

Minutes

Board

26 February 2025 | 10:00 AM - 01:30 PM, 1 Reserve Road, St Leonards, and Microsoft Teams

Attendees

Nigel Lyons (Chair), Cathryn Cox, David Currow, Gayle Murphy, John Roach, and Nicholas Hawkins.

Apologies: Carmen Rechbauer, Michael Legg, and Yvonne Weldon

In Attendance: Vanessa Janissen (Chief Executive), David Brown, John O'Connor, Nick Dunn, Darren Croese, Neil Catlett for Item 3, Juliana Iles Mann, Cai Byrnes for Item 4, Rob Lindeman and Nicole Tripney for Item 5, Tammy Boone for Item 6, 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.

Attendance and Apologies:

A quorum of Board members was in attendance and the meeting proceeded with business.

Declarations of Conflict of Interest

The Board Chair requested that all attendees declare any conflicts of interest. No Conflict of Interest were declared.

Confirmation of previous Minutes and Review of Action Log

- The draft minutes of the Board meeting held on the 11 December 2024 were confirmed as an accurate record of the meeting.
- The action log was reviewed with updates provided. An update was provided regarding the ongoing collaboration with the Ministry of Health (MoH) regarding salary packing at Forensic and Analytical Science Service (FASS). Noting update provided that a private taxation ruling application has been rejected by MOH and will not be proceeding to the Australian Taxation Office (ATO) on the advice from taxation lawyers that it is unlikely to succeed and will potentially open up broader compliance concerns. Advice will be provided to the staff on this basis. NSWHP will consider how to address concerns raised as a result.

Moved: Gayle Murphy

Seconded: David Brown

Chief Executive Update

The Chief Executive report was taken as read.

Key points discussed:

- The Board queried the microbiology strategy. Microbiology has progressed particularly with the automated culture-based systems. In addition, molecular techniques have become increasingly accessible and cost effective. Propose an evaluation of all microbiology services, including public health, with input from the Clinical Stream and Department Heads. This will facilitate the establishment of principles and provide an understanding of our technology and services.
- The 2025 priorities focus areas include firstly improving our laboratories performance by standardising and streamlining operations and enhancing patient and customer experiences. Secondly redesigning laboratories in preparation for Fusion and QPoint and optimising our work profiles and making the most of automation and POCT. Thirdly investing in the future including in the areas of advanced Genomics and digital technology in Anatomical Pathology and Haematology as well as ongoing infrastructure planning for Westmead and Lidcombe. And finally empowering the team through the implementation of the People Strategy, training programs, and advocacy for modern industrial awards were also mentioned. Effective communication of these strategies over the next 12 months is required, highlighting their connection with our budget stabilisation plan, strategic plan, and healthcare services plans.
- The expansion of Point of Care Testing (POCT) and the transition of Cootamundra laboratory testing to Young were discussed, with no anticipated job losses. Community concerns regarding service changes and potential flow on impacts were raised through information sessions and continued stakeholder conversations will inform the transition plan.
- The high demand and vacancies in Forensic Pathologists were mentioned, along with the positive impact of new Career Medical Officers and Registrars on the Natural Causes Pathway and training program.
- An upcoming 12-month drug checking trial at NSW music festivals, commencing 1 March 2025, was discussed. The trial aims to provide real-time drug information to users, with additional resources allocated as required.
- Congratulations to our operations and workers' compensation team for achieving excellent results, with NSWHP being recognised as the best-performing LHD/Entity in terms of claim numbers and size, according to the December APA results.
- The pathology services contract at North Shore Private Hospital was awarded to Douglas Hanly Moir. This will have an impact on laboratory activity and revenue at Royal North Shore Hospital. Planning workshops are being held with the impacted teams to make necessary changes leading up to the conclusion of the contract in June.

