Minutes

Board

26 August 2025 | 10.30am-2.00pm
Forensic Medicine & Coroners Court Complex, Multi-Purpose Room, 1a Main Road, Lidcombe

Attendees

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

Apologies: Cathryn Cox, Michael Legg, and Yvonne Weldon.

In Attendance: Vanessa Janissen, David Brown, Juliana Iles Mann For Item 4, Deanna Paulin, Stephanie Hales and Fiona Rose For Item 5, Lyn Baker, Irene Rusak, Sarah Balk For Item 8, Marco Chan, and Rob George For Item 10.4.

Secretariat: Tanya Dunn

1.0 Welcome, Acknowledgment of Country, and Emergency Management

The Chair opened the meeting with an Acknowledgement of Country, acknowledged the Dharug Nation as traditional custodians of the land, paying respect to both past and present Elders, as well as the Aboriginal and Torres Strait Islander attendees. A welcome was extended to all attendees.

1.1 Attendance and Apologies:

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

Forensic and Analytical Science Service and Forensic Medicine and Coroners Court Complex Laboratory Tours

- Board members took part in a planned tour of the Forensic and Analytical Science Service at the Lidcombe Campus. The tour included visits to key laboratory facilities, including the Forensic Toxicology Laboratory, Forensic DNA Laboratory, Drugs and Driving Toxicology, and the Illicit Drugs Analysis Unit. The visit, conducted by senior staff, offered Board members with direct insights into the operations and infrastructure of forensic and analytical science services.
- The itinerary also included a tour of the Forensic Medicine and Coroners Court Complex, followed by the Board meeting.
- The Board acknowledged the strong sense of pride and professionalism demonstrated by staff during today's site tours. Board members noted the enthusiasm with which staff presented their work, reflecting a clear commitment to quality and service excellence across all areas visited.

1.2 Declarations of Conflict of Interest

The Board Chair requested that all attendees declare any conflicts of interest.

1.3 & 1.4 Confirmation of previous Minutes and Review of Action Log

- The June Board meeting minutes were reviewed and confirmed as accurate.
- The Board reviewed the action log, noting that most items are either included in the current agenda or progressing for future meetings.
- A copy of the Overtime and On Call Procedure was distributed to Board members for information. This procedure outlines the approval and use of unrostered and rostered overtime, on-call duties, and recall to duty within NSWHP. It is intended to be read in conjunction with relevant NSW Health Awards, without restating or modifying Award provisions.

2. Consumer/Customer Story

The Board viewed a short video highlighting the work of one of our Forensic Medicine (FM) Social Workers, Danny Nugus, Senior Forensic Medicine Social Worker. The FM Social Workers provide specialised psychosocial support to families during the coronial process following an unexpected or unexplained death.

The story demonstrated Danny's role in providing immediate family support, guidance through complex procedures, delivering practical assistance, advocating, and offering trauma-informed care. The storyteller described Danny as having a steady reassuring presence, who explained processes clearly without overwhelming detail, demonstrating human connection, empathetic communication, and advocacy in a highly procedural environment.

3. Chief Executive Update

The Chief Executive report was taken as read.

Key points discussed:

- Mick Fuller, leading Queensland's DNA lab response, recently visited Forensic and Analytical Science Services (FASS) and shared insights into emerging risks.
- NSW Health is experiencing increased concerns around clinician involvement in decision-making amid evolving expectations and pressures. NSWHP maintains strong structural representation of medical and scientific leaders and is enhancing collaboration through initiatives such as the Senior Clinical Leaders program, strategic planning, and feedback mechanisms (e.g., forums, focus groups).
- NSWHP has received its FY26 Statement of Service and budget. Planning and implementation of budget sustainability strategies are underway, alongside ongoing discussions with the Ministry of Health regarding capital funding and sustainable models, including updates to the Asset Management Plan.

- In July, NSWHP launched QPoint, replacing six legacy systems and standardising laboratory protocols and quality processes. Over 93,000 documents and 239,500 versions have been migrated, with 3,000 staff onboarded. Version 2 upgrades are scheduled for September 2025.
- A backlog of unreported placenta histology cases was identified, with 74% now reported. A clinical reference group has been established, stakeholders informed, and no similar backlogs found elsewhere.
- Irene Rusak has been appointed Chair of the Audit and Risk Management Committee, with acknowledgment of Lyn Baker's contributions.
- Recognition of the significant contributions of Professor Margaret Janu and Cathie Atkins as they retire from their roles.
- Key engagements across June–August 2025 include presentations, laboratory visits, accreditation assessments, and strategic workshops were noted.

