

Sent by:
@xxx

12/07/2019 12:52 pm

To: "Ashley. @xxx <Ashley. @xxx>,"
" @xxx < @xxx>,"
" @xxx <Clare @xxx>," "Debbie
cc: "Nick Chamberlain (NDHB)" < @xxx>," "Jo
Brown (WDHB)" < @xxx>
bcc:

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: s 9(2)(a) extn s 9(2)(a)

Out of scope

Sent by:
@xxx

15/07/2019 07:50 am

To: "Ashley. @xxx <Ashley. @xxx>
cc:
bcc:

Subject: FW: Asset and crewing schedule for NRHL to 31st July.

Hi

I thought you should see this.

There has been a lot of noise about Shay being conflicted but this whole situation has required his skill to mitigate, all hours of the day and night.

Without it we would not have been aware of the facts on the ground and clinical risk would have been even greater.

Although not put as I would have I agree with the comments.

Ngā mihi

Ailsa Claire
Chief Executive
P: s 9(2)(a)

Out of scope

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Sent by:
[REDACTED]

23/10/2019 05:49 pm

To: "Ashley. [REDACTED] <Ashley. [REDACTED]>
cc:
bcc:

Subject: FW: WPQs 36354, 36355 - DUE Friday 25 October

I assume you are aware?

Ngā mihi

Ailsa Claire
Chief Executive

P: s 9(2)(a) [REDACTED] extn s 9(2)(a) [REDACTED]

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Sent by:
[REDACTED]

26/07/2019 10:21 am

To: "Ashley. [REDACTED]" <Ashley. [REDACTED]>
cc:
bcc:

Subject: NR Air Ambulance Helicopter Service

Dear Ashley

Please find attached letter for your information.

Kind regards

Marion Kindervater

Personal Assistant to:

Ailsa Claire - Chief Executive Officer

Rosalie Percival - Chief Financial Officer

Auxilia Nyangoni – Deputy Chief Financial Officer

Tel: § 9(2)(a) [REDACTED] DDI or ext § 9(2)(a) [REDACTED]

Email: MarionK@adhb.govt.nz

Auckland District Health Board

Level 1, Building 37, Park Road, Grafton



NR Air Ambulance Helicopter Service.pdf

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25 July 2019

Ashley Bloomfield
Director General of Health
Ministry of Health
WELLINGTON

Dear Ashley

Subject: Northern Region Air Ambulance Helicopter Service

Thank you for your letter dated 22nd July 2019 and for sharing the internal NASO memo and Phil Hogan report. These documents collectively serve to highlight to us that there continues to be a general lack of understanding within NASO, and the Ministry, as to the specific requirements of the Northern region DHBs to support safe and reliable inter-hospital transfer (IHT) services. The documents provided are generally silent on the implications for Northland DHB of the current situation and inadequate service provision, in spite of our clearly stated views that the needs of patients requiring Northland IHT services are of equal importance to the needs of patients across the country requiring the national IHT service that Auckland DHB provides. It is disappointing to note that there does not appear to be any acknowledgement from NASO of the impact on the clinical teams in both DHBs who are continuing to work in very difficult circumstances with insufficient air ambulance capacity to manage clinical risk and support the needs of patients, and the efforts of the DHB representatives who have been working tirelessly to support NASO to address issues brought about by ineffective contract management and the non-performance of the supplier.

While the response that follows here is lengthy, we feel this is important to ensure you have the benefit of a balanced view of the current situation.

1. Northern Region Capacity and the Requirement for a 5th Helicopter

- As you will be aware, representatives from both Northland and Auckland DHBs have been actively engaged in the national Air Ambulance procurement process since late 2017. The experience of our team is that advice provided in respect of the DHBs' IHT requirements has not been listened to, or at best not understood, throughout that process and unfortunately this appears to still be the case.

This is best evidenced by repeated references to a certain number of helicopters being available within the Northern region. There continues to be a lack of recognition that what is important to the Northern region DHBs is that there is the right number of helicopters, of the right capability and specification, certified to carry the right DHB equipment, crewed with the right number of pilots, for the right number of hours, each day

- The NASO agreement reduced the number of helicopters available to the Northern region in an environment when it was apparent to all those involved that NASO did not have reliable information upon which to base this decision. Of particular relevance and importance, is the continued reference by NASO to the capacity requirement being based on flying hours when national IHT mission times routinely

average 6-8 hours duration. Furthermore, while the NASO agreement contracted for the supply of four helicopters, the Northern region capacity was further reduced by the contract terms that required that two of these helicopters would be crewed for only 10 hours each day.

- Concerns raised by our representatives regarding the inadequacy of this capacity were not listened to. This led to us taking action to procure a fifth helicopter for the specific purpose of supporting national IHTs for a finite period of time, pending a full and proper assessment and evaluation of the capacity required following implementation of the new supply agreement. It is stated that Auckland DHB and NASO agree that the end state is likely to be four interoperable helicopters. Auckland DHB has acknowledged this may be an outcome after an appropriate period of evaluation of a performing supply agreement, however it is not correct to say this is the Auckland DHB view in the absence of an appropriate assessment of capacity, over an appropriate period of time, based on mutually agreed and reliably reported metrics. It should be noted that NASO is not reporting the minimum KPI data to DHBs in any of the regions some months after the new agreements have been implemented.
- Our view of the need for this fifth helicopter, designated 24/7 for national IHTs, has not changed. Our lack of confidence in the current supplier has further strengthened our view that the fifth helicopter must not be sourced on an ongoing basis from the current supplier.
- We note the suggestion that NASO will mutually agree the long term service configuration for the Northern region, however in light of our collective experience to date we have limited confidence that the DHBs' views will be properly considered by NASO. We also do not believe that we can wait until December to make a decision to establish a supply agreement for a fifth helicopter given the indicative lead in time for the supply of an additional national IHT capable helicopter is five months. It is our view that we cannot tolerate the risks associated with further delays to secure this capacity on a longer term basis and that we should proceed to implement the provider option we have identified as a result of our procurement process.
- We accept there is likely to be more than four helicopters in the Northern region at some point in time between now and December. Notwithstanding that these helicopters don't 'count' if they are not crewed properly, it is still very uncertain when these helicopters will be available and we would reiterate that this does not mean there will be the right number of helicopters capable of supporting the needs of both the Northland IHTs and national IHTs during this time.