- Current industrial disputes with the Health Services Union (HSU) and Australian Salaried Medical Officers Federation (ASMOF) were discussed, highlighting lack of equity in Rights of Private Practice for Anatomical Pathologists and transparency in billing system.
- Dr Indy Sandaradura has been appointed as the Chief Medical Information Officer (CMIO), focusing on the Fusion program and the translation of pathology digital strategy. Discussions occurred concerning the workload and the adequacy of the 0.5 role to focus on the CMIO responsibilities.
- John O'Connor commenced his role as Director of Finance and Corporate Services, bringing valuable experience and complementing the Finance Team. His priorities include financial accountability and budget negotiations. The Board expressed appreciation for Nick Dunn's professionalism and contributions to the Finance Team and look forward to continuing to work with Nick.
- Numerous strategic meetings and site visits were held, including discussions on research strategy, vendor consultations, and staff engagements.

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

Budget Stabilisation Program

- The current financial results, year-to-date (YTD) financial results, reconciliation of results, forecasted results, associated risks, and key areas for 2025 were discussed.
- The focus areas for 2025 include strengthening and shaping services for a connected and integrated pathology and forensic service, standardising and enhancing service delivery, redesigning testing delivery for sustainability, advancing work for integrated service provision, and empowering and supporting staff.
- Key points discussed included the progress of revenue, procurement, corporate office, and FASS efficiencies, which are ahead of schedule. Improved FY24 results and current progress has the forecast result ahead of target as per budget stabilisation program for FY25. Enhancing labour management and improving efficiencies in goods and services at the laboratory level through benchmarking data and analysis were highlighted as key strategies for FY25 and FY26. Structural reform initiatives are behind schedule, but resourcing has been accelerated to achieve future targets, with planning in progress for implementations in FY26 and FY27.
- The current financial results show a favourable January Net Cost of Service (NCOS), though public revenue has declined as LHDs regulate activities and reduce COVID testing, and private revenue has remained flat since pre-COVID. Revenue from the infrastructure fee has risen compared to the previous year. The YTD NCOS is unfavourable, with reduced expenditure on goods and services due to procurement savings, though still unfavourable compared to the budget. FTE numbers remain stable, with effective management resulting in a reduction in leave and overtime expenditures YTD. Procurement is forecast to overachieve FY25 targets, with projected annual savings of \$5.4M and an additional \$1M increase for FY26. The FY26 result forecast has a shortfall in defined efficiency

programs that will need to be addressed through the budget build process. Material risks that may impact the FY26 financial result were identified including the impact of award increases, loss of North Shore Contract and ongoing decline in activity.

Future Planning:

- Establishing efficiency targets for FY26 and FY27, with a focus on operational efficiencies and revenue performance.
- Efforts to mitigate material risks impacting FY26 financial results were discussed.
- Pipeline initiatives, particularly in the design of microbiology services, are expected results in FY26 and FY27.
- Enhanced governance controls and refined reporting, i.e. the Mudgee dashboard, were highlighted.
- Investment in billing to ensure accuracy and recurring revenue was discussed.
- A query was raised about overtime in Liverpool, focusing on the utilisation of tools and ordering processes. It was noted that regular monthly meetings with LHDs provide an opportunity for discussion.
- The need for allocating resources for future strategies, especially in Genomics and Digital Anatomical Pathology, was discussed. Ongoing advocacy with the Ministry of Health regarding next year's budget and own source revenue targets was mentioned, highlighting current achievements, challenges, and system support.
- The Board noted the information presented and acknowledged the significant progress made. The Board recognised that the upcoming year would present challenges, and the need for a focused approach and risk management plans. Despite these challenges, the Board expressed confidence in NSWHP's ability to achieve its milestones.

Fusion

Juliana Iles-Mann presented a summary of the current status of the Fusion program.

Key points discussed:

- As we approach the end of Quarter 3, the final phase of configuration is scheduled to be completed by the end of March. Meetings of the working group and Council are now in progress to inform configuration decisions.
- Planning for the next phase is underway, with a focus on user and system readiness. Super users are being identified, and governance for implementation readiness of Tranche A is being established.
- Substantial testing is set to commence in May and will continue through to the end of November.
- The contract with the Blood Bank vendor has been signed, and staff training is underway. The Blood Bank schedule remains Amber due to compressed timelines to meet Epic's milestones.

