

4 June 2020

Shay McGuinness

By email: fyi-request-12625-fca99b95@requests.fyi.org.nz

Ref: H202002328

Dear Dr McGuinness

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 14 April 2020 to the Ministry of Health (the Ministry) for:

"Please provide all emails between the following senior individuals in the Ministry of Health (MoH) and Auckland District Health Board (ADHB) regarding the provision of helicopter air ambulance services.

ADHB

1. Ailsa Claire

MoH

1. Ashley Bloomfield

Note:

1. Applicable dates are 1/7/2019 to 10/3/2020

2. Emails include those sent, received or cc'd and include any attachments."

As this is restricted to emails only between 2 individuals I believe that you should be able to respond promptly."

On 13 May 2020, the due date for responding to your request was extended under section 15A of the Act as further consultation was required.

Nine documents have been identified within scope of your request. The table in Appendix 1 lists the specific grounds under which I have decided to withhold information. Where information is withheld from a document, the grounds are also noted in the document itself.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website.

Yours sincerely

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

Emma Prestidge
Acting Deputy Director-General
Health System Improvement and Innovation

Appendix 1: List of documents released

| # | Date | Title | Decision on release |
|----|------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | 12 July 2019 | AA update | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. Where information is deemed out of scope of the request, this has not been provided. |
| 2 | 5 August 2019 | NR Air ambulance helicopter service | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 2A | 5 August 2019 | Email attachment | Released in full. |
| 3 | 8 August 2019 | Procurement of an additional IHT helicopter | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 4 | 7 November 2019 | Helicopter service failure this morning | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 5 | 13 December 2019 | Northern Region Air Ambulance Governance Group | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. Where information is deemed out of scope of the request, this has not been provided. |
| 6 | 13 December 2019 | Crewing and Asset Plan | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 7 | 17 December 2019 | Memo - Air Ambulance Issues in the Northern Region | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 7A | 17 December 2019 | Email attachment: NASO Memo - Air Ambulance Issues within the Northern Region | Released with some information withheld under section 9(2)(f)(iv) of the Act, to protect the confidentiality |

| # | Date | Title | Decision on release |
|----|-----------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | of advice tendered by Ministers of the Crown and officials. |
| 7B | N/A | Email attachment | Released in full. |
| 8 | 31 January 2020 | Minutes - Governance Group Northern Region Air Ambulance Service | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 8A | 24 January 2020 | Minutes - Governance Group Northern Region Air Ambulance Service | Released with some information withheld under section 9(2)(k) of the Act, to prevent the disclosure or use of official information for improper gain or improper advantage. |
| 9 | 7 February 2020 | Air Ambulance | Released with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons, including that of deceased natural persons. |
| 9A | 5 February 2020 | Email attachment: Brief justification for two additional ECMO machines, ADHB | Released in full. |

Out of scope

From: Ailsa Claire (ADHB)
Sent: Friday, 12 July 2019 12:53 p.m.
To: Ashley.Bloomfield@health.govt.nz; Keriana.Brooking@health.govt.nz; Clare.Perry@health.govt.nz;
Debbie Holdsworth (WDHB)
Cc: Nick Chamberlain (NDHB); Jo Brown (WDHB)
Subject: FW: AA update

[Kia ora Ashley](#)

Please see below yet another example of the major clinical risk resulting from the inability of the Northern air ambulance supplier to meet the contract requirements.

Nic can better illustrate the implications from Northlands point of view but we have now multiple instances where the NICU and ECMO transfers were not just at risk but could not have actually occurred. In other instances had there been a patient utilising the air ambulance for this purpose Northland would have been without any cover.

We have an IMT in place, coordinated with Northland to deal with this issue.

I can not emphasise strongly enough how serious this situation is and my lack of confidence in the current supplier to resolve the situation.

In fact in a recent meeting they said they would continue to be in breach.

The resolution of incidents seems to rely on ADHB staff being called out at all hours of the night with no responsibility being taken by NASO out of hours and inaccurate reporting of actual availability.

My staff who are being relied on day and night to deal with the issues arising are beyond tired.

This is completely unsustainable and we strongly advise that another air ambulance with crew be immediately moved to the Northern Region and that the procurement of the "5th" air ambulance take place. Without the procurement of an additional air ambulance we will continue to be reliant on a provider clearly unable to deliver the contract. If they get into a position to deliver the contract and we find that level of provision is sufficient to deal with PICU and ECMO transfer it could be decommissioned later.

Ngā mihi

Ailsa Claire
Chief Executive
P: 09 - 6309943 extn 22342 M: s 9(2)(a)

From: Jo Brown (WDHB)
Sent: Thursday, 11 July 2019 6:34 PM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Cc: Joanne Gibbs (Dir Provider Services)(ADHB) <JGibbs@adhb.govt.nz>
Subject: AA update

Hi Ailsa

See email trail below and my communication to NASO re today's situation. If effect

- We had an issue overnight with the only Whangarei helicopter unavailable due to maintenance
- The North Shore helicopter flew to Whangarei to do an IHT
- Due to subsequent helicopter crew stand down requirements approx. 10 hour period (0215 – 1145) where only single helicopter in Northern region capable of being tasked for PICU/NICU IHT and no helicopter for Northland or ECMO IHT

- This outage was not notified to us by NASO – see communication at the bottom of the email trail from supplier that Shay subsequently investigated to then crystallise that there was no helicopter between these hours
- The attached email is an additional email from ARHT chief pilot telling us of aircraft availability that is inconsistent with other communication regarding today's capacity

Our key messages to NASO:

- We can't sustain this level of communication from us being needed
- The information being provided regarding asset and crew availability is incorrect
- NASO/NRHL need to take control of communication and join this up
- Suggested NASO/NRHL leadership need to be managing and responding to these issues out of hours rather than leaving this for DHBs to manage

NASO advise

- they are expecting the visiting expert who is due to report tomorrow/early next week will provide them with a view of what the problems are and the veracity of the forward information being provided
- the DG returns from leave early next week and will be briefed and we can expect advice re next steps after that

Thanks for your support

Regards
Jo

From: Jo Brown (WDHB)
Sent: Thursday, 11 July 2019 1:00 p.m.
To: Barry.Woodmass@health.govt.nz; Carleine.Receveur@health.govt.nz
Cc: andy.inder@moh.govt.nz; 'Clare.Perry@health.govt.nz'; Shay Mc Guinness (ADHB)
Subject: RE: ZK-ISJ Online

Hi All

Further to Shay's email below we have received the attached notification re ARHT asset availability. This situation is becoming increasingly untenable as the asset availability is changing hourly and we need NASO to be recognising this and responding to this with updated contingency arrangements as the issues emerge.

There are a number of issues here:

- Staffing is clearly impacting capacity therefore this suggests the level of staff do not exist within the provider to support the hours of availability they have advised in the daily schedule. This needs to be clarified urgently and an understanding of the options to manage this crystallised quickly

- There is still not joined up communications between the two parties within the JV and we continue to get “updates” from the supplier without any accompanying plan to mitigate. This is very concerning and seems to place the onus on us as DHB reps to manage the risks hourly
- We need the communication process and accountabilities clarified today – it is unacceptable that Shay continues to get pushback from those in the system who continue to fail to recognise the hierarchy of clinical decision making
- We (Shay and I and other colleagues) cannot be left to resolve these issues on a 24/7 basis and NASO needs to be available to manage these communications and contingencies on a 24/7 basis

Andy/Clare - happy to discuss by phone this afternoon as we need some urgent resolution on these matters given the daily problems we are dealing with

Regards
Jo

From: Shay Mc Guinness (ADHB)
Sent: Thursday, 11 July 2019 12:19 p.m.
To: Barry.Woodmass@health.govt.nz; Carleine.Receveur@health.govt.nz
Cc: Jo Brown (WDHB); andy_inder@moh.govt.nz; 'Clare.Perry@health.govt.nz'
Subject: FW: ZK-ISJ Online

Can we try and get a timeline on what exactly happened here?

It looks like:

- ISJ went u/s at around 21.45 whilst preparing to head to Kaitaia for an IHT (back to Whangarei)
- We were notified (by email) of this at 22.55
- IAL was then tasked (?By NEST or Airdesk) to complete the above IHT (It flew from North Shore to Whangarei hospital to collect the clinical team for the IHT)
- IAL completed the IHT at 02.15 and relocated to the NEST Whangarei base where it ? went off-line due to pilot hours
- IAL remains at Whangarei this morning due to flight crew availability (rather than weather) – Dues back around 14.00

The questions we need to ask are:

1. Is there a proper way of the right people being notified of service issues?
2. What is the escalation process for contingency plans? – The Airdesk was not prepared to accept that it may not be appropriate to task HKZ on a primary mission.
3. Is it appropriate that ?NEST/? Airdesk tasked the only remaining ECMO capable helicopter to Kaitaia for an IHT? (or should there have been, at a minimum, some discussion with ADHB?)
4. What is IALs availability for the rest of the day (given crew duty times)?

I think we need to formalise contingency plans for “what happens if helicopter xx goes offline unexpectedly?” – and these need to be agreed by all parties – especially the Airdesk. This is a NASO function as the Airdesk/SJA are clearly not prepared to take instructions from DHBs.

This is the second time in 10 days that we have been left with a single aircraft in Northern Region and that aircraft is not capable of all mission types.

I note that we now have limited 2nd aircraft availability in Auckland (nothing after 17.00).

Regards

Shay

From: Pilots <pilots@nest.org.nz>
Sent: Thursday, 11 July 2019 11:44 AM
To: Maintenance Advise Group <mag@nest.org.nz>
Subject: ZK-ISJ Online

Good Morning All,

As of 11:45 ISJ is back online.
IAL will be repositioned back to Northshore this afternoon as soon as I have a crew to get it down.

Kind regards,

Ron

Pilots
Line Pilot

T: +64 9 983 2251 | **M:** N/A
E: pilots@nest.org.nz
<http://www.nest.org.nz>



From: Ashley Bloomfield/MOH
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
Cc: nick.chamberlain@northlanddhb.org.nz, russell.simpson@wdhb.org.nz, Graham.Dyer@acc.co.nz,
Monique Burrows/MOH@MOH
Date: 05/08/2019 11:17 am
Subject: NR Air Ambulance Helicopter Service
Sent by: Jo Waugh

Dear Ailsa

Please find attached a response to your letter dated 25 July 2019.



Refer to 'Document 2A'

05082019093559-0001.pdf

Kind regards
Ashley

Dr Ashley Bloomfield
Director-General
Ministry of Health
email: ashley.bloomfield@health.govt.nz
Mobile: s 9(2)(a) [REDACTED]
www.health.govt.nz

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

5 August 2019

Ailsa Claire
Chief Executive
Auckland District Health Board

By email: ailsac@adhb.govt.nz

Tēnā koe Ailsa

Northern region air ambulance helicopter service

Further to your letter of 25 July 2019 and our subsequent conversation on 30 July 2019, I firstly want to acknowledge that the northern region district health boards (DHBs) are negatively impacted by the current inadequate air ambulance service provision in your region. The Ministry and the National Ambulance Sector Office (NASO) understand that your teams are managing clinical risk and the ongoing efforts of your staff to support the needs of patients in these difficult circumstances is greatly appreciated.

The Ministry and NASO agree with your view that the current situation is not acceptable. Thank you for your commitment to collective action in finding solutions to the issues you raise in your letter. I note that progress is already being made in this regard with Jo Brown from Waitemata DHB and Monique Burrows from the Ministry having a productive discussion on Friday 2 August 2019 about a range of issues.

I also understand that a workshop is planned for Tuesday 6 August 2019 with Auckland DHB, Northland DHB and Ministry/NASO staff to achieve joint understanding and agreed way forward on short term actions regarding stability of the service, and to further the conversation about a fifth helicopter in the northern region beyond the short term.