2. Internal NASO Memo

- The memo describes a range of options relating to helicopters that are or might be made available and the potential options for the placement of any of these helicopters. The commentary continues to convey that there is still a lack of deep understanding of the capacity and interoperability of the existing helicopters, specifically it is stated that there are two helicopters that can undertake all of the services at this time, when in fact there is only one.

- There are many references to the number of changes that are occurring or have occurred within both the trusts who are parties to the joint venture arrangement, including the changes in senior leadership, the replacement of assets including assets new to NZ, the crewing capacity and requirements, and the change in location of the Auckland base. These factors are being described as contributing to the current situation where the supplier is in constant breach of contract, however each of these issues were known to both the provider and NASO prior to the establishment of the supply agreement. Prior to the start of the contract it was known that the supplier was off track in the commissioning timetable of the new assets. Information being provided was inaccurate and having some knowledge of the two trusts' capability, our team raised concerns regarding the lack of accurate and detailed information being available to provide assurance regarding implementation.
- In particular, concerns were raised regarding the absence of an implementation plan of the two entities merging, asset transition and certification plan, risk management plan and contingency plan. There appears to be a clear lack of risk management and contingency planning in all the issues that have occurred. Given the nature of the work they are providing this raises considerable safety concerns for our patients and staff.
- Tasking confusion and prioritisation challenges have been identified as contributing to the current situation however it is important to note there has been no change to tasking arrangements for IHTs. From a DHB perspective, issues have arisen as a result of the supplier taking a view that it is appropriate to overrule, or not listen to the advice of the Auckland DHB Clinical Director of Air Ambulance. A key issue from our perspective is the absence of protocols relating to prioritisation that we believe should have been established through a well-coordinated implementation and change management process. The proposal to establish a centralised tasking service in the Northern region is not supported by our DHBs at this time. We are currently experiencing the consequences of a situation where parties who have no knowledge of the complexities of IHT service delivery are compromising the quality of these services, and we do not wish for this situation to be exacerbated further through poorly conceived tasking arrangements. We note reference to the fact that a discussion has commenced on a new tasking process and would observe that we are not a party to this discussion.
- Information provided to you pertaining to the agreement between Auckland DHB and NEST for the supply of a North Shore based helicopter is factually inaccurate. Auckland DHB had a historical memorandum of understanding in place with that provider and was subsequently provided with a written assurance from NEST that they would continue to supply a helicopter from the North Shore base pending the outcome of the 5th helicopter procurement process. There is no subcontracting arrangement between NEST and NZ Air Ambulance.
- We note that Phil Hogan has provided NASO with an opinion regarding the requirement for a fifth helicopter. The opinion provided is not supported by any factual data and he observes himself there is no information available on which to base this opinion. In spite of this it would appear that NASO accepts his opinion as having more merit than the views of the expert and experienced DHB clinical leaders and operational managers in both Northland and Auckland DHB who have been

responsible for providing this service for many years. We note that Phil was involved in the NASO procurement process and outcome that led to a reduced number of helicopters in the Northern region supply agreement, so we perceive that his opinion in this matter may not entirely be without conflict. The comments attributed to him generally display a lack of understanding of the complexities of the national IHT services provided, and an apparent misunderstanding of the interoperability of the supply agreements between the regions. It is also not very helpful that he offers a personal opinion on alternative uses of money.

- With respect to the supply of the fifth helicopter, Auckland DHB is prepared to proceed with the option we have available as a result of the procurement process we undertook to secure this additional capacity. However in the interests of ensuring full consideration was given to all options before any final decision was recommended to DHB colleagues, Auckland DHB asked NASO to consider providing an alternative option. Given that IHTs are funded by DHBs it is not correct to suggest that NASO would be expected to fund this helicopter. We do note that the Northern region supply agreement hourly rate is substantially less than the rate in the Central and Southern regions, and it is our view that this is in part due to the under-scoped capacity that has been contracted under the Northern region supply agreement. The issue requiring consideration is whether it is reasonable for there to be a lower cost to Northern region DHBs for the four helicopter supply agreement with a much higher (unsubsidised) rate for national IHTs, with the latter cost being passed on to all DHBs. It is Auckland DHBs view that through a NASO revised agreement these rates could be better aligned. We note you have been advised of the likely cost of a 5th helicopter supply agreement is \$2-3M. We can confirm that our proposal that we have shared with the NASO team has an annual cost of \$2M. We have confidence that this proposal can be implemented within five months as the supplier has a proven track record of delivering to all requirements of other contract arrangements and we note that this timeframe is inconsistent with what you have been advised. We note the comment regarding the level of consultation that has occurred with ACC regarding the Auckland DHB request, and we think it is important to clarify that we do not believe this is the responsibility of the DHB.
- We note the advice to you is that the role of the Clinical Director of NRHL is to oversee the clinical service for the provider, and manage clinical risk. It is important to understand that IHTs are services delivered by DHBs and the clinical governance arrangements for these services is provided through the appropriate clinical leadership structures at Auckland and Northland DHBs. We do not have any detailed knowledge of the clinical governance arrangements of NRHL.

