



File: T&F20/0530
A1556842

18 December 2020

Mr Chris Picton MP
Member for Kaurua
760 Grand Boulevard
SEAFORD MEADOWS SA 5169

State Administration Centre
200 Victoria Square
Adelaide SA 5000
GPO Box 1045
Adelaide SA 5001
DX56205
Tel 08 8226 9500
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<http://www.treasury.sa.gov.au>
ABN 19 040 349 865

Sent via email: shadowhealth@parliament.sa.gov.au

Dear Mr Picton

Freedom of Information Internal Review — Korda Mentha Related Emails

I refer to your Freedom of Information application received by the Department of Treasury and Finance (DTF) on 15 June 2020 and your Internal Review application received on 17 September 2020.

Your applications specifically requested:

“Any emails sent or received by David Reynolds, Stuart Hocking, Tammie Pribanic, Sandy Burness containing the words “KordaMentha”, “Korda Mentha”, “Chris Martin”, “Mark Mentha” or “Sebastian Hams [Date Range: 01/01/2020 to 15/06/2020].”

Determination under review

DTF did not make a determination on your initial application within the 30-day time period required by the Freedom of Information Act 1991 (the **FOI Act**). Accordingly, DTF was deemed to have refused access in full to all documents relevant to your application.

Outcome of internal review

Under section 29(3) of the FOI Act, on an application for internal review, as principal officer I may, confirm, vary or reverse the determination under review. In doing so, I am required to give fresh consideration to the decision under the FOI Act

I have determined to **vary** the original deemed refusal.

A total of 85 documents were identified as answering the terms of your application and I have determined as follows:

- I grant you access in full to 5 documents, copies of which are enclosed
- I grant you access in part to 33 documents, copies of which are enclosed, and
- I refuse you access to 47 documents.

Please refer to the attached schedule that describes each document and sets out my determination and reasons in summary form.

Documents released in full

Documents 34, 37, 64, 76 and 84

Documents released in part

Documents 1-2, 4, 13, 17, 22-23, 27, 29, 38, 51, 54 and 83

These documents contain information which, if released, would disclose details concerning a deliberation or decision of Cabinet. I have therefore determined to exempt this information pursuant to clause 1(1)(e) of Schedule 1 to the FOI Act.

Documents 4 and 23 contain an extract from either draft documents and/or final documents which were submitted to Cabinet. I have therefore determined to exempt this information pursuant to clause 1(1)(c) of Schedule 1 to the FOI Act.

Documents 70 and 72-73 mentions legal advice sought by KordaMentha. This information is exempt from disclosure as it is subject to legal professional privilege. I have therefore determined to exempt this information pursuant to clause 10(1) of Schedule 1 to the FOI Act.

Documents 15 and 43 contain information in relation to various parliamentary briefing notes. The information has been specifically prepared for use by the Treasurer in Parliament. Disclosure would infringe the privilege of Parliament. I have therefore determined to exempt this information in accordance with clause 17(c) of Schedule 1 to the FOI Act.

Documents 12, 21, 33, 36, 40, 45, 56-58, 62-63, 70, 72-74

These documents contain information that relate to the personal affairs of third parties. Under clause 6(1) of Schedule 1 to the Act, a document is exempt if its disclosure would involve the 'unreasonable disclosure of information concerning the personal affairs of any person'. This information falls within the definition of personal affairs under the FOI Act and is therefore exempt from release pursuant to clause 6(1).

Document 60 contains opinions, advice and recommendations provided for the decision making functions of the agency in advising the Treasurer on matters that relate to the government's health position. I have exempted this information pursuant to clause 9(1)(a) of Schedule 1 to the FOI Act.

In considering the public interest, I acknowledge there is strong public interest in government expenditure, particularly expenditure involving health, and the need for government to appear transparent and accountable for its decisions. In my view, however, this is outweighed by the need to ensure frank and open communication between senior public servants and the Minister concerning decisions of government.

Documents 2, 4, 13, 15, 29, 38, 41, 43, 45-46 and 51 all contain sections that are not relevant to your application.

Documents refused in full

Documents 30, 32 and 68

These documents were specifically prepared for submission to Cabinet. In accordance with clause 3 of schedule 1 of the FOI Act, a reference to a Cabinet includes a reference to a committee of Cabinet. I have therefore determined to refuse access to these documents in full pursuant to clause 1(1)(a) of Schedule 1 to the FOI Act.

Documents 3, 5-7, 9-11, 14, 18, 20, 25-26, 28 and 39

These documents are drafts of documents that were specifically prepared for submission to Cabinet. I have therefore determined to refuse access to these documents pursuant to clause 1(1)(b) of Schedule 1 to the FOI Act.

Document 61 is a briefing paper specifically prepared for the use of the Minister in relation to a matter submitted to Cabinet. I have therefore exempted the document pursuant to clause 1(1)(f) of the FOI Act.

Documents 8, 19, 24, 31, 47-48, 52-53, 55, 67, 69, 71 and 79-82

These documents contain information which, if released, would disclose details concerning a deliberation or decision of Cabinet. I have therefore determined to exempt this information pursuant to clause 1(1)(e) of Schedule 1 to the FOI Act.

Documents 16, 35, 44 and 85 are parliamentary briefing notes which have been specifically prepared for use by the Treasurer in Parliament. Disclosure would infringe the privilege of Parliament. I have therefore determined to exempt this information in accordance with clause 17(c) of Schedule 1 to the FOI Act.

Documents 49 and 50 contain information relating to Central Adelaide Local Health Network (CALHN) procurement Information and action requests. If released there is a possibility some adverse effect could flow from their disclosure.

I acknowledge that there is a strong public interest in the public being able to scrutinise the government's tender processes. In my view, however, this is outweighed by the public interest in ensuring that the government's ability to remain competitive through appropriate contract management is not disadvantaged by the premature release of information. Release of this information would reveal the government's intention and disclosure could reasonably be expected to have an adverse effect on the government's business affairs and negatively affect the government's procurement outcome. I have therefore determined to exempt both documents from disclosure pursuant to clause 7(1)(c) of Schedule 1 to the FOI Act.

Document 77 contains detailed information concerning the business, commercial and financial affairs of government and a third party. If disclosed, this could reasonably be expected to have an adverse effect on those affairs and cause damage to the relationship between the government and third party.

In considering the public interest, I have considered the objects of the Act which favour release. I acknowledge there is a strong public interest for there to be transparency in the operations of government and its commercial dealings.

However, I have determined that this is outweighed by the need to ensure the government's ability to maximise the best possible outcome in business dealings, and that partners to these dealings are not disadvantaged by the disclosure of commercially sensitive information. I have determined to exempt this information pursuant to clause 7(1)(b) of Schedule 1 to the FOI Act

Documents 42, 59, 65-66, 75 and 78 contains opinions, advice and recommendations provided for the decision making functions of the agency in advising the Treasurer on matters that relate to the government's health position and decisions concerning the State Budget.

In considering the public interest concerning documents 42, 59 65-66, 75 and 78, I acknowledge there is strong public interest in government expenditure, particularly expenditure involving health, and the need for government to appear transparent.

In my view, however, this is outweighed by the need to ensure:

- frank and open communication between senior public servants and the Minister concerning decisions of government, and
- the ability of government to maintain the viability and integrity of its services through these robust conversations, and
- the sensitivity of information prepared for the Treasurer to deliberate.

I have determined to exempt these documents pursuant to clause 9(1)(a) of Schedule 1 to the FOI Act.

In addition to the exemptions claimed for documents 31, 69 and 78, these documents also contain sections not relevant to your application.

Exemptions

Clause 1 – Cabinet documents

- (1) *A document is an exempt document –*
- (a) *if it is a document that has been specifically prepared for submission to Cabinet (whether or not it has been so submitted); or*
 - (b) *if it is a preliminary draft of a document referred to in paragraph (1); or*
 - (c) *if it is a document that is a copy of or part of, or contains an extract from, a document referred to in paragraph (a) or (b); or*
 - (e) *if it contains matter the disclosure of which would disclose information concerning any deliberation or decision of Cabinet; or*
 - (f) *if it is a briefing paper specifically prepared for the use of a Minister in relation to a matter submitted, or proposed to be submitted to Cabinet.*
- (3) *In this clause, a reference to Cabinet includes a reference to a committee of Cabinet and to a subcommittee of a committee of Cabinet.*

Clause 6 – Documents affecting personal affairs

- (1) *A document is an exempt document if it contains matter the disclosure of which would involve the unreasonable disclosure of information concerning the personal affairs of any person (living or dead).*

Clause 7 – Documents affecting business affairs

- (1) *A document is an exempt document—*
- (a) *if it contains matter the disclosure of which would disclose trade secrets of any agency or any other person; or*
 - (b) *if it contains matter—*

- (i) *consisting of information (other than trade secrets) that has a commercial value to any agency or any other person; and*
- (ii) *the disclosure of which—*
 - (A) *could reasonably be expected to destroy or diminish the commercial value of the information; and*
 - (B) *would, on balance, be contrary to the public interest; or*
- (c) *if it contains matter—*
 - (i) *consisting of information (other than trade secrets or information referred to in paragraph (b)) concerning the business, professional, commercial or financial affairs of any agency or any other person; and*
 - (ii) *the disclosure of which—*
 - (A) *could reasonably be expected to have an adverse effect on those affairs or to prejudice the future supply of such information to the Government or to an agency; and*
 - (B) *would, on balance, be contrary to the public interest.*

Clause 9 – Internal working documents

- (1) *A document is an exempt document if it contains matter—*
 - (a) *that relates to—*
 - (i) *any opinion, advice or recommendation that has been obtained, prepared or recorded; or*
 - (ii) *any consultation or deliberation that has taken place, in the course of, or for the purpose of, the decision-making functions of the Government, a Minister or an agency; and*
 - (b) *the disclosure of which would, on balance, be contrary to the public interest.*

Clause 10 – Legal Professional Privilege

- (1) *A document is an exempt document if it contains matter that would be privileged from production in legal proceedings on the ground of legal professional privilege.*

Please note, in compliance with Premier and Cabinet Circular PC045 - *Disclosure Logs for Non-Personal Information Released through Freedom of Information* (PC045), DTF is now required to publish a log of all non-personal information released under the *Freedom of Information Act 1991*.

In accordance with this Circular, any non-personal information determined for release as part of this application, may be published on the DTF website. A copy of PC045 can be found at the following address: <http://dpc.sa.gov.au/what-we-do/services-for-government/premier-and-cabinet-circulars> Please visit the website for further information.

External review

If you remain dissatisfied with this determination, you have the right to apply to the Ombudsman for external review under section 39 of the FOI Act. You have 30 days from the date on which you receive this letter to apply for an external review. If you have any questions about an application to the Ombudsman, please contact the office on (08) 8226 8699.

Yours sincerely

A handwritten signature in black ink, appearing to read 'D. Reynolds', with a stylized flourish at the end.

David Reynolds
PRINCIPAL OFFICER

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Schedule of Documents

T&F20/0530 - Mr Chris Picton MP seeking 'Any emails sent or received by David Reynolds, Stuart Hocking, Tammie Pribanic, Sandy Burness containing the words "KordaMentha", "Korda Mentha", "Chris Martin", "Mark Mentha" or "Sebastian Hams [Date Range: 01/01/2020 to 15/06/2020].'

Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
1	06/01/2020 11:03am	Email - RE: Confidential - Draft Cabinet Submission	3	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
2	06/01/2020 3:54pm	Email - RE: Confidential	2	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
3	3/01/2020	Attachment to 002	7	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
4	08/01/2020 3:28pm	Email - RE: Confidential - Draft Cabinet Submission	11	Released in part	1(1)(c) - Copy, part or extract of document prepared for Cabinet or Cabinet committee 1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
5		Attachment to 004	81	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
6		Attachment to 004	5	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
7		Attachment to 004	6	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
8		Attachment to 004	1	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
9		Attachment to 004	6	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
10		Attachment to 004	6	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
11		Attachment to 004	6	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
12	10/01/2020 4:35pm	Email - Organisational Recovery - Weekly Update	5	Released in part	6(1) - Unreasonable disclosure of personal affairs
13	13/01/2020 12:31pm	Email - FW: Confidential - Draft Cabinet Submission	7	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
14		Attachment to 013	4	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
15	17/01/2020 11:43am	Email - FW: PBN Review and Update 2020	2	Released in part	17(c) - Disclosure would infringe the privilege of Parliament Out of scope
16		Attachment to 015	2	Refused in full	17(c) - Disclosure would infringe the privilege of Parliament
17	17/01/2020 3:27pm	Email - CALHN - KordaMentha	2	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
18		Attachment to 017	4	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
19		Attachment to 017	3	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
20		Attachment to 017	4	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
21	17/01/2020 4:30pm	Email - Organisational Recovery - Weekly Update	5	Released in part	6(1) - Unreasonable disclosure of personal affairs
22	20/01/2020 9:25am	Email - RE: KM	3	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
23	21/01/2020 9:30am	Email - FW: SA Cabinet:Sensitive	1	Released in part	1(1)(c) - Copy, part or extract of document prepared for Cabinet or Cabinet committee 1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
24		Attachment to 023	6	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
25		Attachment to 023	6	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
26		Attachment to 023	4	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
27	21/01/2020 4:00pm	Email - FW:	2	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
28		Attachment to 027	3	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
29	21/01/2020 12:34pm	Email - RE:	3	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
30		Attachment to 029	2	Refused in full	1(1)(a) - Prepared for Cabinet or Cabinet committee
31	22/01/2020 08:06am	Email - FW: BCC	4	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
32	22/01/2020	Attachment to 031	9	Refused in full	1(1)(a) - Prepared for Cabinet or Cabinet committee
33	24/01/2020 4:34pm	Email - Organisational Recovery - Weekly Update	4	Released in part	6(1) - Unreasonable disclosure of personal affairs
34	29/01/2020 3:11pm	Email - 1.12 - KordaMentha - CALHN	1	Released in full	
35		Attachment to 032	3	Refused in full	17(c) - Disclosure would infringe the privilege of Parliament
36	31/01/2020 4:40pm	Email - Organisational Recovery - Weekly Update	4	Released in part	6(1) - Unreasonable disclosure of personal affairs
37	07/02/2020 11:13am	Email - RE: Health Financial Performance Steering Committee Meeting - Cantral Adelaide Local Health Network	3	Released in full	

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
38	07/02/2020 1:52pm	Email - RE: KordaMentha	2	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
39		Attachment to 038	86	Refused in full	1(1)(b) - Draft of document prepared for Cabinet or Cabinet committee
40	07/02/2020 4:42pm	Email - Organisational Recovery - Weekly Update	5	Released in part	6(1) - Unreasonable disclosure of personal affairs
41	12/02/2020 4:10pm	Email - Health Financial Performance Steering Committee	2	Released in part	Out of scope
42	12/02/2020	Attachment to 041	12	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest 9(1)(a)(ii) - Contains matter relating to consultation or deliberation for decision-making of the Government, a Minister or an agency & contrary to public interest
43	13/02/2020 1:54pm	Email - Budget and Finance Committee	1	Released in part	17(c) - Disclosure would infringe the privilege of Parliament Out of scope
44		Attachment to 043	2	Refused in full	17(c) - Disclosure would infringe the privilege of Parliament
45	14/02/2020 3:46pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs Out of scope
46	18/02/2020 6:25pm	Email FW: Revised Outlook	1	Released in part	Out of scope
47		Attachment to 046	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
48	19/02/2020 3:37pm	Email - RE:	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
49	19/02/2020 4:38pm	Email - FW:	2	Refused in full	7(1)(c)(i)(ii)(A)(B) - Contains information concerning the business, professional, commercial or financial affairs of any agency or person & contrary to public interest
50	19/02/2020	Attachment to 049	2	Refused in full	7(1)(c)(i)(ii)(A)(B) - Contains information concerning the business, professional, commercial or financial affairs of any agency or person & contrary to public interest
51	20/02/2020 8:53am	Email	1	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
52		Attachment to 051	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
53		Attachment to 051	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
54	21/02/2020 12:21pm	Email	1	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
55	21/02/2020	Attachment to document 054	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
56	21/02/2020 4:38pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs
57	28/02/2020 7:13pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs
58	6/03/2020 4:42pm	Email - Organisational Recovery Weekly Update	7	Released in part	6(1) - Unreasonable disclosure of personal affairs

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
59	13/03/2020 8:14am	Email - FW: Health Position	1	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest
60	13/03/2020 8:15am	Email - FW: Health Position	1	Released in part	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest
61		Attachment to 060	1	Refused in full	1(1)(f) - Briefing prepared for use of Minister regarding matter submitted to Cabinet
62	13/03/2020 4:44pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs
63	20/03/2020 4:34pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs
64	20/03/2020 1:14pm	Email - SA Health Budget Response	1	Released in full	
65		Attachment to document 064	2	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest
66	20/03/2020 2:15pm	Email - SA Health Budget Response	1	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest
67	25/03/2020 10:01pm	Email - Potential Walk-ins	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
68	25/03/2020	Atachment to 067	11	Refused in full	1(1)(a) - Prepared for Cabinet or Cabinet committee

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
69	25/03/2020 6:38pm	Email - Re:	3	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee Out of scope
70	27/03/2020 5:08pm	Email - Organisational Recovery Weekly Update	6	Released in part	6(1) - Unreasonable disclosure of personal affairs 10(1) - Subject to legal professional privilege
71	30/03/2020 9:13am	Email - Cabinet	1	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
72	03/04/2020 4:26pm	Email - Organisational Recovery Weekly Update	5	Released in part	6(1) - Unreasonable disclosure of personal affairs 10(1) - Subject to legal professional privilege
73	09/04/2020 4:28pm	Email - Organisational Recovery Weekly Update	5	Released in part	6(1) - Unreasonable disclosure of personal affairs 10(1) - Subject to legal professional privilege
74	17/04/2020 6:47pm	Email - Organisational Recovery Weekly Update	3	Released in part	6(1) - Unreasonable disclosure of personal affairs
75	18/04/2020 11:55am	Email - Re:	3	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest
76	30/04/2020 9:30am	Meeting Request	1	Released in full	
77	07/05/2020 7:41am	Email - Re:	4	Refused in full	7(1)(b)(i)(ii)(A)(B) - Contains information of commercial value which disclosure would diminish or destroy & contrary to public interest
78	18/05/2020 6:02pm	Email - FW: Revised Outlook	2	Refused in full	9(1)(a)(i) - Contains matter relating to opinion, advice or recommendation prepared for decision-making of the Government, a Minister or an agency & contrary to public interest Out of scope

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Doc. No.	Date	Description of Document	# of pages	Determination	Exemption Clause
79		Attachment to 078	3	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
80	22/05/2020 3:31pm	Email- RE:	2	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
81	29/05/2020 9:14am	Email - RE:	3	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
82	29/05/2020 10:28am	Email - RE:	3	Refused in full	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
83	29/05/2020 10:53am	Email - RE:	1	Released in part	1(1)(e) - Contains information concerning deliberation or decision of Cabinet or Cabinet committee
84	15/06/2020 7:46am	Email - Updated PBN	1	Released in full	
85	15/06/2020	Attachment to 084	2	Refused in full	17(c) - Disclosure would infringe the privilege of Parliament

From: [Alexandropoulos, Pantelis \(DTF\)](#)
To: [Tonkin, Kate \(DTF\)](#); [Borlase, Trish \(DTF\)](#)
Cc: [Raymond, Greg \(DTF\)](#); [Burness, Sandy \(DTF\)](#)
Subject: 1.12 - KordaMentha - CALHN
Date: Wednesday, 29 January 2020 3:11:13 PM
Attachments: [1.12 - KordaMentha - CALHN \(A1345798\).DOCX](#)
[image001.png](#)

Good afternoon,

Please see the attached updated PBN “1.12 - KordaMentha - CALHN”.

Thanks

Pantelis Alexandropoulos
Executive Support Officer | Budget & Performance Branch
State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 8429 2412 | **e** pantelis.alexandropoulos@sa.gov.au | **w** treasury.sa.gov.au

cid:image001.png@01D3C670.8E88E790



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From: Burness, Sandy (DTF)
To: [Manocchio, Sharon \(Health\)](#)
Subject: RE: Health Financial Performance Steering Committee Meeting - Central Adelaide Local Health Network
Date: Friday, 7 February 2020 11:13:00 AM
Attachments: [image001.png](#)
[image002.jpg](#)

Hi Sharon – I have asked Lesley's EA to forward, I don't actually hold the appointments of the LHN CEs in my outlook, and we typically try to keep it simple on our end and allow the CE's to dictate who comes.

In terms of CALHN contract meetings, that process doesn't actually involve DTF at all unfortunately. Jo may be able to help there too, or alternatively Chris McGowan's EA Nicole Chapman.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | **m** 0413725122 | **e** sandy.burness@sa.gov.au | **w** treasury.sa.gov.au

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From: Manocchio, Sharon (Health) <Sharon.Manocchio3@sa.gov.au>
Sent: Friday, 7 February 2020 10:46 AM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Subject: RE: Health Financial Performance Steering Committee Meeting - Central Adelaide Local Health Network

Hey Sandy,

Zak doesn't have any meeting in his diary for the year, Zak also finish's with CALHN on the 14 February 2020.

Are you able to send Noah the meeting series?

Can you also advise me on who to contact for the CALHN Contract meetings?

Noah Jacobson and Sam Bishop from KordaMentha need to attend them as well. I've emailed Health.Performance@sa.gov.au asking for them to be added.

Sharon

From: Burness, Sandy (DTF)
Sent: Friday, 7 February 2020 10:38 AM
To: Manocchio, Sharon (Health); Reynolds, David (DTF)
Subject: RE: Health Financial Performance Steering Committee Meeting - Central Adelaide Local Health Network

Hi Sharon,

Apologies for not responding to you earlier.

I assume the meeting streams have been forwarded into Zak's diary? If so, I think it will be easiest if you simply forward them to Noah directly – he is of course able to attend the meeting (as is anyone else Lesley wishes to attend). If there is a technical problem in the above approach however then let me know.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0



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From: Manocchio, Sharon (Health) <Sharon.Manocchio3@sa.gov.au>

Sent: Friday, 7 February 2020 10:31 AM

To: Reynolds, David (DTF) <David.Reynolds@sa.gov.au>

Cc: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>

Subject: FW: Health Financial Performance Steering Committee Meeting - Central Adelaide Local Health Network

Hi David,

Please see below, can you assist or point me in the right direction?

**Sharon
Manocchio**

Executive Assistant to

Zak Gruevski – Executive Director, Finance & Business Services

Matthew McInnes – Executive Director Allied Health and Strategic Integration & Partnerships

Central Adelaide Local Health Network | SA Health

Address: Level 3, Royal Adelaide Hospital (3B650)

Phone: (08) 7074 1411 | **Fax:** (08) 7074 6131 | **Email:** Sharon.Manocchio3@sa.gov.au
www.health.sa.gov.au

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Email banner 5



From: Manocchio, Sharon (Health)

Sent: Monday, 3 February 2020 2:06 PM

To: Burness, Sandy (DTF)

Subject: Health Financial Performance Steering Committee Meeting - Central Adelaide Local Health Network

Good afternoon Sandy,

Can you please include Noah Jacobson from KordaMentha in all the Health Financial Performance Steering Committee Meetings.

I believe the next meeting is scheduled for Thursday 13th February.

Sharon Manocchio

Executive Assistant to

Zak Gruevski – Executive Director, Finance & Business Services

Matthew McInnes – Executive Director Allied Health and Strategic Integration & Partnerships

Central Adelaide Local Health Network | SA Health

Address: Level 3, Royal Adelaide Hospital (3B650)

Phone: (08) 7074 1411 | **Fax:** (08) 7074 6131 | **Email:** Sharon.Manocchio3@sa.gov.au

www.health.sa.gov.au

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Email banner 5



Hocking, Stuart (DTF)

From: Reynolds, David (DTF)
Sent: Friday, 20 March 2020 1:14 PM
To: Pribanic, Tammie (DTF); Burness, Sandy (DTF)
Cc: Hocking, Stuart (DTF)
Subject: SA Health Budget response
Attachments: SA Health Budget Monitoring.docx; ATT00001.htm

Hi

Welcome corrections and any thoughts for this list. Plan is to give to Treasurer once we have sorted (not today!)