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

4. Fusion Update

Programme Status and Management

- The Fusion programme status is Amber, indicating active oversight and management of several complex and interdependent workstreams.

Key risks include:

- Instrument Management Connectivity Solution (IMCS) testing is labour-intensive and disrupts laboratory operations due to instrument downtime. Mitigation strategies include increasing testing sessions and allocating dedicated resources to minimise operational impact.
- Delays in e-reporting are due to system configuration issues and the need to engage with around 1000 General Practitioners (GPs) for the validation of message delivery, a requirement for National Association of Testing Authorities (NATA) accreditation. Mitigation strategies involve recruiting additional administrative staff, the implementation of structured outreach initiatives, and the establishment of testing protocols.
- The integration across EPIC and Beaker build, the transition of revenue to SIMBA, and eHealth platform operations present ongoing coordination challenges.
- The billing integration, particularly the SIMBA project, remains a significant challenge, requiring a dedicated Project Manager and enhanced governance to ensure timely milestone delivery.
- The team is prioritising the integration of SIMBA billing, supported by milestone-level reporting to ensure transparent visibility of progress and delays. A series of workshops is currently underway to validate the billing roadmap and identify potential risk points.

- Discussions have begun regarding a contingency plan (Plan B) should the SIMBA interface remain non-operational by the scheduled go-live date.
- Concerns were raised about potential impacts on Tranche B, which is scheduled to begin in under six months.

Financial Position

- The programme remains within its overall lifetime budget forecast, despite some reallocation across financial years. A budget realignment is underway to reflect actual and projected costs, ensuring accurate reporting across projects.
- Epic-related expenditure is below forecast, due to efficient budget management rather than delays. The overall budget outlook remains favourable, relative to initial projections.

Programme Management and Reporting

- A new project management tool has been implemented to visualise milestones, risks, and dependencies across 16 program components. This improves communication with the Strategic Leadership Team (SLT) and broader teams by clarifying program complexity and interdependencies.
- A lessons-learned tracker is in place and continuously updated. Mitigation strategies are being implemented, including cross-program learning and insights from other health jurisdictions.

Implementation Readiness, Change Management and Governance

- Readiness for Tranche A remains a priority, supported by a governance framework that includes designated readiness leads across laboratories. Progress is monitored against a checklist that incorporates technical, resource, and communication requirements.
- Change readiness is being assessed across operational, strategic, and workforce aspects, supported by pulse checks and direct staff interaction to encourage adoption and address concerns.
- The readiness strategy is coordinated across Program Management, People and Culture, and Strategic Communications to ensure alignment and consistency in implementation.
- Resources are allocated based on risk, ensuring that high-impact laboratories receive prioritised support.
- Future initiatives will focus on integration with St Vincent's Hospital Sydney and other third-party partners. Strategies are being developed to address and manage complex interface and workflow requirements.
- The governance model, adapted from the Single Digital Patient Record (SDPR) governance framework, ensures structured processes for escalation and decision-making through established forums.

Reporting and Engagement

- Updates on Tranche A readiness will be incorporated into future reporting. The program is a collaborative initiative between NSW Health Pathology (NSWHP) and the Single Digital Patient Record Implementation Authority (SDPRIA), with active involvement from senior leadership, including the Chief Executives of SDPRIA, NSWHP, and eHealth. Clarifying ownership and mitigation responsibilities for cross-agency dependencies has been identified as a priority.

Next Steps

- Negotiations for Memorandum of Understanding (MOUs) with Sydney Children's Hospital are in progress.
- Detailed implementation readiness planning is in progress to ensure laboratory preparedness.
- The change request to enable confidentiality in Epic for FASS has been approved, with the first Epic release expected late next year. All FASS workflows will be supported in Beaker, except Forensic Medicine (using FMIS) and Forensic Biology DNA, which will use a new low-code solution alongside Beaker. FMIS and FBDNA will have their own systems that will be integrated with Epic, but all other workflows will be built in Beaker.
- Pre- and Post-Analytical processes represent the most significant workflow and role impacts; a dedicated project has been established to support structured readiness.
- Between ten to twelve pulse check sessions have been conducted across Hunter New England (HNE) laboratories, offering solution previews and interactive Q&A with program leadership. Strong attendance and positive engagement were noted.