3. Review of NRHL – Phil Hogan

- We do not have visibility of the terms of reference provided to the reviewer in advance of his visit so we are unable to assess whether he has addressed the entire request of NASO, however we note there is no assessment of the available pilot capacity and rostering arrangements, and whether they are compliant with industry requirements. As this has been a particular constraint in the availability of assets we would have thought this was important to assess.
- We note the general observations regarding the CEO leadership changes at ARHT and NEST. We understand the disruption that occurs in such circumstances, however we note that the ARHT change occurred some months before the execution of the

new agreement, and the change in NEST was known within the sector for some time prior. It is unclear what steps were taken by NASO to assess any risks to the supply agreement as a result of these known changes. We would like to draw your attention to the advice provided by the Chairman of ARHT who confirmed he knew the organisation was unable to deliver on the contract terms before the agreement was signed.

- It is of particular concern that ARHT have brought a 'first of type' aircraft into the country but not the expertise to build or maintain it shows a concerning lack of understanding of minimum requirements to manage the implementation of new assets.
- We note the advice that individuals are undertaking multiple roles that are in conflict or are unmanageable workloads for individuals. It is not clear to what extent this compromises the safety and reliability of the work being done and whether there are any mitigations that should be applied in the immediate term.
- There have been several unscheduled maintenance outages over recent weeks and months (two in the last fortnight) for the NEST provided 76A helicopters. Given the limited maintenance staff and the reference to them being tired and over worked this is a significant risk of something catastrophic happening.
- We note reference to the long hours being worked by NEST engineers. It is not clear whether this has any implications to the reliability of the work being performed presently, particularly in light of the conflicted roles described above. While it is recommended that additional engineers be employed it is not clear whether this workforce exists and whether this will become an additional constraint that delays the commissioning of the new helicopters that were due in May and June.
- The reviewer notes NEST may not be able to deliver services and this suggests there is still limited confidence in the supplier to deliver which in our view further supports the case to establish an arrangement with an alternative Auckland based supplier.
- We note the reviewer recommends that ARHT continue with their planned ground training and suggests that while it may "operationally suit" to delay this training it is important this occurs before the workload peaks of summer. These comments show a lack of understanding of the peaks in demand for national IHTs particularly in winter months and this tends to further reinforce that the reviewer lacks understanding of the IHT service demands and risks. In the absence of this understanding it is concerning this his opinion in respect to the appropriate capacity needed to support IHTs might be given undue weight.
- The reviewer notes the supplier is significantly behind where they should be but have managed to develop a program for completion. It is not clear if this plan has been sighted and validated by the reviewer and if this plan is available it is not clear why this has not already been provided to NASO and by NASO to the DHBs so we can be provided with some assurance.
- As mentioned in the commentary above, the reviewer has expressed an opinion relating to all tasking being performed by Airdesk when it is apparent in many of his statements that he does not understand the IHT service requirements.

- There are many statements in the report that appear anecdotal and/or an expression of others' opinions, either within or outside the organisation. There is insufficient information provided within the report to know if these comments are able to be backed up by information.

4. General Comments

- There is no, or untimely, notification when the aircraft are unavailable to enable other contingencies to be agreed and implemented, and when there is notification the reason for the outage is not always truthful which impacts on the planning and integrity of the whole process.
- We are unsure if you are aware of the extent to which our DHB staff has been relied upon to identify risks and issues within the daily asset availability arrangements and the extent to which the information provided to our DHBs has been inaccurate. This continues to be a problem for us and information is still not being provided in an integrated manner or on a timely basis. This means our teams are working harder than should be reasonably expected to gain assurances regarding the capacity available and the contingency arrangements in place. In spite of requests for clarification we still do not have a clear communication and escalation plan in place to ensure all relevant parties are notified proactively at any time of the day or night, weekdays or weekends, of changes to asset availability and we need your help to get this resolved .
- Our team has been informed by NASO today that the new helicopters due to be brought into service by NEST in May and June, will now not be commissioned until October. NASO does not know if the provider will have sufficient pilots to be able to fly these assets. These dates have slipped from previous dates given of 15th July, August and September, which was advised as recently as within the last week. In light of these constantly moving dates we are not sure how NASO is able to provide an assessment of the level of assurance we can have regarding these latest dates. As you will appreciate this means our DHB teams will remain in a state of constant escalation to manage the risks associated with this completely inadequate capacity.

In summary, the contracting of the new entity to provide air ambulance services to the northern Region has been flawed and shows a clear lack of due diligence. The assurances provided by the supplier in response to the need to rectify the many breaches of contract is often taken at face value by NASO based on information from the two providers that seem to be rarely based on fact or evidenced through subsequent service delivery improvement.

We would like to meet with you urgently with our Northern region DHB representatives to establish a solution to this significant issue before any further harm comes to our patients or staff.

Yours sincerely

s 9(2)(a)

Iain Mackenzie
**Acting Chief Executive
Northland DHB**

s 9(2)(a)

Ailsa Claire
**Chief Executive
Auckland DHB**

Sent by:
@xxx

26/08/2019 11:21 am

To: "Ashley. @xxx <Ashley. @xxx>
cc:
bcc:

Subject: Re: Northern region AA supply agreement

Ring when you are free

From: Ashley.Bloomfield@health.govt.nz <Ashley.Bloomfield@health.govt.nz>

Date: 25 August 2019 at 10:44:17 AM NZST

To: Ailsa Claire (ADHB) <@xxx>

Subject: Fw: Northern region AA supply agreement

Kia ora Ailsa

Suggest we discuss some time today.