Thanks
David

Sent from my iPad

Begin forwarded message:

From: "Lardner, Helen (DTF)" <Helen.Lardner@sa.gov.au>
Date: 20 March 2020 at 12:42:42 pm ACDT
To: "Reynolds, David (DTF)" <David.Reynolds@sa.gov.au>
Subject: as requested

Lardner, Helen (DTF)

Subject: Discussion re SMOEA management agenda | David Reynolds, Elbert Brooks, Sebastian Hams, Matthew O'Callaghan, Laura Grelli and Julianne TePohe

Location: MS TEAMS Meeting

Start: Thu 30/04/2020 9:30 AM

End: Thu 30/04/2020 10:15 AM

Show Time As: Tentative

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: TePohe, Julianne (Health)

Required Attendees: Grelli, Laura (Health); Reynolds, David (DTF); Brooks, Elbert (DTF); Sebastian Hams <shams@kordamentha.com>; Matthew O'Callaghan

[Join Microsoft Teams Meeting](#)

[Learn more about Teams](#) | [Meeting options](#)

Nakry Sim

Executive Coordinator
to the Deputy Chief Executive, Julianne TePohe

Tel: 08 8226 6215
Email: nakry.sim@sa.gov.au

From: [DTE:BAP Admin](#)
To: [DTE:Treasurer; Tonkin, Kate \(DTE\)](#)
Cc: [Reynolds, David \(DTE\); Hocking, Stuart \(DTE\); Pribanic, Tammie \(DTE\); Burness, Sandy \(DTE\)](#)
Subject: Updated PBN - KordaMentha - CALHN
Date: Monday, 15 June 2020 7:46:07 AM
Attachments: [1.13 - KordaMentha - CALHN \(A1461705\).docx](#)
[image003.png](#)
Importance: High

Good morning

Updated PBN, as requested.

Miranda Kapetanos

Business Support Officer | Executive Support

Department of Treasury & Finance
Budget and Performance Branch
Level 7, State Administration Centre
200 Victoria Square Adelaide SA 5000 | DX:56205
t 8429 0417 e miranda.kapetanos@sa.gov.au

Email-footer-logos_flexibility



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From: Burness, Sandy (DTF)
To: [Watt, Amber \(DPC\)](#)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha
Date: Monday, 6 January 2020 11:03:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[image003.jpg](#)
[image004.jpg](#)
[image005.jpg](#)
[image006.jpg](#)
[image007.jpg](#)

Thanks Amber, it has not. Can you please forward it to me.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | **m** 0413725122 | **e** sandy.burness@sa.gov.au | **w** treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Sent: Monday, 6 January 2020 10:05 AM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Clause 1(1)(e)

From: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Sent: Monday, 6 January 2020 9:55 AM
To: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Amber,

It is my first day back from leave today. I will take a look this morning and get back to you.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | **m** 0413725122 | **e** sandy.burness@sa.gov.au | **w** treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Sent: Thursday, 2 January 2020 2:38 PM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Subject: FW: Confidential - Draft Cabinet submission KordaMentha

Sensitive: SA Cabinet

Dear Sandy

Clause 1(1)(e)

Many thanks,
Amber

Amber Watt
Senior Policy Officer
Cabinet Office
Department of the Premier and Cabinet

T +61 (8) 8429 5320
E amber.watt@sa.gov.au | W dpc.sa.gov.au

Level 14, 200 Victoria Square (Tarntanyangga), ADELAIDE SA 5000
GPO Box 2343, ADELAIDE SA 5001
DX 56201

cid:image001.png@01D5C17A.36563D50



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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Sent: Tuesday, 24 December 2019 3:57 PM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>;
Health:Finance Cabinet Submission Review <HealthFinanceCabinetSubmissionReview@sa.gov.au>;
DPC:DraftCabSubs <DPCDraftCabSubs@sa.gov.au>
Subject: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy / SA Health finance (Lee)/ Cabinet Office

Please see attached draft cabinet submission that is proposed to be submitted by CALHN **Clause 1(1)(e)** for your perusal and costing comment as well as cabinet office comment.

Regards

Quinton Swann
Director Procurement

T 08 8425 9276
F 08 8425 9216
Mob 0401120225
www.sahealth.sa.gov.au

SA Health
Procurement & Supply Chain Management
Level 1 , Citicentre, 11 Hindmarsh Square
Adelaide, SA, 5000

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From: Burness, Sandy (DTF)
To: [Watt, Amber \(DPC\)](#)
Subject: RE: Confidential: **Clause 1(1)(e)**
Date: Monday, 6 January 2020 3:54:00 PM
Attachments: [image001.png](#)

Hi Amber – I have had a read through of the material, and am free to discuss if you wish to come down. I'm in the South West Corner of Level 7.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | **m** 0413725122 | **e** sandy.burness@sa.gov.au | **w** treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Sent: Monday, 6 January 2020 11:09 AM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Subject: Confidential: **Clause 1(1)(e)**

Sensitive: SA Cabinet

Hi Sandy

As discussed, here is the **Clause 1(1)(e)** that was sent to me on Friday. Can Michael and I come down to level 7 for a quick face-to-face catch up with you on this one? Would sometime after 3pm today work for you?

Cheers,
Amber

Out of scope

Out of scope

From: [Johns, Suzanne \(Health\)](#)
To: [Schmidt, Lee \(Health\)](#); [Gruevski, Zak \(Health\)](#); [Burness, Sandy \(DTF\)](#); [Swann, Quinton \(Health\)](#); [Watt, Amber \(DPC\)](#)
Cc: [McCarthy, Leah \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Merrett, Belinda \(DTF\)](#)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha
Date: Wednesday, 8 January 2020 3:28:41 PM
Attachments: [image001.png](#)

Hello Lee,

Clause 1(1)(e)

I will let Quinton respond to you and we will talk to Kim.

Kind regards

Suzanne Johns
 Manager, Specialist Sourcing
SA Health
Procurement & Supply Chain Management

Level 1, 11 Hindmarsh Square, Citicentre, Adelaide
 Phone: (08) 8425 0539
 Fax: (08) 8124 1469
 Email: suzanne.johns@sa.gov.au

Web site: www.health.sa.gov.au

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From: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>
Sent: Wednesday, 8 January 2020 1:57 PM
To: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>; Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>; Merrett, Belinda (DTF) <Belinda.Merrett@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi All

DTF has identified a typo in the date referred to in paragraphs 9(III) and 19C:

Clause 1(1)(c)

I have amended the submission (text in yellow)
 I assume this is not an issue as it appears to be a typo.

Clause 1(1)(e)

Happy to discuss

Thank you

Lee

Lee Schmidt

Manager, Planning and Modelling

Finance

Corporate and System Support Services

Department for Health and Wellbeing

Government of South Australia

Tel: 08 7425 3599

Email: Lee.Schmidt@sa.gov.au

Website: www.sahealth.sa.gov.au

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From: Schmidt, Lee (Health)

Sent: Wednesday, 8 January 2020 10:20 AM

To: Gruevski, Zak (Health); Burness, Sandy (DTF); Swann, Quinton (Health)

Cc: McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)

Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi All

Clause 1(1)(e)

Quinton can you please send this amended version to Amber in DPC?

Thank you

Lee

Lee Schmidt

Manager, Planning and Modelling

Finance

Corporate and System Support Services

Department for Health and Wellbeing

Government of South Australia

Tel: 08 7425 3599

Email: Lee.Schmidt@sa.gov.au

Website: www.sahealth.sa.gov.au

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From: Gruevski, Zak (Health)

Sent: Wednesday, 8 January 2020 10:04 AM

To: Schmidt, Lee (Health); Burness, Sandy (DTF); Swann, Quinton (Health)

Cc: McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)

Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Everyone

Thank you for all your work on this in recent days. Please find attached some very minor edits (via track changes) and if accepted we'll assume this to be the final version. Alternatively please send any further comments/changes by 12pm today. Thanks in advance.

Regards

Zak

Zak Gruevski

Executive Director, Finance & Business Services
Central Adelaide Local Health Network

Room 3B676, Level 3, Royal Adelaide Hospital
Port Road ADELAIDE SA 5000
P: 7074 1411 | E: Zak.Gruevski@sa.gov.au
Admin Support | Sharon Manocchio E: Sharon.Manocchio3@sa.gov.au

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From: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>
Sent: Wednesday, 8 January 2020 8:42 AM
To: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Thank you Zak for updating the table.

Attached is a revised version

Clause 1(1)(e)

Thank you
Lee

Lee Schmidt
Manager, Planning and Modelling
Finance
Corporate and System Support Services
Department for Health and Wellbeing
Government of South Australia
Tel: 08 7425 3599
Email: Lee.Schmidt@sa.gov.au
Website: www.sahealth.sa.gov.au

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From: Gruevski, Zak (Health)
Sent: Tuesday, 7 January 2020 6:21 PM
To: Burness, Sandy (DTF); Schmidt, Lee (Health); Swann, Quinton (Health)
Cc: McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Thanks Sandy that's a relief!

Regards
Zak

Zak Gruevski

Executive Director, Finance & Business Services
Central Adelaide Local Health Network

Room 3B676, Level 3, Royal Adelaide Hospital
Port Road ADELAIDE SA 5000
P: 7074 1411 | E: Zak.Gruevski@sa.gov.au
Admin Support | Sharon Manocchio E: Sharon.Manocchio3@sa.gov.au

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From: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Sent: Tuesday, 7 January 2020 6:18 PM
To: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Thanks Zak –

Clause 1(1)(e)

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

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From: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>
Sent: Tuesday, 7 January 2020 6:14 PM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy

Clause 1(1)(e)

Extract from Cabinet Submission

Clause 1(1)(c)

Regards
Zak

Zak Gruevski

Executive Director, Finance & Business Services
Central Adelaide Local Health Network

Room 3B676, Level 3, Royal Adelaide Hospital
Port Road ADELAIDE SA 5000
P: 7074 1411 | E: Zak.Gruevski@sa.gov.au
Admin Support | Sharon Manocchio E: Sharon.Manocchio3@sa.gov.au

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the validity of this message, please contact the sender by telephone. It is the recipient's responsibility to check the email and any attached files for viruses.

From: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Sent: Tuesday, 7 January 2020 5:24 PM
To: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>; Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Thanks for this Lee –

Clause 1(1)(e)

Clause 1(1)(e)

Many thanks.

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>
Sent: Tuesday, 7 January 2020 4:31 PM
To: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Good Afternoon All

Attached is a revised version of the submission using the clean version of the submission sent at 7:47 am this morning.

Clause 1(1)(e)

Happy to discuss

Regards

Lee

Lee Schmidt

Manager, Planning and Modelling

Finance

Corporate and System Support Services

Department for Health and Wellbeing

Government of South Australia

Tel: 08 7425 3599

Email: Lee.Schmidt@sa.gov.au

Website: www.sahealth.sa.gov.au

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From: Gruevski, Zak (Health)

Sent: Tuesday, 7 January 2020 4:06 PM

To: Swann, Quinton (Health); Schmidt, Lee (Health); Burness, Sandy (DTF)

Cc: McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)

Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Quinton et al

Please refer my comments below in black font. Please advise if you have any further queries.

Regards

Zak

Zak Gruevski

Executive Director, Finance & Business Services

Central Adelaide Local Health Network

Room 3B676, Level 3, Royal Adelaide Hospital

Port Road ADELAIDE SA 5000

P: 7074 1411 | E: Zak.Gruevski@sa.gov.au

Admin Support | Sharon Manocchio E: Sharon.Manocchio3@sa.gov.au

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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>

Sent: Tuesday, 7 January 2020 12:02 PM

To: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>; Rodwell, Helen (Health)

<Helen.Rodwell@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Gruevski, Zak (Health)

<Zak.Gruevski@sa.gov.au>

Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health)

<Suzanne.Johns@sa.gov.au>; Health:Finance Cabinet Submission Review

<HealthFinanceCabinetSubmissionReview@sa.gov.au>

Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Lee/Helen/Zak

I just had a discussion with Sandy and see my response to each of the costing comment queries in red below each one.

Zak there is one question that requires your confirmation regarding the second bullet point.

Clause 1(1)(e)

Regards

Quinton Swann
Director Procurement

T 08 8425 9276
F 08 8425 9216
Mob 0401120225
www.sahealth.sa.gov.au

SA Health
Procurement & Supply Chain Management
Level 1 , Citicentre, 11 Hindmarsh Square
Adelaide, SA, 5000

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Out of scope

From: Swann, Quinton (Health)
Sent: Tuesday, 7 January 2020 7:47 AM
To: Burness, Sandy (DTF); Watt, Amber (DPC)
Cc: Schmidt, Lee (Health); McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy /Amber

Clause 1(1)(e)

Once you have completed the costing and cabinet comments, Helen Rodwell from CALHN will progress it via our Ministers office.

Regards

Quinton Swann
Director Procurement

T 08 8425 9276
F 08 8425 9216
Mob 0401120225
www.sahealth.sa.gov.au

SA Health
Procurement & Supply Chain Management
Level 1 , Citicentre, 11 Hindmarsh Square
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From: Burness, Sandy (DTF)
Sent: Monday, 6 January 2020 5:44 PM
To: Swann, Quinton (Health)
Cc: Schmidt, Lee (Health)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Quinton.

Thanks very much for this.

Clause 1(1)(e)

Clause 1(1)(e)

If you're able to get back to me on the above, I'll get cracking on the costing comment.

Thanks very much.

Sandy Burness
Director | Account Management | Budget and Performance Branch

cid:image001.png@01D469FC.D7C712D0

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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>

Sent: Tuesday, 24 December 2019 3:57 PM

To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>;

Health:Finance Cabinet Submission Review <HealthFinanceCabinetSubmissionReview@sa.gov.au>;

DPC:DraftCabSubs <DPCDraftCabSubs@sa.gov.au>

Subject: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy / SA Health finance (Lee)/ Cabinet Office

Please see attached draft cabinet submission that is proposed to be submitted by CALHN **Clause 1(1)(e)** for your perusal and costing comment as well as cabinet office comment.

Regards

Quinton Swann
Director Procurement

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From: [Paula Joseph](#)
To: [McGowan, Chris \(Health\)](#); **Clause 6(1)** ; [Dwyer, Lesley \(Health\)](#); **Clause 6(1)**
Clause 6(1) [Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#);
[McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIT\)](#); [Burness, Sandy \(DTE\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 10 January 2020
Date: Friday, 10 January 2020 4:35:28 PM
Attachments: [image007.png](#)
[image008.png](#)

CALHN Organisational Recovery - Weekly Update 10 January 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 10 January 2020). Please note that the format of this update has been adjusted to reflect the changes to the KordaMentha workstreams which have been realigned to the proposed renewed contract and KPIs.

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- CALHN Executive Director, Operations to confirm the approach to implement Program Special Measures as part of the Performance Management Framework.

Key activities and updates include:

- Agreed approach to implement Performance Special Measures with Surgery 1 and Acute and Urgent Care Programs.
- Agreed an interim Return to Budget checkpoint across Programs to commence week beginning 13 January.
- We reviewed the Think Research Clinical Standardisation Recommendations Report.

2. Costs and Controls

The Costs and Controls workstream has now been established and will initially focus on sprints in the following four areas.

i. Medical labour controls

Key meetings and discussions were with:

- Medical Stream Lead of Gastroenterology, General and GI Surgery regarding the issues and challenges of Country Health and the possible controls that could be implemented.
- Manager of Medical Administration to develop an approach for Workplace Flexibility Agreements.

Key activities and outcomes:

- Refined approach for Medical labour controls including sequencing of key focus areas.
- Built out plans for the first three focus areas; Workplace Flexibility Agreements, timesheet controls and rostering practices.

- Met with People and Culture Data team to agree on ways of working to ensure Medical labour controls are data driven.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information Systems (NIS) team.

Key activities and updates include:

- Explored potential governance and control options to be implemented prior to publishing nurse rosters. Further discussions will be held with the Executive Director of Nursing over the next week to agree changes to be made.
- Reviewed the Nurse FTE for each Program's budget and met with NIS to scope further information requirements, in particular, productive (direct and indirect) and non-productive FTE targets. We are currently working with NIS and the Executive Director of Nursing to agree these targets per the 2019-2020 budget and the post-Summer (18 January 2020 to 10 April 2020) operational bed plan. Once completed, this will be presented to Nurse leads and Program managers.
- Commenced working with NIS and Executive Director of Nursing to establish 'recruit to' Nursing targets by Program and Unit.
- With NIS, we reviewed the remaining configuration updates which need to be made to the Nurse rostering system, ProAct, to assist with rostering and management of supplementary labour.

iii. Service determination

Key meetings and discussions were with:

- Organised meetings next week with Deputy Chief Executive, SA Health and Executive Director, Operations, RAH next week.

Key activities and updates include:

- Progressed our draft diagnostic into unfunded and underfunded services performed at CALHN. We will commence socialisation of the draft report next week to key stakeholders for commentary and to discuss next steps.

iv. PPP and governance

Key meetings and discussions were with:

- CALHN Executive Directors leading governance programs.
- Celsus and CALHN Director Operational Services.

Key activities and updates include:

- Presented and progressed the way forward for each of the parties to the PPP (Celsus and CALHN) including modifications and minor works program.
- Consulted with CALHN Executive Director, Corporate Affairs and Executive Director, Clinical Governance on the draft CALHN Corporate Governance Framework content and responsibilities.
- Prepared an approach to document the current and a future desired state for the corporate governance structure for discussion with Executives and ultimately the Board.

- Presented the CEO-endorsed plan for the Celsus/CALHN modifications and minor works program to the Celsus Program Manager and Director, Operational Services.
- Commenced design of CALHN compliance management framework in line with Department requirements and CALHN Electronic Records Management Framework in response to Board expectations.
- Director, Internal Audit selection process finalised and issued to CEO for approval.
- Director, Risk and Compliance position graded and submitted for out of session approval.

3. Service Planning

Key meetings and discussions were with:

- CALHN Planning Executive.
- Meeting with external Consultants from Johnstaff to initiate their scope of work in delivering the Clinical Service Plan for CALHN and continuing their work on the QEH redevelopment.
- Clinical Program Delivery Manager - Acute and Urgent Care.

Key activities and updates include:

- Worked with the CALHN Planning Executive to establish priorities and confirm a workplan for the next five weeks in preparation for the planning function moving back to CALHN business-as-usual function in early February.
- Commenced development of a report which details the available outcomes of the Summer bed plan implementation in preparation for a meeting with the CALHN CEO to be held on 16 January.
- Finalised the agenda for two workshops, "Planning Function" and "Ways of Working – Patient Flow and Planning", which will be held next week.
- Continued preparation of the document "The Way We Care" which will be a proposal for a new organisational approach to the operation of the Acute and Urgent Care Program. This is currently with the Clinical Program Delivery Manager for review.
- Continued managing issues related to the revision of CapPlan data from Directorate to Program. This will enable the team to distribute accurate Q4 forecasts for bed planning.

4. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.
- Members of the CALHN HR team.
- SA Health and Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF and PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - VSP offers were made to 14 unattached staff who did not require consultation. 12 have exited and two have declined.
 - Consultation closes on Tuesday 14 January for the 76 staff who were previously advised their EOI was "Yes, subject to consultation".
 - Consultation materials have been made available to all staff on the intranet and include, Quality

Impact Assessments, Manager toolkits, FAQs and various platforms for providing feedback.

- Relevant unions have been advised and weekly meetings are continuing. Meetings have been constructive to date; however we anticipate and are prepared for increased feedback in the coming weeks.
- We are finalising a plan to ensure a streamlined process is in place in the coming weeks to support the Program's review of "Pending" EOIs. This will tie into the Performance meetings to ensure decision makers can best utilise the program as they need.
- The consultation and exit program will run until June 2020.
- Work continues to ensure the Program Structure is embedded smoothly with processes in place to resolve issues as they arise. This includes:
 - Appointing the Medical Lead for the Critical Care and Perioperative Services Program at QEH.
 - Arrangements agreed to for the Acting Medical Lead Surgery 1 role (awaiting finalisation of paperwork before announcing).
 - Interviewed an internal candidate for Specialty Medicine 2.
 - Finalising recruitment of the Finance Business Partner roles – at reference check stage, with offers to all six roles to be made in the coming week.
 - Interviewed a candidate for Program Delivery Manager role for Mental Health. As previously advised, this has been a difficult role to fill.
- We continue to support the bed standby process:
 - As previously advised, the planning is now being extended out through the balance of FY20 with Summer settled. Work continues to align rostering and recruitment processes.
 - The process continues to be socialised with the unions and we note this is not without industrial risk.
- The ICAC report was handed down in early December:
 - We have continued to work with both the State taskforce and the Department on the statewide and CALHN response to the report.
 - CALHN is leading the statewide response on the medical industrial strategy and implementation.
 - We are now focused on aligning the work in progress to the governance requirements at each level.
 - The liaison through multiple levels of Government will continue to be time consuming.
- We continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

5. Finance and Performance

Key meetings and discussions were with:

- CALHN Head of Service Planning to discuss bed plan and 2020-21 approach as it relates to the development of CALHN's financial budget.
- Executive Director, Finance to provide project updates and discuss ongoing finance matters.
- Clinical Program Delivery Manager, Cancer to discuss NEP performance and information requirements.
- Director, Procurement SA Health to discuss goods and services cost reduction project at CALHN.

Key activities and updates include:

- Budget 2020-21 planning and preparation for project kick-off.
- Goods and services cost reduction project expansion as planned including onboarding and logistics.

- Reviewing Performance Meeting action points and circulating updates to relevant parties.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up meetings with relevant personnel.

6. Next steps

- Return to Budget checkpoint meetings to be held with each of the Programs over the next week.
- Corporate Governance Framework for executive and CEO consideration and pending any improvements, submission to the Board for consideration and approval.
- A Budget 2020-21 session will be held with key stakeholders from CALHN's finance, Casemix and planning teams next week.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Paula Joseph | Manager



T +61 3 8623 3349

Rialto South Tower, Level 31, 525 Collins Street, Melbourne VIC 3000, Australia

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From: [Cowan, Lynne \(Health\)](#)
To: [Burness, Sandy \(DTE\)](#)
Subject: FW: Confidential - Draft Cabinet submission KordaMentha
Date: Monday, 13 January 2020 12:31:01 PM
Attachments: [Clause 1\(1\)\(e\)](#) .

Hi Sandy

The changes are tracked as discussed last week

I have called Quinton he will give you a call to discuss

Many thanks

Lynne

Lynne Cowan

Deputy Chief Executive Commissioning and Performance

Tel: 8226 6656 | Mobile: 0423 024 355 | Email: Lynne.Cowan@sa.gov.au

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Out of scope

Out of scope

From: Burness, Sandy (DTF)
Sent: Tuesday, 7 January 2020 2:16 PM
To: Cowan, Lynne (Health); Woolcock, Jamin (Health)
Cc: TePohe, Julianne (Health)
Subject: FW: Confidential - Draft Cabinet submission KordaMentha

Hi Jamin/Lynne,

Hope you both had a nice Christmas and New Year.

Clause 1(1)(e)

Clause 1(1)(e)

I think it's important for everyone to be clear on the above before we start.

Hopefully this makes sense – happy to discuss of course.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000

t 08 842 90620 | **m** 0413725122 | **e** sandy.burness@sa.gov.au | **w** treasury.sa.gov.au

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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>

Sent: Tuesday, 7 January 2020 12:02 PM

To: Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>

Cc: McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Johns, Suzanne (Health) <Suzanne.Johns@sa.gov.au>; Health:Finance Cabinet Submission Review <HealthFinanceCabinetSubmissionReview@sa.gov.au>

Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Lee/Helen/Zak

I just had a discussion with Sandy and see my response to each of the costing comment queries in red below each one.