Board Discussion and Feedback

- The Board acknowledged the clarity and transparency of current reporting and highlighted the need for clearly defined risk prioritisation and escalation pathways. The need for continuous dependency mapping to clarify ownership and escalation pathways.
- The integration of billing integration was identified as the most critical dependency for program success. The Board discussed contingency planning and highlighted the importance of timely escalation should issues continue. Mitigation plans must remain on track, as unresolved billing risks could compromise readiness for Tranche A and subsequent phases.
- If confidence does not improve following the scheduled workshops, risks should be escalated to higher system-level forums, with the Board prepared to support such escalation. It was recommended that risk management teams across eHealth, NSWHP, and SDPRIA collaborate to ensure alignment in risk assessment, ownership, and mitigation strategies.
- The Board acknowledged the program's proactive approach in risk management, stakeholder engagement, and continuous improvement. The Board requested the inclusion of continuing risk summaries in future Board meeting papers.

The Board **NOTED** the update provided.

Action: Distribute a summary of the lessons-learned tracker to Board members for their review and feedback.

Action: Incorporate risk summaries in future Board meeting papers.

5. Forensic and Analytical Science Services (FASS) Beyond the Scorecard

- Deanna Paulin, Acting Director FASS, Fiona Rose, Laboratory Manager, Forensic Biology/DNA and Stephanie Hales, Associate Director, Integrations Science presented an overview of FASS, highlighting key achievements, recent innovations, and ongoing challenges, while reinforcing the need for continued investment to sustain FASS's leadership in forensic and analytical science services.

Key Discussion Points:

- FASS consistently provides high-volume, high-quality forensic services across NSW, supporting NSW Police, coronial system, and public health investigations.
- Significant investments in DNA robotics and toxicology automation have increased throughput, reduced manual handling, and improved turnaround times, establishing FASS as a national leader.
- FASS is leading NSW Government's drug testing trial at music festivals, receiving positive community and stakeholder feedback.
- Rapid toxicology testing for drug-related deaths has streamlined case management and improved communication with families.
- The new Forensic Information Management System (FMIS) has replaced legacy systems, improving data integrity, transparency, and service consistency.

Workforce & Performance

- Despite no increase in workforce, the forensic pathology team has improved report completion rates and reduced turnaround times by an average of 60 days.
- The introduction of new clinical roles (Chief Medical Officers and Clinical Nurse Consultants) (CMOs and CNCs) is enhancing workflow and supporting the education of medical practitioners.
- National and international shortages of forensic pathologists remain a critical risk. FASS is expanding training positions, pursuing international recruitment, and focusing on staff wellbeing.

Key Risks & Mitigation

- The Lidcombe facility has reached its end-of-life, presenting business continuity and WHS risks. Urgent investment and planning for new infrastructure (LFI/Westmead) are in progress. Addressing underlying capital funding gaps for FASS is also a critical action with Ministry of Health.
- Legacy systems require replacement and integration with NSW Police systems. A custom-built solution is proposed, pending approval and sourcing of funding.

- Ongoing risks include burnout, vicarious trauma, and retention challenges. Strategies include trauma-informed service design, additional training, and targeted recruitment.

External Review & Sector Leadership

- Queensland (QLD) DNA Inquiry Response: FASS has proactively reviewed and implemented relevant recommendations from the QLD Commission of Inquiries and subsequent reviews. FASS is regarded as a leader in forensic science, frequently consulted by other jurisdictions and contributing to national standards and innovation. Critical infrastructure and investment in information systems present the two biggest risks to FASS in this space with mitigation strategies underway.

Future Directions

- Continued investment in automation and AI-powered workflows will further enhance capacity, quality, and staff wellbeing.
- FASS is moving towards a service-oriented, interdisciplinary model, with a focus on harm minimisation and rapid intelligence for law enforcement.
- FASS is delivering strong operational results and sector leadership, while proactively addressing significant infrastructure and workforce risks.