Kind regards

Ashley

Dr Ashley Bloomfield

Director-General

Ministry of Health

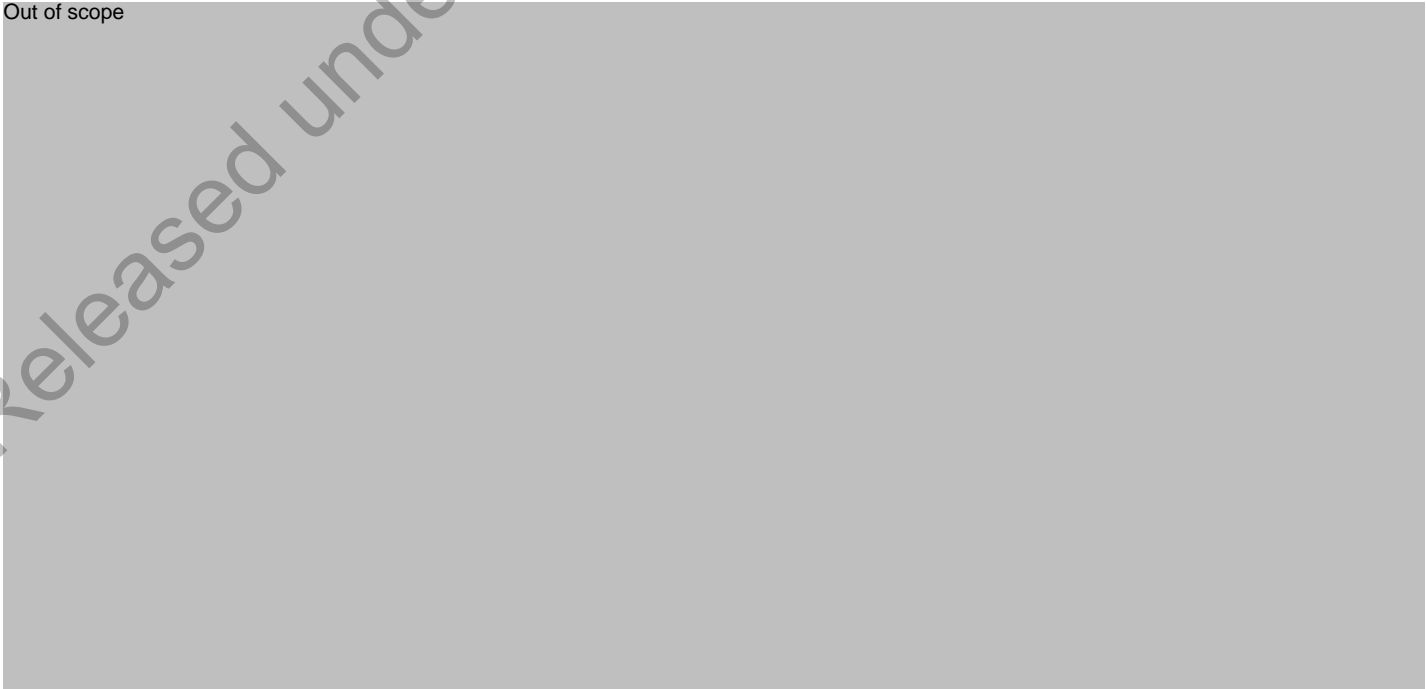
email: ashley.bloomfield@health.govt.nz

Mobile: § 9(2)(a)

www.health.govt.nz

----- Forwarded by Ashley Bloomfield/MOH on 25/08/2019 10:43 a.m. -----

Out of scope



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From: Keriana.Brooking@health.govt.nz <Keriana.Brooking@health.govt.nz>

Sent: Sunday, 10 November 2019 9:26 PM

To: AilsaC@adhb.govt.nz; Ashley.Bloomfield@health.govt.nz; Graham Dyer <Graham.Dyer@acc.co.nz>;

Nick.Chamberlain@northlanddhb.org.nz

Subject: *Confidential: Northern region draft memo and risk assessment attached for urgent discussion
Importance: High

Kia ora koutou

Following our meeting on Friday 25 October 2019, a risk analysis was requested of options to provide additional capacity across the Northern region for national inter-hospital transfers (IHTs). A risk assessment of four options associated with increasing capacity for national IHTs (which includes ECMO and PICU transfers) has been completed and was sent to all people named in this email 05 November 2019. The draft memo is attached for discussion and its purpose is to identify the preferred option to enable the Ministry of Health as funder and contract manager to make a decision.

The Ministry of Health's Manager of Procurement has shared on request, the Evaluation Report Interhospital Helicopter Air Ambulance Service - Northern Region dated 10 October with myself, Ailsa Clare, Chief Executive, ADHB and Dr Nick Chamberlain, Chief Executive, NDHB. I agreed with the two DHB CEOs 07 November 2019 that I would receive any further comments from them post reading that report, and based on that commentary and my assessment, I would make any necessary adjustments to the risk assessment deemed necessary. I have also received further verbal advice from Health Legal and Procurement, Ministry of Health. Additional Information to the rapid risk assessment has been added in **bold**. Also highlighted is if the risk colour has been changed.

Please review the draft decision memo. I will be urgently arranging a teleconference with you all to discuss the contents of this draft memo prior to the Ministry of Health making a decision about the current procurement process on Wednesday 13 November 2019. I accept that there maybe some factual errors or admissions contained within the draft memo and I will make any necessary adjustments post our discussion.

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: § 9(2)(a)
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: Keriana Brooking/MOH
To: AilsaC@adhb.govt.nz, Nick.Chamberlain@northlanddhb.org.nz, graham.dyer@acc.co.nz, Ashley Bloomfield/MOH@MOH,
Date: 05/11/2019 07:31 p.m.
Subject: *Confidential: Confidential: Northern region memo and risk assessment attached

Kia ora koutou

Please find attached the Memo and Risk Assessment on the options for additional capacity in the Northern region which was one of the agreed actions from your meeting on Friday 25 October. For your information, the reviewers were Clare Perry (MOH), Jim Higgins (PWC), Phil Hogan (aeromedical expert based in Australia) and Chris Ash (P&F Manager HBDHB). In line with procurement advice, this assessment has not and should not be shared with members of the evaluation panel, due to the confidential nature of the current procurement process that is still live.


Please review the attached risk assessment and provide advice on the preferred way forward. Can you please indicate whether you would be in a position to provide advice back to all in this email by COP 08 November, 2019 or earlier?