Zak there is one question that requires your confirmation regarding the second bullet point.

Clause 1(1)(e)

Clause 1(1)(e)

Regards

Quinton Swann
Director Procurement

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From: Swann, Quinton (Health)
Sent: Tuesday, 7 January 2020 7:47 AM
To: Burness, Sandy (DTF); Watt, Amber (DPC)
Cc: Schmidt, Lee (Health); McCarthy, Leah (Health); Johns, Suzanne (Health); Rodwell, Helen (Health)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy /Amber

Clause 1(1)(e)

Once you have completed the costing and cabinet comments, Helen Rodwell from CALHN will progress it via our Ministers office.

Regards

Quinton Swann
Director Procurement

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From: Burness, Sandy (DTF)
Sent: Monday, 6 January 2020 5:44 PM
To: Swann, Quinton (Health)
Cc: Schmidt, Lee (Health)
Subject: RE: Confidential - Draft Cabinet submission KordaMentha

Hi Quinton.

Thanks very much for this.

Clause 1(1)(e)

Clause 1(1)(e)

Clause 1(1)(e)

If you're able to get back to me on the above, I'll get cracking on the costing comment.

Thanks very much.

Sandy Burness

Director | Account Management | Budget and Performance Branch

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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>

Sent: Tuesday, 24 December 2019 3:57 PM

To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Schmidt, Lee (Health) <Lee.Schmidt@sa.gov.au>;

Health:Finance Cabinet Submission Review <HealthFinanceCabinetSubmissionReview@sa.gov.au>;

DPC:DraftCabSubs <DPCDraftCabSubs@sa.gov.au>

Subject: Confidential - Draft Cabinet submission KordaMentha

Hi Sandy / SA Health finance (Lee)/ Cabinet Office

Please see attached draft cabinet submission that is proposed to be submitted by CALHN **Clause 1(1)(e)** for your perusal and costing comment as well as cabinet office comment.

Regards

Quinton Swann

Director Procurement

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From: [Alexandropoulos, Pantelis \(DTE\)](#)
To: [Beveridge, Mark \(DTE\)](#); [Jones, Darren \(DTE\)](#); [Raymond, Greg \(DTE\)](#); [Burness, Sandy \(DTE\)](#); [Fenn, Greg \(DTE\)](#); [Burton, Jane \(DTE\)](#); [Blight, Tricia \(DTE\)](#); [Pamula, Adam \(DTE\)](#)
Cc: [Pribanic, Tammie \(DTE\)](#); [Beveridge, Ana \(DTE\)](#); [Kapetanos, Miranda \(DTE\)](#)
Subject: FW: PBN Review and Update 2020
Date: Friday, 17 January 2020 11:43:59 AM
Attachments:

Clause 17(c)

[1.12 - KordaMentha - CALHN.DOCX](#)

Clause 17(c)

Good morning all,

Please see the attached email from the Treasurer's office regarding PBNs.

Clause 17(c)

If you have any issues please come see me.

Kind regards
Pantelis

Out of scope

Out of scope

From: Burness, Sandy (DTF)
To: [Cowan, Lynne \(Health\)](#)
Cc: [Logozzo, Alberto \(Health\)](#)
Subject: FW: CALHN - KordaMentha
Date: Friday, 17 January 2020 3:27:00 PM
Attachments: Clause 1(1)(e)

Clause 1(1)(e)

Hi Lynne,

Clause 1(1)(e)

Would be good to get your thoughts on the above (and anything else) when you have a moment.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

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From: Noah Jacobson <njacobson@kordamentha.com>

Sent: Friday, 17 January 2020 2:24 PM

To: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>

Cc: Dwyer, Lesley (Health) <Lesley.Dwyer@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>;
Chris Martin <cmartin@kordamentha.com>; Sophie Gibbons <sgibbons@kordamentha.com>

Subject: CALHN - KordaMentha Year Clause 1(1)(e)

Hi Zak

Thank you for your time yesterday.

Clause 1(1)(e)

Clause 1(1)(e)

Please do not hesitate to call me in the first instance for any clarification and, if it would assist, we can arrange a call later today to close out any other queries.

Regards

Noah Jacobson | Executive Director | KordaMentha Corporate



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From: [Paula Joseph](#)
To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#) ; [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#);
[McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIF\)](#); [Burness, Sandy \(DIF\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danelle \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 17 January 2020
Date: Friday, 17 January 2020 4:30:40 PM
Attachments: [image007.png](#)
[image008.png](#)

CALHN Organisational Recovery - Weekly Update 17 January 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 17 January 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Mid-year Return to Budget Plan Administrator checkpoint sessions with all Clinical Program leadership teams, Executive Director Operations, RAH and Executive Director of Nursing.
- Weekly Administrator/CALHN CEO meeting.
- Administrator/CALHN CEO/2020 delivery kick off session.
- Administrator and Chief Financial Officer six month reforecast checkpoint.
- Fortnightly full Recovery team status meeting.
- Administrator attendance at weekly Executive meeting.

Key activities and updates include:

- Checkpoint sessions with all Clinical Program leadership teams on forecast year end budget position and FY20 return to budget plans.
- Commenced development of central Recovery cost out register.
- Mid-year Budget Reforecast session to confirm forecast financial position.

2. Costs and Controls

The Costs and Controls workstream has now been established and will initially focus on sprints in the following four areas.

i. Medical labour controls

Key meetings and discussions were with:

- Shared Services SA regarding the timesheet process for medical staff and development of potential controls that could be implemented.
- Medical Leads and Business Operations Manager of Surgical Programs to discuss the challenges of Country Health and clarify controls that could be leveraged to protect doctors.

Key activities and outcomes:

- Developed medical labour dashboard and insights to be distributed to Clinical Programs to enable data driven conversations around outliers such as excess overtime, recall and call backs.
- Drafted a proposed timesheet control process to increase the quality of timesheets to be socialised with Shared Services, Roster Managers and Heads of Units next week

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information Systems (NIS) team.
- Clinical Program Delivery Manager – Cancer, and Clinical Program Delivery Manager – Acute and Urgent Care.

Key activities and updates include:

- Worked with NIS to refine the approach and assumptions used to determine the Nurse FTE productive and non-productive components of each Program's budget. We will continue working with NIS and the Executive Director of Nursing to agree these targets per the 2019-2020 budget and the post-Summer (18 January 2020 to 10 April 2020) operational bed plan. Once completed, this will be presented to Nurse leads and Program managers.
'Recruit to' budget FTE assumptions were also developed for NIS with output expected next week.
- Commenced a deep dive sprint into the governance and potential controls around the use of Specials, Chaperones and Guards.
- Explored potential governance and control options to be implemented prior to publishing nurse rosters. Further discussions will be held with the Executive Director of Nursing over the next week to agree changes to be made.

iii. Service determination

Key meetings and discussions were with:

- Executive Director of Operations and Director Engagement and Commissioning Redevelopment.

Key activities and updates include:

- Commenced socialising the draft diagnostic into unfunded and underfunded services to the CALHN executive. Further analysis is being undertaken following these meetings before the diagnostic can be finalised and next steps agreed.

iv. PPP and governance

Key meetings and discussions were with:

- CALHN Executive meeting.
- CALHN PPP and Governance leadership.

Key activities and updates include:

- Facilities (modifications and minor works) improvement plan presented to the Facilities Operations team. The team commenced work on a restructure for business as usual and process improvement.
- Completed a first draft rationalisation of the modifications and minor work register to reflect budget pressures.
- Presented the draft Corporate Governance Framework to the CALHN Executive in the Executive meeting. This was endorsed for progression.

Business intelligence - Aginix

Key meetings and discussions were with:

- SA Health Commissioning and Performance team.

Key activities and updates include:

- To expedite the work of our Cost and Controls team, KordaMentha has engaged Aginic, a firm specialising in data analytics and business intelligence, as a subcontractor. Aginic's scope is to run a short four week sprint to build business intelligence dashboards for CALHN. The dashboards will focus on medical officer and nursing salaries and wages, procurement and operational reports.

3. Service Planning

Key meetings and discussions were with:

- CALHN Patient Flow team for the "Ways of Working – Patient Flow and Planning" workshop which detailed how the Planning Function and Patient Flow relate.
- Clinical Program Delivery Managers to present the work of the Planning team since the new Planning Director commenced and a brief of the scope of work to be conducted by Johnstaff.
- Clinical Program Manager – Acute and Urgent Care to understand the detail of the proposed Model of Care for the Program.

Key activities and updates include:

- Completed the revised cost benefit model for operational bed planning.
- Reconciled the FY 2019/20 Q3 Operational Bed Plan to address minor discrepancies.
- Prepared a report for the CALHN CEO which details the known outcomes from the Summer Operational Bed Plan.
- Developed FY2019/20 Q4 forecasts in the Program structure and continued to validate the proposed 2020 assumptions that will be applied.

4. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.
- Members of the CALHN HR team.
- Clinical Program Delivery Managers.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF and PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - Consultation closed on Tuesday 14 January for the 76 staff who were previously advised their expression of interest (EOI) was "Yes, subject to consultation".
 - Feedback was largely positive and has been distributed to the relevant Executive for comment and approval.
 - Weekly meetings with unions are continuing. Additional meetings are scheduled early next week with Australian Nursing and Midwifery Federation (ANMF) to address their specific feedback. Their current position is they do not support the exit of front line nursing roles.
 - Offers are expected to be made to about 50% of the staff in the coming week, with further work to be done on the nursing cohort.
 - The finalised plan and timeline to ensure "Pending" EOIs has been finalised and socialised. This will be progressed in stages over the coming months.
- We continue to support the bed standby process:
 - As previously advised, the planning is now being extended out through the balance of FY20 with

Summer settled. Work continues to align rostering and recruitment processes.

- The process continues to be socialised with the unions and we note this is not without industrial risk.
- The ICAC report was handed down in early December:
 - We have continued to work with both the State taskforce and the Department on the statewide and CALHN response to the report.
 - CALHN is leading the statewide response on the medical industrial strategy and implementation.
 - We are now focused on aligning the work in progress to the governance requirements at each level.
 - Work begins next week on specific areas of the Medical Officers EA including timesheet implementation and private practice generally.
 - The liaison through multiple levels of Government will continue to be time consuming.
- We continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

5. Finance and Performance

Key meetings and discussions were with:

- CALHN Finance, Casemix and Planning teams to formally kick-off FY21 budget preparation.
- Director, Finance for initial introduction to CALHN, the Recovery Program and to assist with onboarding.
- Executive Director, Finance to discuss financial performance improvement trajectory and other finance related matters.
- Program leadership teams to review and discuss their respective return to budget plans.

Key activities and updates include:

- Reviewing December YTD financial results and updated Program full-year forecasts.
- Goods and services cost reduction project kick-off sessions with Program leadership teams.
- Finance and Performance team setup and Year 2 planning session.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up meetings with relevant personnel.

6. Next steps

- Meeting with Program managers to provide first FY21 budget briefing.
- Preparation for the January Program performance meetings will commence.
- Prepare the CALHN governance maturity roadmap in preparation for CEO consideration and the Board update in early February.
- Finalise the central rationalisation of outstanding modifications and minor works before circulating to the Executive for any further information and risk insight.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Paula Joseph | Manager



T +61 3 8623 3349

Rialto South Tower, Level 31, 525 Collins Street, Melbourne VIC 3000, Australia

[Website](#) | [Blog](#) | [LinkedIn](#) | [Twitter](#)

Grow-Protect-Recover

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From: Burness, Sandy (DTF)
To: [Swann, Quinton \(Health\)](#)
Subject: RE: KM Clause 1(1)(e)
Date: Monday, 20 January 2020 9:25:00 AM
Attachments: [image001.png](#)

There has been some backwards and forwards with KM – I sent it to Lynne on Friday night for comment but I think there has to be some minor amendments to wording. Once I hear back I can send it back to KM and cc you in.

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
 t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Swann, Quinton (Health) <Quinton.Swann@sa.gov.au>
Sent: Monday, 20 January 2020 8:47 AM
To: Dwyer, Lesley (Health) <Lesley.Dwyer@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Cc: Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>
Subject: RE: KM Clause 1(1)(e)

Hi Sandy

From our meeting you and Zak were going to meet to agree the final wording changes where necessary.

I have not received anything from Zak, would you have this final version **Clause 1(1)(e)** ?

Regards

Quinton Swann
 Director Procurement

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 F 08 8425 9216
 Mob 0401120225
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 Adelaide, SA, 5000

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From: Dwyer, Lesley (Health)
Sent: Monday, 20 January 2020 7:49 AM
To: Burness, Sandy (DTF)
Cc: Swann, Quinton (Health); Gruevski, Zak (Health)
Subject: Re: KM Clause 1(1)(e)

Sandy - if this is what you and Zak agreed on Friday then yes. Not having seen the final document I can only go on what I see on the email.

Lesley

Lesley Dwyer

Chief Executive Officer

Central Adelaide Local Health Network

Email: lesley.dwyer@sa.gov.au

Telephone : [08 7074 1413](tel:0870741413) | Mobile: [0466 862 341](tel:0466862341)



On Jan 20, 2020, at 7:36 AM, Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au> wrote:

Clause 1(1)(e)

Thanks

Sandy

Sent from my iPhone

On 20 Jan 2020, at 7:09 am, Swann, Quinton (Health) <Quinton.Swann@sa.gov.au> wrote:

Thanks Lesley

I will advise the Board Secretariat

Regards

Quinton

Sent from my iPhone

On 20 Jan 2020, at 6:51 am, Dwyer, Lesley (Health)

<Lesley.Dwyer@sa.gov.au> wrote:

Clause 1(1)(e)

Email: lesley.dwyer@sa.gov.au

Telephone : [08 7074 1413](tel:0870741413) | Mobile: [0466 862 341](tel:0466862341)



From: [Rodwell, Helen \(Health\)](#)
To: [Burness, Sandy \(DTF\)](#)
Cc: [Dwyer, Lesley \(Health\)](#)
Subject: FW: SA Cabinet: Sensitive - **Clause 1(1)(c)**
Date: Tuesday, 21 January 2020 9:30:31 AM
Attachments: [Att 1 Cabinet Submission v2.docx](#)
[Briefing to Minister v2.doc](#)

Clause 1(1)(e)

Hi Sandy, see attached Zak's proposed changes as discussed.

Regards,

Helen Rodwell

Board Secretary

Central Adelaide Local Health Network

Government of South Australia

Tel 7074 1403 | M 0403 309 385 | E-mail – helen.rodwell@sa.gov.au

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From: Burness, Sandy (DTF)
To: [Watt, Amber \(DPC\)](#)
Cc: [Jones, Dylan \(DPC\)](#)
Subject: FW: **Clause 1(1)(e)**
Date: Tuesday, 21 January 2020 4:00:00 PM
Attachments:

Clause 1(1)(e)

Just as a heads up – I'm hoping the attached will be the final version **Clause 1(1)(e)** – this was sent to KM this afternoon.

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
 t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Burness, Sandy (DTF)
Sent: Tuesday, 21 January 2020 12:02 PM
To: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Subject: RE: **Clause 1(1)(e)**

Yes I got a version this morning – attached.

I'm also just confirming whether its felt a BCC brief is needed from us – I'll confirm definitively when I get a chance.

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
 t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Watt, Amber (DPC) <Amber.Watt@sa.gov.au>
Sent: Tuesday, 21 January 2020 11:59 AM
To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Subject: **Clause 1(1)(e)**

Sensitive: SA Cabinet

Hi Sandy

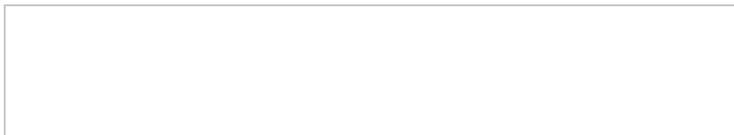
Alex has asked if you are able to send through any updated submission **Clause 1(1)(e)** ?
The most recent version Cabinet Office has seen was **Clause 1(1)(e)** from Lee Schmidt. Have you seen something more recent?

Many thanks,
Amber

Amber Watt
Senior Policy Officer
Cabinet Office
Department of the Premier and Cabinet

T +61 (8) 8429 5320
E amber.watt@sa.gov.au | **W** dpc.sa.gov.au

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GPO Box 2343, ADELAIDE SA 5001
DX 56201



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From: [O'Keeffe, Alex \(DPC\)](#)
To: [Raymond, Greg \(DTF\)](#)
Cc: [Burness, Sandy \(DTF\)](#); [Jones, Dylan \(DPC\)](#); [Kapetanios, Miranda \(DTF\)](#)
Subject: RE: **Clause 1(1)(e)**
Date: Tuesday, 21 January 2020 12:34:09 PM
Attachments:

Clause 1(1)(e)

Sensitive: SA Cabinet

Thanks Greg.

FYI – revised agenda attached inclusive of KordaMentha sub. Has meant further changes to agenda numbering.

Alex

From: Raymond, Greg (DTF)
Sent: Tuesday, 21 January 2020 12:16 PM
To: O'Keeffe, Alex (DPC) <Alex.O'Keeffe@sa.gov.au>
Cc: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Jones, Dylan (DPC) <Dylan.Jones3@sa.gov.au>
Subject: RE: **Clause 1(1)(e)**

Hi Alex

We are preparing a BCC brief for the Korda Mentha Submission.

Greg Raymond
8429 3193

Out of scope

Out of scope

cid:image004.png@01D18F32.9A5DA460

From: [Paula Joseph](#)
To: [McGowan, Chris \(Health\)](#); **Clause 6(1)** ; [Dwyer, Lesley \(Health\)](#); **Clause 6(1)**;
Clause 6(1) [Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#);
[McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIT\)](#); [Burness, Sandy \(DTE\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 24 January 2020
Date: Friday, 24 January 2020 4:34:57 PM
Attachments: [image005.png](#)
[image006.png](#)

CALHN Organisational Recovery - Weekly Update 24 January 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 24 January 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Weekly CEO and Administrator meeting.
- Meeting with Executive Director, Operations QEH, Executive Director Planning and Executive Director of Nursing on Year End Forecast and operations planning.

Key activities and updates include:

- Assigned an additional finance business partner to Cancer Program for 3 weeks.
- Submission of Recovery Board Report for the Board meeting to be held on 5 February 2020.

2. Costs and Controls

The Costs and Controls workstream has now been established and will initially focus on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Program Leadership of Acute and Urgent Care and Surgery to discuss opportunities for Medical labour controls.
- Aginix (Data and Analytics), to provide input for the development of a medical workforce dashboard.

Key activities and updates include:

- Finalised and distributed a Medical labour dashboard to Acute and Urgent Care and Surgery. The dashboard provides analysis of CY2019 Medical workforce spend and identification of outlier behaviours.
- Developed scope and approach for the next six weeks, focused on timesheets. Resources will be embedded into two Clinical Programs to develop and enforce process and controls.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information Systems (NIS) team.

- Aginic, Executive Director of Nursing and Nurse Leads to discuss ideas for a Nursing Information Dashboard.
- Clinical Program Delivery Manager – Acute and Urgent Care and leadership team for Surgery.

Key activities and updates include:

- Continued to work with NIS to understand the updated approach and assumptions used to determine the Nurse FTE productive and non-productive components of each Program's budget based on the operational bed plan. We plan to have these targets endorsed by the Executive Director of Nursing and presented to the Nurse Leads and Program Managers next week.
- Met with the leadership teams of the Acute and Urgent Care and Surgery Programs to discuss the forthcoming sprint which will focus on target setting and controls around rostering and the use of Specials, Chaperones and Guards as well as managing the workforce to the operational bed plan and 2019-20 budget.

iii. Service determination

Key meetings and discussions were with:

- Scheduled meeting with Director of Intensive Care Services for week commencing 26 January 2020 to socialise the draft diagnostic of unfunded and underfunded services.

Key activities and updates include:

- Continued to finalise the draft diagnostic for unfunded and underfunded services.
- Completed a deep dive into procedures and Mental Health funding, follow-up meeting scheduled for next week with Executive Director of Operations and Director Engagement and Commissioning Redevelopment.

iv. PPP and governance

Key meetings and discussions were with:

- CALHN PPP and governance leadership.
- CALHN Internal audit co-sourced partners.

Key activities and updates include:

- Completed first pass review of the outstanding modifications and minor works improvement plan.
- Continued to progress the governance maturity roadmap and inventory of governance documents.
- Briefed the co-sourced internal audit partners in preparation for planning and delivery.
- Preparation for strategic planning facilitation at the 90 day planning session.

v. Business intelligence - Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services to progress data access and technology setup.
- CALHN stakeholders to scope dashboard requirements, particularly focused on Medical and Nursing workforce reporting.

Key activities and updates include:

- Planning and delivery of two workshops focused on Medical and Nursing workforce reporting.
- Development of prototype business intelligence dashboards for feedback and refinement.

3. Service Planning

Key meetings and discussions were with:

- Perioperative business analyst, Executive Director of Nursing and Planning Team to discuss the newly redesigned operational bed planning cost benefit model.
- CapPlan Account Manager to further understand opportunities within the CapPlan system that

could be beneficial for the planning function and the operational leadership teams.

- Clinical Program Delivery Manager - Acute and Urgent Care to further interrogate the proposed Model of Care for the Program.

Key activities and updates include:

- Distributed reconciled bed numbers and definitions to operational leadership for review and input in order to finalise a validated master bed document.
- Distributed the reconciled FY 2019/20 Q3 Operational Bed Plan (18 January 2019 to 11 April 2019) to the operational leadership team for final input and validation.
- Prepared and distributed the Q4 FY 2019/20 (12 April 2020 to 30 June 2020) data pack including revised assumptions, forecasts, supporting forecast data pack and planning templates.
- Commenced work on the summary report for Summer planning cycle (1 December 2019 to 17 January 2020).
- Assisted with logistics and support for the four CapPlan training sessions that occurred during the week for operational leadership teams and the planning team.
- Commenced the draft of the Acute and Urgent Care document for the proposed Model of Care for this Program.

4. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Industrial Liaison Forum.
- Individual meetings with Unions (SASMOA, ANMF and PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - Consultation closed on Tuesday 14 January 2020 for the staff who were previously advised their expression of interest (EOI) was “Yes, subject to consultation”.
 - Additional concerns raised by the Australian Nursing and Midwifery Federation (ANMF) have been addressed without the need for disputation.
 - Offers will go out to all 68 staff this afternoon, with a further 5 going out in the coming days (subject to their workers compensation claims being settled).
 - Learnings from this phase have been incorporated into the plan and timeline for “Pending” EOIs, which will progress in stages over the coming months.
- We continue to support the bed standby process:
 - As previously advised, the planning is now being extended out through the balance of FY20 with Summer settled. Work continues to align rostering and recruitment processes.
 - The process continues to be socialised with the unions and we note this is not without industrial risk.
- The ICAC report was handed down in early December:
 - We have continued to work with both the State taskforce and the Department on the statewide and CALHN response to the report.
 - CALHN is leading the statewide response on the Medical industrial strategy and implementation.
 - We are now focused on aligning the work in progress to the governance requirements at each level.

- The first of three meetings has taken place with a select group of representatives from other LHNs. Work begins next week on specific areas of the Medical Officers EA including timesheet implementation and private practice generally.
- The liaison through multiple levels of Government will continue to be time consuming.
- We continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

5. Finance and Performance

Key meetings and discussions were with:

- SA Health Commissioning team to discuss high level commissioning expectations for 2020-21.
- Director, Finance to discuss forecasting, December results and VSP Program update.
- Finance team to discuss labour template build for Programs as part of upcoming budget build.
- Casemix team to discuss activity and commissioning modelling for upcoming budget build.

Key activities and updates include:

- Presenting to Program Delivery Managers on 2020-21 budget build process.
- Strategy session with SA Health Procurement and Supply Chain Management to discuss prosthesis cost reduction project strategy and interaction between CALHN and SA Health.
- Preparation for Program Performance Meetings next week.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up and meeting with relevant personnel.