- Engagement with third-party vendors (BBIS and IMCS) is ongoing, with progress in their configuration for testing with Epic. The Instrument Management Connectivity Solution (IMCS) contract is pending signature, with plans to establish the test domain.
- Risks and challenges are linked to the Blood Bank Information System (BBIS) and Instrument Management Connectivity Solution (IMCS).
- Discussions are in progress over the scope of data migration and archiving for the Single Digital Patient Record (SDPR).
- The budget re-baselining has been completed, including both SDPR and non-SDPR components. The current budget position is favourable.
- Enhanced stakeholder engagement through demonstrations of product functionality. Videos produced by each discipline highlight progress and standardisation work.
- Activities are being aligned with the future state, with a focus on training and digital literacy for staff.
- Programme activities continue to support the broader NSW Health Pathology strategy. Updates from the QPoint programme are being incorporated into the overall strategy.
- Outstanding decisions include the scoping of FASS, external pathology results, and broader programme decisions. The focus continues on implementation planning, including testing and readiness for Tranche A, while ensuring alignment with NSWHP's broader strategy.
- Highlighted the importance of managing the intersection of various programmes and operational initiatives and ensuring tracking mechanisms in place to monitor these intersections.

QPoint

Cain Byrnes presented a progress update on the QPoint program.

Key points discussed:

The QPoint system is scheduled to go live on 30 June 2025, developed internally.

- A series of communities of practice and sprints have been conducted, with 10 of 22 sprints completed. Staff engagement is ongoing. Every sprint evaluates requirements, governance, and functionality.
- Collaboration among staff is key with continuous engagement and training for effective implementation.
- Continue utilising legacy systems until the launch of QPoint. Four legacy systems have reached the end of their operational lifespan, with document migration and validation currently in progress.
- A readiness hub will support staff. Training materials are currently being developed.
- DevOps engineers will continue to be integral to the QPoint team following the go-live to ensure continuous improvement and facilitate ongoing enhancement. The Clinical Governance team and super users will offer on-site support.

- Work is being planned to prioritise the standardisation of processes through the implementation of the QPoint system. This initiative aims to streamline workflows, reduce variability, eliminate duplications, and ensure consistent standards and procedures across laboratories.
- To enhance efficiency across NSWHP, work is planned around the prioritisation of the standardisation of processes through the implementation of QPoint. This work includes the streamline workflows, reduce variability, eliminate redundancies and consistent standards and processes.

The Board **NOTED** the updates provided.

Action: The Board ENDORSED the baseline budget shift, allocating \$2 million to the Simba billing system.

Strategic Plan and HealthCare Services Plan

Update on Strategic Plan and Healthcare Services Plan

Nicole Tripney and Rob Lindeman provided an update on the early stages of staff consultation regarding the Strategic Plan and subsequent Health Care Service Plan.

Key points discussed:

- There have been 12 site visits, each with multiple sessions, and 20 more sessions are planned. Virtual sessions and subsequent surveys planned to enhance engagement.
- Currently there have been high levels of participation from various staff members, including couriers, collectors, scientists, and pathologists.
- There was broad support for centralisation to enhance resilience and equity of access.
- A strong sense of teamwork and community connection, along with pride in providing specialised diagnostic services and a dedication to quality in service.
- Consultation has highlighted the importance of enhancing the flexibility in response to change, continuous improvement and the need for greater agility and adaptability in processes.
- Facilitating data interoperability and the integration of private pathology reports.
- Feedback is being used to shape the strategic plan and the subsequent healthcare service plan, as well as identifying current challenges.
- Current staff feedback aligns with the Board's vision and values for NSWHP.

Future steps include:

- Finalise the consultations involving staff and external stakeholders in refining strategic plans, with workshops and sessions building on previous initiatives.
- Inclusive forums and customer experience surveys are being used to gather feedback and identify service gaps.