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)
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.

Out of scope



Out of scope

From: Ashley.Bloomfield@health.govt.nz [mailto:Ashley.Bloomfield@health.govt.nz]
Sent: Friday, 04 October 2019 7:25 PM
To: Nick Chamberlain (NDHB) <xxxx.xxxxxxxxxx@xxxxxxxxxxxxx.xxx.xx>
Cc: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>; xxxxxx.xxxx@xxx.xx.xx; Joanne Gibbs (Dir Provider Services)(ADHB) <xxxxxx@xxxx.xxxx.xx>; Jo Brown (WDHB) <Jo.Brown@waitematadhb.govt.nz>; Keriana.Brooking@health.govt.nz; Monique.Burrows@health.govt.nz
Subject: Re: Fw: NASO Operational Update

Kia ora Nick

Thanks for the feedback, and just to confirm that I have spoken with Keriana and we are very cognisant of the issues. I support Monique's response and rest assured we are taking the issues very seriously and will keep the focus on until they are resolved.

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: Monique Burrows/MOH
To: nick.chamberlain@northlanddhd.org.nz,
Cc: Keriana Brooking/MOH@MOH, Ashley Bloomfield/MOH@MOH, "Joanne Gibbs (Dir Provider Services)(ADHB)" <JGibbs@adhb.govt.nz>, Graham.Dyer@acc.co.nz, Ailsac@adhb.govt.nz, "Jo Brown (WDHB)" <Jo.Brown@waitematadhb.govt.nz>
Date: 04/10/2019 04:45 p.m.

From: Ailsa Claire (ADHB)

Sent: Wednesday, 23 October 2019 8:52 AM

To: Keriana.Brooking@health.govt.nz; Nick Chamberlain (NDHB)

<xxxx.xxxxxxxxxx@xxxxxxxxxxxxx.xxx.xx>

Cc: xxxxx.xxxx@xxx.xx.xx; Jo Brown (WDHB) <Jo.Brown@waitematadhb.govt.nz>;

Monique.Burrows@health.govt.nz; Russell Simpson <xxxxxxxx.xxxxxx@xxx.xxx.xx>; Ashley Bloomfield

<Ashley.Bloomfield@health.govt.nz>

Subject: Re: Fwd: Update re Northern region AA

Hi

I have been away and am really concerned about what the situation is on my return which, if anything is even worse.

Can I make it clear that at no time did any one suggest that Starship would fund the "fifth helicopter"

It is quite ironic given the NO helicopter situation to be describing it as such.

If you take a step back and look at this situation without the history I think the public would ask what we are doing here.

We have long periods with NO helicopter availability for retrieval.

Would not a member of the public ask what we are doing arguing about funding and say "just get another helicopter in as quickly as possible. Patients are at risk here?"

I think this position is indefensible.

Regards

Ailsa

From: Keriana.Brooking@health.govt.nz <Keriana.Brooking@health.govt.nz>

Date: 21 October 2019 at 5:16:16 PM NZDT

To: Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhd.org.nz>

Cc: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>, Graham.Dyer@acc.co.nz <

Graham.Dyer@acc.co.nz>, Jo Brown (WDHB) <Jo.Brown@waitematadhb.govt.nz>,

Monique.Burrows@health.govt.nz <Monique.Burrows@health.govt.nz>, Russell Simpson <Russell.simpson@wdhb.org.nz>

Subject: Re: Fwd: Update re Northern region AA

Kia ora Nick,

Thanks for bringing this to my attention. Happy to meet virtually with you, Ailsa and Graham (with Russell away) to discuss 'where to from here' so that we, as much as possible, have a unified position, I will get Helen to contact Julie and we will move quickly to set this up.

I won't get into the detail about continued service coverage issues or progress with getting the new assets operational, but agree with the point Jo is making which is that the provider continues to over promise and under deliver. Plans keep changing, often at short notice and with little explanation - this is

hard on everyone, but particularly DHB staff who need to quickly respond to the changing plans, again I understand how unacceptable these changes are and the additional stress and risk it is placing on you, your staff and organisations.

I expect the answer to this lies in the workshop about options to deliver air ambulance system outcomes in the northern region over the long term, we all agree that this options risk assessment is absolutely the right thing to do, so we will go ahead and get that organised asap.

I can confirm that there is reluctance from the provider to share more detailed crewing information that might help us better understand the constraints and dependencies that inform the crewing and asset plan. NASO will be having further conversations with the provider about why this is and what might be done to mitigate those concerns. I accept

In terms of the procurement process for an additional IHT asset, there is a piece of work that needs to be done to assess the options regarding who pays. Originally the northern region DHBs had signalled that this would be funded by Starship or by DHBs, but are now wanting consideration of Crown funding for the service. This hadn't previously been contemplated and requires some thought. A decision paper is currently being drafted that will outline the options and the pros/cons of each. We could look to discuss a draft of that at our 'where to from here' meeting.

Northern region DHBs need to satisfy itself regarding any safety concerns you have. I would be interested to hear where your internal conversations and those with the CAA take you.

The other point to mention is that with Monique taking on expanded responsibilities recently, we are bringing Dawn Kelly into the team at the Ministry side to pick up some of the work Monique has been doing over the past couple of months. Monique has put Dawn and Jo in touch.

Ngā mihi
Keriana

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

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.