6. Next steps

- Program Performance Meetings are scheduled to be held next week.
- We will continue to prepare for the Board meeting to be held in the week commencing 3 February 2020.
- CALHN and Celsus modification and minor works meetings will recommence.
- Director Internal Audit and interim Director Risk and Compliance to start in week commencing 28 February 2020.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Paula Joseph | Manager



T +61 3 8623 3349

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From: [Paula Joseph](#)
To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#) ; [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#);
[McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIF\)](#); [Burness, Sandy \(DIF\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 31 January 2020
Date: Friday, 31 January 2020 4:40:23 PM
Attachments: [image005.png](#)
[image006.png](#)

CALHN Organisational Recovery - Weekly Update 31 January 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 31 January 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Clinical Programs for their monthly performance meetings.
- Recovery and Executive team for the Fortnightly Recovery team meeting.
- Attendance at 90 Day Executive Forum.
- Administrator and Executive Director Allied Health to prepare for the Out of Hospital FY20 special measures intervention.

Key activities and updates include:

- Finalisation of central cost out tracker and financial outlook Board paper.
- Administrator sponsorship for Out of Hospital FY20 Special Measures intervention plan.
- Administrator sponsorship for Outpatients Activity FY20 Special Measures intervention plan.
- Paxon Group have been engaged to undertake NEP (National Efficient Price) benchmarking with work to commence on 3 February 2020.

2. Costs and Controls

The Costs and Controls workstream has now been established and will initially focus on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Clinical Program Delivery Managers, Medical Leads and Heads of Unit within Acute and Urgent Care and Surgery for ongoing updates.
- Aginic (Data and Analytics), to provide input for the development of a medical workforce dashboard.
- Shared Services payroll to understand payroll processes and improvement opportunities.

Key activities and updates include:

- The focus this week in the Sprint was to understand and map the current rostering and timesheet approval processes withing Acute and Urgent Care and Surgery. There is significant variation in processes within units and between sites. Our aim next week is to develop and commence

socialisation of a standardised timesheet approval process to be implemented.

- In addition, we have commenced understanding of the process between CALHN and Shared Services Payroll to identify any improvements that could be implemented. Over the next few weeks we will be undertaking a review of timesheets and payroll to ensure accurate payment is occurring. Where issues are identified, appropriate controls and processes will be designed and implemented.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nurse Leads Acute and Urgent Care and Surgery 1.
- Nursing Information Systems (NIS) team.

Key activities and updates include:

- Met with the Nurse Leads of Acute and Urgent Care and Surgery 1 to discuss the key focuses of the forthcoming Sprint.
- Developed scope and approach for the next six weeks, focused on target setting, standardising the flow of information and preparation of monitoring tools and processes.
- Continued to work with NIS and the Executive Director of Nursing to finalise the productive and non-productive FTE targets for each Program based on the operational bed plan. These targets will be finalised early next week with the Executive Director Nursing and, subsequently, provided to the Programs.

iii. Service determination

Key meetings and discussions were with:

- Meeting with Director, Clinical Governance and Executive Director of Medical Services.

Key activities and updates include:

- Continued socialisation of the service determination diagnostic with key executives who will now identify next steps and prioritisation.

iv. PPP and governance

Key meetings and discussions were with:

- CALHN PPP and governance leadership.
- CALHN Executive (90 day forum attendees).

Key activities and updates include:

- Facilitated executive workshop to develop CALHN's strategic ambitions.

v. Business intelligence - Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services.
- CALHN medical and nursing leads to review draft dashboards.

Key activities and updates include:

- Delivery of further workshops focused on Medical and Nursing workforce reporting.
- Review and refinement of prototype business intelligence dashboards.

3. Service Planning

Key meetings and discussions were with:

- Patient Flow team to optimise ways of working and daily reporting.
- Nursing Lead, Acute and Urgent Care to detail FY2020 Q4 operational bed planning data pack.

Key activities and updates include:

- Completed the Summer planning cycle (1 December 2019 to 17 January 2020) Summary Report for Executive review.
- Finalised the first draft of the revised Acute and Urgent Care Model Of Care discussion paper. This document is now with the Clinical Program Delivery Manager for review.
- Completed the Planning Access and Flow papers for the Executive Meeting to be held next week.
- Continued the review of the CALHN bed capacity 'Master' document. We have received feedback from the operations team and will develop business rules and governance processes for updating this document. We intend on distributing this document to the organisation in the week commencing 3 February 2020.

4. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF and PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - Consultation closed last week on the first tranche of employees being the cohort who were previously advised their expression of interest (EOI) was "Yes, subject to consultation".
 - Union issues were settled and 73 staff have now received formal VSP offer letters. This group has three weeks to consider the offers and we are proactively working through the list to ensure they individually understand the requirements, timeline and to answer any other questions.
 - We are now working through the second VSP cohort, those 252 employees who were previously advised their expression of interest (EOI) was "Pending". An initial assessment of the complexity of abolishing their positions has been completed with Program leads with the feedback coming back yesterday. We will now tranche these employees and complete the detailed assessments and plan to begin the first of three consultation programs in mid-February.
 - The consultation and offer process for this pending group will continue until June.
- We continue to support supplementary programs being run in the network including the bed standby process, the senior nursing review and the rostering / planning workstreams:
 - As previously advised, the bed planning has now been extended out through the balance of FY20.
 - The bed process continues to be socialised with the unions and we note this is not without industrial risk.
 - The senior nursing review is in formative stages but will be an important and time consuming piece of work.
- The ICAC report was handed down in early December:
 - We have continued to work with both the State taskforce and the Department on the Statewide and CALHN response to the report.
 - CALHN is leading the Statewide response on the medical industrial strategy and implementation.
 - The first of three meetings has taken place with a select group of representatives from other LHNs around the Medical Officers EA including timesheet implementation and private practice. Feedback has been collated and the second meeting is being held on Monday 3 February.
 - At a local level, we have completed the project planning for the CALHN response with the

appropriate governance now in place.

- The liaison through multiple levels of Government will continue to be time consuming.
- We continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

5. Finance and Performance

Key meetings and discussions were with:

- CALHN Finance, Casemix and Planning teams for the first weekly FY21 budget build meeting.
- Director, Finance to discuss forecasts, financial performance and metrics.
- Costs and Controls workstream to discuss nursing performance indicators and information.
- Acute and Urgent Care Program Manager to run through budgeting process briefing.
- Planning team to discuss bed planning and Q4 expectations.
- Johnstaff, service planning consultants, to understand proposed project and discuss budget inputs.

Key activities and updates include:

- Performance meetings with all Clinical Programs were held as part of the monthly performance management framework.
- Review of Pharmacy procurement project initial opportunities and approach.
- Preparation of memorandum regarding procurement activity requiring further review.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up and meeting with relevant personnel.

6. Next steps

- The Board meeting will be held next week.
- Director Internal Audit and interim Director Risk and Compliance to start in week commencing 28 February 2020.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Paula Joseph | Manager



T +61 3 8623 3349

Rialto South Tower, Level 31, 525 Collins Street, Melbourne VIC 3000, Australia

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From: [Gruevski, Zak \(Health\)](#)
To: [Burness, Sandy \(DTF\)](#); [Andrews, Andrea \(Health\)](#); [Cowan, Lynne \(Health\)](#)
Subject: RE: [Clause 1\(1\)\(e\)](#) KordaMentha [Clause 1\(1\)\(e\)](#)
Date: Friday, 7 February 2020 1:52:52 PM
Attachments: [image001.png](#)

Thanks Sandy.

Regards
Zak

Zak Gruevski

Executive Director, Finance & Business Services
Central Adelaide Local Health Network

Room 3B676, Level 3, Royal Adelaide Hospital
Port Road ADELAIDE SA 5000
P: 7074 1411 | E: Zak.Gruevski@sa.gov.au
Admin Support | Sharon Manocchio E: Sharon.Manocchio3@sa.gov.au

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From: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>
Sent: Friday, 7 February 2020 1:51 PM
To: [Andrews, Andrea \(Health\)](#) <Andrea.Andrews@sa.gov.au>; [Cowan, Lynne \(Health\)](#) <Lynne.Cowan@sa.gov.au>; [Gruevski, Zak \(Health\)](#) <Zak.Gruevski@sa.gov.au>
Subject: RE: [Clause 1\(1\)\(e\)](#) KordaMentha [Clause 1\(1\)\(e\)](#)

Hi Andrea,

Clause 1(1)(e)

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
t 08 842 90620 | m 0413725122 | e sandy.burness@sa.gov.au | w treasury.sa.gov.au

cid:image001.png@01D469FC.D7C712D0

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From: Andrews, Andrea (Health) <Andrea.Andrews@sa.gov.au>

Sent: Friday, 7 February 2020 1:02 PM

To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Cowan, Lynne (Health) <Lynne.Cowan@sa.gov.au>

Subject: FW: **Clause 1(1)(e)** KordaMentha **Clause 1(1)(e)**

Hi Sandy,

As discussed.

Thanks,
Andrea

Out of scope

From: [Paula Joseph](#)
To: [McGowan, Chris \(Health\)](#); **Clause 6(1)** ; [Dwyer, Lesley \(Health\)](#); **Clause 6(1)**
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIE\)](#); [Burness, Sandy \(DIE\)](#); **Clause 6(1)**
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 7 February 2020
Date: Friday, 7 February 2020 4:42:04 PM
Attachments: [image005.png](#)
[image006.png](#)

CALHN Organisational Recovery - Weekly Update 7 February 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 7 February 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- CALHN Budget and Finance Board Sub Committee for the Administrator Recovery update.
- CALHN Board for the Board meeting.
- SA Health for a preparation meeting in advance of Department of Treasury and Finance Financial Performance Meeting next week.
- Weekly CEO and Administrator meeting.
- Executive Director, Operations RAH and QEH and Executive Director, Planning for the Clinical Delivery Special Measures weekly meeting.
- CALHN Critical Friends for a kick off meeting.
- Executive Director, Allied Health and Strategic Integration and Partnerships for Out of Hospital Special Measures checkpoint meetings.
- Clinical Program Delivery Manager and Executive Director, Operations QEH for Outpatients Activity Special Measures checkpoint meetings.

Key activities and updates include:

- Prepared for the Board and Board sub committee meetings held this week.
- Preparation for Department of Treasury and Finance Financial Performance Meeting on Thursday 13 February.
- Continued Administrator governance and project planning for the Out of Hospital and Outpatients Activity Control Clinical Delivery Special Measures.

2. Costs and Controls

The Costs and Controls workstream is currently focused on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Clinical Program Delivery Managers within Acute and Urgent Care and Surgery for ongoing updates.
- Medical Lead for Specialty Medicine 1 to discuss medical workforce spend, and understand current rostering and timesheet practices.

Administrative staff from Surgery and Acute and Urgent Care at both RAH and QEH to understand current timesheet processes.

- Aginic (Data and Analytics), to provide input for the development of a medical workforce dashboard.

Key activities and updates include:

- Following a series of meetings to understand and map the current timesheet processes (from population to payment) within Acute and Urgent Care and Surgery, Week 2 of the sprint focused on drafting a number of proposed interventions to address risks and issues identified within the current timesheet processes. It should be noted that there is significant variation in processes within units and between sites, with many areas lacking any systematic review of timesheets prior to processing and payment from Shared Services SA.
- Next week we will continue to socialise these interventions with stakeholders across Acute and Urgent Care and Surgery.
- We have commenced undertaking a review of timesheets and payroll to ensure accurate payment from Shared Services is occurring. Internal auditors from EY have been briefed and will assist us in undertaking the audit. Should issues be identified, appropriate controls and processes will be designed and implemented.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nurse Lead, Surgery 1 and 2.
- Nurse Leads and Clinical Program Delivery Managers for all Program.
- Nursing Information Systems (NIS) team.
- Aginic (Data and Analytics), to provide input for the development of a medical workforce dashboard.

Key activities and updates include:

- Met with the Nurse Leads and Clinical Program Delivery Managers to provide an overview of the Nurse Calculator including the assumptions made and how the calculator can be used to assist management of the workforce. This document will be provided to the Programs' leadership for comments and feedback.
- Prepared an initial review of actual direct, indirect and special FTE compared to targets provided in the Nurse Calculator.
- Commenced developing materials for workshops where we will work with the NIS team to distribute the Nurse Calculator to the NUMs and Nurse Managers in Acute and Urgent Care and Surgery 1. These sessions will be held over the next few weeks and will provide guidance on the use of the Nurse Calculator and other monitoring tools available.
- Commenced reviewing information provided to managers of wards not governed by NHPPD including the availability of reports for ongoing monitoring of staff. As part of the initial sprint we will review possible monitoring tools which could be provided to managers.

iv. PPP and governance

Key activities and updates include:

- PPP roadmap has transitioned to CALHN executive to progress.
- Governance initiatives have transitioned to CALHN executive to progress.

v. Business intelligence - Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services.

- CALHN medical, nursing and outpatient leads to review draft dashboards.

Key activities and updates include:

- Aginic is on track to deliver dashboards on medical and nursing labour early next week. Outpatient and medical league table dashboards are still in development and are on track for late next week.

Please note our sprint which focused on undertaking a diagnostic into service determination has been finalised. Our diagnostic is in final draft and has been socialised with key executive. A decision on implementation actions and a plan by the executive will be revisited in FY21.

3. Service Planning

Key meetings and discussions were with:

- Critical Friend, John Mendoza regarding the status of his current on-site visits to CALHN Mental Health facilities.
- Weekly Planning Team Meeting focused on planning for the distribution of the realigned operational bed plan.
- Meeting with Administrators and KordaMentha stream leads to discuss the communication and implementation for the realignment of the current operational bed plan.

Key activities and updates include:

- Completed the second draft of the Acute and Urgent Care proposed Model of Care Discussion Paper. This draft incorporates the Acute and Urgent Care medical and nursing review.
- Finalised calculation of the number of occupied bed days (OBDs) available for the remainder of the year in order to achieve the FY20 budgeted OBD target, as well as translating these into average bed numbers for each program.

4. 2020 Delivery

Key meetings and discussions were with:

- Critical Friends regarding aligning efforts and crafting the improvement approach.
- Executive Director of Medical Services to discuss his leadership role and the importance of capability building in securing engagement and sustainable improvement.
- Clinical Program Delivery Manager, Acute and Urgent Care to align changes this Program is implementing and support to be provided by 2020 Delivery.
- Clinical Practice Improvement Leadership (CPIL) training leads to ensure alignment between training programmes and projects
- Executive Director Corporate Affairs to discuss a communication strategy.

Key activities and updates include:

- Mobilising and scaling up ward-based flow improvements.
- Iterating the model of engaging with wards to support and empower clinically-led flow improvements.
- Finalising programme-level governance meetings to oversee ward-based flow improvements.
- Held the second ward lead performance training session for cohort 1.
- Developing programme communications strategy to raise awareness of the programme and establish a clear, engaging narrative around the rationale for change.
- Scoping of subsequent work on standardised pathways and the improvement hub in advance of the full 2020 Delivery team arriving next week.

5. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.

- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - The 68 staff who received a VSP are in their three week acceptance period. We continue to proactively work through the list to ensure they individually understand the requirements, timeline and to answer any other questions. To date, five have declined and 40 have accepted.
 - We continue to work through the second VSP cohort, those 252 employees who were previously advised their expression of interest (EOI) was "Pending". An initial assessment of the complexity of abolishing their positions has been completed with Program leads and we are working through feedback. We will now tranche these employees and complete the detailed assessments and plan to begin the first of three consultation programs in mid-February.
 - The consultation and offer process for this pending group will continue until June.
- We continue to support supplementary programs being run in the network including the bed standby process, the senior nursing review and the rostering / planning workstreams:
 - As previously advised, the bed planning has now been extended out through the balance of FY20.
 - The bed process continues to be socialised with the unions and we note this is not without industrial risk.
 - The senior nursing review is in formative stages but will be an important and time consuming piece of work.
- The ICAC report was handed down in early December:
 - We have continued to work with both the State taskforce and the Department on the Statewide and CALHN response to the report.
 - CALHN is leading the Statewide response on the medical industrial strategy and implementation.
 - The second of three meetings has taken place with a select group of representatives from other LHNs around the Medical Officers EA including timesheet implementation and private practice. Feedback has been collated and the final meeting is being held on Monday 24 February.
 - At a local level, we have completed the project planning for the CALHN response with the appropriate governance now in place.
 - The liaison through multiple levels of Government will continue to be time consuming.
- We continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

6. Finance and Performance

Key meetings and discussions were with:

- NIS and Finance team to discuss FY21 budget process and nurse labour build.
- Board Finance Committee to present December YTD results and discuss forecast.
- Budget build team (Finance, Casemix and Planning) for weekly FY21 budget build meeting.
- Executive Directors, Operations to update on financial improvement initiatives.
- Head of Unit, Cardiology QEH to discuss budget, financial performance and associated information.
- Chief Data Analytics Officer to discuss FY21 budget process and key deliverables.

Key activities and updates include:

- Prepared correspondence for SA Health in relation to central costs and requirement for further information relating to this spend.
- Drafted communications for changes to financial delegations relating to Programs.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up and meeting with relevant personnel.

7. Next steps

- The Department of Treasury and Finance Financial Performance Meeting will be held next week.
- The remaining members of the 2020 Delivery team will arrive next week.
- Director Internal Audit and interim Director Risk and Compliance to start in week commencing 28 February 2020.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Paula Joseph | Manager



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From: [Sophie Gibbons](#)
To: [Chris Martin](#); [Dwyer, Lesley \(Health\)](#); [Gruevski, Zak \(Health\)](#); [Noah Jacobson](#); [Pamminger, Thomas \(Health\)](#); [McLoughlin, Vanessa \(DTE\)](#); [Burness, Sandy \(DTE\)](#)
Subject: FW: CALHN_Financial Performance Meeting_Feb 12 2020
Date: Wednesday, 12 February 2020 4:10:00 PM
Attachments: [image005.png](#)
[image006.png](#)
[image001.png](#)
[image002.png](#)
[CALHN_DTE Financial Performance Meeting February 2020 .pdf](#)

All – the last document was corrupted so please find attached again.

Kind regards,

Sophie

Sophie Gibbons | Executive Director | KordaMentha Corporate

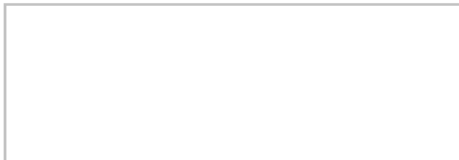


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Out of scope

From: Sophie Gibbons

Sent: 12 February 2020 4:03 PM

To: Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Vanessa.McLoughlin@sa.gov.au

Cc: Chris Martin <cmartin@kordamentha.com>; Lesley Dwyer <lesley.dwyer@sa.gov.au>;
Gruevski, Zak (Health) <Zak.Gruevski@sa.gov.au>; Noah Jacobson
<njacobson@kordamentha.com>; Pamminger, Thomas (Health)
<Thomas.Pamminger@sa.gov.au>

Subject: CALHN_Financial Performance Meeting_Feb 12 2020

Good afternoon Sandy,

Please find attached the pack to be tabled in tomorrow's CALHN Financial Performance Meeting with the Department of Treasury and Finance.

Please feel free to contact Noah and I will any questions prior.

Kind regards,

Sophie

Sophie Gibbons | Executive Director | KordaMentha Corporate

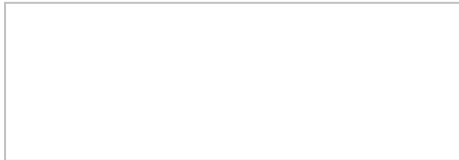


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From: Burness, Sandy (DTF)
To: [Pribanic, Tammie \(DTF\)](#)
Subject: RE: Budget and Finance Committee
Date: Thursday, 13 February 2020 1:54:00 PM
Attachments: [image001.png](#)
[1.12 - KordaMentha - CALHN \(A1345798\).DOCX](#)

Hi Tammie,

I've attached the recently updated PBN on KM – I think it has everything, but let me know if you think you need more information.

Thanks

Sandy Burness

Director | Account Management | Budget and Performance Branch

State Administration Centre, Level 7, 200 Victoria Square ADELAIDE SA 5000
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cid:image001.png@01D469FC.D7C712D0

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From: Pribanic, Tammie (DTF) <Tammie.Pribanic@sa.gov.au>
Sent: Wednesday, 12 February 2020 11:01 PM
To: Raymond, Greg (DTF) <Greg.Raymond@sa.gov.au>; Blight, Tricia (DTF) <Tricia.Blight@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; Beveridge, Mark (DTF) <Mark.Beveridge@sa.gov.au>
Subject: Budget and Finance Committee

Hi All,

David, Stuart and I are appearing before Budget and Finance Committee next Monday. I wondered if your teams could pull together a bit of information for us by Friday afternoon. Please send through as soon as available and I'll try and package for David and Stuart.

Out of scope

Sandy –

Clause 17(c)

Mark – we will send up the unplaced exec note when available.

Thanks all

Tammie

Out of scope

From: Natalie Chin <NChin@kordamentha.com>

Sent: Friday, 14 February 2020 3:46 PM

To: McGowan, Chris (Health) <Chris.McGowan2@sa.gov.au>; **Clause 6(1)** ; Dwyer, Lesley (Health) <Lesley.Dwyer@sa.gov.au>; **Clause 6(1)**

Clause 6(1)

Clause 6(1) Frater, Don (Health) <Don.Frater@sa.gov.au>; Andrews, Andrea (Health) <Andrea.Andrews@sa.gov.au>; McCarthy, Leah (Health) <Leah.McCarthy2@sa.gov.au>; Pribanic, Tammie (DTF) <Tammie.Pribanic@sa.gov.au>; Burness, Sandy (DTF) <Sandy.Burness@sa.gov.au>; naomimargaretjames@gmail.com

Cc: Mark Mentha <mmentha@kordamentha.com>; Chris Martin <cmartin@kordamentha.com>; Sophie Gibbons <sgibbons@kordamentha.com>; Baker, Jani (Health) <Jani.Baker@sa.gov.au>; Rodwell, Helen (Health) <Helen.Rodwell@sa.gov.au>; Christie, Joanne (Health) <Joanne.Christie@sa.gov.au>; Smith, Danella (Health) <Danella.Smith@sa.gov.au>

Subject: CALHN Organisational Recovery - Weekly Update 14 February 2020

CALHN Organisational Recovery - Weekly Update 14 February 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 14 February 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- SA Health pre-meeting in advance of the Department of Treasury and Finance CALHN Financial Performance Meeting.
- Department of Treasury and Finance CALHN Financial Performance Meeting.
- FY20 Bed Planning sessions.
- Weekly CALHN/Administrator status meeting.
- Weekly Administrator meeting with 2020 Delivery on operational efficiency program status.
- Fortnightly full Recovery Team meeting.

Key activities and updates include:

- Preparation for Department of Treasury and Finance CALHN Financial Performance Meeting.
- Administrator sponsorship and facilitation of Out of Hospital and Outpatients Special Measures.
- Continued development of central Recovery Program benefits tracker.
- Administrator debrief with Clinical Quality and Governance Critical Friend, Diana Hamilton Fairly.

2. Operational Special Measures

Outpatients

Key meetings and discussions were with:

- Executive Director Operations, QEH.
- MEDrefer representative to understand potential referral management solution.
- Aginic (Data and Analytics) to provide input on the outpatients dashboard development.

Key activities and updates include:

- Prepared and issued messaging to Program Managers and Medical Leads as to forecast position for when outpatient activity and funding will be fully expended based on current activity rates.
- Progressed design of outpatients dashboard to monitor performance of individual clinics, including use by clinics of the patient administration system.
- Commenced identification and assessment of options for special measures initiatives.

3. Costs and Controls

The Costs and Controls workstream has now been established and is initially focusing on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Clinical Program Delivery Managers (CPDM) within Acute and Urgent Care and Surgery to socialise the implementation/communication plan.
- Administrative staff from Acute and Urgent Care at QEH to understand current timesheet processes.
- Chief HR Officer to discuss potential IR risks and mitigations strategies with regard to the proposed timesheet process and controls.
- CALHN internal auditors (EY) to discuss scope and timing of audit.