- Consultations with LHD customers, Primary Health Networks, and GPs are ongoing, recognising primary care as a growth area.
- Engagement with partners across various sectors is also taking place. Engagement with partners across Police, Coroners, Universities, and research partners. Leveraging local relationships and knowledge with pathology directors.
- The feedback will inform the business development strategy and the strategic plan for the next financial year, with staff consultations continuing until the end of April. Internal sessions are developing the healthcare service plan and individual service papers.

Healthcare Services Plan:

- Key focus areas such as paediatrics, genomics, and regional rural services, highlighting the need for detailed planning and consultations.
- Leveraging data from both public and private sectors is required. The strategic plan should be succinct, visually clear, and incorporate consultation recommendations.
- Ongoing engagement is important for stakeholder ownership and effective implementation.
- There was a discussion on the time pressure to complete consultations within the timeline, and the need to incorporate recommendations from the consultation into the development of the plan.
- The Board's advisory role and the timeline for feedback were also discussed. The importance of the Board's role in providing advice and support for the strategy. Noting, the consideration of the timeline for Board meetings in April and June to review and provide timely feedback on the strategy.
- The Board acknowledged the work underway, and the update provided.

Action: Consideration of the timeline for board meetings in April and June to review and provide timely feedback on the strategy.

People Strategy Scorecard

Key points discussed

- Significant reduction in excess leave balances was achieved over the December and January period. Staff with excessive leave were directed to utilise their leave, resulting in a substantial decrease in excess leave balances, similar to the reduction in Accrued Days Off (ADOs).
- The senior clinical leaders forum at 1RR, included senior operations managers and local pathology directors on a session on influencing with and without authority, which was well received. Continue to rollout the program to leaders through 2025.
- There is a slight increase in the time taken to recruit. This is anticipated that this will decrease in the next quarter.
- 40 new trainees onboarded in the Anatomical Pathology program.

- Mandatory training completion rates are progressing well, while there is a slight decrease in staff performance, due to reflection of where we are in the cycle; however, should continue to increase.
- The Ministry of Health (MoH) has released a new flexible work policy. Awaiting the support process and guidelines prior to broader communication. Anticipating a more standardised process for documenting information in SARA regarding flexible working arrangements.
- Respecting the Difference training completion rates continue to rise. Recently appointed two new trainee consultants to conduct training.
- Funding has been secured for 35 Department of Education and Training (DET) traineeships focused on marginalised communities. It was noted that 10% of the Lismore laboratory workforce consists of Aboriginal and Torres Strait Islander staff.

Hospital Scientist Interim Award Implementation

The Board was provided with an update on the implementation of the Hospital Scientist Interim Award Implementation.

Finance and Performance Committee

The Finance and Performance Committee report was accepted as read. It was noted that broad discussions on budget stabilisation and NSWHP's current financial position had taken place during the previous session. No additional updates were provided beyond the brief.

Audit and Risk Management Committee

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

Key points discussed:

- Lyn Baker participated in the recent leadership forum of the Audit Risk Committee (ARC) hosted by Treasury. Presentation topics included budgetary pressures resulting from COVID and extensive infrastructure programs.
- Growth needs to be contained to 2% or less, leading to higher levels of risk acceptance and not all projects being funded.
- Discussion regarding new climate change reporting requirements. NSWHP is not included in the initial tranche but may be included in the subsequent round.
- Treasury is nearing the release of the new TP 2008 policy for governing risk management and audit and risk committees. A separate policy providing guidance for ARCs will be implemented.
- The previous year's audit plan is complete, and the current year's audit plan is progressing as scheduled.
- Audits indicate that recommendations will address the issues identified.
- Changes in external audit processes for NSWHP and other entities. John Roach, Chair, e-Health ARC, noted changes in external audit processes and their impact on the workforce. The Audit Office will provide a management letter addressing matters specific to NSW Health Pathology, with consolidated

audit report issues at the HAC group level, due to the changes relating to the Audit Office of NSW Annual Engagement Plan (AEP) for the Health Administration Corporation (HAC).