Out of scope

Out of scope

From: Keriana.Brooking@health.govt.nz [mailto:Keriana.Brooking@health.govt.nz]
Sent: Thursday, 24 October 2019 12:22 PM
To: Nick Chamberlain (NDHB) <xxxx.xxxxxxxxxx@xxxxxxxxxxxxx.xxx.xx>
Cc: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; xxxxxx.xxxx@xxx.xx.xx
Subject: RE: Fwd: Update re Northern region AA

Kia ora Nick

Thanks for this, Ashley will be joining our teleconference tomorrow and we have also asked Jim Higgins (Australian based PWC special advisor) to join us. Jim has worked in ambulance (all services - Queensland) and fire emergency services (Melbourne) including change management and in the Department of Human Services in Victoria. Graham and I met him when he was in Wellington about 3 weeks ago, and he will be playing a role in providing advice to the Ministry and ACC (and all of us by agreement) while we (all of us and our staff) contribute to determining the future direction of air ambulance services in the Northern Region. I think it is important that he is part of tomorrow's discussion albeit he will not be providing a lead role.

To make the most of the teleconference can I suggest the topics as follows?

1. Dedicated National IHT asset
2. Current provider service provision

3. Relationship Management between DHBs, ACC, and Ministry (including NASO)

Please let me know if you have any concerns about Jim being present or rewording or adding topics for discussion tomorrow

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: § 9(2)(a)
Email: keriana.brooking@health.govt.nz

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Sent by:
[REDACTED]
24/10/2019 01:17 pm

To: "Ashley [REDACTED] <Ashley.[REDACTED]>,
"Joanne Gibbs (Dir Provider Services)(ADHB)" <[REDACTED]>
cc: "[REDACTED] <[REDACTED]>, "Pat
Snedden (ADHB)" <PatSnedden@adhb.govt.nz>
bcc:

Subject: RE: NASO Operational Update

Kia ora

Shay is out of the county until the 6th.

I have instructed him not to send any further emails other than operational emails until such time as I am able to meet with him.

Jo Gibbs will also be in attendance as she dealt with this issue with Shay whilst being acting CEO in my absence.

I can only repeat what Jo said at the time.

This is not the way I expect a member of the team to conduct business no matter how frustrated and passionate they may be.

Ngā mihi

Ailsa Claire
Chief Executive
P: s 9(2)(a)

From: Ashley.Bloomfield@health.govt.nz [mailto:Ashley.Bloomfield@health.govt.nz]
Sent: Thursday, 24 October 2019 11:48 AM
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Cc: Keriana.Brooking@health.govt.nz; Pat Snedden (ADHB) <xxxxxxxxxxx@xxxx.xxxx.xx>
Subject: Fw: NASO Operational Update

Kia ora Ailsa

Further to our phone discussion, I understand you intend to meet with Shay regarding this and his previous email earlier this week. I am very concerned about the ongoing impact of his emails and related behaviour on our NASO staff members.

I fully understand the ongoing concerns and I will join Keriana and Graham Dyer on the teleconference with Nick tomorrow. That is the appropriate forum for issues to be discussed and actions to be agreed.

Kind regards
Ashley

Dr Ashley Bloomfield
Director-General

Ministry of Health

email: ashley.bloomfield@health.govt.nz

Mobile: § 9(2)(a)

www.health.govt.nz

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Sent by:
[REDACTED]

To: "Ashley. [REDACTED] <Ashley. [REDACTED]>
cc:
bcc:

05/08/2019 12:16 pm

Subject: Re: NR Air Ambulance Helicopter Service

Thank you.
I understand Monique and jo had a good day together.

From: Ashley.Bloomfield@health.govt.nz <Ashley.Bloomfield@health.govt.nz>
Date: 5 August 2019 at 11:17:42 AM NZST
To: Ailsa Claire (ADHB) <[REDACTED]>
Cc: Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhb.org.nz>, russell.[REDACTED]<russell.[REDACTED]>, Graham.[REDACTED] <Graham.[REDACTED]>, Monique.Burrows@health.govt.nz <Monique.Burrows@health.govt.nz>
Subject: NR Air Ambulance Helicopter Service

Dear Ailsa

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

Kind regards
Ashley

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

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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Friday, 15 November 2019 8:22 am
To: Keriana Brooking; Jo Brown (WDHB); Ashley Bloomfield; Nick Chamberlain (NDHB)
Subject: Communication with Shay

Kia ora

When I agreed that Shay would communicate via Jo on issues of concern I did not anticipate that NASO and the supplier would be informed that they were not to respond to him concerning operational issues.

We had an incident yesterday where he needed to know the availability of a helicopter and was told by NASO to communicate via Jo.

Whilst Shay has some issues with how he expresses his views he is skilled in managing the awful situation we find ourselves in and without him considerable additional clinical risk would have resulted.

Unless respectful conversations re operational issues occur with him we will be in an even worse situation than we are now.

Shay has been available 24/7 even while on holiday abroad to respond to clinical issues and ADHB has absolute confidence in him in this regard.

I would be great full if this is communicated to NASO.

Regards

Ailsa

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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Thursday, 7 November 2019 1:43 pm
To: Keriana Brooking; Ashley Bloomfield; graham.dyer@acc.co.nz; Nick Chamberlain (NDHB)
Subject: Re: *Confidential: Confidential: Northern region memo and risk assessment attached

Hi

I have checked re the training.

Getting these sort of staff released when our services are at over maximum capacity at such short notice is going to be a challenge.

i have asked for a plan.

Ailsa

From: Keriana.Brooking@health.govt.nz <Keriana.Brooking@health.govt.nz>
Date: 7 November 2019 at 12:01:00 PM NZDT
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>, Ashley.Bloomfield@health.govt.nz <Ashley.Bloomfield@health.govt.nz>, graham.dyer@acc.co.nz <graham.dyer@acc.co.nz>, Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhb.org.nz>
Subject: *Confidential: Confidential: Northern region memo and risk assessment attached

Kia ora Ailsa and Nick

Firstly, Nick thanks for your message about Fran - I agree it is a shock and incredibly sad.

FYI - the procurement panel was:

Monique Burrows, Jo Brown (ADHB), Jo Mack (ADHB), Melissa Nathan-Patuawa (Northland DHB) and John Robson (ACC)

Thanks Ailsa and Nick for offers to provide (really rusty) and non-conflicted clinical advice, I would like to take your offer up Ailsa (Nick you can stand down), Dawn Kelly is also urgently pursuing a Wellington based option.