Key activities and updates include:

- Development and socialisation of proposed implementation plan with A&UC and Surgery CPDMs led to the prioritisation of rolling new process and controls out to A&UC first, and then Surgery.
- Proposed go-live for A&UC is 28 February which allows two weeks of education, communication and upskilling of involved stakeholders.
- Commenced recall of circa 500 coded timesheets from Shared Services. Once recalled, we will undertake a limited review of the timesheets to understand Shared Services processes and understand trends that could assist medical leadership in managing their workforce.
- Further discussion with EY regarding their proposed internal audit scope and potential overlap with our medical workforces sprints. EY are currently drafting their 3 month internal audit plan which will be presented next week. We will commence further discussion once the scope is presented.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information System (NIS) team.
- Clinical Program Delivery Managers – Acute and Urgent Care and Surgery.
- Aginic (Data and Analytics), to provide input for the development of a nursing workforce dashboard.

Key activities and updates include:

- Met with NIS to further understand indirect FTE targets in NHpPD wards as well as ratio areas.
- Sought feedback from all Programs on proposed Nurse Calculator targets.
- Prepared a draft agenda for the workshops, to be finalised next week.
- Reviewed historical data on actual NHpPD, indirect nursing hours and clinical specials and chaperones at Program, unit and ward level. Overlaid targets where available.
- Performed initial review of published rosters against the EA targets. We will use this analysis

to identify wards in Surgery 1 and 2 and Acute and Urgent Care where additional support may be required.

- Continued to develop materials for workshops where we will work with the NIS team to distribute the Nurse Calculator to the NUMs and Nurse Managers in Acute and Urgent Care and Surgery 1. These workshops will be held over the next few weeks and will provide guidance on the use of the Nurse Calculator and other monitoring tools available.
- Prepared tool to track benefits seen from management of NHpPD, indirect nursing and specials and chaperone use from 1 January 2020.

iii. Business intelligence – Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services.
- CALHN medical, nursing and outpatient leads to review draft dashboards.

Key activities and updates include:

- Aginic has finalised the medical workforce dashboard, and will deliver nursing dashboards and outpatient dashboards next week.
- The recovery team is developing an implementation plan for the medical workforce dashboard which will be rolled out next week.

iv. PPP

Key meetings and discussions were with:

- Director Operational Services for status update on modifications and minor works improvement roadmap.
- Group Executive Director, Statewide Clinical Support Services to discuss change in priorities over capital program spending initiatives.
- Executive Director, Corporate Affairs for refinement of CALHN strategic ambitions.

Key activities and updates include:

- Continued design of Facilities team restructure.
- Refined the strategic ambitions to be used for CALHN strategic plan, ready for circulation and feedback from the Executive.

v. NEP benchmarking

Key meetings and discussions were with:

- Paxon Group representative to work through data access challenges.
- Chief Executive Officer to escalate challenges obtaining data set for analysis.

Key activities and updates include:

- Continue to seek information from SA Health and within CALHN to support the NEP benchmarking analysis.

3. Service Planning

Key meetings and discussions were with:

- Strategy status/planning meeting with the Director of Planning regarding the process of establishing the new Service Planning function.
- Presented a report to the Executive on the gap between FY20 budgeted beds and the current performance/estimated remaining beds to meet budget.
- Various meetings with the CALHN Executive and 2020 Delivery to develop a new March-June Bed Plan to increase standby beds to assist in improving efficiency and meeting financial budget.
- Business Manager undertaking the financial benefits realisation for the bed flex plans to discuss reporting.
- Prepared for and attended the weekly Service Planning operations meeting with Director of Planning.

Key activities and updates include:

- Coordinated and reconciled the current Quarter 4 Bed Plan with Program Managers.

- Reconciled the Quarter 4 Bed Plan with Executive plan for budget alignment for provision to Executive.
- Worked with Executive and 2020 Delivery on the various detailed patient efficiency initiatives to reduce occupancy/increase standby beds and feed into the preparation of a new March-June Bed Plan.
- Drafted presentation for Director, Service Planning on the Occupied Bed Days remaining in FY20 budget for discussion with the Executive.
- Assisted with preparation of the summary position of the CALHN Service planning for presentation to Treasury on 13 February.
- Assisted with preparation of historic analysis, review and assumptions for Programs to assist in informing the FY20/21 forecasting and budget.

4. 2020 Delivery

Key meetings and discussions were with:

- CALHN Executive and KordaMetha team to develop bed flex plan.
- ED Operations, ED Clinical Governance and ED Medical Services during the first programme Steering Group.
- Executive Director of Allied Health and Director of Out-of-Hospital services to set-up and align standardised pathways work with existing priority projects.
- Program leads for Acute and Urgent Care and Heart and Lung as part of improvement project governance.
- Program Leads for Surgery to plan for set-up of Cohort 2 wards.
- Medical leadership (EDMS, Medical Lead for Acute and Urgent, representatives from downstream wards) to discuss what 'good' looks like for medical assessment on downstream wards.
- SA Health to understand ongoing work with inpatient dashboard and opportunities for alignment.

Key activities and updates include:

- Collaborating closely on the development of the Bed Plan.
- Mobilisation of the full team, with 4 new members of the 2020 Delivery team commencing at CALHN.
- First Improvement Academy training for Program Leadership, introducing them to the same approach, tools and language being adopted by front-line teams.
- Running first full cycle of improvement governance, with Programs overseeing ward progress and reporting up to Quality Board.
- Continued PDSAs on the wards, targeting readiness for discharge and early discharge planning, improved daily rhythms and use of Clinical Criteria for Discharge.
- Presented at the Trainee Medical Officer Forum to engage and bring junior doctors into the programme.

5. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF, PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress:
 - The acceptance period for the 68 staff who received a VSP offer closes today. Uptake has been positive, with less than five declines thus far.
 - Continue to work through the second VSP cohort, those 252 employees who were previously advised their expression of interest (EOI) was "Pending".
 - Program Leads have completed assessments of the complexity of abolishing the positions and aligned them to one of three consultation programs. Consultation on the first group will commence next week.

- The CEO and VSP team will meet with Program Leads next week to critically review any remaining roles which have not been aligned to a consultation program.
- All 252 “Pending” employees received notification this week of the status of their EOI.
- Regular meetings with Unions are occurring and remain constructive.
- The consultation and offer process for this pending group will continue until June, with the first tranche of circa 40 starting next week (exact number to be finalised).
- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report.
 - CALHN is leading the Statewide response on the medical industrial strategy and implementation.
 - Continued to prepare for the final of three meetings with a select group of representatives from other LHNs around the Medical Officers EA including timesheet implementation and private practice.
 - At a local level, we have completed the project planning for the CALHN response with the appropriate governance now in place.
 - The liaison through multiple levels of Government will continue to be time consuming.
- Continue to support supplementary programs being run in the network including:
 - Bed standby/flex - continues to be socialised with the unions and we note this is not without industrial risk.
 - Senior nursing review - in the formative stages but will be an important and time consuming piece of work.
 - Medical workforce controls and Nurse rostering – requires considered IR approach to ensure initiatives can be successfully implemented without dispute.
- Continue to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

6. Finance and Performance

Key meetings and discussions were with:

- Department of Treasury and Finance, and SA Health for six-weekly Health Financial Performance Steering Committee meeting.
- Budget build team (Finance, Casemix and Planning) for weekly FY21 budget build meeting.
- Service and Bed Planning Team to discuss updated bed plan and financial modelling.
- Finance team to coordinate implementation of changes to financial delegations.
- Cancer Program leadership to present pharmacy opportunities.
- Vascular Head of Unit to discuss prosthesis procurement strategy.

Key activities and updates include:

- Preparing information pack for Health Financial Performance Steering Committee meeting including analysis and discussion.
- Implemented a change to the bookings procedure for Translation and Interpreter Services to target immediate cost reduction in off-contract spend.
- Gained approval from the Antimicrobial Stewardship Committee for implementation of a pharmaceutical change to reduce spend and utilise appropriate medications.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

7. Next Steps

- Continue identification and assessment of options for Outpatients special measures initiatives.
- Continue preparation for workshops with Surgery and Acute and Urgent Care in relation to nursing labour controls.
- Continue preparation for the next set of monthly Program performance meetings, scheduled for 25-27 February.

Should you have any queries please contact Chris Martin on 0417 242 921.
Kind regards

Natalie Chin | Manager



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Out of scope

From: Pribanic, Tammie (DTF)

Sent: Tuesday, 18 February 2020 6:25 PM

To: Reynolds, David (DTF) <David.Reynolds@sa.gov.au>; Hocking, Stuart (DTF) <Stuart.Hocking@sa.gov.au>

Cc: Beveridge, Mark (DTF) <Mark.Beveridge@sa.gov.au>

Subject: FW: REvised outlook

Draft outlook

Clause 1(1)(e)

From: Beveridge, Mark (DTF)

Sent: Tuesday, 18 February 2020 3:49 PM

To: Pribanic, Tammie (DTF) <Tammie.Pribanic@sa.gov.au>

Subject: FW: REvised outlook

Updated version.

Out of scope

From: Pribanic, Tammie (DTF)
Sent: Thursday, 20 February 2020 8:53 AM
To: De Gennaro, Gino (DTF) <Gino.DeGennaro@sa.gov.au>
Cc: Reynolds, David (DTF) <David.Reynolds@sa.gov.au>; Hocking, Stuart (DTF) <Stuart.Hocking@sa.gov.au>
Subject: Clause 1(1)(e)

Hi Gino,

Further to our discussion this morning, Clause 1(1)(e)

Thanks
Tammie

Hocking, Stuart (DTF)

From: DTF:BAP Admin
Sent: Friday, 21 February 2020 12:21 PM
To: DTF:Treasurer
Cc: Reynolds, David (DTF); Hocking, Stuart (DTF); Pribanic, Tammie (DTF); Burness, Sandy (DTF); Scott, Joseph (DTF)
Subject:
Attachments:

Clause 1(1)(e)

Good morning

Please find attached a briefing

Clause 1(1)(e)

Clause 1(1)(e) for the Treasurer's approval.

Miranda Kapetanios

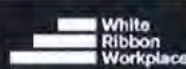
Business Support Officer | Executive Support

Department of Treasury & Finance
Budget and Performance Branch
Level 7, State Administration Centre
200 Victoria Square Adelaide SA 5000 | DX:56205
t 8429 0417 e miranda.kapetanios@sa.gov.au

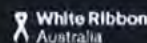
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To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#); [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Prubanac, Lammie \(DIE\)](#); [Burness, Sandy \(DIE\)](#); [Clause 6\(1\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 21 February 2020
Date: Friday, 21 February 2020 4:38:01 PM
Attachments: [image001.jpg](#)
[image002.png](#)

CALHN Organisational Recovery - Weekly Update 21 February 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 21 February 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Weekly Administrator/CEO Meeting.
- Administrator attendance at Critical Friend (Cyprian D'Souza) cultural change working sessions.

Key activities and updates include:

- Finalisation of central FY20 Financial Improvement tracker.
- Continued governance of Financial Improvement and Clinical Delivery Special Measures initiatives.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- ED Operations TQEH, Clinical Program Delivery Manager, A/Director Specialist Outpatients Directorate to undertake planning for outpatients special measures.

Key activities and updates include:

- Focus areas for special measures determined as:
 - Demand management measures, starting with referral acceptance consistent with regional and quaternary service delivery obligations.
 - Use of the CALHN Patient Administration System by all clinics.

ii. Out of Hospital

Key meetings and discussions were with:

- ED Allied Health & Integrated Partnerships and OOH Special Measures team for the twice-weekly checkpoint meetings.
- Various OOH Special Measures project planning sessions.
- Program Leadership briefing.
- EDMS briefing.

Key activities and updates include:

- Overall Administrator sponsorship for OOH Special Measures delivery, including establishment

of weekly governance rhythm and status updates.

- Briefed Program Leadership and EDMS on the OOH Special Measures priority initiatives, targeted benefits and timeframes.
- Continued development of delivery plan across the four OOH priority initiatives, for CEO review and finalisation in the week commencing 24 February.
- Support and coordination in the execution of required actions across priority initiatives including contract preparation, stakeholder engagement and negotiation.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Surgery Heads of Unit (HOU) to socialise future state timeline processes and controls.
- Acute & Urgent Care (A&UC) Clinical Program Delivery Manager (CPDM) to agree resource model for future state timesheet process.
- Administrative staff from A&UC at RAH to discuss future state timesheet process.

Key activities and updates include:

- Amendment of future state resource model to account for limited capacity. In agreement with the CPDM, we have moved to a decentralised model (instead of having one central resource, there will be four resources).
- Timesheet training documents and checklists completed and circulated with Medical Leads for review.
- Completed recall of circa 500 coded timesheets from Shared Services. We have commenced an audit of these timesheets to understand the key issues driving medical penalties and behaviour in each unit. These issues will be collated and translated into a reference guide to be used by Medical Leads and HOU's to manage their workforce.
- Discussion underway with Shared Services to commence a trial period whereby A&UC timesheets are due 5pm Tuesday (instead of 10am Tuesday) to allow for additional checks and increased quality.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information System (NIS) team.
- Clinical Program Delivery Managers – A&UC and Surgery.

Key activities and updates include:

- Finalised plans and agenda for workshops covering nursing targets and rostering to be held with Surgery 1 and 2 and A&UC. Following A&UC and Surgery 1 and 2, NIS will hold workshops for all remaining Programs over the coming weeks.
- Further review of Aginic nursing dashboard and provision of refinement suggestions.
- Initial review of PolyOptimum's nursing KPI reports.
- Continued to develop a tool to track benefits from improved management of NHpPD, indirect nursing and specials and chaperone use from 1 January 2020.
- Finalised tool to compare published rosters against the EA targets and daily actual NHpPD. We will use this tool to monitor direct FTE on NHpPD ward in Surgery 1 and 2 and A&UC and identify where additional support may be required.
- Commenced review of the opportunity to reduce the cost of Patient Minding Guards, including reviewing the work currently being undertaken by CALHN.

iii. Business intelligence – Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services.
- CALHN HR Analytics.

Key activities and updates include:

- Transition of administrator role to the CALHN Chief Data Analytics Officer and technical support to the CALHN Senior Consultant Analytics and HR Systems Officer.
- Aginic have finalised the medical, nursing and outpatient dashboard.
- Aginic have provided draft user guides for KM review. Currently transposing onto CALHN templates, we expect final copies next week.
- Initial roll-out of Outpatients and LOS Performance dashboards to key executive and select users completed.

iv. PPP/Operational Services

Key meetings and discussions were with:

- Director Operational Services to review design of directorate restructure.
- Celsus Operations Director, Director Operational Services, Facility Services Manager to discuss recent operational challenges.
- Manager Health Information Systems to view the clinical coders workspace.

Key activities and updates include:

- Attended modification and minor works discussion to debrief recent challenges and refine operational processes.
- Review of Operational Services organisational re-design to drive a business as usual way of working and business efficiency.
- Review of Operational Services finances to identify additional cost reduction opportunities.
- View clinical coders workspace to inform options for resolving WH&S issues.

v. NEP Benchmarking

Key meetings and discussions were with:

- Senior Manager Paxon Group and CALHN Casemix Managers to support access to NHCDC dataset.

Key activities and updates include:

- National Efficient Price (NEP) costing data received from the Department and provided to Paxon Group to commence NEP benchmarking analysis.

3. Service Planning

Key meetings and discussions were with:

- Individual meetings with Program Delivery Managers regarding individual Program Bed Plan allocations.
- Meeting with 2020 Delivery to review the Bed Plan and development of a KM implementation reporting structure for the plan.
- Meeting with CALHN Finance Executive regarding support for costing the new Bed Plan and ongoing reporting.
- Preparation for and attendance at the weekly Service Planning operations meeting with the Director of Planning and current CALHN and the Recovery Team.
- Executive/Program Delivery Managers combined session to address individual Program bed allocations.

Key activities and updates include:

- Reconciling the feedback from Program Managers to the March-June Bed Plan target.
- Develop a Bed Plan implementation reporting format/process.
- Work with 2020 Delivery on their various plans to reduce occupancy/increase standby beds relating to the March to June Bed Plan.
- Review the Caplan demand forecasting reports for March to June to compare with the Bed Plan.
- Preparation of the first draft of detailed ward-based Bed Plan for March to June.
- Assist in Service Planning organisation structure development and consider staffing requirements.

4. 2020 Delivery

Key meetings and discussions were with:

- Discharge pathways kick off meeting held with Executive Director of SA Allied Health and the Manager of Transitions at SA Health.
- ED Statewide Services to discuss interdependencies and opportunities.
- Improvement academy training delivered to Program Leads and Clinical Executive.
- Met with Administrators and CEO to review progress.

Key activities and updates include:

- Ward improvement Seminar designed and materials produced.
- First seminar delivered to cohort 1 wards to develop network waves of stretching PDSA cycles.
- Discharge pathways scoping analysis and project planning and kick-off.
- KPI targets agreed, linked to bed plan assumptions, introduced to wards and implemented in weekly reporting.

5. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive and Program Leads.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF and PSA).
- Members of CALHN Board.

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress and will run until June:
 - 69 staff have now received a VSP offer. The consideration period for 68 of these has closed resulting in 60 acceptances. Separations for these staff commence from the end of February. One employee is still considering their offer and eight employees declined their offer.
 - We continue to work through Workstream B (the second VSP cohort) circa 250 employees who were previously advised their expression of interest (EOI) was "Pending".
 - Program Leads have completed assessments of the complexity of abolishing the positions and aligned them to one of three consultation programs.
 - Consultation on the first group of 44 employees in Workstream B commenced this week and will run for two weeks.
 - The CEO and VSP team met with Program Leads to critically review any remaining roles that are yet to be aligned to a consultation program.

Regular meetings with Unions are occurring and remain constructive.

- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report.
 - CALHN is leading the Statewide response on the medical industrial strategy and implementation.
 - We continued to prepare for the final of three meetings (next Monday 24 February) with a select group of representatives from other LHNs around the Medical Officers EA agenda including timesheet implementation and private practice.
 - At a local level, we have completed the project planning for the CALHN response with the appropriate governance now in place.
 - The liaison through multiple levels of Government will continue to be time consuming.
- Continue to support supplementary programs being run in the network including:
 - Bed standby/flex - continues to be socialised with the unions and we note this is not without industrial risk.
 - Senior nursing review - in the formative stages but will be an important and time consuming piece of work.
 - Medical workforce controls and Nurse rostering – requires considered IR approach to ensure initiatives can be successfully implemented without dispute.
 - Attended workshops delivered by Critical Friend (Cyprian D'Souza) on bringing to life our values. Next steps include preparing for a workshop on 11 to 13 May and preparing communications and programs to roll out off the back of this workshop.
- Continued to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

6. Finance and Performance

Key meetings and discussions were with:

- Business Support for Neuroscience and Rehabilitation regarding FY20 forecast.
- Interpreter services supplier to discuss contractual revision options.
- Budget build team (Finance, Casemix and Planning) for weekly FY21 budget build meeting.
- Members of CALHN's Finance team, NIS team, and SA Health's Budget Systems team to discuss the use of and updates to the nursing calculator used for the budget build.

Key activities and updates include:

- Preparing information for SA Health performance meeting including analysis and discussion.
- Preparation for the next round of monthly Program performance management meetings, scheduled for 25 to 27 February.
- Held FY21 budget build sessions with CALHN's Finance team and representatives of various clinical and non-clinical Programs and areas to discuss the process to prepare FY21 budgets and complete budget templates.
- Implemented revised financial delegations.
- Reviewed patient entertainment systems spend and options.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

7. Next steps

- Program performance meetings will be held in 25 to 27 February.
- Implementation of new timesheet control processes in A&UC.
- Roll out of central FY20 Financial Improvement Tracker.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Natalie Chin | Manager



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From: [Natalie Chin](#)
To: [McGowan, Chris \(Health\)](#) **Clause 6(1)** [Dwyer, Lesley \(Health\)](#); **Clause 6(1)**
Clause 6(1)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Pribanic, Lammie \(DIE\)](#);
[Burness, Sandy \(DIE\)](#); **Clause 6(1)**
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 28 February 2020
Date: Friday, 28 February 2020 7:13:53 PM
Attachments: [image001.png](#)
[image002.png](#)

CALHN Organisational Recovery - Weekly Update 28 February 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 28 February 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- CALHN Performance Meeting with SA Health.
- Nine Clinical Program Monthly Performance Meetings.
- Fortnightly Executive & Recovery team meeting.
- Weekly Chief Executive Officer/Administrator meeting.

Key activities and updates include:

- Administrator chair of nine Clinical Program Monthly Performance Meetings.
- Preparation and attendee at SA Health Performance Meeting.
- Finalisation of Recovery Financial Improvement plan on a page reporting framework.
- Finalisation of Recovery Financial Improvement central tracker and review with Chief Operating Officer.
- Development of Board Finance Committee Meeting paper.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Executive Director of Operations (QEH) and the Central Operations team members.

Key activities and updates include:

- Preparation of special measures project plan, including strengthening compliance with business rules and cost out activity to 30 June 2020.
- Broadcast message to all Program Managers and Medical Leads instructing all outpatient clinics to utilise Sunrise EMR for patient administration from 2 March 2020.

ii. Out of Hospital

Key meetings and discussions were with:

- Final planning sessions with OOH team for remaining Special Measures initiatives.
- Twice weekly OOH Special Measures checkpoint meetings with OOH team, ED Allied Health & Integrated Care and Administrator.

Key activities and updates include:

- Finalised plan for all 6 OOH Special Measures Initiatives.
- Handover of OOH Special Measures plan to OOH team.

- Establishment of weekly monitoring and governance rhythm.
- Ongoing support for escalated procurement requests.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Acute & Urgent Care ('A&UC') Heads of Unit to discuss the pilot timesheet process that will go live from 28 February.
- A&UC Administrative staff from RAH and QEH to finalise go live requirements and changes to current process.
- Timesheet Reviewers for A&UC to complete training and upskilling on thorough timesheet review process.
- Critical Care and Perioperative Program Delivery Manager regarding potential workforce controls.

Key activities and updates include:

- Socialisation of key timesheet FAQs and Roles and Responsibilities with Chief Executive Officer and Chief HR Officer.
- Communication to all A&UC medical workforce regarding upcoming go live of the pilot timesheet process.
- Continued a review of timesheets processed by Shared Services to understand key behaviours driving medical penalties.
- Discussion continues with Shared Services to commence a trial period whereby A&UC timesheets are due 5pm Tuesday (instead of 10am Tuesday) to allow for additional checks and increased quality.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information System (NIS) team.
- Nurse Leads, Nurse Unit Managers and Nurse Managers from A&UC and Surgery 1 and 2.

Key activities and updates include:

- Worked with NIS to hold workshops focusing on nursing targets and rostering with the first group of Nurse Leads, Nurse Unit Managers and Nurse Managers A&UC and Surgery 1 and 2. Next week we will hold sessions with the remaining nursing leadership.
- Ongoing monitoring of published rosters against the EA targets and daily actual NHpPD. Over the coming weeks we will monitor direct FTE in wards governed by EA NHpPD in Surgery 1 and 2 and A&UC and identify where additional support may be required.
- Finalised a tool to track benefits from improved management of NHpPD, indirect nursing and specials and chaperone use from 1 January 2020.

iii. Business intelligence – Aginic

Key meetings and discussions were with:

- SA Health Data and Reporting Services.
- CALHN HR Analytics.

Key activities and updates include:

- Aginic have provided final user guides on CALHN template for the Medical and Length of Stay dashboards.
- The remaining user guides can be expected week commencing 2 March.
- Planning for formal training and rollout of dashboard week commencing 16 March.
- Worked with Chief Data and Analytics Officer to amend access for CALHN executives and Clinical Program users as required.

iv. PPP/Operational Services

Key meetings and discussions were with:

- Director of Operational Services and management team.