Nāku iti noa, na



Dr Ashley Bloomfield
Director-General of Health

Copy to: Dr Nick Chamberlain, Chief Executive Northland District Health Board
Russell Simpson, Lead DHB Chief Executive for ambulance
Graham Dyer, Head of Provider Services, ACC

From: Ashley Bloomfield/MOH
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
Cc: "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, Keriana Brooking/MOH@MOH, Monique Burrows/MOH@MOH, "Jo Brown (WDHB)" <Jo.Brown@waitematadhb.govt.nz>
Date: 08/09/2019 05:41 pm
Subject: Re: Procurement of an additional IHT helicopter

Kia ora Alisa,

Thank you for your thoughtful response. I apologise for the time it took for us to get to an agreed position, but I want to assure you that the MoH team will make the design and execution of the procurement process a priority and will work in partnership with Auckland and Northland DHB staff throughout.

I agree that the service specifications need to be jointly agreed.

It is important to note that ARHT has not made a decision to outsource its operations to a specialist aviation organisation. It is a proposal that is currently subject to staff consultation. The interim Chief Executive of ARHT is open to considering other options that would deliver the step change in performance required to meet our expectations, and is gathering information from staff and sector experts in this regard. The provider has promised to share the option set and analysis with NASO before any decision on a change to operations is made. NASO will work to ensure that appropriate due diligence and transition planning is in place for the preferred option for change, whatever that may be, and we will of course also involve your team.

I understand the importance and the urgency of stabilising national IHT services and am pleased to hear that Jo Brown and Monique Burrows are already working to progress the procurement process.

As you may know, I have also asked the team to explore all immediate options to increase the number of helicopters and crew in the northern region to help ensure service continuity in the short term while we work through the procurement process and implement the outcome.

Ngā mihi
Ashley

Best regards
Ashley

Dr Ashley Bloomfield
Director-General of Health

s 9(2)(a)

On 6/09/2019, at 11:53 AM, Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz> wrote:

Dear Ashley,

I am writing on behalf of Nick and myself in response to the internal MOH memo dated 2 September, that was sent to us the same day, regarding the MOH view of the Auckland DHB procurement process to establish a 5th helicopter to support national IHT service coverage in the Northern region.

It is encouraging that the MOH acknowledges the need for this additional capacity.

It is clear the MOH view regarding the rigour of the ADHB procurement process is different from the view of my expert advisors. Given the view of the MOH I am unable to proceed with the supply option we have identified and this leaves us with the only option to pursue which is the MOH procurement process. The alternative option proposed by the MOH has a number of uncertainties associated with it and is therefore not an acceptable option to ADHB.

The Northern region DHBs have been engaged in weekly, daily and sometimes multiple daily discussions with NASO in an endeavour to manage the risks to patients and staff, and gaps in service delivery with the current provider. Unless there are additional helicopters of the right specification procured the current situation will not improve in the medium term. The continued increased clinical risk as a result of insufficient capacity is being managed by the DHBs and there is an urgent need to get additional longer term sustainable capacity secured in the Northern region.

I do not have confidence in the existing provider and I am concerned by the advice that they have made a decision to subcontract elements of the service to a third party. I would strongly urge the MOH to ensure there is an appropriate risk assessment of any subcontracting proposal, with an appropriate level of scrutiny and due diligence to enable the MOH to provide assurance that the service will not deteriorate further, and the risks to patients and staff not increase, as a result of any new arrangement.

We need the MOH procurement process to be initiated urgently and completed within the timeframes your team indicate is achievable. Our teams will need to work closely to ensure there is a successful outcome able to be implemented within the 6 – 8 week timeframe and this will require an improved approach to collaboration with the DHBs.

I would like an assurance from you that the MOH will agree the service specifications with us and this is particularly important with respect to the type of helicopter to be procured. We support the need for interoperability of equipment, crew and aircraft, yet the current contract has allowed the provider to implement different types of aircraft exacerbating the current problem of insufficient capacity. We would like to see this rectified in the subsequent commissioning of an IHT aircraft that is interoperable with the assets that are certified to undertake Northland IHT and national IHT services.

Given the ongoing and extreme clinical risk for patients into the foreseeable future we need to have the MOH procurement process expedited and underway immediately.

Regards,

Ailsa

From: Ashley Bloomfield/MOH
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
Cc: Keriana Brooking/MOH@MOH
Date: 07/11/2019 06:56 am
Subject: Re: Helicopter service failure this morning

Kia ora Ailsa

Yes the team updated me on this yesterday. We will certainly be looking into it.

Best regards

Ashley

Dr Ashley Bloomfield
Director-General of Health

s 9(2)(a)

On 6/11/2019, at 3:01 PM, Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz> wrote:

Kia ora Ashley

I thought you should see this to understand what we are dealing with on a regular basis.

We had a significant delay in obtaining a helicopter for a time-critical retrieval this morning (using the ADHB Regional NICU team to retrieve a premature infant from Whangarei), compounded by a complete failure in communications by ARHT.

The timeline is:

At 03.47 NZAAS Flight Coordination Service were contacted by NICU to arrange an urgent retrieval from Whangarei hospital (i.e. Collect ADHB NICU team from ACH, transport team to Whangarei and return with the patient).

At 03.49 ARHT paging service contacted – no reply by 03.55

At 03.55 ARHT hotline called – call diverted to paging service

At 04.03 hotline called again – diverted to paging service again

At 04.10 one of the ARHT off-duty pilots contacted (after trying several) – advised (after he checked TracPlus) that the crew were flying but he also said that the crew on duty may not able to do IHTs due to not being trained

Attempts to phone Roger Hortop (ARHT chief pilot) calls not answered

At no point was the paging service messages replied to

Finally contacted NEST who responded (with a delay) – helicopter flew down from Whangarei and landed ACH 05.45. By this time the ADHB clinical team were out of hours so a further delay whilst awaiting a relief team. Aircraft left ACH at 08.00.

This is a significant delay compounded by a lack of adequate communication from ARHT. ARHT informed us yesterday that all training was now complete so it would be helpful to know why

we have been told that they couldn't have completed the mission anyway due to the duty crew not being trained

Note that NZAAS followed the agreed procedure for activating an NRHL aircraft but the lack of communication by ARHT is unacceptable.

The process of our flight coordinators having to contact ARHT to determine if they are available and willing to do an IHT on a mission-by-mission basis creates unacceptable delays.

ADHB have instigated a formal incident review however I would appreciate assurance that NASO will also be investigating this.

Ngā mihi

Ailsa Claire
Chief Executive

P: 09 - 6309943 extn 22342 M: s 9(2)(a)

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Out of scope

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope

From: "Graham Dyer" <Graham.Dyer@acc.co.nz>
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "Russell Simpson" <russell.simpson@healthmail.wdwb.org.nz>
Date: 13/12/2019 09:58 am
Subject: RE: Northern Region Air Ambulance coverage, crew and asset availability

Hi Ailsa,

I've seen some of the correspondence on this. In summary the answer from ARHT is that the AW169 can reach Whangarei, Rotorua, Gisborne, Hastings, Taranaki, Taupo, New Plymouth and Wanganui 100% of the time in a single hop, and Palmerston North and Hutt 90% of the time (if having to fly at night and/or in poor weather). These capabilities are assuming a full load including equipment and personnel for PICU and ECMO. This assumes refuelling at the destination, which is standard practice against potential delays on return.

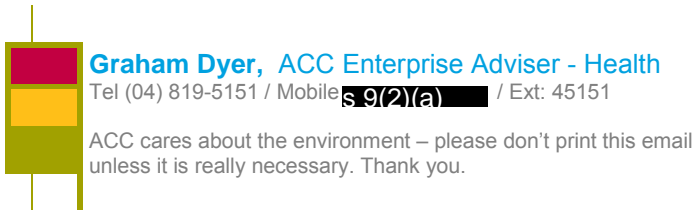
ARHT believe that the AW169's have a similar capability to the S76C++ (3hrs flight time and 2.8hrs respectively), which is greater than the BK117 at 2.2 hrs.

Hope that this high level work covers what you need for the Board.

Happy to talk this through if useful.

Kind regards

Graham



From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Graham Dyer" <Graham.Dyer@acc.co.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "Russell Simpson" <russell.simpson@healthmail.wdhd.org.nz>
Date: 13/12/2019 08:47 am
Subject: RE: Northern Region Air Ambulance coverage, crew and asset availability

This is worrying.
There must be a way to assess payload and distance.
Its done all the time in the aviation industry.
We are not looking for "all circumstances" .

Ngā mihi

Ailsa Claire
Chief Executive
P: 09 - 6309943 extn 22342 M: s 9(2)(a)

From: Graham Dyer [mailto:Graham.Dyer@acc.co.nz]
Sent: Friday, 13 December 2019 8:24 AM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>; Keriana.Brooking@health.govt.nz; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Nick Chamberlain (NDHB)

<Nick.Chamberlain@northlanddhb.org.nz>; Russell Simpson <russell.simpson@healthmail.wdwb.org.nz>
Subject: RE: Northern Region Air Ambulance coverage, crew and asset availability

Hi Ailsa,

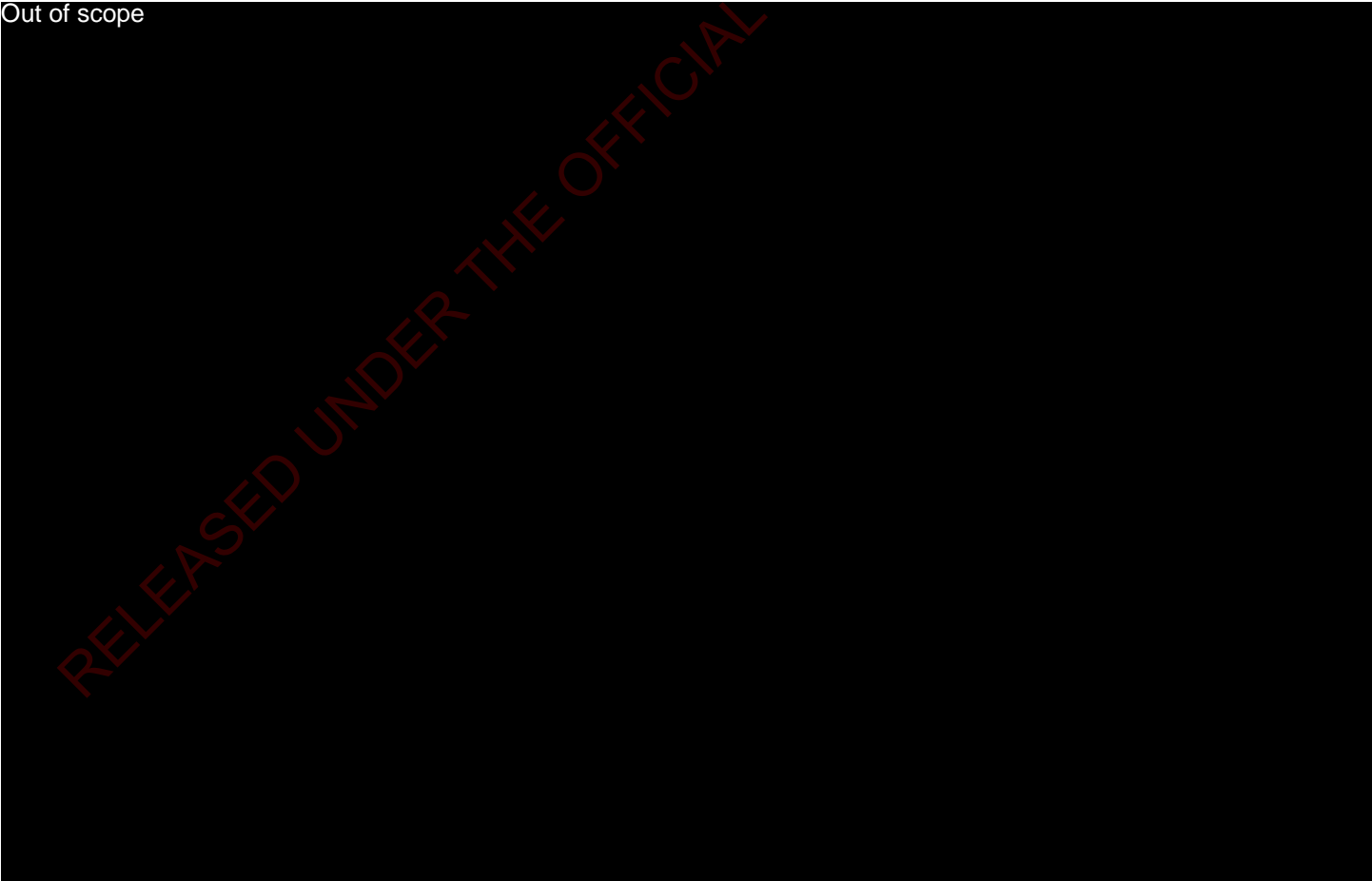
I asked the pilots at the meeting last week specifically about the questions that had been raised with regard to load and distance. This was to try to address the situation of the data specifications from the manufacturer being sent rather than lived experience. The response was that this is an almost impossible question to answer as it will be impacted by wind, humidity, air speed, and a range of other factors that mean that there is no absolutes that can be given for all circumstances. The only thing that the pilots gave an absolute on was that the capabilities were better than those of the BK that the AW169's were replacing.