Board Discussion and Feedback:

- Ongoing investment in people, technology, and facilities is critical to maintaining FASS's performance and reputation as a global leader in forensic analytical science service.
- The Board discussed national benchmarking approaches and discussed opportunities for sharing insights across jurisdictions, while acknowledging the challenges posed by differing state legislation and diverse operating models.
- The Board acknowledged the well-managed relationships across FM teams in Newcastle, Wollongong, and Lidcombe as effective regional collaboration.
- Discussion around responsibilities, workload implications, and associated risk of responding to critical DNA testing support requests from QLD. The discussion highlighted the need to ensure any assistance aligns with NSWHP's commitment to quality, safety, and internal workload management, while exploring feasible support options.
- It was recommended that the FASS and FM teams be actively included in planning discussions for the statewide hub, particularly regarding the scope of services to be incorporated.
- The importance of profiling FASS and FM services, showcasing current capabilities was discussed, alongside continued investment and exploration of opportunities to optimise and expand services.
- A proposal was made to invite representatives (Secretary & Deputy Secretaries) from the Ministry of Health to undertake a tour of FASS and FM facilities to gain a greater understanding of the

services provided and the infrastructure challenges faced by NSWHP to resolve the system funding gaps currently facing FASS.

- The Board extended their appreciation to the FASS and FM Teams for their exceptional contributions, professionalism, and commitment, acknowledging the significant impact of their work across NSWHP.
- The Board NOTED the update provided.
- Action: The Board requested that a review and update on the Queensland DNA Recommendation Report be provided within 12 to 18 months.
- Action: Discussions are to be held with the Ministry of Health regarding critical infrastructure and capital funding requirements at Lidcombe (and FASS more broadly), with particular focus on immediate actions needed to mitigate safety risks.

5. Scientific and Technical Workforce Strategy

- Postponed to the October Board meeting due to time constraints and technology disruptions.

7. & 7.1 Finance and Performance Committee

The Finance and Performance Committee report was taken as read.

John Roach, Chair of the Finance and Performance Committee, provided the Board with an update regarding the Committee's recent meeting.

Key Points Discussed:

NSWHP commenced FY26 with strong activity levels and favourable revenue outcomes, supported by the ongoing End-to-End Billing program initiated last financial year.

Key actions underway include:

- Engagement and pricing discussions with all LHDs to identify joint efficiency opportunities.
- Operational planning and execution to meet FY26 Comprehensive Expenditure Review (CER) and Efficiency Improvement Program (EIP) efficiency targets.
- Continued collaboration with the Ministry of Health Finance team to resolve budget briefs and address the financial impact of the North Shore Private contract loss.
- Advancement of the statewide Pathology Stewardship Taskforce, to promote appropriate test ordering, reducing laboratory demand and associated costs.
- Continued partnership with LHDs to optimise shared savings, including reviews of private outpatient billing regarding Medicare claims.
- Ongoing discussions with the Ministry of Health around the review of the current Capital Program.

The Board NOTED the update provided.

8. Audit and Risk Management Committee

- Lyn Baker, the outgoing Chair of the Audit and Risk Management Committee (ARMC) provided an update to the Board regarding the Committee's recent meeting.

Key Points Discussed:

- The Committee endorsed the financial statements for submission to the Audit Office, with a final review planned for later this week.
- The recent complaints management audit was considered successful, identifying only minor areas for improvement.
- The Internal Audit Plan (IAP), recently endorsed at the ARMC. The IAP is consistent with emerging governance priorities such as procurement, AI, and cybersecurity, as highlighted in the Audit Office's upcoming report to Government, reflecting a proactive approach to emerging governance challenges.
- The Finance Team is finalising actions related to the P Card and Cab Charge audit, with completion expected within the week.
- Lyn Baker introduced Irene Rusak as the incoming Chair and thanked Board members for their support during her time as chair. Lyn will remain a member of the Committee. It was also noted that Phillip West has joined the Committee as a new member.
- Board members extended appreciation for Lyn's leadership and commitment, which have enhanced risk management and monitoring within NSWHP. Irene Rusak was welcomed to the role of Chair, and the Board expressed confidence in the Committee's continued effectiveness.

The Board **NOTED** the update provided.

9. Quality and Clinical Safety Committee

Nick Hawkins, Chair of the Quality and Clinical Safety Committee, provided an update to the Board on the Committee's recent meeting.