I can assure you that we are not back to evaluating based on flying time and recognise that the document does use SOSO, where we find ourselves at the moment is an impasse about the ability for all of our teams to agree exchange of information and then use all of the operational information necessary to understand estimated flying time plus retrieval, so I would suggest that the figure in the spreadsheet for new provider of a dedicated 5th helicopter is less than \$26,000 SOSO an hour but more than \$3,400.

I have spoken to Ashley yesterday and we are acutely aware of the performance of the current provider. We are both aware of the overnight incident, and we also have the audit about to commence and communication from the provider that we can share with you about their approach to managing current service provision. One of the limiting factors (and accepting it is not the only one, but we are now down to a small number of outstanding tasks) to move to the new assets is the ability for ADHB clinical staff to be available to attend the training, there are 3 training sessions available in the coming weeks and the provider is able to provide more, I understand that are an estimated (? , happy to be corrected) 100 ADHB staff that will require training over the course of the year with a minimum of 50% trained before AW169s can be used for IHT, I also understand that less than 10 staff have been available to receive training (? , again happy to be corrected), so also Ailsa any help from your team in lifting the numbers of staff available to be trained will be great.

Nick and Ailsa, I am also prepared to do some urgent modelling as suggested by Nick but would need some help in getting all the information from both DHBs, in particular some of our teams at an operational level have longed stopped talking to each other, and I am more than happy to move my team to improved common ground. I just need to signal that over the course of the past 8 weeks we have seen staff burnout in NASO lead to multiple resignations we are actively recruiting for 2 staff, we have had 4 resignations, leaving 4 of the 10 strong team remaining past the end of November. Monique and Carleine have identified the resources needs to stabilise the capability and capacity of NASO and will be bringing in short term resources from other parts of the organisation, support from ACC and

contractors while we urgently recruit.

I have spoken with Monique this morning and a NASO update will be sent covering the status (and intended outcome) of the following:

1. Procurement of 5th Helicopter
2. Rapid risk assessment of required capacity and capability to meet Northern DHBs regional and national service delivery requirements
3. Audit of NRHT capacity and capability to meet current and potentially future contractual service requirements
4. Risk assessment workshop with Northern DHBs and ACC to understand and/or reconfirm Northern DHBs regional and national service delivery requirements and identify operational, clinical, contractual and procedural consequences and likelihood of current and alternative options to provide that service
5. Investigation of overnight incident 06 November, including Shay's request that ADHB can activate an asset from NEST (as in requesting a variation to tasking protocol)
6. Provider's current service offering and whether that is meeting contract standards and if not what is the general gap (understanding that might change rapidly) and what levers are being used to manage non-performance

I will organise teleconference for us post the NASO update and under urgency if that is helpful.

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

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From: "Ailsa Claire (ADHB)" <AilsaC@adhb.govt.nz>
To: "Keriana.Brooking@health.govt.nz" <Keriana.Brooking@health.govt.nz>, "Nick Chamberlain (NDHB)" <Nick.Chamberlain@northlanddhb.org.nz>, "graham.dyer@acc.co.nz" <graham.dyer@acc.co.nz>, "Ashley.Bloomfield@health.govt.nz" <Ashley.Bloomfield@health.govt.nz>,
Date: 06/11/2019 10:32 a.m.
Subject: RE: *Confidential: Confidential: Northern region memo and risk assessment attached

Kia ora koutou

I feel this assessment without the clinical risk is like evaluating an operation and not checking if the patient died.

The purpose of providing this service is to reduce clinical risk.

We need to cover this off and I am sure non conflicted clinical advice could be made available. Happy to help on this.

This assessment does feel like its an evaluation of the best way to contract for the service and would probably reflect a risk assessment which could have been made at the beginning of the contract.

I wonder if it adequately reflects the evidence based on experience.

I feel very frustrated that we apparently are back to evaluating dedicated helicopters based on flying time not on availability and impact if a helicopter is used for 8 hours for a retrieval. Be good to be corrected if that's not the case.

I am challenged to understand how we get an evaluation result like this knowing what we do about the performance of the current provider and their inability to deliver any part of the contract.

This is not just about machines but also their ability to recruit and manage.

Happy to discuss further with some urgency
regards

Ailsa Claire
Chief Executive

P: s 9(2)(a) extn s 9(2)(a) M: s 9(2)(a)

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From: Keriana.Brooking@health.govt.nz [<mailto:Keriana.Brooking@health.govt.nz>]

Sent: Tuesday, 05 November 2019 7:31 PM

To: Ailsa Claire (ADHB) <Axxxxx@xxxx.xxxx.xx>; Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhd.org.nz>; graham.dyer@acc.co.nz; Ashley.Bloomfield@health.govt.nz

Subject: *Confidential: Confidential: Northern region memo and risk assessment attached

Kia ora koutou

Please find attached the Memo and Risk Assessment on the options for additional capacity in the Northern region which was one of the agreed actions from your meeting on Friday 25 October.

For your information, the reviewers were Clare Perry (MOH), Jim Higgins (PWC), Phil Hogan (aeromedical expert based in Australia) and Chris Ash (P&F Manager HBDHB).

In line with procurement advice, this assessment has not and should not be shared with members of the evaluation panel, due to the confidential nature of the current procurement process that is still live.

Please review the attached risk assessment and provide advice on the preferred way forward. Can you please indicate whether you would be in a position to provide advice back to all in this email by COP 08 November, 2019 or earlier?