Not sure from here how this is resolved. Would it be worth having the ARHT flight crew talk to the FRAC?

Kind regards

Graham

Out of scope



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Out of scope

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
 To: "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Graham Dyer" <graham.dyer@acc.co.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "Russell Simpson" <russell.simpson@wdhb.org.nz>
 Date: 13/12/2019 06:02 am
 Subject: Re: Northern Region Air Ambulance coverage, crew and asset availability

Thank you.

We need specific information about load and distance for the Board. I hope this will resolve at least this issue on Wednesday as it is not the main issue we have to deal with. As you say crewing and availability are the issue plus I would say accurate information and timely response.

I assume DHB staff will be involved in the governance group?

I would suggest an Exec Director not currently embroiled in this issue.

Regards

Ailsa

From: Keriana Brooking/MOH
 To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>, "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Graham Dyer" <graham.dyer@acc.co.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "Russell Simpson" <russell.simpson@wdhb.org.nz>
 Date: 12/12/2019 07:02 pm
 Subject: Northern Region Air Ambulance coverage, crew and asset availability

Kia ora koutou

Yesterday Monique, Graham Dyer, Carleine, Peter (NASO Contract Manager) and I met with Governance, Management, Clinical Director and Pilots from ARHT and the CEO of NEST. It was a positive and constructive meeting.

All meeting attendees discussed the availability (including over the holidays by way of variation with extended asset and crew capacity) of the primary and secondary assets (including availability of crew) for all tasking requirements and the agreement to use the S76A and BK117 (HKZ) for back up purposes only. The agreed configuration (as per the agreement) would see assets based and available to be tasked from Ardmore and Whangarei.

NEST CEO confirmed to the group yesterday they have a small number of pilots (3) that need to complete training for the S76C++ and subject to planning for anticipated tasking requirements over the next 7 days, that activity will be completed by the end of next week.

The list of matters raised by ADHB has been captured (as per agreed process) and NASO are working actively on a memo to all in this email outlining the matter, the Ministry of Health and ACC (NASO) position, and what further action is required.

This memo (including recommendations) from the Ministry of Health and ACC (NASO) is planned to be sent no later than next Tuesday and will contain all other documents (in draft - assurance or final - incident review report).

However there is immediate assurance information that could be shared with the group in this email tomorrow, to provide Ailsa with information that can be discussed with the ADHB board next Wednesday.

After crewing and asset availability (which I can confirm is principally contract compliant), the critical matter to be addressed is concerns about safety of the AW169 and that has been well assured by CAA (and further identified as of no concern in the draft assurance report). In addition, further matters like improving crewing capacity and/or overall capacity (using improved modelling information), improved communication and relationships will also be contained in the memo to be sent early next week.

Also outlined in the memo (to be sent early next week) is the establishment of a Northern Air Ambulance Governance Group to oversee the recommendations from the memo, the assurance review report and incident (06 November) review report. It is intended that this group govern the next steps to provide the board of ADHB/NDHB with the assurance that National IHT and ADHB/NDHB IHT services have air ambulance rotary wing assets tasked and available to them in a safe and timely fashion. Governance group members (or their delegates) will meet 1/2 hour weekly by teleconference from the week starting 06 January. Organising information on that will be coming out to our EAs over the coming days.

Nga mihi

Keriana Brooking
Deputy Director-General
Health System Improvement and Innovation
Ministry of Health, 133 Molesworth Street
PO Box 5013, Wellington 6145, New Zealand
Mobile: s 9(2)(a) [REDACTED]
Email: keriana.brooking@health.govt.nz

Kia ora, if this email reaches you out of hours, I don't expect a reply outside of your office hours, it's just a convenient time for me to send an email, nga mihi.

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Keriana Brooking" <Keriana.Brooking@health.govt.nz>, "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhd.org.nz>, "Russell Simpson" <russell.simpson@wdhb.org.nz>, "Graham Dyer" <graham.dyer@acc.co.nz>
Date: 12/12/2019 06:43 am
Subject: Fwd: National IHT coverage asset availability

Kia ora

i have forwarded an email from Jo with which I completely agree.

It feels as if the situation is not improving and we are running out of time before Christmas .

We have a Board meeting next Wednesday and i would like to be able to take a recommendation to the Board re use of helicopters for IHTs to that meeting.

I would appreciate your views.

Regards
Ailsa

From: Jo Brown (WDHB) <Jo.Brown@waitematadhb.govt.nz>
Date: 11 December 2019 at 8:05:05 PM NZDT
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Cc: Joanne Gibbs (Dir Provider Services)(ADHB) <JGibbs@adhb.govt.nz>, Shay Mc Guinness (ADHB) <ShayMc@adhb.govt.nz>
Subject: Fwd: National IHT coverage asset availability

Hi Ailsa

Because of engineering issues over the weekend with the 2 x 76A helicopters being out of service and the limited crew trained on the 76C++ leading to only one helicopter being available, there was no opportunity to place a Whangarei helicopter in Auckland as Keriana outlined in her email below was under discussion.

Given we have no assurance regarding the crewing and maintenance of HKZ, we have no visibility of the availability of this asset for national IHTs at any time during the week or weekend (day and night), any week or weekend until such time as there is progress on the use of the AW169s. The information provided to us says that HKZ availability is "crew dependent" and as we have experienced this most often means it is **not** available.

I note also that the draft assurance report was due early this week and I am not sure when we can expect the outcomes of this report to be shared with us.

We have also been advised that there is a delay in finalising the report into the Nov 6 incident, with Shay and Jo being advised that this is now not due to us this week in final form, until early next week.

I am concerned that the cumulative effect of lost "days" in the timelines on each of these issues, will lead to a delay in decision regarding the outcome of the procurement and therefore a delay in establishing an interim arrangement to ensure there is a "5th" national IHT designated helicopter in Auckland. The Helilink helicopter currently in Whangarei is due to be withdrawn end of December and we must be getting close to it not being an option to extend this arrangement (with few working days left until Christmas).

Given the totality of the current context, I think we need to go back to MOH/NASO to get some progress on returning a NEST helicopter to the North Shore before we are left with no options before the Xmas/New Year/summer period. It will be increasingly difficult for NEST to reorganise/change crew rosters (to be Auckland based) with insufficient lead-in time.

Regards

Jo

Sent from my iPad

From: Keriana Brooking/MOH
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>, Nick.Chamberlain@northlanddhb.org.nz, "Russell Simpson" <Russell.Simpson@wdhb.org.nz>, Ashley Bloomfield/MOH@MOH, graham.dyer@acc.co.nz
Cc: Monique Burrows/MOH@MOH
Date: 06/12/2019 06:29 pm
Subject: National IHT coverage asset availability

Kia ora koutou

There have been conversations over this week between NASO (in turn with ADHB) and NRHL about national IHT coverage asset availability that I would like to update you on.

NRHL is not able to crew HKZ this weekend. This means that in the absence of the AW 169s being accepted for use in IHT missions by ADHB, there is one national IHT capable asset available 24/7, based in Whangarei.

This is the same asset configuration that has been in place for the past week, and it is accepted by all parties that this is far from ideal. Not least because the BK117 (HKZ) has reduced capacity relative to the new assets and is expensive to maintain as it incurs flying hours and maintenance time that weren't planned for. I acknowledge the contingency planning and alternative tasking/clinical arrangements our DHB clinical and operational staff have had to do while asset configuration has been limited or not available. Further, decisions relating to purchasing additional asset availability for the Northern Region will be made within the fortnight.

NASO has tested with Paul Ahlers whether it is possible to move a S76C++ from Whangarei to Auckland over the weekend to provide better IHT cover. It cannot be done for this evening, but may be possible for tomorrow evening. An update is expected tomorrow morning.

The list of issues to be resolved to enable the use of AW169s for IHT missions is being worked on at pace, and relates to the following topics:

- NASO led investigation into the 6 November delayed retrieval.
- Appropriate level of operational information relating to the AW169s to inform tasking guidelines.
- CAA investigation into reported safety concerns.
- Working relationship between ARHT and DHBs.

The assurance report is scheduled to be received in draft the week beginning 09 December and will be shared with all parties. Feedback on the report is welcome, with Ministry of Health, ACC and NASO staff meeting with NRHL at Ardmore on Wednesday 11 December 2019.

Ngâ mihi

Keriana Brooking
Deputy Director-General
Health System Improvement and Innovation

Ministry of Health, 133 Molesworth Street
PO Box 5013, Wellington 6145, New Zealand
Mobile: s 9(2)(a) [REDACTED]
Email: keriana.brooking@health.govt.nz

Kia ora, if this email reaches you out of hours, I don't expect a reply outside of your office hours,
it's just a convenient time for me to send an email, nga mihi.

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From: Keriana Brooking/MOH
To: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
Cc: "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Monique.Burrows@health.govt.nz" <Monique.Burrows@health.govt.nz>
Date: 13/12/2019 05:05 pm
Subject: Re: FW: Crewing and Asset Plan V1.20 - response required please

Kia ora Ailsa

Thanks for your prompt reply and action on this matter

Keriana Brooking
Deputy Director-General
Health System Improvement and Innovation
Ministry of Health, 133 Molesworth Street
PO Box 5013, Wellington 6145, New Zealand
Mobile: s 9(2)(a) [REDACTED]
Email: keriana.brooking@health.govt.nz

Kia ora, if this email reaches you out of hours, I don't expect a reply outside of your office hours, it's just a convenient time for me to send an email, nga mihi.

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Ashley Bloomfield" <Ashley.Bloomfield@health.govt.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Monique.Burrows@health.govt.nz" <Monique.Burrows@health.govt.nz>
Date: 13/12/2019 04:07 pm
Subject: FW: Crewing and Asset Plan V1.20 - response required please

Kia ora

Can unreservedly apologise for this email.
It is unacceptable and we are dealing with this.

Ngā mihi

Ailsa Claire
Chief Executive
P: 09 - 6309943 extn 22342 M: s 9(2)(a) [REDACTED]

From: Jo Brown (WDHB)
Sent: Friday, 13 December 2019 2:16 PM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>; Joanne Gibbs (Dir Provider Services)(ADHB) <JGibbs@adhb.govt.nz>
Subject: Fwd: Crewing and Asset Plan V1.20 - response required please

FYI

Begin forwarded message:

From: "Shay Mc Guinness (ADHB)" <ShayMc@adhb.govt.nz>
Date: 13 December 2019 at 1:39:29 PM NZDT
To: "Monique.Burrows@health.govt.nz" <Monique.Burrows@health.govt.nz>, "Jo Brown (WDHB)" <Jo.Brown@waitematadhb.govt.nz>
Cc: "Barry.Woodmass@health.govt.nz" <Barry.Woodmass@health.govt.nz>, "Carleine.Receveur@health.govt.nz" <Carleine.Receveur@health.govt.nz>, "Dawn.Kelly@health.govt.nz" <Dawn.Kelly@health.govt.nz>, "Jo Mack (ADHB)" <JoMack@adhb.govt.nz>, "Melissa Nathan-Patuawa (NDHB)" <Melissa.Nathan-Patuawa@northlanddhd.org.nz>, "Peter.Whisker@health.govt.nz" <Peter.Whisker@health.govt.nz>, "Sarah Hoyle (NDHB)" <Sarah.Hoyle@northlanddhd.org.nz>
Subject: RE: Crewing and Asset Plan V1.20 - response required please

Hi Monique,

So in summary:

1. NASO only contracted for 3 IHT capable helicopter which falls below the specifications in the original RFP – without any discussion with the DHBs
2. You haven't answered the question regarding why we are not being told the availability of HKZ on a shift-by-shift basis now.
3. You have to stop regurgitating false information from the provider – use of the Whangarei helicopters for IHTs has had no impact of C++ training.
4. I'm glad that NASO has new staff – but I am unconvinced that with the current NASO and MoH "leadership" that this will result in any improvement to the appalling level of contract management that we have witnessed from NASO/MoH in this sector.
5. Misinformation and lies appears to be the modus operandi of NASO and the MoH

In summary, the continued failure of NASO and the MoH to contract an adequate level of service will put patients lives at risk – you should be ashamed of your part in this and the incompetence of those around you.

