

Special Commission of Inquiry into Healthcare Funding

Outline of Evidence of James Branley

Name: A/Prof James Branley

Occupation: Local Pathology Director, New South Wales Health Pathology, Nepean Hospital

1. This is an outline of evidence that it is anticipated that I will give to the Special Commission of Inquiry into Healthcare Funding.

My Role

2. I am the Local Pathology Director at Nepean Hospital which is part of the Nepean Blue Mountains LHD (**NBMLHD**). I have held that role since 2019. I am the Lead Clinician for New South Wales Health Pathology (**NSWHP**) Nepean Laboratory and represented pathology during discussions of the Nepean Hospital Redevelopment. At Nepean Hospital, I am or have been a member of the following committees and clinical groups or held the following positions:
 - a. Designated pathology person for Nepean Hospital and associated rural laboratories;
 - b. Head of Department of Infectious Diseases;
 - c. Head of Hospital in the Home Nepean;
 - d. Member of Nepean Hospital Clinical Council;
 - e. Infection Control Committee;
 - f. Past Head of The Division of Medicine, and
 - g. Past NBMLHD Board Director (2010 to 2016).
3. I have a Bachelor of Medicine and a Bachelor of Surgery, a PhD, and I am a fellow of the Royal Australasian College of Physicians and a fellow of the college of Pathologists of Australasia. I hold a Diploma in Tropical Medicine and Hygiene from the London School of Tropical Medicine. I am also Air Force Reservist and have deployed in laboratory roles

overseas with the ADF and AUSMAT. Exhibited to this outline is my CV (Exhibit 192 in NSW Health Tranche 4 Consolidated Exhibit List).

4. In my role as Local Pathology Director for Nepean Hospital, I am responsible for:
 - a. clinical governance and medical supervision of pathology testing performed at Nepean Hospital;
 - b. overseeing the operational performance of the laboratory together with the NSWHP Operations team, laboratory managers and Heads of Departments;
 - c. building and maintaining strong stakeholder relations with NBMLHD clinical and operational stakeholders and within NSWHP more broadly; and
 - d. providing support and guidance to site Heads of Department to facilitate better communication between NSWHP and NBMLHD.

5. I was the Clinical Project Sponsor on the NSWHP Nepean Laboratory (**the Laboratory**), which formed part of the Nepean Hospital Redevelopment. In my role as Clinical Project Sponsor, I was responsible for leadership, governance and management of NSWHP's activities as part of the development of the new pathology department at Nepean Hospital (**the Project**), including:
 - a. reviewing and developing plans and schedules of accommodation, provision of equipment and IT connectivity, workforce and workflow redesign, overseeing change management and communication processes for the Laboratory;
 - b. liaising with and consulting colleagues within NSWHP, Health Infrastructure, NBMLHD, NSW Health planners and other stakeholders in relation to the Project;
 - c. responding to issues as they arise and providing feedback related to decisions made on the Project;
 - d. keeping the NSWHP Strategic Leadership Team informed about any issues arising related to the Project requiring their input or decision making; and
 - e. maintaining a safe, quality pathology service during the Project and identifying and mitigating risks associated with the Project.

Laboratory Summary

6. The NSW Health *Guide to the Role Delineation of Clinical Services*, which is exhibited to this outline (Exhibit 193 in NSW Health Tranche 4 Consolidated Exhibit List) delineates the level of clinical services, including pathology, that should be provided across NSW Health facilities based on the size and complexity of the facility's service profile. Level 1 facilities manage the least complex patients and Level 6 manage the most complex patients.
7. Nepean Hospital is classified as a Level 6 hospital, which under the *Guide to the Role Delineation of Clinical Services* requires a 'Category G' pathology laboratory. This refers to a laboratory accredited as a Category GX or GY laboratory as described in Section 17 of the Health Insurance (Accredited Pathology Laboratory – Approval) Principles 2017.
8. The Laboratory is an accredited GX laboratory, which is a large, multidisciplinary laboratory that provides complex services, including:
 - a. clinical consultation and advice;
 - b. diagnostic testing across the disciplines of Haematology, Chemical Pathology, Transfusion, Microbiology, Molecular Biology, Immunology and Anatomical Pathology including Histopathology and Cytopathology;
 - c. Point of Care Testing;
 - d. inpatient and outpatient collection service;
 - e. teaching for medical staff and medical students;
 - f. training for pathology trainees and hospitals scientists;
 - g. research, and
 - h. mentoring and supervision of rural laboratories.
9. In addition to providing extensive pathology services to Nepean Hospital, the Laboratory provides networked services to other facilities located within the NBMLHD, including:
 - a. specialist scientific and clinical supervision for staff at NSWHP's Category B laboratories at the Blue Mountains ANZAC Memorial Hospital and the Lithgow Hospital;

- b. pathology services for Springwood Hospital, via a daily courier service Monday to Saturday and a weekly ward collection service;
- c. pathology services referred from the private pathology operator at Hawkesbury District Hospital; and
- d. referred pathology and supervisory and clinical support for NSWHP's Western NSW LHD southern sector Laboratories.