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

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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Thursday, 12 December 2019 6:43 am
To: Keriana Brooking; Ashley Bloomfield; Nick Chamberlain (NDHB); Russell Simpson; Graham Dyer
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

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From: Keriana.Brooking@health.govt.nz <Keriana.Brooking@health.govt.nz>
Date: 6 December 2019 at 6:30:02 PM NZDT
To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>, Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhd.org.nz>, Russell Simpson <Russell.Simpxxx@xxxx.xxx.nz>, Ashley.Bloomfield@health.govt.nz <Ashley.Bloomfield@health.govt.nz>, graham.xxxx@xxx.xx.xx <xxxxxx.xxxx@xxx.xx.xx>
Cc: Monique.Bxxxxxx@xxxxxx.xxx.nz <Monique.Burxxxx@xxxxxx.xxx.xx>
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)
Email: keriana.brooking@health.govt.nz

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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Friday, 13 December 2019 8:48 am
To: Graham Dyer; Keriana Brooking; Ashley Bloomfield; Nick Chamberlain (NDHB); Russell Simpson
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: s 9(2)(a) extn s 9(2)(a) M: s 9(2)(a)

Out of scope

From: Ailsa Claire (ADHB) <xxxxxx@xxxx.xxxx.xx>
Sent: Friday, 13 December 2019 6:03 AM
To: Keriana.Brooking@health.govt.nz; Ashley Bloomfield <Ashley.Bxxxxxxxx@xxxxxx.xxxx.xx>; Graham Dyer <xxxxxx.xxxx@xxx.xx.xx>; Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddhb.org.nz>; Russell Simpson

<xxxxxxx.xxxxxxx@xxxxxxxxxx.xxxx.xx.xx >

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@health.govt.nz <Keriana.Brooking@health.govt.nz>

Date: 12 December 2019 at 7:02:56 PM NZDT

To: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>, Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>, Graham Dyer <graham.xxxx@xxx.xx.xx>, Nick Chamberlain (NDHB) <Nick.Chamberlain@northlanddnhb.org.nz>, Russell Simpson <russell.simpson@wdhb.org.nz>

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
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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Friday, 13 December 2019 4:07 pm
To: Ashley Bloomfield; Keriana Brooking; Monique Burrows
Subject: FW: Crewing and Asset Plan V1.20 - response required please
Attachments: image001.gif

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

Ngā mihi

Ailsa Claire
Chief Executive

P: s 9(2)(a) extn s 9(2)(a) M: s 9(2)(a)

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From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Thursday, 19 December 2019 11:57 am
To: Ashley Bloomfield
Cc: Graham Dyer; Keriana Brooking; Nick Chamberlain (NDHB); Russell Simpson;
~~Monique Burrows~~
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.

Cms 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: s 9(2)(a) extn s 9(2)(a) 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.D@xznz>; Keriana.@xznz; Nick Chamberlain (NDHB)
<Nick.Chamberlain@northlanddhb.org.nz>; Russell Simpson <Russell.Simp@xznz>;
scott.pickering@acc.co.nz; Monique.Bur@xx
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@northlanddhd.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 p.m.
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: s 9(2)(a) extn s 9(2)(a) 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@northlanddhd.org.nz>; Russell Simpson <Russell.Simpson@wdhb.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.

Regards

Keriana Brooking
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Health System Improvement and Innovation
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Out of scope

From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Wednesday, 15 January 2020 4:28 pm
To: Ashley Bloomfield
Subject: Fwd: Air Ambulance Incidents

I have completely changed all the reporting and internal governance re air ambulance.
Thus the reports re issues that come through will not be tainted by and previous association.
The provider is clearly still struggling to provide inter hospital transfers

Out of scope

Released under the Official Information 1982

Out of scope

From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Friday, 31 January 2020 3:17 pm
To: Peter Whisker; Ashley Bloomfield; xxxxxx.xxxx@xxx.xx.xx; Kathy Rex; Nick Chamberlain (NDHB); xxxxxxxx.xxxxxxx@xxxx.xxx .nz; Keriana Brooking
Subject: RE: Minutes - Governance Group Northern Region Air Ambulance Service
Attachments: Minutes - Northern Region Air Ambulance Governance Meeting 24th Jan 2020 1.0.docx

Thanks

I have a few comments on the minutes

Ngā mihi

Ailsa Claire
Chief Executive

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MINUTES

Governance Group - Northern Region Air Ambulance Service

Meeting Date:	Friday, 24 January 2020
Time:	8:30–9:00 am
Location:	Teleconference: Dial in 0800 633 866 Conference code 592687# Lead pin 8897# 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
<p>1. 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>We did agree not to call it a governance group as it would not fulfill that role</p> <p>Procurement for Additional Asset</p> <p>It was noted that the ministry intended to pause this procurement (neither cancelled or proceeding).</p> <p>During this period the Ministry will work through their process to vary the existing contract in respect of increasing to a 2 Pilot IFR and increased number of assets available 24/7. I understood the Ministry reported that there were a number of issues and that the contract was being re written. My assumption was that it would be shared with the group for comments. If so it needs an action point</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

	<p>The paused procurement would allow for 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. I understand this but surely this forum would like to review the capacity modelling methodology and outcome?</p> <p>National Tasking and Coordination Project General agreement that central 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. Is the national group happy with this given the issues of single pilots over built up areas and the reasons why two pilots are required in NR</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>MoH</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</p> <p>B) Provider fortnightly performance report.</p>	
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

Out of scope

From: Ailsa Claire (ADHB) <AilsaC@adhb.govt.nz>
Sent: Friday, 7 February 2020 9:34 am
To: Ashley Bloomfield; Keriana Brooking
Cc: xxxxxxxx.xxxxxxx@xxxx.xxx.xx; Nick Chamberlain (NDHB); Margaret Wilsher (ADHB)
Subject: Air ambulance
Attachments: Out of scope

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

☎ s 9(2)(a) ext. s 9(2) | M: s 9(2)(a) | ✉ xxxxxx@xxxx.xxx.xx

Auckland District Health Board | Level 1 | Building 37 | Auckland City Hospital



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