Shay McGuinness
Clinical Director of Air Ambulance Services
ADHB

From: Monique.Burrows@health.govt.nz <Monique.Burrows@health.govt.nz>
Sent: Friday, 13 December 2019 12:59 PM
To: Jo Brown (WDHB) <Jo.Brown@waitematadhb.govt.nz>
Cc: Barry.Woodmass@health.govt.nz; Carleine.Receveur@health.govt.nz; Dawn.Kelly@health.govt.nz; Jo Mack (ADHB) <JoMack@adhb.govt.nz>; Melissa Nathan-Patuawa (NDHB) <Melissa.Nathan-Patuawa@northlanddhd.org.nz>; Peter.Whisker@health.govt.nz; Sarah Hoyle (NDHB) <Sarah.Hoyle@northlanddhd.org.nz>; Shay Mc Guinness (ADHB) <ShayMc@adhb.govt.nz>
Subject: Re: Crewing and Asset Plan V1.20 - response required please

Kia ora Jo,

A number of the things you raise below have been captured already in the outstanding issues list we developed in relation to use of the AW169s, a response to which will form part of suite of material Keriana will deliver to decision makers early next week. This suite of material will also cover off decisions relating to the Helilink asset and comments made by the ARHT Chief Pilot recently.

In relation to asset availability I recognise that it is important that this is clarified to enable you to plan accordingly.

The provider is currently meeting the contracted obligations in relation to crew and asset availability. This includes the AW 169 assets based at Ardmore. I acknowledge that this is not your desired state, but it is what is what has been purchased.

The use of the BK HKZ is for a backup asset in the event that the primary and secondary asset is not available (for example maintenance). This is illustrated in the crew and asset plan where HKZ is scheduled to be crewed from 10:30 – 21:30 on the 16th December when IZB is undergoing a one day scheduled maintenance. There is no contractual expectation that the BK asset is crewed over and above the primary and secondary crafts.

The provider has indicated that due to tasking of national IHTs to Whangarei that this has impacted on their ability to complete training of their pilots to their plan. The provider is currently having to mix the assets and crew, however, again they are meeting their contracted crew and asset availability.

We are confirming arrangements internally about primary point of contact for you on operational matters and on-call arrangements over Christmas. I can talk you about this on our call.

Lastly an introductory email to new members of the NASO team is certainly on my to-do list and I will get this to you ASAP.

Monique

Monique Burrows

Group Manager Primary Health Care System Improvement and Innovation
Acting Manager Office of the Deputy Director-General
Health System Improvement and Innovation
Ministry of Health
Mobile: s 9(2)(a)

From: "Jo Brown (WDHB)" <Jo.Brown@waitematadhb.govt.nz>
To: "Monique.Burrows@health.govt.nz" <Monique.Burrows@health.govt.nz>,
Cc: "Carleine.Receveur@health.govt.nz" <Carleine.Receveur@health.govt.nz>, "Peter.Whisker@health.govt.nz" <Peter.Whisker@health.govt.nz>, "Dawn.Kelly@health.govt.nz" <Dawn.Kelly@health.govt.nz>, "Jo Mack (ADHB)" <JoMack@adhb.govt.nz>, "Shay Mc Guinness (ADHB)" <ShayMc@adhb.govt.nz>, "Melissa Nathan-Patuawa (NDHB)" <Melissa.Nathan-Patuawa@northlanddhb.org.nz>, "Sarah Hoyle (NDHB)" <Sarah.Hoyle@northlanddhb.org.nz>, "Barry.Woodmass@health.govt.nz" <Barry.Woodmass@health.govt.nz>
Date: 12/12/2019 03:22 p.m.
Subject: Crewing and Asset Plan V1.20 - response required please

Hi Monique

I am sending this email directly to you as we are not receiving responses to our emails directly from the NASO team. As discussed at our TC last week (Friday) I would appreciate there being clarification of who is the responsible person in NASO who will be responding on a timely basis to our requests for information or clarification. I note the number of MOH/NASO individuals included on the emails yet we are not getting any responses to questions from anyone. I am not comfortable that new names are being added into these email loops without knowing who people are and their roles and responsibilities and whether they can help us get the information we need. Can you please confirm who you think should be responding to us as it is completely confusing to me at this point in time.

I believe the ADHB CEO has already clarified with the DDG that we need to be receiving timely and complete responses to questions that directly pertain to the daily operational capacity and management of our IHTs (Northland and national) to enable our clinical and operational leaders and our clinical teams to do their job. Can we please get this resolved and expectations agreed noting this is needed before the Christmas/New Year period when we will be reliant on single individuals in MOH/NASO on an “on call” basis.

Specifically – in respect of outstanding information (emails from last week):

- We have asked for HKZ information to be more appropriately provided – as advised on many occasions previously there is no knowledge on any day/night, week or weekend, whether HKZ is able to be deployed. Both Shay and I have requested this and we have had no response to our previous emails so it is very disappointing to see the commentary below is completely silent on HKZ capacity and capability (and the asset and crew plan v1.20 is unchanged in respect of this).
- There has been no response to Shay’s email of 3 December asking for the minutes of the Equipment and Certification meeting (on that day) to record comments made by the Chief Pilot. I have been advised by others in the team that the minutes have not been circulated at all and this delay is unusual. Can you please confirm the reason for the delay and ask your team to circulate these minutes ASAP

With respect to this update v1.20:

- I note the email commentary provided by Barry below with the asset and crew plan v1.20 is a “NRHL” summary (copied from the asset and crew plan) and this is not helpful to us. The summary does not provide the clarification we need (as detailed in this feedback – and last week’s). We are not receiving any informed commentary from NASO about the gaps in the supplied capacity and what is being done to address these supply ‘gaps’. We have raised this before, and the lack of any NASO commentary in respect of what is being done as contract manager to resolve the supply ‘gaps’ is problematic.
- I note in this update the reference to the 76C++ crew training occurring in the first two weeks of December and I note that this “two weeks” ends this week. It is hard to interpret from the commentary below whether there will be two NEST assets simultaneously available for IHTs as per the contracted hours (1 X 24/7 and 1 X 10 hours) on a daily basis while this training continues. Can you please provide this confirmation that NEST will be crewing as per the contracted capacity
- Can you also please confirm our understanding that based on the asset and crew plan from Monday the two 76C++ will be the ‘primary’ assets in use and available for the contracted hours.
- Can you please provide us with an update regarding extending the HGW lease arrangement to enable a 76C to be relocated back to North Shore ASAP, and can you please confirm that HGW continues to be the first option for pre-hospital missions thereby enabling the NEST assets to be available for both Northland and national IHTs (note this is particularly important given the next bullet point)
- The ARHT crewing arrangements continue to state that **only one** of the Auckland assets are (and will be) 2PIFR. This means that while we already agree that the contracted four helicopters is insufficient capacity for the Northern region, the supply agreement is actually only providing three “national IHT” capable helicopters. The

crewing approach by the provider is having a direct impact on the ability to use HKZ for national IHTs, and will continue to be a problem when the AW169s are in use for national IHTs. While the asset and crew plan states HKZ is available "crew dependent" all of the data points to this being not available at all

- Can I please ask you to get the asset and crew plan updated to correctly identify the availability of HKZ so it is completely transparent where the Auckland national IHT gaps are on a daily basis – and if this is day and night every day then this needs to be made explicit

In addition can I also please ask that you clarify the MOH expectations of the supplier in respect of the contracted capacity currently not being provided. The lack of a national IHT capable asset in Auckland seems to be a reduction/withdrawal of service and I am not sure if this has been discussed and agreed between NASO and the supplier. Can you please confirm if this is the case?

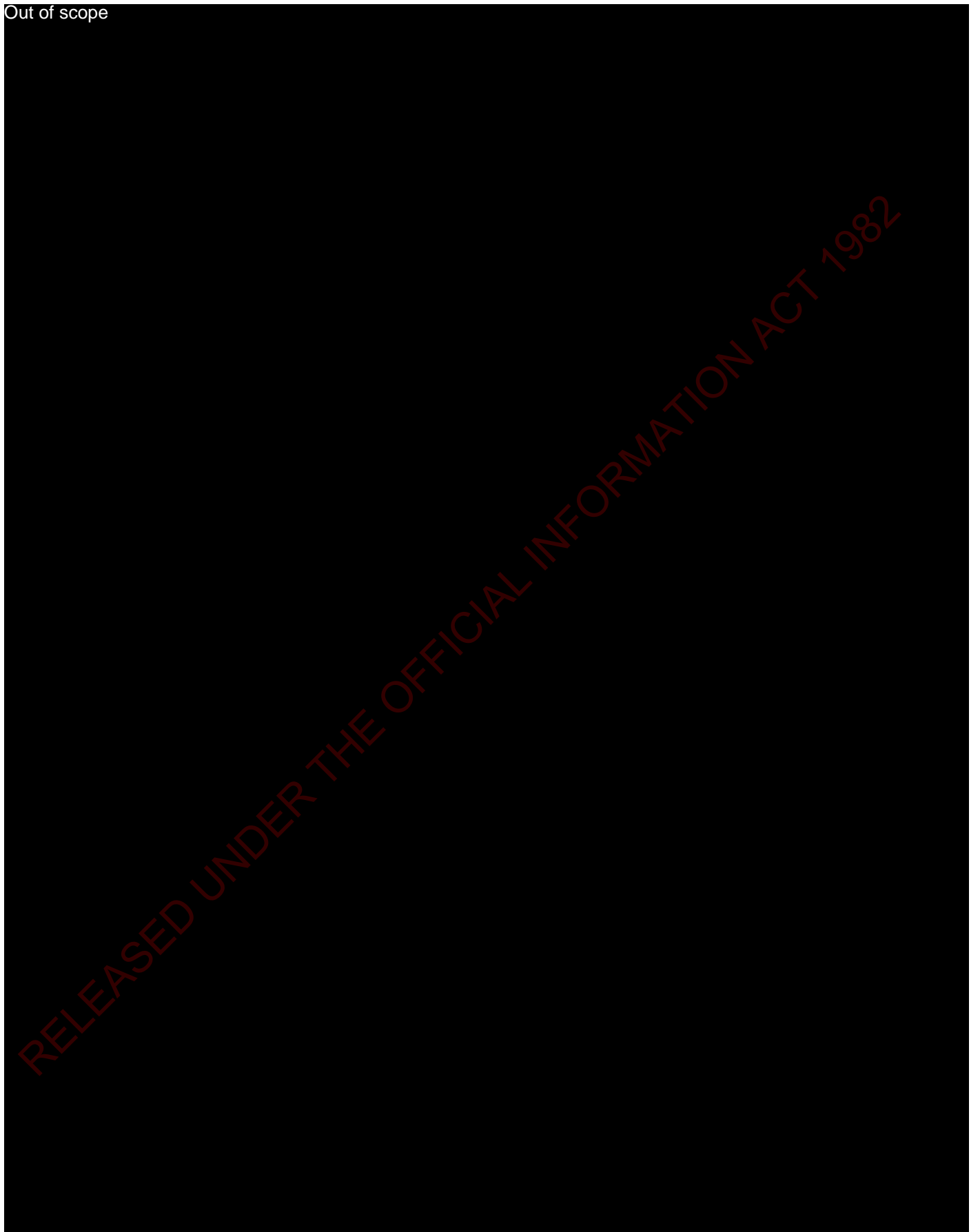
Happy to discuss further by phone if that is helpful