Key Points discussed:

- The Committee reviewed operational key performance indicators (KPIs), noting a decline in complaint handling performance, due to a new process designed to increase customer feedback collection. This process has increased resolution times while producing more positive comments and a higher number of minor complaints. Streamlining efforts are underway, with improvements expected as the process matures.
- Board members highlighted the need for enhanced management oversight and improved dashboard visibility to support laboratory and collection managers.
- The Committee acknowledged the successful implementation of the internally developed Q Point system as a key achievement, demonstrating technical capability. Ongoing reliance on legacy

laboratory information systems remains a challenge, with migration to cloud-based solutions planned to improve reliability and vendor support.

- The Committee highlighted the need to define the post-Fusion IT operating model, incorporating lessons from other jurisdictions.
- The Board acknowledged external interest in the commercialisation of NSWHP-developed systems with further discussion scheduled for the December Board meeting.
- Improving patient and referrer experience was highlighted as a priority, with operational improvements, including improved communication and streamlined customer service operations, recognised as potential drivers of satisfaction.
- A query was raised regarding whether the Bureau of Health Information (BHI) report is reviewed at a statewide level within NSWHP and whether NSWHP engages BHI to obtain national benchmarking data.
- A recommendation was made to engage the Bureau of Health Information (BHI) to explore the availability of national and international benchmarking opportunities or surveys assessing patient experience in pathology services, to inform future improvements.

Action: An email concerning complaints handling and performance decline will be distributed to the Board for review and consideration.

10.1 Clinical Council

- The Clinical Council report was taken as read.
- Matthew Watts, Chair of the Clinical Council provided the Board with an update regarding the Council's recent meeting.

Key Points discussed:

- Council members were presented an outline of NSWHP's future direction, including operational priorities and deliverables for FY25/26.
- An update on the Statewide Hub at Westmead highlighted ongoing data collection, stakeholder engagement, and service planning activities prior to finalising the facility's design and operational model.
- QPoint was introduced, with immediate priorities focused on staff training, development of reporting capabilities, and system maintenance.
- The Council responded to a query from an immunologist outside the formal session, allowing the clinical stream lead to provide an explanation to the Committee. This approach reflects a commitment to promoting interactive and responsive Council meetings.

- The Clinical Council reviewed its Charter. Minor governance improvements were suggested, including the clarification of the quorum definition. The meeting was well-received, with attendees remaining engaged throughout.

10.2 Medical Staff Executive Council.

- David Brown, Chair of the Medical Staff Executive Council provided the Board with an update on the Council's recent meeting.

Key Points discussed:

- Communication between clinicians and management has improved, with increased recognition of clinicians perspectives. Opportunities remain to refine escalation and feedback processes, supported by ongoing initiatives to enhance engagement and responsiveness across NSWHP.
- Reference was made to the "Your Say" series, a program designed to engage clinical medical staff. Noting that correspondence had been sent to the Secretary, NSW Health, advising of NSWHP's interest in participating and outlining several key initiatives already in place to enhance clinical medical staff engagement in NSWHP. This presents an opportunity for NSWHP to strengthen engagement with clinical medical staff across the state.

10.3 Medical and Dental Appointments Advisory Committee

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

10.4 Learnings from the re-credentialing process

- Marco Chan, Associate Director, Medical Workforce Strategy, and Robert George, Director Medical Services, presented an overview of the inaugural re-credentialing process for staff specialists. The presentation highlighted compliance gaps and associated risks, supporting the need for enhanced governance in credentialing practices.

Key Points Discussed:

- Historically, the lack of a formal process for regular credential reviews led to outdated scopes of practice and heightened compliance risks. Incomplete records made it difficult to identify some senior medical officers, and existing credentialing practices did not adequately capture the full range of specialist and subspecialty services.
- To address these gaps, a five-year recredentialing cycle has been introduced, record-keeping has been strengthened through the e-credential system, and definitions of recency and scope of practice are being refined in consultation with clinical experts.
- Statewide credentialing processes and enhanced registration monitoring are under development to ensure alignment with evolving service models and regulatory standards.

- This initiative marks a significant advancement in promoting consistency, transparency, and risk mitigation across NSWHP, with ongoing efforts to integrate credentialing into future workforce planning.
- During the discussion, a query was raised about evaluating the recent recredentialing process, specifically how its effectiveness will be measured. The importance of identifying achievements to date and establishing a structured approach for ongoing evaluation was highlighted. It was acknowledged that clear indicators and reporting mechanisms will be established to ensure accountability and support continuous improvement in credentialing practices.