Key activities and updates include:

- Design of options for new Operational Services team structure, including consideration of business as usual functions for the RAH facility operator role.
- Identification of potential revenue opportunities and/or cost savings from Operational Services.
- Broadcast of new modifications and minor works criteria to reduce activity and minimise expenditure.

v. NEP Benchmarking

Key meetings and discussions were with:

- Held range of internal meetings regarding NEP benchmarking activity.

Key activities and updates include:

- Data has been received and NEP benchmark analysis is in progress.

3. Service Planning

Key meetings and discussions were with:

- Various meetings with the key Executives to finalise the Bed Plan, including the individual Program bed allocations.
- Meetings with 2020 Delivery to review the governance and reporting structure for the implementation of the newly developed March to June Bed Plan.
- Meeting with Service Planning to review the development plan for the Bed Plan that is needed to support the FY21 budget build.
- Prepare/attend weekly Service Planning operations meeting with the Director of Planning and CALHN and Recovery Team.
- Various meetings to review the current process for calculating and assigning patient discharge targets to units and wards.

Key activities and updates include:

- Reconcile the feedback from the Executive Director of Operations to the March to June Bed Plan target and preparation of final detailed ward based Bed Plan for March to June.
- Develop a Bed Plan implementation Governance/Reporting/Risk management process.
- Work with 2020 Delivery to understand their various plans to reduce Length of Stay and the impact on occupancy/increase standby beds regarding the March to June Bed Plan, including understanding the initiatives being developed for the Stop Ramping project.
- Ongoing review of the Caplan demand forecasting reports for March to June to compare with the Bed Plan.
- Ongoing work to finalise a single Master Bed List for all CALHN sites (including a supporting Glossary and Governance/List management structure).
- Assist in Service Planning staffing recruiting process.

4. 2020 Delivery

Key meetings and discussions were with:

- Program steering Committee meeting focused on mobilising the discharge pathways workstream and scaling up impact.
- Introduced CALHN 2020 Program at the Senior Nursing Leadership Council Heart and Lung Program Delivery Group. It was a good opportunity for CALHN 2020 Cohort 1 wards to present their progress to their Program Leads.
- Meeting with the Nurse Lead for Heart and Lung, problem solving how to push wards to implement Red2Green, agreed to require all wards to visit best performer next week.
- Discharge pathways weekly huddle. Reviewed potential pathways / interventions to focus on and agreed methodology for prioritisation. Focus areas to be agreed next week.
- Joined Allied Health Services Redesign Leadership meeting, which provided an opportunity for all Allied Health Leads to find out about the program and share their thoughts.

- Introduced CALHN 2020 Program to Allied Health Leads.
- A&UC Program Delivery Group, opportunity for CAHLN 2020 Cohort 1 wards to present their progress to their Program Leads.
- Data review meetings on target wards designing fully multi-disciplinary Plan, Do, Study, Adjust (PDSAs).
- General Medicine grand round to share learnings and the improvement program with the wider medical cohort.

Key activities and updates include:

- Continuing PDSAs with Heart and Lung. Wards are respectively implementing weekend huddles, after catchups to review patient care actions, and formalising how they communicate with outlying medical teams.
- Engagement for Cohort 2 (A&UC and Surgery) begun this week reaching out to nominated ward leads.
- Developed outline operating model for the Improvement Hub, to share with the Executive next week.
- Continuing PDSAs, are also resulting in wards are respectively implementing afternoon huddles and 48 hour discharge checklists, and improving the huddle process throughout the day.
- Supporting Executive Directors of Operations at the RAH with program planning to support flow special measures and Stop Ramping initiatives.

5. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive and Program Leads.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF, PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress and will run until June:
 - 62 staff from Workstream A have now accepted a VSP offer, with 8 employees declining. Separations for these staff commence from today.
 - We continue to work through Workstream B (the second VSP cohort) which includes circa 250 employees who were previously advised their expression of interest (EOI) was "Pending".
 - Program Leads have completed assessments of the complexity of abolishing the positions and aligned them to one of three consultation programs.
 - Consultation on the first group of 44 employees in Workstream B is underway and closes midway through next week.
 - Following meetings with the Chief Executive Officer and VSP team, the Program Leads are critically reviewing any remaining roles that are yet to be aligned to a consultation program.
 - Regular meetings with Unions are occurring and remain constructive.
- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report.
 - CALHN is leading the Statewide response on the medical industrial strategy and implementation.
 - This week we presented to two separate groups, the first being a select group of

representatives from other LHNs on the Medical Officers EA agenda and private practice, and the second on timesheet implementation / strategy generally.

- At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests program.
- The liaison through multiple levels of Government will continue to be time consuming.
- Continue to support supplementary programs being run in the network including:
 - Bed standby/flex continues to be socialised with the unions and we note this is not without industrial risk.
 - Senior nursing review, which is in the formative stages but will be an important and time consuming piece of work. Current state has been mapped (post the program structure implementation).
 - Medical workforce controls and Nurse rostering, which requires considered IR approach to ensure initiatives can be successfully implemented without dispute.
 - Preparing for a workshop on 11 to 13 May on “Bringing to life our values” and preparing communications and programs to roll out off the back of this workshop.
- Continued to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

6. Finance and Performance

Key meetings and discussions were with:

- Budget build team (Finance, Casemix and Planning) for weekly FY21 budget build meeting.
- Clinical Program Delivery Manager and Nurse Lead from Specialty Medicine 1.
- Program Leads and Executive for the monthly Program Performance Management meetings.
- Powerhealth Solutions to discuss the FY21 build of CALHN's RVU model.
- Interpreter services supplier to discuss contractual revision options.
- Manager, Revenue Operations to review and discuss monthly revenue performance.
- Cancer and Heart and Lung Finance Business Partner to discuss improvements to CALHN's monthly financial reporting process.

Key activities and updates include:

- Held the monthly Program Performance Management meetings.
- Daily procurement control activities including reviewing purchase requisitions.

7. Next steps

- Continued governance of Clinical Delivery Special Measures, with increased Program Planning and governance support to commence Monday 2 March for the Flow & Bed Planning Special Measures initiative.
- Preparation for Board Finance Committee.
- Close monitoring and management of Recovery Financial Improvement initiatives.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Natalie Chin | Manager



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Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 6 March 2020
Date: Friday, 6 March 2020 4:42:30 PM
Attachments: [image001.png](#)
[image002.png](#)

CALHN Organisational Recovery - Weekly Update 6 March 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 6 March 2020).

CALHN Performance Update

This week CALHN received two sets of independent data indicating good progress being made in two critical areas. The latest Health Roundtable Reports indicate that for the year to December 2019, the Relative Stay Index (a measure of length of stay) for the RAH decreased from 118% to 106%, and for the QEH decreased from 113% to 100%.

Further, the Department has recently provided details of CALHN's performance against the National Efficient Price for the period to December 2019. As at June 2019, CALHN was delivering services at 126% of the NEP, and by December 2019 this had decreased to 122% of the NEP.

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Board Audit and Risk Committee.
- Flow and Bed Flex Special Measures kick off session with Executive Director of Operations RAH and 2020 Delivery.
- Weekly CEO/Administrator checkpoint.
- Fortnightly 2020 Delivery/CEO/Administrator governance session.

Key activities and updates include:

- Commencement of four week sprint to establish project plan and governance for all Flow and Bed Flex Special Measures projects.
- Administrator attendance at Board Audit and Risk Committee.
- Administrator presentation at HardyGroup Executive learning set.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Weekly Outpatients checkpoint meeting with Executive Director of Operations (QEH), Outpatients Directorate A/Director, Nursing Manager and Business Manager.
- A/Director, Special Outpatients Directorate meeting to walk through operations and discuss clinic governance.

Key activities and updates include:

- Commenced preparation of governance criteria for review of outpatient clinics (e.g. criteria for new clinics).
- Progressed detailed planning and performance of special measures actions with a focus on

referral management and clinic management.

ii. Out of Hospital (OOH)

Key meetings and discussions were with:

- Two Out of Hospital Special Measures Checkpoint sessions with Administrator Sponsor.

Key activities and updates include:

- Administrator governance and escalation support for OOH Special Measures initiatives.
- OOH plan is currently on track, with key milestones achieved this week on the two largest impact initiatives.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Acute and Urgent Care Program (A&UC) Administration staff from RAH and QEH to reflect on lessons learnt from go-live and ensure roles and responsibilities are clear for upcoming pay period.
- Surgery Finance Business Partner to discuss pilot timesheet process and identify RAH and QEH resources to assist in the pilot.
- Surgery 2 Medical Lead and Heads of Unit to socialise future state timesheet processes and controls.

Key activities and updates include:

- Successful go-live of pilot timesheet process within A&UC. Of the reviewed timesheets, approximately 50% had findings which will be followed up through additional education.
- Second communication to all A&UC medical staff from Clinical Program Delivery Manager (CPDM) notify need to provide supporting documentation to increase education of compliant timesheet completion.
- Agreed a 3 hour timesheet submission deadline extension (1pm Tuesday deadline) with Shared Services SA to allow for additional checks and increased quality.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- Nursing Information System (NIS) team.
- Nurse Leads, Nurse Unit Managers and Nurse Managers from A&UC and Surgery 1 and 2 for workshops.
- Nurse Leads in relation to a consolidated daily monitoring tool for each Program.

Key activities and updates include:

- Worked with NIS to hold workshops focusing on nursing targets and rostering with the second group of Nurse Leads, Nurse Unit Managers and Nurse Managers from A&UC and Surgery 1 and 2.
- Ongoing monitoring of published rosters against the EA targets and daily actual NHpPD. We continue to monitor direct FTE in wards governed by EA NHpPD in Surgery 1 and 2 and A&UC and will identify where additional support may be required over the coming weeks.
- Presented the daily NHpPD monitoring tool to the Nurse Leads. This tool provides a visual representation of how NHpPD wards are performing to target and will be provided to the Programs to be updated daily and used for ongoing management.
- Assisted the Executive Director of Nursing in a planning session for the stand up of a

Centralised Allocation Support Hub.

- Further review of Guard utilisation and opportunities for using alternate resources to provide this care.

iii. Business intelligence – Aginix

Key meetings and discussions were with:

- SA Health Data and Reporting Services.
- CALHN HR Analytics.

Key activities and updates include:

- Soft launch of three dashboards (e.g. user guides, technical guides) has occurred, with formal training to be held on 16 and 17 March. This training will take place for CALHN Executives, CPDMs and Medical Leads.
- Worked with Chief Data and Analytics Officer to amend access for CALHN Executives and Clinical Program users as required.

iv. PPP/Operational Services

Key meetings and discussions were with:

- Director of Operational Services and Operational Services Business Manager.

Key activities and updates include:

- Detailed costings prepared by Operational Services for cost savings against forecast.
- Ongoing support provided to Operational Services team for redesign and savings measures.

v. NEP Benchmarking

Key meetings and discussions were with:

- Paxon consultants.
- SA Health, Chief Data and Analytics Officer and Casemix management to progress NEP benchmarking.

Key activities and updates include:

- Draft report content was discussed and agreed, with additional requests issued for analysis by Program and comparison of costing data between CALHN, SA Health and the final costing submission. The draft report is currently on track for delivery on 13 March.
- Commenced analysis of early findings and follow up actions to support report of findings (e.g. reasons for variations in NWAU between CALHN and the IHPA submission).

4. Service Planning

Key meetings and discussions were with:

- Weekly Service Planning operations meeting with Director of Planning and CALHN and Recovery team.
- Meeting with 2020 Delivery to review the governance and reporting structure for the implementation of the March to June Bed Plan.
- Meeting with Budget Team and Service Planning regarding development plan for the Bed Plan to support the FY21 budget.
- Various meetings to review the current process for calculating and assigning patient discharge target to Units/wards.
- Daily Bed Planning meetings (run by Patient Flow Unit) to review actual rollout of March to June Bed Plan.

Key activities and updates include:

- Monitor rollout of March to June Bed Plan targets.

Ongoing development of the March to June Bed Plan implementation Governance, reporting and risk management process.

- Work with 2020 Delivery to understand their various plans to reduce Length of Stay and the impact on the occupancy/increase of standby beds on the March to June Bed Plan, including understanding the initiatives being developed for the Stop Ramping project.
- Ongoing work to finalise a single Master Bed List for all CALHN sites (including a supporting Glossary and Governance/List management structure).
- Work with Service Planning Executive to deal with reduction in Recovery team support staff (based on need to reallocate to higher priority turnaround areas).
- Work to finalise a new methodology to assign weekly ward-based patient discharge targets.
- Commenced work on drafting a Bed Plan development methodology and supporting project Gantt chart to support the new hire in Service Planning (commencing 16 March).

5. 2020 Delivery

Key meetings and discussions were with:

- Executive Director of Operations and A&UC CPDM to advise on development and implementation of updated escalation policy.
- Discharge pathways weekly huddle team to finalise priority pathways for further work.
- New Heart and Lung (H&L) CPDM to discuss ongoing work and further opportunities in H&L Program.
- Surgical Program Leads and key representatives from surgical wards to finalise the design of Cohorts 2 and 3 of the ward improvement plan.
- EPAS team to discuss pipeline of patient flow related projects and potential interface with 2020 Delivery work.
- Program Leads from A&UC and H&L as part of newly established improvement reporting rhythm.
- Meeting with Cancer Program Leads to discuss implementation of criteria-led discharges at a Program- and hospital-level.
- Meeting with Pharmacy Leads to discuss the role of pharmacy in discharging and how to involve pharmacists in the ward-led improvements work.

Key activities and updates include:

- Successful second Improvement seminar for cohort 1 wards focusing on engaging and influencing key stakeholders and enabling behaviour change.
- Continuing Plan, Do, Study, Adjust improvements across 8 Cohort 1 wards. Improvements include setting up of 7 day rhythms and weekend discharges, introduction of criteria led discharge, iteration of Red2Green, early mobilisation and improved communication with outlier teams.
- Engagement with Cohort 2 wards to start collecting improvement ideas and planning projects ahead of formal start at end March.
- The focus areas for the discharge pathways workstream have been agreed. We will working on faster and easier access to, and better utilisation of:
 - CALHN rehabilitation pathways (including Rehab in the Home, inpatient rehabilitation); and
 - My Aged Care, Care Awaiting Placement and Transitional Care Packages.
- Supported Wards to present at Cardiology Grand Round to crowdsource improvement ideas from the wider cardiology team including non-ward based staff and channel ideas into ongoing work.
- Ongoing support to the Executive Directors of Operations with program planning to support

flow special measures and Stop Ramping initiatives.

- Developed role description to start mobilisation of the Improvement Hub team.

6. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive and Program Leads.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF, PSA) and ILF.

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress and will run until June:
 - Workstream A – 62 staff have commenced separation.
 - Workstream B – includes employees who were previously advised their expression of interest (EOI) was “Pending”.
 - Category 1 – consultation closed on Wednesday for 44 employees. Minimal feedback was received from staff and significant conversations with unions are progressing. Offers are expected to be made to these employees next week.
 - Category 2 – consultation commenced on Thursday this week for 28 employees and will remain open for two weeks. This is the smallest cohort.
 - Category 3 – Program Leads and VSP team continue to critically review any remaining roles that are yet to be aligned to a consultation program and ensure consultation materials are prepared (targeting late March consultation). We expect union consultation to be extensive and difficult.
 - Regular meetings with Unions are occurring and remain constructive but are progressively getting more difficult.
- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - This week we reported back to the sub-committee of the Statewide taskforce on both the Medical Officers EA management agenda and private practice, and the timesheet implementation and strategy generally. Our plan was roundly endorsed albeit with the caveat that groundbreaking change will need heavy financial and legal due diligence together with high level political and PR support. The development of this plan is now underway.
 - At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests program. We are continuing to attend various cohort meetings (e.g. Surgical HOU, etc.) and socialise the requirements and provide guidance on responses.
 - The liaison through multiple levels of Government will continue to be time consuming.
- Continue to support supplementary programs being run in the network including:
 - Bed standby and flex continues to be socialised with the unions and we note this is not without industrial risk.
 - Senior nursing review, which is in the formative stages but will be an important and time consuming piece of work. Current state has been mapped (post the Program structure implementation) and a revised project plan and timeline is being developed.

Medical workforce controls and Nurse rostering, which requires considered IR approach to ensure initiatives can be successfully implemented without dispute.

- Preparing for a workshop on 11 to 13 May on “Bringing to life our values” and preparing communications and Programs to roll out off the back of this workshop.
- Continued to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

7. Finance and Performance

Key meetings and discussions were with:

- Budget build team (Finance, Casemix and Planning) for weekly FY21 budget development meeting.
- Finance reporting team member to discuss monthly finance reports, budget variances and forecasting.
- Executive Director, Nursing and NIS team to discuss 2020-21 nursing labour budget build.
- Chief Data and Analytics Officer to discuss casemix and weighted cost reporting.
- A/Executive Director, Finance for weekly meeting to discuss current finance activities, projects and planning.
- SA Health to discuss implementation of Prosthetics and Consumables Tender, project awaiting Minister approval.
- Specialty Medicine 1 leadership to develop strategy on Peritoneal Dialysis, Haemodialysis, arrangements with private facilities (Brighton and Payneham), and auxiliary consumables.

Key activities and updates include:

- Finalising Board Finance Committee Recovery Program paper including forecasts and project plans.
- Preparation for 2020-21 bed planning workshop to be held next week.
- Tender documents agreed with SA Health Procurement and Supply Chain Management on Orthopaedics.
- Interpreter services suppliers issued with pricing request for alternative Interpreter model, responses due in two weeks.
- Implemented first phase of patient entertainment systems procurement strategy.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

- First round of planning sessions across all Flow and Bed Flex Special Measures initiatives.
- Board Finance Committee meeting on Tuesday 10 March.
- KordaMentha is actively monitoring the situation relating to COVID-19, and is managing the associated risks as they relate to KordaMentha team. We continue to liaise with the CALHN team on this issue.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Natalie Chin | Manager



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From: [Pribanic, Tammie \(DTE\)](#)
To: [Burness, Sandy \(DTE\)](#)
Subject: FW: Health position
Date: Friday, 13 March 2020 8:15:13 AM
Attachments: [Monitoring.docx](#)

Hi, this is the note that I sent David. He's happy for us to go stronger. See below. Can you please update and I'll let Gino know its coming.

Thanks
Tammie

Clause 9(1)(a)(i), Clause 9(1)(a)(ii)

From: [Natalie Chin](#)
To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#); [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Prubanac, Lammie \(DIE\)](#); [Burness, Sandy \(DIE\)](#); [Clause 6\(1\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 13 March 2020
Date: Friday, 13 March 2020 4:44:29 PM
Attachments: [image002.png](#)
[image004.png](#)

CALHN Organisational Recovery - Weekly Update 13 March 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 13 March 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Model Hospital Network planning strategy session
- Board Finance Committee.
- Weekly CEO/Administrator status check meeting.
- Fortnightly Executive and Recovery Stream Lead Meeting.
- Administrator facilitation of five first round planning sessions for Executive Director of Operations (RAH) regarding Stop Ramping and Flow Special Measures improvement initiatives.
- GEMBA Walk.

Key activities and updates include:

- Administrator presentation of Board Financial committee report.
- Administrator participation in Model Hospital Network planning strategy session.
- Walkthrough of Financial Improvement monthly benefits tracking approach with CALHN Executive.
- Status update with CALHN Executive and CEO against all Financial Improvement Plans on a Page (to be completed fortnightly).
- Administrator participation in GEMBA walk on Thursday 12 March.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Executive Director of Operations (QEH) and the Central Operations team members.

Key activities and updates include:

- Drafted clinic management guidelines to support outpatient clinic governance for new and continuing outpatient clinics.
- Commenced analysis of revenue opportunities relating to individual patients making multiple clinic visits on the same day.
- Drafted referral management guidelines to drive consistency with SA Health policies, appropriate models of care and existing waitlists and activity levels.

- Drafted stakeholder communication strategy to support outpatients initiatives.

ii. Out of Hospital (OOH)

Key meetings and discussions were with:

- Twice weekly OOH Special Measures team checkpoint meeting.
- Planning session for operational readiness to support External Bed provision initiative with Executive Director of Operations (RAH).

Key activities and updates include:

- Continued Administrator governance for the delivery of OOH Special Measures plan across five initiatives.
- Continued escalation support for procurement requests and removal of barriers to delivery (including ad hoc meetings and actions).
- Planning session for operational readiness to support External Bed Provision Initiative with Executive Director of Operations (RAH).

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Medical and Nursing labour controls

Key meetings and discussions were with:

- Internal sessions recapping Sprint 1 and planning future sprints.

Key activities and updates include:

- Last week saw the completion of Sprint 1 by the Cost and Controls team which ran from 27 January to 8 March. The key deliverables for each stream in Sprint 1 were:
 - Medical
 - Process mapped the current state roles and timesheet processes for Surgery and Acute and Urgent Care (A&UC).
 - Designed and implemented a new timesheet process within A&UC including more thorough checks and new process flow.
 - Developed, documented and circulated clear documents outlining roles and responsibilities of all stakeholders involved in the timesheet process.
 - Developed business intelligence dashboard to review clinical performance, medical labour and penalties. Dashboard roll out, socialisation and training will continue.
 - Nursing
 - Worked with NIS and EDON to determine appropriate rostering and recruitment targets to be included in the Nurse Calculator.
 - Prepared and facilitated workshops for A&UC and Surgery 1 and Surgery 2 to take NUMs and NMs through the Nurse Calculator including assumptions and how to use it. Provided information on business intelligence tools available, how to use them and where to find them.
 - Undertook a CALHN wide and Program assessment of historical monthly data for each of the key categories against Nurse Calculator targets to be used for ongoing tracking of performance for benefits tracking.
 - Finalised a daily Program and ward monitoring tool to compare published rosters against EA targets, daily actual NHpPD, daily special use and fortnightly indirect FTE for productive FTE on NHpPD wards. Demonstrated this tool to the EDON and Nurse Leads.
 - Identified outlier Programs and wards where targeted training or upskilling may

be required.

- This week the Cost and Controls team has been recapping Sprint 1 which included lessons learned, what worked well or didn't and determining what would be retained by the Recovery team or handed back to CALHN. In addition, the team has worked on the plan and approach for future sprints which will continue to focus on Medical and Nursing workforce efficiency.
- Sprint 2 will commence on Monday 16 March. The Cost and Controls team has prepared a Sprint 1 recap and Sprint 2 planning document which will be socialised to the CALHN Executive and other relevant stakeholders next week at the commencement of the sprint.

iii. Business intelligence – Aginix

Key meetings and discussions were with:

- Aginix and CALHN stakeholders to plan training on the dashboards next week.

Key activities and updates include:

- As reported last week, the dashboards focused on Medical Workforce, Clinical Performance and Outpatients were launched last week. Follow up training sessions will take place next week for key users and stakeholders. Driving usage of the Medical Workforce dashboard will form a key focus of Sprint 2 for the Medical team.

iv. PPP/Operational Services

Key meetings and discussions were with:

- Director, Operational Services and Finance Manager.

Key activities and updates include:

- Prepared an operational plan to pursue cost savings initiatives, including updating the February forecast to reflect savings on track for delivery.
- Additional cost saving opportunities identified for investigation.

v. NEP Benchmarking

Key meetings and discussions were with:

- SA Health Casemix team.

Key activities and updates include:

- Walkthrough of reconciliation between NHCD submitted costs and the costs IHPA uses to determine NEP.
- Draft NEP report from Paxon due to the Administrators on 13 March for initial review and queries.

4. Service Planning

Key meetings and discussions were with:

- Operational Escalation and Threshold planning meetings.
- Budget Team and Service Planning regarding the Bed Plan to support the FY21 financial budget.
- Prepare/attend weekly Service Planning operations meeting with the Director of Planning and current CALHN and Recovery team.
- Various meetings to review the current process for calculating and assigning patient discharge target to units and wards.
- Patient Flow Unit regarding Bed Planning meetings to review the actual rollout of March to June Bed Plan.