Regards
Jo

Out of scope

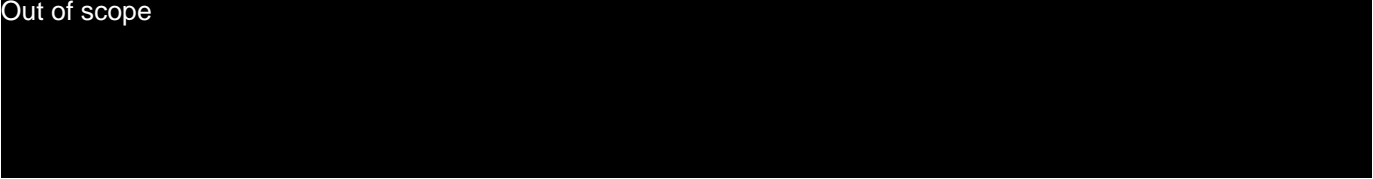
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Out of scope



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Out of scope



RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Ashley.Bloomfield@health.govt.nz" <Ashley.Bloomfield@health.govt.nz>
Cc: "Graham Dyer" <Graham.Dyer@acc.co.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "Russell Simpson" <Russell.Simpson@wdhb.org.nz>, "scott.pickering@acc.co.nz" <scott.pickering@acc.co.nz>, "Monique.Burrows@health.govt.nz" <Monique.Burrows@health.govt.nz>
Date: 19/12/2019 11:57 am
Subject: RE: Memo - Air Ambulance Issues in the Northern Region

The Board resolutions are as below. The Northern Region is working with Russell to respond to the report and other recommendations.

Coms will go out today.

That the Board approve the use of the AW169 for inter-hospital transfers.

That the Board approve the reverting of tasking to ARHT

Ngā mihi

Ailsa Claire
Chief Executive

P: 09 - 6309943 extn 22342 M: s 9(2)(a)

From: Ashley.Bloomfield@health.govt.nz [mailto:Ashley.Bloomfield@health.govt.nz]
Sent: Thursday, 19 December 2019 11:34 AM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Cc: Graham Dyer <Graham.Dyer@acc.co.nz>; Keriana.Brooking@health.govt.nz; Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhb.org.nz>; Russell Simpson <Russell.Simpson@wdhb.org.nz>; scott.pickering@acc.co.nz; Monique.Burrows@health.govt.nz
Subject: RE: Memo - Air Ambulance Issues in the Northern Region

Kia ora koutou

Ailsa, many thanks to you and Nick for supporting this process and then carefully considering and supporting the recommendations. I understand your Board has also approved.

Both Scott and I have signed off on the recommendations.

I want to acknowledge the very challenging circumstances we have been dealing with and the stress this has created for all parties. For the record, I am wholly confident that Ministry staff have acted professionally and honestly throughout in working with all parties to find solutions, and will continue to do so

Kind regards
Ashley

Dr Ashley Bloomfield
Director-General
Ministry of Health
email: ashley.bloomfield@health.govt.nz
Mobile: s 9(2)(a)
www.health.govt.nz

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Russell Simpson" <Russell.Simpson@wdhb.org.nz>
Cc: "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhub.org.nz>, "Graham Dyer" <Graham.Dyer@acc.co.nz>, "Ashley.Bloomfield@health.govt.nz" <Ashley.Bloomfield@health.govt.nz>, "scott.pickering@acc.co.nz" <scott.pickering@acc.co.nz>
Date: 17/12/2019 04:46 pm
Subject: RE: Memo - Air Ambulance Issues in the Northern Region

Kia ora

Thank you for this.

This is clearly a comprehensive report and the Northern Region need time to consider it fully before commenting which we will do via Russell.

Nic and I will also work via Russell re future governance, tasking and provision of the 5th air ambulance.

In terms of the immediate discussion at our Board tomorrow I think we need to be mindful that AW169 have only been available for interhospital transfers since the 3rd week in November. It feels rather strange that ADHB decision taken soon after this is the reason for the provider not being able to meet the contract since 1 April.

Further the information that would have enabled ADHB to agree to staffing these aircraft had been requested 3 + months ago. The panel, for instance, appeared to be unaware that scale and weight of ECMO equipment and staff. The information is needed to allow the tasking guidelines to be established.

This information re load and distance has not being provided until today.

I feel the report unfairly blames ADHB for a position which is not of our making.

I have repeatedly said to you that if the assurance can be forthcoming ADHB would reconsider its position which is after all about staff protection.

We now have that data on page 15 and will make a recommendation to the Board tomorrow.

In relation to tasking we asked that an urgent review of the incident which occurred on Nov.6th to allow us to be assured that the provider would answer their phones to allow tasking to take place.

Unfortunately the review of the incident has only now been made available to us and some how links tasking issues to the basic fact they just did not answer their phones.

I understand the issues re tasking is a national one which we will discuss with Russell.

In the short term we will recommend to the Board to go back to tasking via ARHT.

We will come back to you with the Board decision.

Given your assurance and confidence in the provider I look forward to a full and comprehensive service being provided for our patients.

Ngā mihi

Ailsa Claire
 Chief Executive
 P: 09 - 6309943 extn 22342 M: s 9(2)(a)

From: Keriana.Brooking@health.govt.nz [mailto:Keriana.Brooking@health.govt.nz]
Sent: Tuesday, 17 December 2019 12:34 PM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>; Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhb.org.nz>; Russell Simpson <russell.simpson@healthmail.wdwb.org.nz>; Ashley.Bloomfield@health.govt.nz; graham.dyer@acc.co.nz; scott.pickering@acc.co.nz
Subject: Memo - Air Ambulance Issues in the Northern Region
Importance: High

Kia ora koutou

Please find attached a memo, the purpose of this memo is to provide a summary of current issues with the air ambulance service within the northern region, the Ministry of Health's (the Ministry) and Accident Compensation Corporation's (ACC) position in relation to those issues, and to propose a set of recommendations to allow the service to move forward.

So far for December 2019, NRHL has fulfilled the contract requirements for service availability. However, there are residual matters that have been raised by northern region DHBs that require resolution before the service can be utilised effectively. The matters fall into three broad categories: competency of ARHT and the performance and safety of the AW169 helicopter; regional capacity; and tasking. These concerns are addressed in the memo and supporting documentation is attached (in the memo and separately).

ADHB, ARHT and NEST are all holding governance meetings within the next two days. NEST have advised in advance of their board meeting that they are finding it very difficult to continue the current protocol of ADHB only tasking NEST and is placing strain on the overall service provision for Northern Region. ARHT have advised in advance of their board meeting that they are in a position to meet ADHB's IHT tasking requirements.

Graham and I are happy to talk urgently about the content of the memo, it is critical that this information is used to enable decisions to use the full suite of available assets for the services (including tasking) as soon as possible, from this week is preferable.



Memo - Air Ambulance Issues in the Northern Region FINAL 17 December 2019.pdf

Refer to 'Document 7A'



Operational information sent to ADHB 04 December 2019.xlsx

Refer to 'Document 7B'

Regards

Keriana Brooking
 Deputy Director-General
 Health System Improvement and Innovation
 Ministry of Health, 133 Molesworth Street
 PO Box 5013, Wellington 6145, New Zealand
 Mobile: s 9(2)(a)
 Email: keriana.brooking@health.govt.nz

National Ambulance Sector Office
Memo

Air Ambulance Issues within the Northern Region

Date: 17 December 2019

To: Dr Ashley Bloomfield, Director General-Health, Ministry of Health
Ailsa Claire, Chief Executive, Auckland District Health Board
Dr Nick Chamberlain, Chief Executive, Northland District Health Board
Russell Simpson, Chief Executive Whanganui DHB and lead DHB Chief Executive for ambulance
Scott Pickering, Chief Executive, Accident Compensation Corporation

From: Keriana Brooking, Deputy Director-General Health System Improvement and Innovation, Ministry of Health
Graham Dyer, Enterprise Advisor, Accident Compensation Corporation

Subject: Air ambulance issues within the northern region

For your: Approval / Decision

Purpose

To provide a summary of current issues with the air ambulance service within the northern region, the Ministry of Health's (the Ministry) and Accident Compensation Corporation's (ACC) position in relation to those issues, and to propose a set of recommendations to allow the service to move forward.

Background

In 2018, Cabinet approved the first phase procurement for a new air ambulance (rotary) contract that included prehospital, regional and national inter-hospital transfer (IHT) services. In March 2019, Northern Rescue Helicopter Limited (NRHL) was awarded the contract for the northern region. NRHL is a joint venture between the two historical providers of the service: Northern Emergency Services Trust (NEST) and Auckland Rescue Helicopter Trust (ARHT). NRHL was the sole applicant for the region in the 2018 tender for air ambulance services.

The new contract means that the Ministry and ACC are contracting on behalf of the DHBs, managed by the National Ambulance Sector Office (NASO). This represents a change to past practice whereby the northern DHBs had directly contracted for IHT services and managed those contracts.

As part of the implementation of the new contract, NRHL reconfigured the location of its assets, resulting in the removal of a helicopter from the North Shore, which Auckland DHB had been using primarily for IHT retrieval missions. In its RFP submission, NRHL indicated it would no longer provide a dedicated helicopter for IHT services, and that IHT service provision would be spread across the entire NRHL fleet. This proposal was accepted by the RFP evaluation panel.

NRHL's proposal included bringing in four new assets to the region. Since the beginning of the contract, a combination of delays in onboarding the new assets, reduction in availability in existing assets due to major unplanned maintenance, turnover in key staff within NRHL, operational challenges and the removal of the dedicated asset at North Shore has led to continual contingency management activity. This has resulted in elevated clinical risk, diversion of demand and system uncertainty, and has placed tremendous pressure on those involved and strained relationships.

In addition, a lack of reliable data and compressed timeframes in which to complete the procurement process, coupled with immediate implementation, meant that capacity requirements for the region could not be predicted with certainty, and the ability to improve this during transition was denied.

So far for December 2019, NRHL has fulfilled the contract requirements for service availability. However, there are residual matters that have been raised by northern region DHBs that require resolution before the service can be utilised effectively. The matters fall into three broad categories: competency of ARHT and the performance and safety of the AW169 helicopter; regional capacity; and tasking. These concerns are addressed in turn below.

ARHT and the AW169s**Issues**

A number of matters regarding the stability of ARHT operations and the safety of the AW169 helicopter have been raised by Auckland DHB and anonymously by another party.

The matters relating to ARHT include staff turnover at the governance and leadership level, the impact of introducing new aircraft and relocating bases, a long period of demand diversion due to asset unavailability, communication and relationship challenges.

The matters relating to the AW169 helicopter include general safety issues and operational performance capability. A log of these issues, with responses, can be found at Appendix A.

On 6 November 2019, a delay in response by ARHT to a time-critical IHT request led to ADHB changing its tasking protocol to direct all IHT tasks to NEST. This has impacted significantly on flying hours, crew availability and maintenance across the NRHL fleet, which is placing additional pressure on the provider and adding cost to service provision.

Auckland DHB, on advice from its Audit and Risk Committee, is not allowing staff to fly on the AW169 helicopters for IHTs but is allowing its Emergency Department doctors to utilise these assets for pre-hospital missions.

Response

Provider capability

In July 2019, in response to concerns about NRHL's ability to deliver on contractual expectations, NASO commissioned Phil Hogan of Heliport Design Group to review the organisation and make recommendations for improving organisational performance and aviation safety. The provider accepted all the recommendations in the report and has been actively implementing changes.

In November 2019, NASO contracted an assurance assessment team to assess compliance by NRHL (and its subcontractors) against the current contract with NASO, and progress against the recommendations in the July Phil Hogan report. The assessment was led by Phil Hogan and included a chief pilot assessor and specialist engineer. A summary report is available at Appendix B.