11. Items without Notice

11.1 Overview Council of Board Chairs Meeting

- Nigel Lyons provided a brief overview of the recent Council of Board Chairs meeting, which focused on governance effectiveness, clinical engagement, and the function of Boards within NSW Health.
- The importance of enhancing clinician involvement at the local level to support efficient service delivery and collaboration was highlighted.
- The discussion highlighted the ongoing need for Boards to demonstrate their value through strong governance, strategic oversight, and alignment with system priorities.

12. Board Evaluation

- Board members highlighted the value of site visits for gaining operational insights and strengthening their understanding of service delivery.
- The Chair acknowledged the teams' efforts in preparing the meeting papers and extended appreciation for their clarity, noting that the quality of the papers supported informed discussion and decision-making.
- The Chair also thanked Board members for their active participation, including their travel, preparation, and contributions to the discussions.

For Information

Finance and Performance Committee Meeting Minutes

Noted for information.

Medical and Dental Appointments Advisory Committee Meeting Minutes

Noted for information.

Audit and Risk Management Committee Meeting Minutes

Noted for Information.

Clinical Council Committee Meeting Minutes

Noted for information.

Quality and Clinical Safety Committee Meeting Minutes

Noted for Information.

Medical Staff Executive Council Committee Meeting Minutes

Noted for information.

Meeting Closed

Endorsed by Dr Nigel Lyons, Board Chair, NSW Health Pathology

Action Log NSW Health Pathology Board

Topic	Action	Due	Accountability	Status	Update
Item 4. Fusion Update	Share a summary of the lessons-learned tracker with interested Board members for review and feedback.	Oct 25	Juliana Iles-Mann	Ongoing	
	Include ongoing risk summaries in future Board meeting papers.	Oct 25	Juliana Iles-Mann	Ongoing	
Item 5. FASS Update: Beyond the Scorecard	The Board requested that a review and update on the Queensland DNA Recommendation Report be provided within 12 to 18 months.	Dec 26	Deanna Paulin	Ongoing	December 2026
	Initiate discussions with the Ministry of Health regarding critical infrastructure and capital funding needs at Lidcombe, with particular focus on immediate actions needed to mitigate safety and business continuity risks.	Nov 25	Deanna Paulin Vanessa Janissen	Completed	Completed
	Legacy systems require replacement and integration with NSW Police systems. A custom-built solution is proposed, pending approval and sourcing of funding.	Nov 25	Deanna Paulin Vanessa Janissen		
	Evaluate workload implications and risks associated with responding to critical DNA testing support requests from QLD. Ensure alignment with NSWHP's commitment to quality, safety, and internal workload management.	Nov 25	Deanna Paulin Vanessa Janissen	Completed	Completed

Action Log NSW Health Pathology Board

Topic	Action	Due	Accountability	Status	Update
	Actively include FASS and FM teams in statewide hub planning discussions, particularly regarding the scope of services to be incorporated. Ensure operational needs and service capabilities are reflected in future infrastructure planning.	Nov 25	Deanna Paulin Vanessa Janissen		
	Develop a strategy to profile FASS and FM services, showcasing current capabilities and innovations. Support advocacy for continued investment and sector recognition.	Nov 25	Deanna Paulin Vanessa Janissen		
	Organise a site tour of FASS for MoH Deputy Secretaries. (Alfa D'Amato, Kerry Chant and Vince Taggart) to enhance their understanding of service delivery, infrastructure challenges, and funding gaps.	Nov 25	Deanna Paulin Vanessa Janissen	Completed	**Completed**
Item 9. Quality and Clinical Safety Committee	Email regarding complaints handling and performance decline will be circulated to the Board for review and consideration.	Aug 25	Nick Hawkins	Completed	**Completed**
Item 10. KPI Reporting	Revise KPI reporting format to reflect accurate change metrics and trends.	Aug 25	Craig Scowen	Completed	**Completed**
Item 3. 15/4/25 Research Strategy	Review the NSWHP Research Strategy to ensure alignment with the new strategic planning process and the NSW Health Research and Innovation Strategy. Revisit the NSWHP Research Strategy with feedback from the Board.	Oct 25	Tammy Boone	Ongoing	**Deferred to Feb 26**

Action Log NSW Health Pathology Board