The Previous Laboratory

10. The previous laboratory had outgrown its space. It was originally designed in the 1970s for a small district hospital. The use of adjacent space for growth was not always fit for purpose. The laboratory had spread over two levels with departments separated and somewhat siloed from each other. The specialist pathologists were housed in a separate building to the laboratory. This space had little natural light and was in a risky location adjacent to the hospital gas storage facility. The Anatomical Pathology department was overcrowded with no expansion zone and a morgue which was not able to handle the number or size of bodies. The Microbiology department was also overcrowded and was in a stand-alone building with a leaky roof and structural issues. This building is now being demolished to expand the hospital dock.
11. Consultation on a potential redevelopment of the laboratory initially began in 2011 in the lead up to the completion of the Nepean Hospital East Block Surgical building. At that time, I was a Board member of the NBMLHD and recall having a number of conversations that the laboratory was not fit for purpose. My recollection is that representatives of both NBMLHD and Nepean Hospital agreed that the redevelopment of the laboratory should be pursued. A project team and consultant architects were commissioned by NBMLHD for the concept development of a Centre for Rural and Regional Pathology support. The east block undercroft was identified as the preferred location (this is where the current department was eventually built). An extensive planning document was produced however no project funds were identified until some years later in 2020.

The New Laboratory

12. With the announcement of Stage 1 redevelopment of Nepean Hospital in 2019, discussions of pathology redevelopment for Nepean Hospital in NBMLHD acquired a degree of urgency as predicted increase in workflow and an assessment of the geography and function of the existing department meant continuing with the existing

department was not a viable option. I recall that this urgency, together with other redevelopment requirements in other areas of Nepean Hospital, was the impetus for accelerating pathology redevelopment prior to Stage 2 of the Redevelopment.

13. In 2020, Health Infrastructure commissioned an independent assessment of the physical space required for the Nepean Hospital Pathology Laboratory following completion of Stages 1 and 2 of the Redevelopment, to support the development of a business case (**Assessment**). I understand that Assessment found that the layout, workflow and workable spaces of the previous laboratory limited efficiencies and quality improvements (including the introduction of automated workflows), that its size and configuration barely met the capacity needs at that time and would not provide the capacity required to manage the pathology services uplifts. Following the Assessment, a decision was made by Health Infrastructure and NBMLHD to proceed with the new Laboratory as a part of Stage 2 of the Redevelopment.
14. The planning and design of the new Laboratory was undertaken in accordance with various documents, including:
 - a. the *NSWHP Clinical Services Plan*, exhibited to this statement (Exhibit B.23.094 MOH.0001.0384.0001), which sets out how NSWHP will provide pathology services to 2025;
 - b. the relevant laboratory design requirements; and
 - c. the Assessment.
15. The detailed design requirements for the new Laboratory are set out in a functional design brief which is what I understand to be the document required to be approved for the Laboratory to be built.

Project Governance

16. As part of Stage 2 of the Nepean Hospital Redevelopment, project governance arrangements were developed. Those arrangements provided the mechanisms for the project planning, including governance structure, terms of reference for each group and their process of facility planning roles and responsibilities, although other committees and groups were formed as Project needs required. I was a member of a pathology-

specific Executive User Group and a Project User Group which reported to the Executive User Group.

17. I was a member of the pathology Executive User Group (Known as NSW Pathology and Nepean redevelopment Meeting), pathology Project User Group, and together with the Nepean operations manager I was part of the Nepean Stage 2 Operational Change and Delivery Committee (**OCDC**). I understand these groups were formed to allow for pathology-specific committee oversight of the planning and delivery of the Laboratory.
18. The pathology Executive User Group met fortnightly for the duration of the Project, a total of 17 meetings the last meeting being on 3 July 2023. It had members from NBMLHD, NSWHP and Health Infrastructure, planning and CBRE. If an issue was raised by the Group or had been escalated from a Project User Group and required escalation onto the Planning and Development Committee, I understand that Health Infrastructure and other NBMLHD Executives took issues to that Committee for resolution, although in my role, I was not involved in that process.
19. The pathology Operational User Group met approximately every month, for a total of 13 meetings, the last of which was on 3 August 2023. The members were aligned with each of the pathology disciplines and were heavily involved in detailed planning of the redevelopment of the Laboratory space, from initial concept design down to bench-by-bench micro design and fixtures, fittings and equipment planning. Detailed design changes were also workshopped at the Operational User Group.
20. The OCDC had members of NBMLHD and NSWHP, including members of the operations and finance teams of NSWHP Nepean. The OCDC had approximately 80 meetings, the last of which was in June 2023. The purpose of the OCDC was to discuss general redevelopment issues and coordinate operational matters between pathology and the broader redevelopment landscape. For example, at one stage corridors needed to be closed and pathology business was impacted by access to the old laboratory.