The assurance assessment team noted in the summary report that:

- The progress being made by NRHL is consistent with the organisation and its subcontractors establishing and maintaining the appropriate governance, capability and capacity to meet its obligations under the contract into the future.
- The two Trusts have made substantial progress since July, when the Hogan Report was completed and are now either achieving full compliance or will achieve full compliance in the short-term, subject to the final certification of all aircraft by CAA, which the Assurance Panel understands is imminent.

Safety of the AW169 helicopter

The Civil Aviation Authority (CAA) has been clear (excerpts from CAA emails are shown below – copies available on request), in response to questions from both NASO and Auckland DHB, that it has no safety concerns with ARHT or the AW169 helicopter.

“ARHT has been certificated against the requirements of Civil Aviation Rule (CAR) Part 119, which means it has the appropriate systems in place to manage the risks of its operation, including management oversight, appropriately trained and competent pilots, suitable operational procedures and suitable aircraft maintenance programmes.”

“The CAA is well aware of the changes the Trust has been going through and has been providing oversight during those changes.”

“...the CAA currently does not have any safety issues with the AW169 or ARHT.”

CAA has also received an anonymous complaint about the safety of the AW169 helicopter. It responded in an email that while the investigation was incomplete the information received does not alter the view on the airworthiness of the aircraft.

“...the allegation does not warrant any immediate action or operational limitation. The aircraft has been designed, manufactured, tested and certified by a competent aviation authority (EASA) with extensive helicopter design experience. As with any helicopter, it must be operated within the limitations stipulated in the Flight Manual.”

The assurance assessment report also considered concerns raised by Auckland DHB about the safety of the AW169 helicopter and did not find any evidence to support these views.

In light of the above advice, the funders' position is that the AW169s are fit for service with respect to undertaking IHT missions. We request that Auckland DHB re-considers its current stance and allows these aircraft to be tasked for this purpose.

6 November 2019 incident investigation

NASO's response to the 6 November 2019 incident was to commission an in-depth investigation that has resulted in a detailed report (see attached incident report Appendix C). The report identified a number of service system failures in the tasking process and recommended a number of improvements to tasking in the northern region.

The Ministry and ACC consider the investigation into this matter closed and that consideration and implementation of recommendations continue as part of business as usual with appropriate governance.

Recommendations

1. That the Ministry and ACC strongly urge ADHB to immediately use the AW 169 for the full range of IHTs.
2. That Auckland DHB takes the necessary steps to discontinue its tasking protocol for national IHTs that currently preferentially utilises Whangārei based assets.
3. That NASO, NRHL and northern DHBs implement the recommendations of both the Assurance Review Report and the incident investigation report.
4. That a governance group consisting of senior Ministry, ACC and DHB representatives be established to work alongside NASO and key stakeholders to oversee the recommendations from this memo, the assurance review report and the 6 November 2019 incident review report. It is intended that within the scope of this group, is governing the next steps to provide the boards of Auckland and Northland DHBs with the assurance that national and regional IHT services have air ambulance rotary wing assets available to them in a safe and timely fashion. Governance group members to meet weekly by teleconference from the week starting 6 January 2020.

Crewing capacity

Issues

The contract with NRHL stipulates single pilot instrument flight rules (SPIFR) but allows for two pilot IFR (2PIFR) for IHTs at the provider's discretion. The current contract price is based on SPIFR costs so would need to be adjusted for full 2PIFR operations.

Operational convention for Auckland DHB is 2PIFR for all IHT services. However, neither NEST nor ARHT have sufficient crew for 2PIFR operations across all assets in the medium term (see Appendix B).

Currently ARHT is providing one asset 2PIFR 24/7 with the second asset crewed single pilot visual flight rules (SPVFR) day time only. NEST provides all operations 2PIFR. However, CAA has signalled that changes to fatigue management rules will require additional crew if NEST is to continue with this practise. NEST has advised NASO that this requirement is not currently funded.

NEST has indicated that ADHB's decision not to use the AW169s for IHTs has placed enormous pressure on crewing availability, maintenance and operational management. There will be increased pressure on crewing capacity as we approach the high season for pre-hospital activity.

The funders' position is that the contract relies on all assets being used for all services. Necessary redundancy is kept in the system to cover planned and some unplanned maintenance. It does not cover selective utilisation of assets by DHBs. Non-use of available provider capacity does not equate to service unavailability in a contractual sense.

Response

Currently ARHT is providing one asset 2PIFR 24/7 with the second asset crewed Single Pilot Visual Flight Rules (SPVFR) day time only. The Assurance assessment team believes that the crewing of the second asset is sub-optimal for aeromedical tasking and the range of tasks likely to be encountered in the region. In terms of meeting the requirements of the contract, ARHT should maintain a minimum level of crewing for the second asset at SPIFR.

NASO has engaged with NRHL regarding the feasibility of increasing its capacity through changes to its current service levels and including the provision of 2PIFR for all flights.

Recommendations

5. That NASO support 2PIFR for all flights in the northern region for the duration of the current contract term, to facilitate the use of the AW169s for IHTs.
6. That NASO vary the contract, including pricing, to facilitate 2PIFR operations and increase the crewing configuration within NRHL. It is anticipated that this pricing increase will be funded within the Ministry's ambulance appropriation.

Service capacity

Issues

ADHB advised NASO that there was insufficient contractual capacity to meet national IHT requirements and subsequently went to market for a dedicated national IHT service. A review by the Ministry of this procurement resulted in that process being suspended and a separate procurement being led by the Ministry. The Ministry procurement is still live.

There is now a full complement of crew and assets available for IHT across the region. The selective utilisation of assets by ADHB has significantly reduced capacity for IHTs and is disrupting the provision of services in the region. The decision has resulted in:

- inefficient asset utilisation
- undue burden on a single subcontractor to provide all IHT services
- increased crew fatigue affecting next day rosters

- increased costs of IHTs, particularly for Northland DHB
- undermining DHB clinical staff confidence in ARHT
- impacting operational relationship with both subcontractors
- de-skilling ARHT in the provision of IHTs
- impacting asset management and maintenance requirements
- increased operator stress and aviation safety risk.

Response

The Ministry and ACC have signalled that they would consider increasing capacity in the region on receipt of evidence to support it.

The assurance assessment team identified that IHT capacity issues could be resolved by using all assets in the region. Therefore, the additional Helilink asset will not be used after 31 December 2019.

Recommendations

s 9(2)(b)(ii)

8. That the Ministry and ACC work actively with the DHB to capture the IHT data to inform an urgent modelling exercise to ensure sufficient regional capacity.
9. That subject to modelling, contracted capacity is adjusted to meet the need.

Tasking

Issues

Currently there are two interrelated systems for the coordination and tasking of air ambulance helicopter assets. For pre-hospital missions, tasking is performed through the Air Desk, and Auckland DHB IHT mission tasking is performed through the NZAAS Flight Coordination Service.

The 6 November 2019 incident investigation and the assurance report have identified that there are issues with the current tasking arrangements in the northern region. This is also a concern of the providers.

The Ministry and ACC understand that there is general support from the northern region DHBs for a centralised tasking and coordination service. Further work is required to articulate the understanding of service requirements.

The establishment of a National Tasking and Clinical Coordination Centre was identified as a Phase 2 activity in the 10-year air ambulance strategic plan.

Response

It is recommended that options for centralised tasking and coordination in the northern region be investigated as a first step.

At this stage, the funders do not have a preference as to what form a centralised tasking and coordination function takes. We would like to work with stakeholders to scope this work and examine options.

Recommendations

10. That NASO commence a co-design project to develop a centralised tasking and coordination service incorporating prehospital and IHTs for the northern region, to be overseen by the joint governance group proposed in recommendation 4 of this memo.

Relationships

It is acknowledged that there have been challenges that have tested relationships with all parties involved. While it will be difficult to repair these relationships, it is not unattainable. However, a commitment by all parties to work in a cooperative and constructive manner is needed to move forward. The funders believe this can best be facilitated through the development of a joint governance group and shared work programme (see recommendation 4).

Recommendations

It is noted:

- That the CAA has advised it does not have safety concerns with ARHT as a provider of air ambulance services.
- That the progress being made by NRHL is consistent with the organisation and its sub-contractors establishing and maintaining the appropriate governance, capability and capacity to meet its obligations under the contract into the future.
- That the lowest risk option for meeting IHT need in the region is to utilise all the assets in the region.

It is recommended:

1. That the Ministry and ACC strongly urge ADHB to immediately use the AW169s for all IHTs. Yes/No
2. That Auckland DHB take the necessary steps to reverse its tasking protocol for national IHT which currently only utilises Whangārei based assets. Yes/No
3. That NASO, NRHL and northern DHBs implement the recommendations of both the Assurance Review Report and the incident investigation report. Yes/No
4. That a governance group consisting of senior Ministry, ACC and DHB representatives be established to work alongside NASO and key stakeholders to oversee the recommendations from this memo, the assurance review report and the 6 November 2019 incident review report. It is intended that this group governs the next steps to provide the boards of Auckland and Northland DHBs with the assurance that national and regional IHT services have air ambulance rotary wing assets available to them in a safe and timely fashion. Governance group members to meet weekly by teleconference from the week starting 6 January 2020. Yes/No

5. That NASO support 2PIFR for all flights in the northern region for the duration of the current contract term, to facilitate the use of the AW169s for IHTs. Yes/No

6. That NASO vary the contract, including pricing, to facilitate 2PIFR operations and increase the crewing configuration within NRHL. It is anticipated that this pricing increase will be funded within the Ministry's ambulance appropriation. Yes/No

s 9(2)(b)(ii)

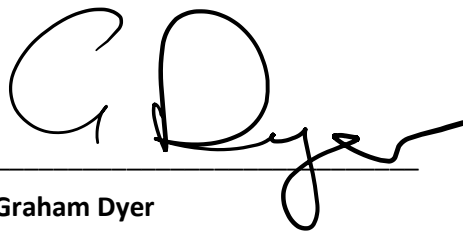
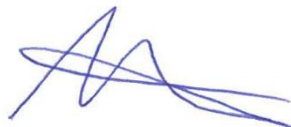
8. That the Ministry and ACC work actively with the DHB to capture the IHT data to inform an urgent modelling exercise to ensure sufficient regional capacity. Yes/No

9. That subject to modelling, contracted capacity is adjusted to meet need. Yes/No

10. That NASO commence a co-design project to develop a centralised tasking and coordination service incorporating prehospital and IHTs for the northern region, to be overseen by the joint governance group proposed in recommendation 3 of this memo. Yes/No

Signature:

Date:



Keriana Brooking
Deputy Director-General of Health

Graham Dyer
Strategic Advisor, ACC

Page 7-8 recommendations endorsed by:

Signature:

Date:

Name:

Position:

Organisation:

Appendix A: Questions raised by Auckland DHB

Use of AW169s for IHT missions 11 December 2019

Current situation

- AW169s being utilised for pre-hospital missions but not for IHTs.
- AW169s are certified for use in IHT missions and all up-front pilot/clinical staff training complete (accepting this will be an ongoing requirement due to staff turnover).
- Auckland DHB are tasking Northland based helicopters as a priority for national IHTs.

Issues to be resolved

The list of issues to be resolved to enable the use of AW169s in IHT missions, as agreed with Auckland DHB, is outlined in the below table.

