Discussed the challenges eHealth faces in providing services, particularly with the focus on SDPR initiatives. The Board mentioned the need to advocate for the required support.
- **Discussion on governance issues related to the Point of Care Testing (PoCT) devices.** Guidelines for managing critical results and assigning responsibility between laboratories and clinicians are needed. It was proposed that the Pathology Stewardship Clinical Taskforce be consulted and that all POCT results go through the appropriate filters for out of range alerts. Concern was raised about low levels of blood glucose testing, highlighting the need for optimal use of pathology services and appropriate testing practices.

The Board **NOTED** the updates provided.

### **Clinical Council**

Report only by exception. There was no update provided in addition to the brief.

### **Medical Staff Executive Council**

Report only by exception. Noting a positive cultural change within the MSEC. A focus area is on involving pathologists in risk management to increase engagement. In addition, encouragement to identify opportunities for increased pathologist involvement more broadly.

### **Medical and Dental Appointments Advisory Committee**

The Medical and Dental Appointments Advisory Committee report was taken as read.

Report only by exception. The senior Medical Officer recredentialing process is nearly complete, with only 20 cases remaining to be resolved. The Board thanked the staff for their efforts in managing the recredentialing process.

The Board **NOTED** the updates provided.

### **Fusion and Single Digital Patient Record (SDPR)**

Juliana Iles-Mann presented a project update summary.

- The project status changed from green to amber in October due to delays in blood bank and IMCS contracts. The blood bank is anticipated to sign off before Christmas, but the IMCS will be delayed. Other areas, including QMIS, remain stable.
- A budget update was provided. Efforts continue to separate funding sources by Treasury for EPIC and NSWHP. A request was made to increase the program budget by \$2.5M for SIMBA integration, which is already allocated in capital reserves (against North transition project). Three out of four sites have been rolled out, with the fourth site (Hunter) on hold due to the upcoming SDPR go-live. The decision was made to align SIMBA integration with SDPR to avoid redundant work and ensure consistency. The recommendation is to manage all funding within the Fusion context.
- Wave 1 and 2 configurations are on track, with Wave 3 starting. There are some delays with building blocks, but overall progress is positive. Staffing is positioned over Christmas to address slower areas. EPIC's pathology testing catalogue is making progress.
- The Single Digital Patient Record (SDPR) Implementation Authorities Finance Committee presented approved principles for allocating funds between SDPR and NSWHP.
- Ongoing work on resource distribution and transitioning staff into ICT operations.

The Board acknowledged the detailed update, and the progress made and appreciated the clarity in budget management and agreed on the basis that it was transferring the existing North SIMBA capex not new funding.

### **Items without Notice**

- The Board Chair invited Board members to raise any items without notice.
- The Board Chair thanked Board members for their contributions over the past year, noting the Board's effective operation through respectful and constructive discussions.

- Vanessa Janissen, Deanna Paulin, and Tanya Dunn were thanked specifically for their continuous support of the Board.
- The Board Chair encouraged everyone to take a well-deserved break and refresh during the holiday season.

### **Board Evaluation**

An annual Board evaluation will be conducted, with feedback requested by mid to late January 2025.

### **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**

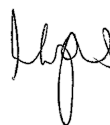
Noted for information.

#### **Medical Staff Executive Council Committee Meeting Minutes**

Noted for information.

### **Meeting Close**

Endorsed by Nigel Lyons. Board Chair, NSW Health Pathology

A handwritten signature in black ink, appearing to read "Nigel Lyons".

## Action Log NSW Health Pathology Board

Date	Action	Lead	Status
11/12/24 Item 3.	A research session was proposed for the next year, focusing on engagement and coordination of research efforts across different laboratories and hospitals. It was suggested that Dr Jean-Frederic Levesque be invited to a future meeting to discuss the Ministry of Health's research prioritisation and strategy.	Tammy Boone Jean-Frederic Levesque	Ongoing April 2025
26/10/23 Item 6.	Investigate the salary packaging issues concerning FASS.  A private taxation ruling application has been lodged with the Australian Taxation Office. The ATO have advised that they will be issuing a draft ruling on this application by the end of February.	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