Outcomes From the Redevelopment

21. The new Laboratory has addressed many of the previous laboratory's issues. It consists of a larger, rectangular space on a single level, situated directly beneath surgical theatres and alongside Maternity and the Emergency Department which have a high demand for pathology services, especially in highly urgent situations such as massive transfusion protocols and trauma. The Laboratory will also be closely situated to the Intensive Care Unit, which is included in Stage 2 of the Redevelopment. The specimen reception area

is much more user friendly for hospital clinical staff and the Laboratory's collection rooms are more accessible for hospital patients. The Laboratory is much lighter and more secure for staff, particularly those who work on night shifts.

22. The large 3,260m² Laboratory delivers a modern open plan design that provides a more integrated, automated and patient centred approach to patient testing.
23. Integration is promoted by providing direct specimen workflow from the Specimen Reception area to the core laboratory testing areas of Transfusion, Haematology and Biochemistry, with the additional disciplines of Microbiology, Molecular Biology and Anatomical Pathology surrounding this area and minimising chances of specimen loss in transit or confusion when specimens need to be split.
24. Automation is promoted via a large biochemistry platform that is now automated with a track system which takes blood and body fluids to different machines to analyse the specimen prior to storage in the fridge. If further tests are then required (known as 'add-ons') the track system will select the correct specimen from storage and reanalyse it accordingly. This is efficient, labour saving and reduces the risk of human error. There are plans to extend this process to other departments for example a haematology extension in the Core lab and a front-end automation system in Microbiology. The Specimen Reception is directly connected to the hospital via the extensive automated pneumatic tube system enhancing workflow efficiencies across the hospital.
25. The Laboratory allows for a more patient-centred approach. Patients can have blood tests at the front door. Emergency situations are improved, for example if a blood transfusion is required in the Maternity Department, the Laboratory is next to Birth suite. In a massive haemorrhage situation the required blood specimens and transfusion products can transported quickly and easily. Another example is the new multidisciplinary rooms tele-connected for patient based clinical meetings to enable conferencing with a range of clinical providers such as clinicians, surgeons, pathologists, nurses and others. These Multi-Disciplinary Team meetings are essential for contemporary individual patient care. The new Laboratory has structured these rooms to facilitate local care.
26. The Laboratory also houses extensive Microbiology and Molecular Biology departments to support local research. The Microbiology department has been purpose built to provide appropriate separation between molecular and culture-based tests, which will help to avoid contamination. Molecular biology has been located centrally to enable the introduction of new molecular testing platforms and technology which will provide a great

opportunity to improve speed and accuracy of diagnosis and more targeted therapy (for instance antimicrobial stewardship programs). The Molecular Biology department is situated between Microbiology, Anatomical Pathology and Haematology which are the three disciplines likely to use molecular testing in the future for individual medicine. Rapid Microbiological diagnosis of serious illness is the current day to day use.

27. The administrative area provides a mixture of shared and office accommodation for management and clinical staff along with a range of flexible bookable meeting rooms.
28. In my view this has been a very successful redevelopment. Staff feedback to me has been close to universally positive.
29. Staff like working in this department. It is central, unified, functional and aesthetically pleasing to work in. It retains the benefits of a very integrated core laboratory while further integrating other departments such as Anatomical Pathology and Microbiology. This has been achieved through shared spaces where interactions between members of different clinical departments can occur. I see this on a daily basis with specialists formally and informally discussing cases between different disciplines leading to highly interactive care of patients. The structure of a large flat department with minimal walls and the use of glass where possible has created a productive workplace where the daily application of scientific knowledge is on show.
30. The new automation in biochemistry is starting to show signs of lifting productivity with the promise of this continuing to other disciplines. The labour savings in time from this approach will lead to greater service delivery, less error and reduced turnaround times.
31. Future proofing the department by building a molecular biology department centrally surrounded by the key feeder departments means we are well poised to enter the era of personalised medicine.