The status column represents the Ministry/ACC/NASO position in response to these issues.

| Issue | Description | Status | Lead | Targeted date of resolution |
|------------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|
| Investigation into 6 November 2019 delayed retrieval | NASO led investigation into delayed time critical IHT, as reported by Auckland DHB | Draft investigation report shared with northern region DHBs on Friday 29 November 2019 for comment. DHB written feedback provided on 3 and 4 December 2019 and a face to face discussion took place on 5 December 2019. The final report attached as Appendix C to this memo | Carleine Receveur (NASO) with assistance from Rose Laloli (TAS) | 16 December 2019 for completion of investigation report |

| Issue | Description | Status | Lead | Targeted date of resolution |
|-----------------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|
| | | It is proposed that implementation of the recommendations be overseen by a governance group consisting of Ministry, ACC and DHB representatives | | |
| Operational information relating to AW169s to inform DHB tasking guidelines | Information on payload, range and speed of AW169s | <p>Performance spreadsheet compiled by Heliport Design Group using flight manual information and users of the aircraft types in question to provide realistic data. Included a comparison to the S76C++. Provided to Auckland DHB on 4 December 2019. Auckland DHB responded by requested analysis based on “real world” scenarios (clinical crew numbers, patient weight, NZ weather conditions).</p> <p>Advice received from Heliport Design Group and the provider is that there are numerous variables that come into play relating to variable weather conditions, holding patterns etc leading to endless scenarios. It is up to the provider to define the most appropriate asset and crew response to a tasking request and this in-depth scenario modelling goes beyond what is required for clinical decision making</p> <p>A related request for information on refuelling requirements for common destinations under 6 scenarios is being actioned (see below)</p> | | Considered to be closed |

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| Issue | Description | Status | Lead | Targeted date of resolution |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | <p>Operational questions</p> <p>1. What specifically were the safety concerns, raised by the flight nurses, about the AW169? Where did these concerns come from and to whom were they reported?</p> <p>2. What specifically were the concerns raised by the flight nurses about the vibration level of the AW169? Where did these concerns come from and to whom were they reported?</p> <p>3. What back up arrangements have you for scheduled and unscheduled maintenance of the AW169's? How will this information be passed on to ADHB?</p> <p>4. When will you provide NZAAS with TracPlus access for the AW169s? Access is needed now as the pilots flying the AW169s are the same pilots who would fly the BK117s for IHT. Therefore if they are out on a mission in the AW169s the BK117 cannot be tasked for an IHT.</p> | <p>The provider reports that during the course of training, clinical staff asked a range of questions about the operational capability of the AW196s. The provider characterised these as being routine in nature and were responded to by ARHT staff as part of the training session.</p> <p>The provider reports that any questions about vibration that were raised by clinical staff during training sessions were in response to the description of the active antivibration system which is not a feature in the BK117s. In addition, the assurance review looked into the vibration matter by conducting a test flight, talking to operators and conducting literature searches and concluded that there was no evidence for concern</p> <p>The BK117 HKZ is being retained as a back up helicopter for the next 3 years. As per current practice, both NASO and DHBs will be advised anytime there is a scheduled or unscheduled maintenance event on any NRHL aircraft</p> <p>NRHL's position is that the AW169s will be loaded on TracPlus once they are able to be tasked for IHT missions.</p> <p>A recommendation of the 6 November incident report is that NZAAS Flight Coordinators have full visibility of air ambulance helicopter missions via TracPlus. This recommendation will be shared and discussed with the provider</p> | <p></p> <p></p> <p></p> <p>NASO</p> | <p>Item 4 to be progressed as part of the implementation of 6 November incident investigation findings</p> <p>Remainder of items considered closed</p> <p>Investigation report (minus appendices) to be shared with the provider on 17 December 2019</p> |

| Issue | Description | Status | Lead | Targeted date of resolution |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------|
| | Refuelling requirements for common destinations under 6 scenarios | Provider has completed the table provided, see below. | NASO | Considered closed |
| | Staffing 1. Can you please confirm that both AW169's will be crewed and staffed as per the NASO contract for 2 pilots IFR? 2. What are the hours of the second 10 hour AW169? 3. Will you be providing shift by shift information on the pilots on whether they are HKZ rated? | Contract states that 2 pilot IFR <i>may be</i> required. However, the provider has committed to providing 2 pilot IFR for one 24/7 asset. It is proposed that NASO facilitate the secondary asset to be crewed 2 pilot IFR also Currently operational hours are 1030-2130. This information is held by Air Desk, which receives regular updates The use of the BK117 HKZ is for a backup asset in the event that the primary and secondary asset is not available (for example maintenance). There is no contractual expectation that the BK asset is crewed over and above the AW169s. | | Considered closed |
| | General items 1. Can you please confirm that you will not be basing an aircraft in the Coromandel over the summer period? | There are no plans to base an asset in the Coromandel over the summer period | | Considered closed |
| | 2. Has there been an increase in pre hospital tasking since April 1 st when the HEMS team became 24/7? | NASO's data for the period April to November 2018 compared to the same period in 2019 shows a 5% reduction in pre-hospital missions for ARHT | | |

| Issue | Description | Status | Lead | Targeted date of resolution |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------|
| | 3. Has there been an increase in tasking outside of the traditional ARHT destinations (excluding Coromandel)? | This information is produced annually by calendar year and will be available end of January 2020. | | 31 January 2020 |
| Safety concerns | CAA investigation into reported safety concerns with AW169s | CAA are not in a position to provide a definitive timeframe for completion of this investigation, but have advised that the allegations do not warrant any immediate action or operational limitation i.e. there are no safety barriers to the use of the AW169s for IHT missions | CAA | Considered closed for the purposes of use of AW169s for IHT missions |
| Working relationship between ARHT and DHBs | Comments made by ARHT Chief Pilot at weekly key milestones meeting on 3 December are suggestive of an attitude issue that presents a barrier to pilots and clinical staff working together as an effective team | There is significant tension between NRHL and Auckland DHB and one example is the certification meeting also attended by NASO on 3rd Dec 2019 where parties came away with different interpretations of the content. Please see NASO file note 8/12/19 on the following page. This reflects a relationship that needs significant effort from all parties to become more productive. | Governance group | Closed |

NASO File note 08/12/19

In follow up to the Certification and Equipment meet that was held as a regular weekly operational meeting, Shay McGuinness, requested via email, on the 3/12 to Barry Woodmass, that the minutes convey what Shay believed that Roger (Chief Pilot ARHT) had stated. The interpretation of the NASO team is somewhat different to what Shay heard.

Please see below further details for your reference:

The four points made by Shay were:

1. They will not give us access to Tracplus until we commit in writing to using the 169s
2. They won't provide the range etc information to us because there is no requirement for them to do so in the contract
3. They don't believe they have anything further to discuss with ADHB because their contract is with NASO
4. They have enough work anyway so don't really care if they do IHTs or not

Peter and Barry have commented below to each point on what they believe their interpretation of the conversation was.

1. They will not give us access to Tracplus until we commit in writing to using the 169s:
 - ARHT confirmed safety would not be compromised
 - ARHT commented that they will provide TracPlus visibility following confirmation in writing from ADHB regarding commencing use of AW169 for IHT.
2. They won't provide the range etc information to us because there is no requirement for them to do so in the contract:
 - ARHT indicated they have already provided range and specification details to ADHB.
3. They don't believe they have anything further to discuss with ADHB because their contract is with NASO
 - ADHB commented a meeting with ARHT had been cancelled the previous week due to the Assurance team visit and was seeking to reschedule the meeting.
 - ARHT indicated another meeting is not required at this time.
4. They have enough work anyway so don't really care if they do IHTs or not.
 - ARHT commented that they would reassign AW169 assets to pre hospital and "other jobs" if not used for IHT.

AW169 Performance

This table illustrates the proportion (as a %) of missions you would expect the AW169 to be able to complete without refuelling provided that:

- Aircraft refuel at each destination
- Weather conditions are:
nil wind
nil fog
nil icing enroute
- no delays with air traffic control
- not allowing for instrument Departure or Inst approach
- nil IFR alternate required for destination aerodromes or hospital helipads
- PICU stretcher – 2 clinicians
- All pax at 80 kg average

| | Full ECMO team (4 Clinicians) and equipment | | Full ECMO team, equipment and a patient of 140Kgs | | Full PICU team (2-3 Clinicians) family member and equipment | |
|--------------------|---------------------------------------------|------------------------|-----------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------|------|
| Destination | VFR | IFR | VFR | IFR | VFR | IFR |
| Rotorua | 100% | 100% | 100% | 100% | 100% | 100% |
| Gisborne | 100% | 100% | 100% | 100% | 100% | 100% |
| Hastings | 100% | 100% | 100% | 100% | 100% | 100% |
| Taranaki | 100% | 100% | 100% | 100% | 100% | 100% |
| Taupo | 100% | 100% | 100% | 100% | 100% | 100% |
| New Plymouth | 100% | 100% | 100% | 100% | 100% | 100% |
| Wanganui | 100% | 100% | 100% | 100% | 100% | 100% |
| Palmerston North | 100% | 100% | 80 kg patient 100% 140 kg patient refuel enroute | 80 kg patient 100% 140 kg patient refuel enroute | 100% | 100% |
| Hutt (Avalon) NZWN | Need to refuel enroute | Need to refuel enroute | Need to refuel enroute | Need to refuel enroute | 100% | 100% |

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Mission Tasking - IHT

Notes: Here is a copy of the range details for the AW 169, it also compares the S76 C&S. The speed chosen we believe is reasonable although it is slightly generous for the S76 (perhaps 5 – 10 knots slower with external equipment). The AW169 is listed as red at a weight of 4814 kgs which is 14 kg over maximum take off weight, the reality is that the starting fuel, flight to ADHB and loading time is about 60 to 80 kg fuel. After this point they would pick up the medical crew and extra equipment, allowing them to have maximum fuel from Ardmore.

AIRCRAFT: Leonardo AW169

| SPECIFICATIONS | Kg | Lb | Lts |
|----------------------------------------------|------|-------|------|
| MTOW RUNWAY | 4800 | 10579 | |
| ZERO FUEL WEIGHT SP/IFR (Fixed Provisions) | 3255 | 7174 | |
| Equipped Empty Weight includes Neo Natal Cot | 3518 | 7754 | |
| EMS / SAR Removable Equipment Weight | 0 | 0 | |
| Pilot | 90 | 198 | |
| Co-Pilot | 90 | 198 | |
| Medical Personnel (2) | 180 | 397 | |
| Equipment | 50 | 110 | |
| MISSION WEIGHT OUTBOUND (ZERO FUEL) | 3928 | 8657 | |
| CRUISE TAS | 130 | | |
| CRUISE FUEL FLOW | 300 | 661 | 375 |
| ENDURANCE FUEL FLOW | 273 | 602 | 341 |
| FUEL CAPACITY STD | 880 | 1940 | 1100 |
| FUEL AUX | | 0 | 0 |
| FUEL TOTAL | 880 | 1940 | 1100 |
| DISTANCES | | | |
| TO POSITION | 145 | | |
| RETURN TO BASE | 145 | | |
| TOTAL DISTANCE | 290 | | |

OUTBOUND to Incident

| | | | |
|-----------------------------|------|-------|------|
| FLIGHT TIME (minutes) | 67 | | |
| FLIGHT TIME (RTB)(minutes) | 67 | | |
| FLIGHT FUEL | 335 | 738 | 418 |
| FLIGHT FUEL RTB | 335 | 738 | 418 |
| VARIABLE RESERVE @10% | 67 | 148 | 84 |
| FIXED RESERVE @ 30 Min. | 150 | 331 | 188 |
| TOTAL FUEL REQUIRED | 886 | 1953 | 1108 |
| TAKEOFF WEIGHT OUTBOUND | 4814 | 10611 | |
| ADDITIONAL PAYLOAD OUTBOUND | -14 | -31 | |

INBOUND from Incident

| | | | |
|--------------------------------------|------|------|--|
| LANDING WEIGHT @ INCIDENT | 4480 | 9873 | |
| LOAD INFANT PATIENT | 1 | 2 | |
| TAKEOFF WEIGHT | 4481 | 9875 | |
| ADDITIONAL PAYLOAD AVAILABLE INBOUND | 319 | 704 | |