Key activities and updates include:

- Development of Operational Escalation and Threshold protocols and procedures.
- Development of the March to June Bed Plan. Implementation of governance, reporting and risk management process.
- Continued to finalise a single Master Bed List for all CALHN sites including a supporting

Glossary and Governance/Management Structure document.

- Continued to finalise a new methodology to assign weekly ward-based patient discharge targets.
- Preparation to support the new hire in Service Planning commencing on 16 March.

5. 2020 Delivery

Key meetings and discussions were with:

- Executive Steering Group to endorse choice of discharge pathways, and test approach for sustaining change on Cohort 1 wards.
- Program Leads to develop and refine thinking around approach to supporting continuous improvement across all wards.
- Executive Director of Clinical Governance to discuss operating model for Improvement Hub.
- Head of Postgraduate Education to discuss integration of improvement in professional development pathways.
- Program Leads for NSMR to plan pathways interventions.
- Nurse Lead for A&UC to start work on Care Awaiting Placement Pathway.
- FY21 Bed Planning workshop.

Key activities and updates include:

- Continued PDSAs with Cohort 1 wards. In aggregate, Cohort 1 wards have seen a relative improvement (compared to the overall position of RAH and QEH) in their key metrics of Average Length of Stay, number of patients with Length of Stay greater than 7 days and Length of Stay greater than 21 days.
- Finalised role descriptions for new Improvement Managers to support development of the Improvement Hub in order to start recruitment internally and externally.
- Ongoing development of the operating model for the Improvement Hub, to test with key stakeholders in the Executive and Program Delivery Managers.
- Kick-off of rehabilitation pathway interventions with Neuroscience, Speciality Medicine and Rehabilitation Program Leads, leading to a pathway design workshop in the week commencing 30 March.
- Scoping of opportunities for work on assessment pathways at RAH and QEH.
- Supported project planning and set up of flow special measures and Stop Ramping initiatives.

6. Workforce Optimisation

Key meetings and discussions were with:

- CALHN Executive and Program Leads.
- Members of the CALHN HR team.
- SA Health and the Office of the Minister for Health and Wellbeing.
- Individual meetings with Unions (SASMOA, ANMF, PSA).

Key activities and outcomes:

- The Voluntary Separation Package (VSP) process continues to progress and will run until June:
 - Workstream A – 62 staff have commenced separation.
 - Workstream B – includes employees who were previously advised their expression of interest (EOI) was “Pending”.
 - Category 1 – Offers for 44 employees are being signed by the CEO and will be sent to staff early next week. Separations will commence from mid-late April.
 - Category 2 – Consultation is underway for 28 employees and will remain open until next week. This is the smallest cohort.
 - Category 3 – Program Leads and the VSP team continue to critically review any remaining roles that are yet to be aligned to a consultation program and ensure consultation materials are prepared (targeting late March consultation). We expect union consultation to be extensive and difficult.

- We are monitoring the COVID-19 situation and will take this into account when planning for VSP release dates.
- Regular meetings with Unions are occurring and remain constructive but are progressively getting more difficult.
- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - Last week we reported back to the sub-committee of the Statewide taskforce on both the Medical Officers EA management agenda and private practice, and the timesheet implementation and strategy generally. Our plan was roundly endorsed albeit with the caveat that ground-breaking change will need heavy financial and legal due diligence together with high level political and PR support. The development of this plan continues and is being presented to the Statewide Taskforce on 16 March.
 - At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests Program. We are continuing to attend various cohort meetings (e.g. Surgical Heads of Unit, etc.), socialise the requirements and provide guidance on responses.
 - The liaison through multiple levels of Government will continue to be time consuming.
- Continue to support supplementary programs being run in the network including:
 - Bed Standby and Flex, which continues to be socialised with the unions and we note this is not without industrial risk.
 - Senior nursing review, which is in the formative stages but will be an important and time consuming piece of work. Current state has been mapped (post the Program structure implementation) and a revised project plan and timeline is being finalised.
 - Medical workforce controls and Nurse rostering, which requires a considered IR approach to ensure initiatives can be successfully implemented without dispute.
 - Preparing for a workshop on 11 to 13 May on “Bringing to Life Our Values” and preparing communications to Programs to roll out off the back of this workshop.
- Continued to ensure CALHN is compliant with all our industrial obligations and are ensuring all unions and key stakeholders are communicated with appropriately.

7. Finance and Performance

Key meetings and discussions were with:

- CALHN Executive for fortnightly workstream lead meeting to provide updates in relation to each Recovery Program initiative.
- Finance, Casemix and Planning for weekly 2020-21 budget preparation meeting.
- A/Executive Director, Finance for weekly meeting to discuss current finance activities, projects and planning.
- SA Health Finance Unit to discuss December 2019 YTD costing data and preliminary NEP report.
- Executive Director, Allied Health and Strategic Integration and Partnerships to discuss out of hospital funding.

Key activities and updates include:

- Presenting to the Board Finance Committee in relation to January financial reports and Recovery Program update.
- Workshop with Service Planning team and 2020 Delivery to align approach, assumptions and expected outcomes in relation to 2020-21 bed planning process.
- Reviewed February month-end financial information with Finance team including forecasts and key variances.

- Communications with Medical Lead of Surgery in regard to performance reporting and disseminating resources to Heads of Unit.
- Preparation of purchase review reference guide for Executive Directors of Operations to assist them in daily purchase reviews.
- Distribution and follow up of action points from monthly Performance Meetings.
- Antifungal pharmaceutical policy changes accepted by relevant CALHN approval bodies.
- Pharmacy market strategy and timelines agreed with SA Health.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

- Development of contingency plan for potential scenario of Recovery team being offsite for 3 to 4 weeks due to COVID-19.
- Commencement of Cost and Controls Sprint 2 in both Nursing and Medical streams.
- Support delivery of upcoming milestones across OOH Special Measures initiatives.

Should you have any queries please contact Chris Martin on 0417 242 921.

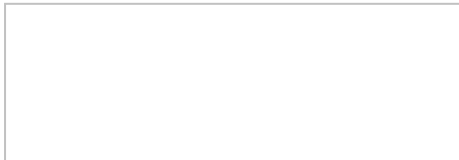
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From: [Natalie Chin](#)
To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#); [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Prubanac, Lammie \(DIE\)](#); [Burness, Sandy \(DIE\)](#); [Clause 6\(1\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 20 March 2020
Date: Friday, 20 March 2020 4:34:09 PM
Attachments: [image005.png](#)
[image006.png](#)

CALHN Organisational Recovery - Weekly Update 20 March 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 20 March 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Weekly CEO/Administrator meeting.
- KordaMentha representation at COVID-19 Command Centre meetings across the week.

Key activities and updates include:

- Preparation of the Recovery Board Paper for upcoming CALHN Board meeting on 31 March.
- COVID-19 4-6 week response plans developed across all Recovery workstreams.
- KordaMentha support to stand up the COVID-19 Command Centre and surrounding processes.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Executive Director of Operations (QEH) and the Central Operations team members.

Key activities and updates include:

- Updated Special Measures initiative to align with, and support, the COVID-19 response.
- Released instructions to Programs and drafted message for GPs regarding outpatient activity during the COVID-19 response.
- Commenced consideration of broader outpatients reform agenda, leveraging a planned reduction in activity and changed ways of working during COVID-19 response.
- Continued analysis of revenue opportunities relating to individual patients making multiple clinic visits on the same day.

ii. Out of Hospital (OOH)

Key meetings and discussions were with:

- Administrator OOH Special measures checkpoint meeting.

Key activities and updates include:

- Continued project governance and escalation support for procurement and resourcing.

iii. Flow Special Measures

Key meetings and discussions were with:

- Administrator / Executive Director of Operations (RAH) Flow Special Measures improvement portfolio review.
- Various planning sessions for Executive Director of Operations (RAH) Flow Special Measures improvement initiatives.

Key activities and updates include:

- Improvement initiative prioritisation with Executive Director of Operations (RAH).
- Plan parameters, including target outcomes, owners, milestones and timeframes, established across all priority initiatives in consultation with Executive sponsors.
- Detailed planning commenced on priority initiatives.
- Governance rhythm being established to track delivery of Executive Director of Operations (RAH) initiatives.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Medical labour controls

Key meetings and discussions were with:

- Recovery Team Seconded to discuss work done on Shared Services audit to date, and focus for next five weeks.
- Acute and Urgent Care Program (A&UC) Administration staff from RAH and QEH to support timesheet reviews for all of A&UC.

Key activities and updates include:

- Successful go-live of complete timesheet review pilot within A&UC. Timesheets were submitted to Shared Services within the cut-off time with thorough reviews from timesheet reviewers and HOU's.
- Contingency plans for the next five weeks of Sprint 2 have been developed and socialised with the CALHN Executive.
- Some Sprint 2 initiatives that require minimal stakeholder engagement have commenced including the Shared Services audit and analysis of the Clinical Program medical dashboard.

ii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.
- NIS.
- Nurse Leads A&UC, Surgery 1 and 2, Heart and Lung, Specialty Medicine 2.

Key activities and updates include:

- Finalised Sprint 2 Plan. Developed Contingency Plan for remote working and drafted potential plans for Sprints 3 onward.
- Met with NIS to plan the delivery of the Nurse Calculator and Nursing Targets to the remaining Programs (i.e. all Programs beyond A&UC and Surgery 1 and 2).
- Refined Daily Monitoring Report (comprising NHpPD, Clinical Specials and Indirect FTE) for use by the Programs.
- Commenced monitoring and review of rostering efficiency in wards governed by NHpPD.
- Met with Nurse Leads from A&UC (RAH), Heart and Lung and Specialty Medicine 2 to take them through the Daily Monitoring Report. The majority of Nurse Leads have now been shown this report which will be provided on a daily basis to assist with daily staffing decisions.
- Met with Nurse Leads from A&UC (QEH) and Surgery 1 and 2 to discuss outliers and opportunities for improvement based on the Daily Monitoring Report.

iii. Business intelligence – Aginic

Key meetings and discussions were with:

- CALHN Outpatients team for outpatients dashboard training.
- Senior Consultant Analytics and HR Systems to handover technical dashboard requirements.
- Clinical Program Delivery Managers for medical and LOS dashboard training.

Key activities and updates include:

- An Aginic resource ran a number of workshops in Adelaide with key stakeholders to familiarise them with the new dashboards (e.g. how to access the dashboard, content and data, how to drill down on details).
- Going forward, further training and materials will be provided on an informal basis to encourage use of the new dashboards.

iv. PPP/Operational Services

Key meetings and discussions were with:

- Director, Operational Services.

Key activities and updates include:

- Agreed to reduce weekly oversight of ongoing reform activities to fortnightly to accommodate COVID-19 pressures. The next meeting will take place in the week commencing 23 March.

v. NEP Benchmarking

Key meetings and discussions were with:

- Continued to work with Paxon Group.

Key activities and updates include:

- Detailed review of the NEP report received on 13 March. Queries have been provided to Paxon Group.

4. Service Planning

Key meetings and discussions were with:

- Operational Escalation and Threshold planning meetings.
- March to June Bed Plan implementation regarding Governance, Reporting and Risk planning meetings.
- March to June Bed Plan financial model review meeting.
- Preparation for and attendance at the weekly Service Planning operations meeting with the Director of Planning, CALHN and Recovery team.

Key activities and updates include:

- Development of the March to June Bed Plan implementation Governance, Reporting and Risk management process.
- Development of operational Escalation and Threshold protocols and procedures.
- Ongoing process to finalise a single Master Bed List for all CALHN sites.
- Detailed review of the new March to June Bed Plan financial model.
- Review rollout of the new inpatient weekly Discharge Targets.

5. 2020 Delivery

Key meetings and discussions were with:

- CEO to discuss contingency planning during COVID-19.
- Incident Command Centre Executive discussions to support the planning of COVID-19 response.
- ED Operations (RAH) and COVID-19 Network Commander (ED Clinical Governance) on

Command Centre structure, roles and responsibilities.

- Program Leads to discuss the need for continuing improvement during COVID-19 preparations.
- OOH team to facilitate identification and trial of 'quick wins' to streamline discharge pathways.
- Delivered a seminar on Continuous Improvement tools and approaches to Cohort 1 wards.
- Met with SAMI (SA Medical Imaging) Leads to discuss delays and ongoing provision of support to wards.

Key activities and updates include:

- Continuing work with Cohort 1 wards, and encouraging them to use problem solving and planning discussions to work on EMR (Sunrise) and COVID-19 response.
- Supporting the Incident Command Centre stand-up to respond to COVID-19, including the development of their operational rhythms, epidemiological forecasts and phased response.
- Development of Command Centre model and overall COVID-19 response plan.
- Scoping improvement for TCP, CAP, and Rehabilitation pathways.

6. Workforce Optimisation

Key meetings and discussions were with:

- CEO.
- Executive Director of Workforce.
- Members of the CALHN HR team.
- Unions including ANMF, PSA and SASMOA.

Key activities and outcomes:

- Updated the Workforce Optimisation workstream priorities in line with the Recovery Program COVID-19 response planning.
- VSP - Following an announcement on Wednesday 18 March from the Chief Executive SA Health, the VSP has been "postponed". The VSP team are developing plans, in line with messaging, to understand what roles are required to help deal with the impacts of COVID-19, and will consider the steps required to enable some roles to progress. All impacted staff and leaders have been updated on the status of their VSP, with messaging varying slightly by cohort.
 - Workstream A – Not impacted. 62 staff have commenced separation.
 - Workstream B – Includes employees who were previously advised their expression of interest (EOI) was "Pending".
 - Category 1 – On hold. Offers for 44 employees are on hold and will be reviewed by Program Leads.
 - Category 2 – On hold. Consultation closed on Wednesday for 28 employees. This is the smallest cohort.
 - Category 3 – On hold. Program Leads and the VSP team to critically review.
 - Category 4 – 66 staff have been advised their VSP is not progressing.
 - Regular updates with Unions are occurring and remain constructive but are progressively getting more difficult as the impact of exiting staff increases.
- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - This week, our submissions went to the Statewide taskforce who endorsed our approach and the work required on financial and legal detail. The development of this plan now continues with detailed sequencing being prepared.At a local level, we have completed the project planning for the CALHN response. The

appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests Program. We are continuing to attend various cohort meetings (e.g. Surgical Heads of Unit etc.), socialise the requirements and provide guidance on responses.

- The liaison through multiple levels of Government will continue to be time consuming.
- We continue to support supplementary programs being run in the network and have changed our priority and focus, where appropriate, in response to COVID-19:
 - Bed Standby and Flex continues to be socialised with the Unions and we note this is not without industrial risk.
 - Senior nursing review (RN3 and above), which is in the formative stages will be slowed and the implementation put on hold until it is appropriate to restart.
 - Medical workforce controls and Nurse rostering, which requires a considered IR approach to ensure initiatives can be successfully implemented without dispute.
 - Supplementary HR/IR support to ED Workforce, specifically relating to COVID-19 Command Centre.
- Continued to ensure CALHN is compliant with all industrial obligations and ensuring all Unions and key stakeholders are communicated with appropriately.

7. Finance and Performance

Key meetings and discussions were with:

- Finance, Casemix and Planning for weekly 2020-21 budget preparation meeting.
- A/Executive Director of Finance for weekly meeting to discuss current finance activities, projects and planning.
- Service Planning team to discuss scenario analysis for 2020-21, and Q4 2019-20 Bed Plan approach.
- CALHN Finance team regarding COVID-19 procurement process.
- CALHN Clinical Data Community of Practice meeting.

Key activities and updates include:

- Preparation of the Recovery Program response plan for COVID-19.
- Supported CALHN in the development of COVID-19 procurement expedited processes.
- Tender release for Orthopaedics with target pricing.
- Tender returns for Translation services received 19 March. Supplier meetings are scheduled for 23 March.
- Daily procurement control activities including reviewing purchase requisitions, completing detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

- Program monthly performance meetings will be held next week. The agenda and attendees will be adjusted due to COVID-19 pressures.
- Agree Recovery Program's COVID-19 4-6 week Response plan with CALHN CEO and reset delivery against these.
- Preparation for upcoming Department of Treasury and Finance, and Board Finance Committee meetings.
- The KordaMentha team will remain offsite next week due to the South Australian travel restrictions.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Natalie Chin | Manager



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Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 27 March 2020
Date: Friday, 27 March 2020 5:08:08 PM
Attachments: [image002.png](#)
[image004.png](#)

CALHN Organisational Recovery - Weekly Update 27 March 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 27 March 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Weekly CEO/Administrator checkpoint.
- Administrator attendance at nine Clinical Program performance meetings.

Key activities and updates include:

- Administrator preparation and attendance at nine Clinical Program performance meetings.
- Development of Recovery 'care and maintenance' proposal, reshaping the scope of the Recovery effort to prioritise the organisation's focus on critical COVID-19 preparation and response.
- Preparation for Department of Treasury and Financial Performance meeting (subsequently cancelled by Department).

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Executive Director of Operations (QEH), Program Manager Speciality Medicine 2, and Central Operations team members.
- GP Liaison Officers.

Key activities and updates include:

- Revised clinic management guidelines to advise Programs of expected governance over clinics. Subject to approval and communications, these guidelines will be released in coming weeks (pending COVID-19 pressures).
- Revised referral management guidelines to guide program/clinic alignment of referrals with CALHN service profile. Subject to approval and communications, to be released in coming weeks (pending COVID-19 pressures).
- Leveraging COVID-19 response and decant of ward 5E (outpatient overflow) and commencement of planning to maintain that position post COVID-19.

ii. Out of Hospital

Key meetings and discussions were with:

- Handover meetings of Special Measures sponsor role with Executive Director, Allied Health

and Integrated Care and team.

Key activities and updates include:

- Formal handover of Special Measures sponsor role with Executive Director, Allied Health and Integrated Care and team, including ongoing project planning and governance.

iii. Flow Special Measures

Key meetings and discussions were with:

- Executive Director of Operations.

Key activities and updates include:

- Reviewing status report on the progress of Flow Special Measure initiatives from the Executive Director of Operations.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following six areas.

i. Care and maintenance plan

- Due to the current focus on the COVID-19 response, the Cost and Controls workstream will be placed on hold as soon as possible.
- This week the team has been winding down work and focusing on documenting progress to date. In addition, we are preparing rapid restart plans for these projects when the Recovery Program recommences. To the extent possible, we have also identified key staff within CALHN who can continue working on our initiatives whilst the workstream is in care and maintenance.
- Pause and Rapid Restart plans once the COVID-19 de-escalation commences will be provided to the relevant CALHN Executive next week.

ii. Medical labour controls

Key meetings and discussions were with:

- Recovery team Seconded to progress work done on our audit on variation and accuracy of Shared Services payments.
- Various Program Leads and administrative staff to collate medical timesheet examples to support initiatives.

Key activities and updates include:

- This week we have been focusing on progressing the following three initiatives:
 - Leave analysis – we have undertaken an analysis of leave balances and leave taken over the last 12 months. This has identified employees with negative leave balances, excess leave balances and staff who have taken very low leave over the last 12 months (1-2 days). Our preliminary analysis has confirmed material financial opportunity exists for CALHN if these areas are pursued.
 - Program medical workforce analysis – using the workforce dashboard created by Aginix, we are creating summary analysis reports for each of the Programs. This summarises for each Program the key areas of payroll variability and outliers that they should actively investigate. Our next steps were to partner with Programs to further investigate and develop action plans that would lead to financial benefit.
 - Shared Services audit – a small sample of coded timesheets retrieved from Shared Services has been summarised. Our initial findings show that there is material variation in payments (both over and under) and coding of data (e.g. the same penalty is coded differently in different pay cycles). This preliminary analysis confirms that further interrogation of Shared Services payment is required.
- Summary reports with our next steps for each of these initiatives will be drafted. These next steps will be resumed by the Recovery Program team when we recommence.

iii. Nursing labour controls

Key meetings and discussions were with:

- Executive Director of Nursing.

Key activities and updates include:

- Prepared a 'Pause and Rapid Restart' document which records the progress made to date, lessons learnt and how we plan to recommence post COVID-19.
- Finalised a review of total FTE against casual and agency usage which will form part of our Restart plan.

iv. Business intelligence – Aginic

Key meetings and discussions were with:

- Program Leads and Finance Business Partners.

Key activities and updates include:

- Following our education sessions, Programs are gradually beginning to use the Aginic Dashboards. We have been engaging with users as required to provide support and guidance.

v. PPP/Operational Services

Key meetings and discussions were with:

- Director, Operational Services.

Key activities and updates include:

- Discussed and agreed an escalation approach to address a long-standing PPP dispute relating to the Mental Health Program.
- Update of progress against savings initiatives and restructure completed, with a handover of oversight whilst the Recovery is in care and maintenance.

vi. NEP Benchmarking

Key meetings and discussions were with:

- Paxon Group.

Key activities and updates include:

- Reviewed the draft NEP report and supporting spreadsheets. Provided additional guidance on areas of specific concern and the need for increased ability to interpret for Program-level insight and analysis within cost centres.
- Revised draft report scheduled to be received 3 April.

4. Service Planning

Key meetings and discussions were with:

- Recovery team COVID-19 contingency planning meeting.
- Planning meeting to discuss the handover of Bed Planning and Service Planning initiatives.
- March to June 2020 Bed Plan financial model review meeting.
- Prepare/attend weekly Service Planning operations meeting with Director of Planning, CALHN and the Recovery team.

Key activities and updates include:

- Preparation of handover document for Bed Planning/Service Planning initiatives.
- Ongoing review of draft March to June 2020 Bed Plan financial model.
- Ongoing review of the Bed Plan Actual to Plan draft report.
- FY2020-21 Budget planning regarding Bed Planning.

5. 2020 Delivery

Key meetings and discussions were with:

- Discussions with Executive and Recovery team regarding ramping down support into a remote care and maintenance model.

Key activities and updates include:

- Due to the current focus on COVID-19 response, 2020 Delivery have been stood down and put in care and maintenance. This message has been communicated to key CALHN stakeholders.
- 2020 Delivery have drafted an interim report on progress and rapid remobilisation plans once COVID-19 de-escalation begins.
- 2020 Delivery will continue to provide some remote support to CALHN. The extent of this support is being discussed and agreed with the CALHN CEO.

6. Workforce Optimisation

Key meetings and discussions were with:

- Executive Director, Workforce.
- Members of the CALHN HR team.
- SA Health.

Key activities and outcomes:

- We continue to work to our Workforce Optimisation workstream priorities, which was updated in line with the Recovery Program COVID-19 response planning.
- VSP is on hold following announcements from the Chief Executive SA Health. The VSP team have developed a plan for CEO endorsement, detailing the steps required to enable some non-COVID-19 related roles to progress.
- Bed Standby and Flex (provision of IR advice) is on hold.
- Senior nursing review (RN3 and above) is on hold. Current state roles have been mapped to Programs using data from Proact and Chris21 and a Gantt chart has been developed.
- Supplementary HR/IR support provided to Executive Director of Workforce, specifically relating to COVID-19 Command Centre.
- HOU recruitment. We are working closely with the Workforce team to develop and implement a plan to capture current status of all HOU roles and recruitment priorities. This will now ramp up.
- Medical workforce controls and Nurse rostering, which required a considered IR approach to ensure initiatives can be successfully implemented without dispute. 10 Legal professional privilege

10 Legal professional privilege

10 Legal professional privilege .

- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - This week, we have further developed our taskforce endorsed submissions. This includes financial and legal detail. The development of this plan continues with detailed sequencing being prepared.
 - At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests Program. We are continuing to attend various cohort meetings (e.g. Surgical HOU's etc.), socialise the requirements and provide guidance on responses.
 - The liaison through multiple levels of Government will continue to be time consuming.