- The ARC forum was well-received, with participants acknowledging the challenging environment and the importance of ongoing work by ARCs.

Quality and Clinical Safety Committee

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

Key points discussed:

- Discussed the dependency of outcomes on in-house ICT and resourcing. Highlighting the importance of sharing knowledge within the ICT portfolio to mitigate reliance on individual staff. The risks associated with developing in-house solutions was acknowledged. SharePoint was mentioned as a platform with broader sharing capabilities.
- An enquiry was made about the rollout and process of local risk registers. Confirming that local operational risk are incorporated into the statewide risk register. Noting, that the Committee receives information from the Enterprise Risk system related to quality and safety.

Clinical Council

Report only by exception.

Consulting with the Clinical Council members regarding the strategic planning process and informing the Council of the priorities for 2025.

Medical Staff Executive Council

Key points discussed:

- The first 2025 Medical Staff Executive Council meeting is scheduled for tonight and will address the proposed draft Award for Staff Specialists and its implications.
- Future topics will include the Rights of Private Practice (ROPP) and risk management. The meeting aims to engage senior Staff Specialists and facilitate open discussions on relevant issues.

Medical and Dental Appointments Advisory Committee

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

Key points discussed:

- The re-credentialing process has been successfully completed, and work is now focused on the accreditation of senior medical clinicians employed by the LHDs who hold clinical privileges in laboratories.
- Ongoing work involves capturing learnings from the recent re-credentialing process, which will be presented to the Board for their information.

Action: Learnings from the re-credentialing process are being documented and will be shared with the Board.

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

Items without Notice

- The Board Chair invited Board members to raise any items without notice.
- Pathology specimens in universities require improved management and accessibility across NSW university campuses. Focused efforts are needed to maintain records, ensuring specimens are properly kept, visible, and accessible. The Board asked to be kept informed on the progress of this work.

Action: The Board agreed to reschedule the April Board meeting to the 15 April, following the Audit and Risk Management Committee meeting, and to be hosted at 1 Reserve Road, St Leonards.

The June Board meeting will be held in Liverpool and will include a tour of the Liverpool laboratory. Additionally, there is consideration of hosting a regional meeting in October 2025.

Board Evaluation

- The brief was taken as read. The feedback and summary was noted. Opportunities for reflection regarding future improvements were identified. Consider how these improvements could be incorporated into our processes.
- A verbal evaluation was performed regarding today's meeting. Feedback will be considered concerning the information provided to the Board, including briefing notes, presentations, and shared information.

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

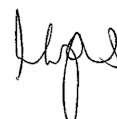
Noted for information.

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
26/02/2025 Item 5.	The Board recommends considering the timeline for board meetings in April and June to ensure timely review and feedback on the strategy.	Nicole Tripney Rob Lindeman	Ongoing Apr & Jun 2025
26/02/2025 Item 4.	The Board endorsed the baseline budget shift, allocating \$2 million to the Simba billing system.	Julianna Iles-Mann	Completed
26/02/2025 Item 10.3	Learnings from the re-credentialing process are being documented and will be shared with the Board.	Nigel Lyons	Ongoing
26/02/2025 Item 11.	The Board agreed to reschedule the April Board meeting to April 15th, following the Audit and Risk Management Committee meeting from 1 PM to 4 PM, to be hosted at 1 Reserve Road, St Leonards. The June Board meeting will now be hosted in Liverpool and include a tour of the Liverpool Hospital. Consideration of hosting a regional meeting in October 2025.	Tanya Dunn	Completed
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	Completed On agenda
26/10/23 Item 6.	Investigate the salary packaging issues concerning FASS. A private taxation ruling application was not progressed by MOH with the Australian Taxation Office.	Nick Dunn	Completed February 2025

Action Log NSW Health Pathology Board

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. * Deferred to June 2025.</i>	Cathryn Cox	Ongoing June 2025
24/04/2024 Item 4.	The Board requested a progress update on the People Strategy Implementation Plan in 12 months.	Deanna Paulin	Completed On agenda