AIRCRAFT: Sikorsky S76C++

| SPECIFICATIONS | Kg | Lb | Lts |
|----------------------------------------------|------|-------|------|
| MTOW RUNWAY | 5307 | 11697 | |
| ZERO FUEL WEIGHT SP/IFR (Fixed Provisions) | 3484 | 7679 | |
| Equipped Empty Weight includes Neo Natal Cot | 3747 | 8258 | |
| EMS / SAR Removable Equipment Weight | 0 | 0 | |
| Pilot | 90 | 198 | |
| Co-Pilot | 90 | 198 | |
| Medical Personnel (2) | 180 | 397 | |
| Equipment | 50 | 110 | |
| MISSION WEIGHT OUTBOUND (ZERO FUEL) | 4157 | 9162 | |
| CRUISE TAS | 140 | | |
| CRUISE FUEL FLOW | 320 | 705 | 400 |
| ENDURANCE FUEL FLOW | 280 | 617 | 350 |
| FUEL CAPACITY STD | 850 | 1873 | 1063 |
| FUEL AUX | | 0 | 0 |
| FUEL TOTAL | 850 | 1873 | 1063 |
| DISTANCES | | | |
| TO POSITION | 137 | | |
| RETURN TO BASE | 137 | | |
| TOTAL DISTANCE | 274 | | |

OUTBOUND to Incident

| | | | |
|-----------------------------|------|-------|------|
| FLIGHT TIME (minutes) | 59 | | |
| FLIGHT TIME (RTB)(minutes) | 59 | | |
| FLIGHT FUEL | 313 | 690 | 391 |
| FLIGHT FUEL RTB | 313 | 690 | 391 |
| VARIABLE RESERVE @10% | 63 | 138 | 78 |
| FIXED RESERVE @ 30 Min. | 160 | 353 | 200 |
| TOTAL FUEL REQUIRED | 849 | 1871 | 1061 |
| TAKEOFF WEIGHT OUTBOUND | 5006 | 11034 | |
| ADDITIONAL PAYLOAD OUTBOUND | 301 | 664 | |

INBOUND from Incident

| | | | |
|--------------------------------------|------|-------|--|
| LANDING WEIGHT @ INCIDENT | 4693 | 10343 | |
| LOAD INFANT PATIENT | 1 | 2 | |
| TAKEOFF WEIGHT | 4694 | 10345 | |
| ADDITIONAL PAYLOAD AVAILABLE INBOUND | 613 | 1352 | |

Note:

This is a theoretical mathematical exercise only and does not consider temperature, wind and weather holding / alternate requirements.

Both aircraft are capable of flying Auckland District Hospital to Hastings a distance of 194nm.

The S76C++ based at Whangarei could pick up a medical crew at ADH enroute and fly to Hastings without refuelling.

Both aircraft would require refuelling in Hastings before return.

The GREEN data boxes can be used to input scenarios for range and loading.

From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Peter.Whisker@health.govt.nz" <Peter.Whisker@health.govt.nz>, "Ashley.Bloomfield@health.govt.nz" <Ashley.Bloomfield@health.govt.nz>, "graham.dyer@acc.co.nz" <graham.dyer@acc.co.nz>, "Kathy.Rex@health.govt.nz" <Kathy.Rex@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhd.org.nz>, "russell.simpson@wdhb.org.nz" <russell.simpson@wdhb.org.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>
Date: 31/01/2020 03:17 pm
Subject: RE: Minutes - Governance Group Northern Region Air Ambulance Service

Thanks

I have a few comments on the minutes

Ngā mihi

Ailsa Claire
Chief Executive
P: 09 - 6309943 extn 22342 M: **§ 9(2)(a)**

From: Peter Whisker/MOH
To: ailsac@adhb.govt.nz, Ashley Bloomfield/MOH@MOH, graham.dyer@acc.co.nz, Kathy Rex/MOH@MOH, Nick.Chamberlain@northlanddhd.org.nz, russell.simpson@wdhb.org.nz, Keriana Brooking/MOH@MOH
Date: 31/01/2020 12:49 pm
Subject: Minutes - Governance Group Northern Region Air Ambulance Service



Refer to 'Document 8A'

Minutes - Northern Region Air Ambulance Governance Meeting 24th Jan 2020 1.0.docx

Kia ora

Please find attached minutes from the last Governance meeting for the Northern Region Air Ambulance Service

Please advise if you have any agenda items for the next meeting.

Papers and agenda for the next meeting 7th Feb will be issued in due course.

Kind regards Peter

Peter Whisker
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National Ambulance Sector Office
Primary Health Care System Improvement and Innovation
Health System Improvement and Innovation
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MINUTES

Governance Group - Northern Region Air Ambulance Service

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|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Meeting Date: | Friday, 24 January 2020 |
| Time: | 8:30–9:00 am |
| Location: | s 9(2)(k) Meeting Room 3C.5 Ministry of Health |
| Chair: | Keriana Brooking |
| Attendees: | Ailsa Claire (Auckland DHB), Ashley Bloomfield (MoH), Graham Dyer (ACC), Russell Simpson (Lead DHB CEO), Keriana Brooking (MoH), Kathy Rex (MoH) |
| Apologies: | Nick Chamberlain (Northland DHB) |

| | Item | Action | Who |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 1. | <p>Previous Meeting</p> <p>Summary of Governance Group - Northern Region Air Ambulance Service Meeting held 10 January 2020</p> <p>Terms of Reference (draft) for the group to be developed and added to next meeting for ratification.</p> <p>Procurement for Additional Asset</p> <p>It was agreed that this procurement would be paused (neither cancelled or proceeding). During this period the Ministry will work through their process to vary the contract in respect of increasing to a 2 Pilot IFR and increased number of assets available 24/7. This includes capacity modelling and completion of investment process as the cost of a new asset falls outside the scope of its current appropriation. Agreed the procurement of a new asset was outside the scope of this forum.</p> <p>National Tasking and Coordination Project General agreement that central</p> | <p>Action: 1</p> <p>Include summary of the previous meeting and distribute with the minutes of this meeting.</p> <p>Action 2</p> <p>National Tasking and Coordination Project to be scheduled and planned as part of the Collaborative Governance Group when appropriate.</p> | MoH |

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| | <p>tasking should progress but not at the level of urgency described in the report as there is a significant change management process that needs to accompany this project. Agreed that a National Tasking and Coordination Project was not within scope of this group..</p> | | |
| 2. | <p>Capacity - 2 Pilot IFR</p> <p>Further work is underway to support increasing the crewing capacity in the northern region and provide a contract variation so all IHT's are 2Pilot IFR. This may be a different policy for other regions. Which use single pilot IFR.</p> <p>Capacity - Increase Availability</p> <p>Currently availability of rotary aircraft is in the contract specifies 2x assets 10 hours and 2x assets 24 hours. Work is underway to vary the contract to increase availability to 3x24hours. John Becker has sent through data on IHT's to support modelling capacity.</p> | <p>Action:4</p> <p>Contract variation to be developed to support 2Pilot IFR for IHT.</p> | <p>NASO</p> <p>MoH/ DHBs</p> |
| 3. | <p>Terms of Reference</p> <p>DHBs request for a formal response to the letter to MoH on 23rd Dec 2019 responding to memo recommendations. The group acknowledged that some of the same recommendations appear across both the issues report and the assurance report and or the incident report and can be consolidated and addressed in the work programme going forward.</p> | <p>Action: 5</p> <p>MoH to send formal reply to letter 23rd December from DHBs.</p> <p>Action: 6</p> <p>Terms of Reference to include two new recommendations proposed by the DHBs in the letter 23rd December.</p> <p>Action: 7</p> <p>Update status report to reflect the recommendations agreed within scope.</p> <p>Action: 8</p> <p>Update ToR to include two additional items. A) Incident Report or RASCII B) Provider fortnightly performance report.</p> | <p>MoH</p> |

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| 4. | <p>Incident Management</p> <p>Agreed incident management required improvement by all parties. January incidents have been reported but have yet to be received by NASO.</p> | <p>Action: 9</p> <p>Provide progress update at next meeting on improvements to incident management and include incident register with status report.</p> | NASO |
| 5. | <p>Relationship Management</p> <p>Noted that NASO have organised a visit to meet with Jo Gibbs at ADHB in Auckland next month. Items for discussion include incident reporting and relationship and protocols.</p> <p>Seeking to make improvements to incident management. This includes assigning accountabilities for incident management. Also, to have conversations with the provider around progress in NRHL and improvements to service.</p> | <p>Action 10</p> <p>Kathy Rex and NASO visit to Auckland</p> <p>Post meeting update Meeting Schedule 20 February</p> | NASO/ ADHB |
| 6. | <p>Clinical Directors</p> | <p>Action: 11</p> <p>Briefing note to be developed around clinical director roles. This includes the Clinical Director for Pre-Hospital of ARHT and the Clinical Director for Skyline.</p> | DHBs |

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From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Ashley.Bloomfield@health.govt.nz" <Ashley.Bloomfield@health.govt.nz>, "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>
Cc: "russell.simpson@wdhb.org.nz" <russell.simpson@wdhb.org.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhd.org.nz>, "Margaret Wilsher (ADHB)" <MWilsher@adhb.govt.nz>
Date: 07/02/2020 09:34 am
Subject: Air ambulance

Kia ora

One of the issues I was going to raise at the meeting was the issue of air ambulance transfers for ECMO. I include the briefing that has been done in relation to the potential need for additional capacity in our ECMO service. The figures will give an idea of the likely increase in interhospital transfers which if it also is ongoing over winter will cause quite a peak.

I would like Marg to be able to work with the contractors on protocols given these patients will be infectious.

What is the best way forward on this one?

Ngā mihi,

Ailsa Claire
Chief Executive

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Refer to 'Document 9A'

Brief justification for two additional ECMO machines.docx

Brief justification for two additional ECMO machines, ADHB**Prepared by Margaret Wilsher CMO****Endorsed by Ailsa Claire CE****February 5, 2020**

Extracorporeal membrane oxygenation (ECMO) is a form of intensive cardiorespiratory support using a modified heart-lung machine to allow for treatment and recovery from severe respiratory or heart failure. ADHB provides a national service for adult and children who require such support, most commonly patients with severe pneumonia or following heart/lung transplant or paediatric congenital cardiac surgery. Patients who require ECMO cannot be supported with the usual intensive care therapies including intubation and ventilation.

In the 2009 H1N1 influenza pandemic, ADHB provided the national ECMO service for patients with influenza pneumonia and severe respiratory failure. Approximately 10 patients had prolonged ICU stay and received ECMO for H1N1 related respiratory failure. The maximal number of patients on ECMO at any one time was 7 although these were not all H1N1 cases.

Early reports from China indicate around 17% of admitted coronavirus patients develop acute respiratory distress syndrome, of whom 3% require invasive ventilation and 3% ECMO support ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30211-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30211-7/fulltext)). This is similar to that reported for the H1N1 outbreak. Thus, in the event of a coronavirus pandemic, New Zealand will need to be prepared to provide ICU level services in the same way as planned for and provided for the H1N1 pandemic. It is reported that ventilation times for novel coronavirus 2019 patients are shorter than H1N1 but little else is known of the outcomes of these patients.

In the decade since the H1N1 pandemic, the NZ population has grown by approximately 500,000. As such we consider that ADHB will need two further ECMO machines to cover the possible demand at peak incidence of the pandemic. It should be noted that indications for ECMO have generally grown since 2009 and there is insufficient capacity to provide for the anticipated volumes of patients with respiratory failure referred during a possible coronavirus pandemic. Although it is likely that ADHB will need to cancel elective cardiac surgery during such time it will not be possible to stop urgent and emergency cardiac surgery, transplant or access to ECMO for patients with other causes of respiratory failure.

Two additional ECMO machines should allow both adult cardiac and paediatric intensive care services to be able to provide sufficient capacity for predicted coronavirus cases and to have equipment on standby for emergencies. Allowing for the possible lead time to peak incidence, then ADHB is accelerating the ECMO training programme to allow for sufficient nursing staff to provide ECMO care during a pandemic.

It is recommended that the Ministry consider supplementary funding for two additional ECMO machines at an estimated price of \$ 130K per unit. **It is strongly recommended that an order is placed as soon as practicable given predicted international demand for such equipment as the rest of the world prepares for the coronavirus pandemic.** ADHB also advises that the peak incidence of a coronavirus pandemic is likely to occur at the same time as seasonal influenza and other

respiratory illnesses thus increasing the likelihood that ECMO capacity will be rapidly exceeded unless additional ECMO machines are secured.

A full business case is in preparation and updated clinical and epidemiologic information will be incorporated as it becomes available.

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