7. Finance and Performance

Key meetings and discussions were with:

- Finance, Casemix and Planning for weekly 2020-21 budget preparation meeting.
- A/Executive Director, Finance for weekly meeting to discuss current finance activities, projects and planning.
- Service Planning team to discuss 2020-21 Bed Plan development.
- Administrators to discuss each Program's February performance and revised agenda in preparation for monthly performance meetings.
- Nurse Information Systems regarding 2020-21 nurse labour calculator and budget preparation.
- Director, Finance Business Support to provide introduction to Recovery Program and update on current finance matters.
- A/Executive Director, Finance and CEO to discuss the Department of Treasury and Finance performance steering committee meeting.

Key activities and updates include:

- Preparation of pre-performance meeting pack, distributed to Executives to summarise each Program's monthly performance.
- March Clinical Program performance meetings with adjusted agendas to reflect current operating environment.
- Communications with Medical Lead, Acute and Urgent Care to analyse ED breach time by Program to include in next month's performance reporting.
- Working with Executive Director, Communications to progress online/electronic conflict of interest policy check.
- Develop tracker to monitor all COVID-19 requisitions approved outside existing procurement control framework.
- Preparation of probity plans and simple acquisition plans for each category of the Procurement Improvement Program.
- PBS medications audit completed in Cancer (c. \$444k incorrectly dispensed).
- Supplier presentations and tender analysis in Interpreter services.
- Preparation of detailed Recovery Program and CALHN financial performance discussion paper for use in Department of Treasury and Finance performance steering committee meeting and Board Finance Committee meeting.
- Shortlisting for Executive Director, Finance position including reviewing applications, preparing assessment and attending panel meeting.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

Following discussions with Lesley Dwyer, KordaMentha are working on the assumption that the Recovery Program will be placed into temporary suspension with a restart to occur after the COVID-19 crisis passes. The team are now documenting the status of all controls, initiatives and activities and are in the process of standing down the majority of contractors many of whom have notice periods. As part of the wind down process we are also documenting how the Recovery Program will be rebooted at the earliest opportunity.

Please accept our best wishes as SA braces for a very challenging period ahead.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

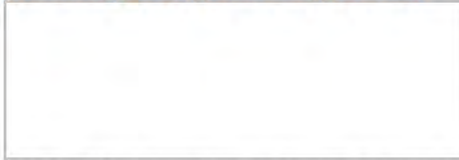
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[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#); [Prubanac, Lammie \(DIE\)](#);
[Burness, Sandy \(DIE\)](#); **Clause 6(1)**
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 3 April 2020
Date: Friday, 3 April 2020 4:26:17 PM
Attachments: [image003.png](#)
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CALHN Organisational Recovery - Weekly Update 3 April 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 3 April 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- CEO/Administrator weekly meeting.
- CALHN Board meeting on Tuesday 31 March.

Key activities and updates include:

- Development of Recovery 'pause' handover plans across all work streams, special measures initiatives and additional activities.
- Development of Administrator Update at the point of Recovery Program pause (14 April 2020).
- Development of Recovery Program 'reboot' plan.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- Executive Director, Operations (QEH), Clinical Program Delivery Manager Specialty Medicine 2.
- Outpatients Director and Outpatients special measures team members.

Key activities and updates include:

- Agreement on handover arrangements including roles, responsibilities and activities.
- Commencement of handover coordination and control.
- Commenced draft of outpatient reform planning to transition to CALHN.

ii. Out of Hospital

- Special Measures plan has been delivered and initiatives now operationalised. Sponsorship was formally handed over to the Executive Director, Allied Health and Integrated Partnerships in the week ending 27 March 2020.

iii. Patient Flow

Key meetings and discussions were with:

- Handover session with Administrator Sponsor / Executive Director Operations (RAH).

Key activities and updates include:

- Preparation for handover of Executive Director, Operations (RAH) Improvement Portfolio Planning, which was paused in the week ending 27 March 2020 due to demands of COVID-19 on the organisation.
- Development of handover report.
- Preparation of point in time project plan for handover.
- Handover was completed with the Executive Director, Operations (RAH) on Wednesday 1 April.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following five areas.

i. Care and maintenance plan

- Due to the current focus on the COVID-19 response, the Cost and Controls workstream has been paused.
- This week the team has continued to wind down work and have focussed on documenting progress to date. In addition, we have prepared reboot plans for these projects when the Recovery Program recommences. To the extent possible, we have also identified key staff within CALHN who can continue working on our initiatives whilst the Recovery Program is paused.
- Pause and reboot plans once the COVID-19 de-escalation commences will be provided to the relevant CALHN Executive.

ii. Medical labour controls

Key meetings and discussions were with:

- Recovery Team Seconded to progress work done on our audit on variation and accuracy of Shared Services payments.

Key activities and updates include:

- This week we have been focusing on progressing the following three initiatives:
 - Leave analysis – we have undertaken analysis into the discrepancies between leave documented on timesheets, and leave balances in the CHRIS 21 system. Our preliminary analysis has confirmed material benefits exists for CALHN if these issues are pursued.
 - Program medical workforce analysis – using the workforce dashboard created by Aginic, we are creating summary analysis reports for each of the Programs. This summarises for each Program the key areas of payroll variability and outliers that should be actively investigated. Packs have now been completed for the 11 Clinical Programs. Our next steps were to partner with Programs to further investigate and develop action plans that would lead to financial benefit.
 - Shared Services audit – a small sample of coded timesheets retrieved from Shared Services has been summarised. Our initial findings show that there is material variation in payments (both over and under) and coding of data (e.g. the same penalty is coded differently in different pay cycles). This preliminary analysis confirms that further interrogation of Shared Services payment is required.
- Pause and reboot plans have been drafted for the Cost and Control Medical workstream.

iii. Nursing labour controls

Key activities and updates include:

- Finalised a Handover Plan which provides an overview of objectives, status at point of pause and a handover plan.
- Finalised a 'Pause and reboot' document to be provided to the EDON. This document provides further detail of work performed by the Recovery Team's Nursing workstream up to the date Sprint 2 was paused, what our intended next steps were and our reboot plan. In case the EDON / CALHN Nursing are ready to restart some of the paused initiatives before the

Recovery Program recommences, this document also provides guidance on matters that could be progressed, and suggestions for the CALHN owner of these activities.

iv. Business intelligence – Aginic

Key meetings and discussions were with:

- Program Leads and Finance Business Partners.

Key activities and updates include:

- Following our education sessions, Programs are gradually beginning to use the Aginic Dashboards. We have been engaging with users as required to provide support and guidance.
- At the request of the Clinical Program Delivery Managers, access for Financial Business Partners has been granted via the Chief Data and Analytics Officer.

v. NEP Benchmarking

Key meetings and discussions were with:

- Paxon Group regarding draft report amendments.
- Acting Executive Director, Finance regarding handover intentions.

Key activities and updates include:

- Provided additional guidance on Paxon's draft report content and useability.
- The revised draft report is due to be issued by 6 April 2020.
- Confirmed with the Acting Executive Director, Finance that the NEP draft report would be provided as part of handover.

4. Service Planning

Key meetings and discussions were with:

- Series of internal discussions to progress development of FY21 Budget Bed Plan.

Key activities and updates include:

- Preparing handover of the FY21 Budget Bed Plan to the Director of Planning.
- Handover of the Flex Plan Tracker (to calculate cost savings against the Bed Plan). Discussions with the Director of Planning indicate that the use of this tool is likely to be paused as disruption to wards and bed numbers caused by COVID-19 limits the usefulness of the analysis.

5. 2020 Delivery

Key activities and updates include:

- As part of the development of Recovery Program 'pause' handover plans, 2020 Delivery are working to hand over key elements of their program of work.

6. Workforce Optimisation

Key meetings and discussions were with:

- Executive Director, Workforce.
- Members of the CALHN HR team.
- SA Health – HR and IR.

Key activities and outcomes:

- We continue to work to our Workforce Optimisation workstream priorities, which was updated in line with the Recovery Program COVID-19 response planning and handover plan.
- VSP is on hold following announcements from the Chief Executive SA Health. The VSP team have developed a plan for CEO endorsement, detailing the steps required to enable some non-COVID-19 related roles to progress.

- Bed Standby and Flex (provision of IR advice) is on hold.
- Senior nursing review (RN3 and above) is on hold. Current state roles have been mapped to Programs using data from Proact and Chris21 and a Gantt chart has been developed. This will be handed over to CALHN staff.
- HOU recruitment. We are working closely with the Workforce team to progress a plan to capture current status of all HOU roles and recruitment priorities. Consideration is be given to an extension of some roles due to COVID-19 priorities.
- Medical workforce controls and Nurse rostering, which required a considered IR approach to ensure initiatives can be successfully implemented without dispute, have largely been paused.

Clause 10(1)

- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - This week, we have further developed our taskforce endorsed submissions, specifically around enterprise agreement management agendas. This includes financial and legal detail. The next steps include (in sequence) a “go / no go” decision from the taskforce on the continuation of the work in the context of the COVID-19 pandemic and the recovery plan pause – expected by next Tuesday 7 April. Following that decision, the key work would be financial analytics to be undertaken by SA Health, and in turn the development of a specific management agenda for enterprise agreements.
 - At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests Program. We have largely handed this workstream back to CALHN.
 - The liaison through multiple levels of Government will continue to be time consuming should the work continue.

7. Finance and Performance

Key meetings and discussions were with:

- Finance, Casemix and Planning for weekly 2020-21 budget preparation meeting.
- Acting Executive Director, Finance for weekly meeting to discuss current finance activities, projects and planning.
- Acting Executive Director, Finance to discuss ‘pause’ handover requirements and considerations.
- CALHN Board for March Board meeting.

Key activities and updates include:

- Monthly review of Professional Development payment processing rates and backlog management.
- Preparation of Recovery Program ‘pause’ handover documents.
- Assisting with COVID-19 procurement requests including working with CALHN finance to manage and prioritise accordingly.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

On direction of the CALHN Board and CEO, the Recovery Program will be ‘paused’, with a 2 week handover period concluding on or around Tuesday 14 April. The team are now documenting the

status of all controls, initiatives and activities and are in the process of standing down all Recovery Program team members. The following will be completed as part of the handover process:

- Development and submission of an Administrator Update at point of Recovery Program pause (on or around 14 April).
- Development of an overarching Recovery Program Handover Plan.
- Detailed handover of Recovery initiatives, processes and controls to CALHN owners.
- Development of a Recovery 'Reboot' plan, to define how the Recovery Program will be restarted at the earliest available opportunity.

Please accept our best wishes and thoughts as SA Health work through this very challenging time.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

Natalie Chin | Manager



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Subject: CALHN Organisational Recovery - Weekly Update 9 April 2020
Date: Thursday, 9 April 2020 4:28:11 PM
Attachments: [image001.png](#)
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CALHN Organisational Recovery - Weekly Update 9 April 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 9 April 2020).

This week's activities

Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key meetings and discussions were with:

- Two CEO/Administrator handover checkpoints.

Key activities and updates include:

- Submission of proposed Contract Variation Letter to CALHN for review, to enable Recovery Program pause and restart.
- Development of Administrator update at point of Recovery Program pause, for final submission on or around Thursday 16 April.
- Development of overarching Recovery Program Handover Plan.
- Administrator support for handover activity.

2. Operational Special Measures

i. Outpatients

Key meetings and discussions were with:

- ED Operations (QEH).
- OPD Director and Outpatients special measures team members.

Key activities and updates include:

- Handover discussion with ED Operations (QEH), including walkthrough of materials to be provided and key activities to continue.
- Attended weekly Outpatients special measures videoconference and provided a walkthrough of handover materials.
- Continued handover documentation to transition to CALHN.

ii. Out of Hospital

- All handover of documentation and meetings now complete to ED Allied Health and Integrated Care and ED Operations (RAH).

iii. Patient Flow

Key meetings and discussions were with:

- Handover session with Administrator Sponsor / ED Operations (RAH).

Key activities and updates include:

- Preparation for handover of ED, Operations (RAH) Improvement Portfolio Planning, which was paused in the week ending 27 March 2020 due to demands of COVID-19 on CALHN.
- Development of handover report.
- Preparation of point in time project plan for handover.
- Handover was completed with the ED, Operations (RAH) on Wednesday 1 April.

3. Costs and Controls

The Costs and Controls workstream is currently focusing on sprints in the following areas.

i. Pause and restart plan

- Due to the current focus on the COVID-19 response, the Cost and Controls workstream has been paused.
- This week the team has continued to wind down work and have focused on completing final handovers to the key staff within CALHN who can continue working on our initiatives whilst the Recovery Program is paused.

ii. Medical labour controls

Key meetings and discussions were with:

- Clinical Program Delivery Managers, Finance Business Partners and Medical Leads to handover the improvement opportunities for each Clinical Program.
- Chief Human Resources Officer to handover the timesheet process, shared services analysis and leave analysis.

Key activities and updates include:

- Met with Clinical Program Delivery Managers, Medical Leads and Finance Business Partners across Acute and Urgent Care, Surgery 1, 2 and 3, Mental Health, Heart and Lung and Specialty Medicine 1. During these meetings, we handed over the packs prepared for each Program and detailed the individual findings and opportunities for each Program. Opportunities that can be addressed by each Program in the short/medium term (should Programs be ready to address some of these opportunities identified), along with the intended next steps for further investigations to be recommenced upon restart of the Recovery Program, were discussed.
- Handover meetings with Cancer, Critical Care and Perioperative Services, Neuroscience and Rehabilitation and Specialty Medicine 2 are scheduled for next week. Draft packs for each Program have been circulated.
- Met with the Chief Human Resource Officer to discuss and handover our Leave Analysis and Shared Services Audit report and findings. Preliminary analysis into these two areas has confirmed further investigations are required, and that there may be material benefits to CALHN should these two areas be further investigated.

iii. Nursing labour controls

Key meetings and discussions were with:

- EDON.

Key activities and updates include:

- Met with the EDON for a final meeting where we handed over the 'Pause and Restart' document and the Daily Monitoring Reports. The 'Pause and Restart' document provides further detail of work performed by the Recovery Team's Nursing workstream up to the date Sprint 2 was paused, what our intended next steps were and our restart plan. In case the EDON / CALHN Nursing group are ready to restart some of the paused initiatives before the Recovery Program recommences, this document also provides guidance on matters that could

be progressed, and suggestions for the CALHN owner of these activities.

iv. NEP Benchmarking

Key meetings and discussions were with:

- Paxon Group.
- A/ED Finance, CALHN Casemix Managers.

Key activities and updates include:

- Received revised draft report and data sets from Paxon Group outlining NEP cost comparison to IHPA benchmarks.
- Provided walkthrough during a handover discussion of the project scope, revised draft report and provided suggestions on use of the report.

4. Service Planning

Key meetings and discussions were with:

- Clinical Program Delivery Managers to present Preliminary FY21 Bed Plan, including overview of the methodology and underlying assumptions.
- Preparation for and attendance at the weekly Service Planning operations meeting with Director of Planning, CALHN and the Recovery team.

Key activities and updates include:

- Handover of Service Planning work in progress.
- Continued development of the FY21 Bed Plan and preparation of a presentation to Clinical Program Delivery Managers.

5. 2020 Delivery

Key activities and updates include:

- 2020 Delivery has concluded their handover and a report at point of pause will be included with the Administrators Update.

6. Workforce Optimisation

Key meetings and discussions were with:

- ED, Workforce.
- Members of the CALHN HR team.
- SA Health – HR and IR.

Key activities and outcomes:

- We continue to work to our Workforce Optimisation workstream priorities, which was updated in line with the Recovery Program COVID-19 response planning and handover plan.
- VSP is on hold following announcements from the Chief Executive SA Health. The VSP team have developed a plan for CEO endorsement, detailing the steps required to enable some non-COVID-19 related roles to progress. We are awaiting a response on this plan.
- Bed Standby and Flex (provision of IR advice) is on hold.
- Senior nursing review (RN3 and above) is on hold. Current state roles have been mapped to Programs using data from Proact and Chris21 and a Gantt chart has been developed. This has been handed over to CALHN.
- HOU recruitment. We have worked closely with the Workforce team to capture current status of all HOU roles and recruitment priorities. Consideration is to be given to vary the recruitment process to ensure all Medical Lead and HOU appointments can be made in a timely manner. A draft process variation has been prepared for the business to consider. This will require careful messaging and management to avoid disputation.
- Medical workforce controls and Nurse rostering, which required a considered IR approach to

ensure initiatives can be successfully implemented without dispute, have largely been paused.

Clause 10(1)

- The ICAC report was handed down in early December:
 - We continue to work with both the State taskforce and the Department on the Statewide and CALHN response to the report, with CALHN leading the Statewide response on the medical industrial strategy and implementation.
 - This week, we have further developed our taskforce endorsed submissions, specifically around enterprise agreement management agendas. This includes the plan for the preparation of the financial and legal detail. The next step is endorsement (or otherwise) by the SA Health CE and then the taskforce on the continuation of the work in the context of the COVID-19 pandemic and the recovery plan pause. Following that decision, the key work would be financial analytics to be undertaken by SA Health, and in turn the development of a specific management agenda for enterprise agreements.
 - At a local level, we have completed the project planning for the CALHN response. The appropriate governance is now in place and a number of initiatives are underway including the Statement of Interests Program. We have largely handed this workstream back to CALHN.
 - The liaison through multiple levels of Government will continue to be time consuming should the work continue.

7. Finance and Performance

Key meetings and discussions were with:

- Finance, Casemix and Planning for weekly 2020-21 budget preparation meeting.
- A/ED, Finance for weekly meeting to discuss current finance activities, projects and planning.
- Chief Data and Analytics Officer.

Key activities and updates include:

- Finalisation of Recovery Program pause handover documents.
- Conducting handover meetings to hand over the following key elements of the Finance and Performance Workstream's current activities:
 - FY21 budget build
 - NEP analysis and costing process
 - Procurement controls and approvals process including financial delegations project
 - Program performance management framework
 - Stakeholder reporting and benefits tracking
- Assisting with COVID-19 procurement requests, including working with CALHN finance to manage and prioritise accordingly.
- Attending panel interviews for Executive Director, Finance role.
- Daily procurement control activities including reviewing purchase requisitions, completed detailed analysis and follow up, meeting with relevant personnel.

8. Next steps

On direction of the CALHN Board and CEO, the Recovery Program will be 'paused', with a 2 week handover period concluding on or around Thursday 16 April. The team are now documenting the status of all controls, initiatives and activities and are in the process of standing down all Recovery Program team members. The following will be completed as part of the handover process:

- Development and submission of an Administrator Update at point of Recovery Program pause (on or around 16 April).
- Development of an overarching Recovery Program Handover Plan, including a Recovery 'Reboot' plan, to define how the Recovery Program will be restarted at the earliest available

opportunity.

- Detailed handover of Recovery Program initiatives, processes and controls to CALHN owners.
- Administrator attendance at a final Board meeting on Thursday 16 April prior to the pause.

Please again accept our best wishes and thoughts as SA Health continues to work through this very challenging time.

Should you have any queries please contact Chris Martin on 0417 242 921.

Kind regards

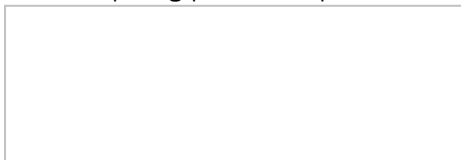
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From: [Natalie Chin](#)
To: [McGowan, Chris \(Health\)](#); [Clause 6\(1\)](#) ; [Dwyer, Lesley \(Health\)](#); [Clause 6\(1\)](#)
[Clause 6\(1\)](#)
[Frater, Don \(Health\)](#); [Andrews, Andrea \(Health\)](#); [McCarthy, Leah \(Health\)](#);
[Prbanic, Iammie \(DTE\)](#); [Burness, Sandy \(DTE\)](#)
Cc: [Mark Mentha](#); [Chris Martin](#); [Sophie Gibbons](#); [Baker, Jani \(Health\)](#); [Rodwell, Helen \(Health\)](#); [Christie, Joanne \(Health\)](#); [Smith, Danella \(Health\)](#)
Subject: CALHN Organisational Recovery - Weekly Update 17 April 2020
Date: Friday, 17 April 2020 6:47:03 PM
Attachments: [image001.png](#)
[image002.png](#)

CALHN Organisational Recovery - Weekly Update 17 April 2020

Hi all

Please find below our update for this week of the CALHN Recovery Plan implementation (week ending 17 April 2020). With the Recovery Program now paused, this will be the final weekly update until the Recovery Program recommences.

This week's activities

The Recovery Program officially paused effective today, 17 April 2020. Key information relating to the Recovery Program, including meetings, discussions, activities and outcomes across the various implementation workstreams is set out below.

1. Overarching Recovery Program

Key updates include:

- Administrator attendance at final CALHN board meeting.
- Submission of the Administrator Update at point of Program pause.
- Submission of the Recovery Program Handover Plan.
- Final handovers by each workstream to the relevant key stakeholders.

2. Operational Special Measures

Key updates include:

- Outpatients handover completed to CPDM, Specialty Medicine 2 and A/Director OPD, including an initial view on a longer term reform strategy.
- Out of Hospital handover of documentation and meetings now completed to ED, Allied Health and Integrated Care and ED, Operations (RAH).
- Patient Flow handover has been completed with the ED, Operations (RAH).

3. Costs and Controls

Key updates include:

- Final handovers of the Sprint 2 Improvement Opportunities were conducted with Cancer, Critical Care and Perioperative Services, Neuroscience and Rehabilitation and Specialty Medicine 2.
- Feedback from the Programs regarding positive impacts of the Timesheet Review Process the Costs and Controls Team completed in Sprint 1 (within A&UC) was received, and upon request from the Programs, we have also handed over the Future State Timesheet Process.
- Final handover of Shared Services analysis and leave analysis to Chief Human Resource Officer.
- Handover of overarching Cost and Control's Medical Memo to CALHN executives was completed. The document compiled the key documents developed, and who within CALHN these have been distributed to.
- Further correspondence with the EDON regarding the nursing handover.
- Provided further guidance on the Paxon NEP report following the walkthrough to key

stakeholders last week.

4. Service Planning

Key updates include:

- Call to run through and handover cost savings tracker (to bed plan) with Service Planning team and Director of Planning.
- Discussion with Service Planning team on revisions to FY21 budget bed plan and supporting information for CPDMs.
- Finalisation of Handover of Service Planning work in progress.

5. 2020 Delivery

Key updates include:

- Final handovers have been completed.

6. Workforce Optimisation

Key updates include:

- We have completed the handover, primarily to ED, Workforce, which focused on:
 - Bed Standby and Flex support;
 - Senior nursing review (RN3 and above);
 - HOU recruitment;
 - Medical workforce controls and Nurse rostering support;
 - Appointments Committee; and
 - Numerous individual industrial relations and human resource issues.
- Going forward we will continue to support:
 - VSP program pending the appropriate approvals;
 - ICAC response - development of the management agenda for the Salaried Medical Officer Enterprise Agreement in addition to working on the statement of interest and private practice reviews.

7. Finance and Performance

Key updates include:

- Finalised handover of outstanding initiatives including inpatient acuity audit and benefits tracking.
- Attended CALHN Board meeting to present Administrator updates and pause finalisation report.

The KordaMentha team wishes CALHN all the best with its management of the COVID-19 crisis, and looks forward to recommencing the Recovery Program when circumstances allow.

If you would like to discuss any aspect of the update above or the Recovery Program, please contact Chris Martin on 0417 242 921.

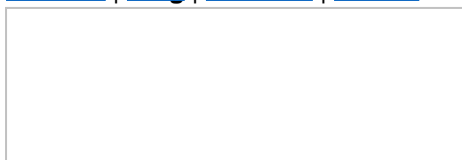
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From: [Burness, Sandy \(DTF\)](#)
To: [Jones, Darren \(DTF\)](#)
Subject: Re: **Clause 1(1)(e)**
Date: Friday, 29 May 2020 10:53:29 AM

Yep looks good - thanks very much Darren.

Sent from my iPhone

On 29 May 2020, at 10:44 am, Jones, Darren (DTF)
<Darren.Jones3@sa.gov.au> wrote:

Clause 1(1)(e)

Thanks