Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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RE Official information request CDHB 10315

We refer to your email dated 21 May 2020 requesting the following information from Canterbury DHB under the Official Information Act.

- **Can you please provide me with the minutes from the Board meeting on May 1 (that were publicly excluded) in regards to the Christchurch Hospital Campus Master Plan – Tower 3 and Compliance Costs?**

- Please find attached as **Appendix 1** the minutes from the Board meeting on May 1 (that were publicly excluded) regarding the Christchurch Hospital Campus Master Plan – Tower 3 and Compliance Costs?

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely

R La Salle

Ralph La Salle
Acting Executive Director
Planning, Funding & Decision Support

MINUTES – PUBLIC EXCLUDED – SPECIAL MEETING

Canterbury District Health Board
Te Poari Hauora ō Waitaha

MINUTES – PUBLIC EXCLUDED SPECIAL MEETING
CANTERBURY DISTRICT HEALTH BOARD
via zoom on Friday 1 May 2020

BOARD MEMBERS

Sir John Hansen (Chair); Barry Bragg; Catherine Chu; Andrew Dickerson; James Gough; Gabrielle Huria; Jo Kane (via teleconference); Aaron Keown; Naomi Marshall; and Ingrid Taylor.

CROWN MONITOR

Dr Lester Levy (via teleconference).

APOLOGIES

Sally Buck

EXECUTIVE SUPPORT

David Meates (Chief Executive); Mary Gordon (Executive Director of Nursing); Carolyn Gullery (Executive Director, Planning Funding & Decision Support); Jacqui Lunday-Johnstone (Executive Director, Allied Health, Scientific & Technical); Hector Matthews (Executive Director Maori & Pacific Health); Stella Ward (Chief Digital Officer); Justine White (Executive Director, Finance & Corporate Services); Rob Ojala (Chair, CDHB Clinical Leader's Group); Richard French (Clinical Leader's Group); Anna Craw (Board Secretariat); and Kay Jenkins (Executive Assistant, Governance Support).

APOLOGIES

Michael Frampton (Chief People Officer); Sue Nightingale (Chief Medical Officer); and Karalyn van Deursen (Executive Director of Communications).

1. CHRISTCHURCH HOSPITAL CAMPUS MASTER PLAN – TOWER 3 AND COMPLIANCE COSTS

The Chair, Sir John Hansen, commented that his recollection from the last Board meeting was that management preferred Option E at a cost of $218m, however both the Crown Monitor and he have stated that in their discussions with the Ministry of Health they say that there is only $150m available to the DHB for this project and if we do not act quickly there is a risk we may not even get that. He added that Jo was adamantly opposed to accepting this option, however, other Board members accepted that we should grab the $150m. He also added that there was a reluctance for some to accept this and the meeting gave time to the Chief Executive to discuss this further with the Michelle Arrowsmith from the Ministry of Health who has confirmed that there is only $150m available. Sir John commented that he felt in the circumstances there was only one option that the Board could approve.

The Chief Executive advised that he has had some quite lengthy discussions with Michelle Arrowsmith and Karl Wilkinson and his team seeking some guidance. The response from the Ministry was included in the papers for the meeting. It was noted that the option of six shelled floors was unlikely to be well received by Wellington.

Mr Meates advised that he had tried to summarise discussions since the Board meeting into this report.

The Chair commented that one of the issues the Board would have to grapple with around compliance is where capital expenditure will sit for Health with the COVID situation and it will probably be a lengthier process than we would like.

A query was made regarding the independent review of clinical risk undertaken by the Ministry of Health and Marg Wiltshire, and whether these risk have suddenly disappeared. The Chair responded that he believed that all of the risks are still there.

The Chief Executive confirmed that there was an independent review and this formed part of the feeder into the Campus Master Plan. This grouped together all of the seismic issues and capacity demands and needs. He added that the Chair is absolutely right that the minimum compliance is about minimum seismic and passive fire compliance to meet statutory compliance and does not meet health and safety requirements. He went on to say that as the Chair had commented, this basically comes back to capital available post COVID and all that would occur without further capital would be: panels on the outside of Parkside; stairs; and high risk pacifier compliance.

The Chair commented that there were three matters set out in Michelle Arrowsmith's e-mail and he did not believe that today the Board should accept minimum compliance but we should sit down with the Ministry for further discussions around this. In regard to legislative compliance under Health & Safety and also clinical issues where the DHB will be financially in this restrained environment.

A point was raised regarding what is being proposed will not be enough to meet our community's clinical needs and the paper confirms how little funding we have actually received from the crown.

Board member Jo Kane spoke of the dilemma faced by the Board and commented that a few members have been part of this for some time. She added that never before has the Board made a decision that did not consider future growth and the history over the last 10 years is well documented. She commented that the figure of $150m has been plucked out of the air and we are certainly not putting our community first or our staff first. She added that this locks us in forever to a constrained campus. She advised that she would vote against the motion.

Dr Rob Ojala, Chair, Clinical Leaders Group, provided the Board with some feedback from the Clinical Leaders Group. He advised that Senior Clinicians, do not (because they could not) support Option A and frankly it would be irresponsible for them to do so. He added that Option E barely meets the agreed need and even this is contingent on numerous other developments occurring in a timely fashion and this is their recommended minimum option to the Board.

Dr Ojala added that to be clear this is not just about Tower 3. Option A will be the majority of the campus bed stock and other critical facilities in a not fit-for-purpose condition realistically for the next decade. He added that the inadequacies of our facilities to manage a contagion outbreak like COVID is yet another example of this and the Hagley facility will offer little respite for medical patients from this.

In addition, Dr Ojala advised that clinicians have worked closely and constructively with Management, the Executive Team and the Board over the last 10 years or more and have demonstrated a cooperative and a pragmatic approach which is not giver to hyperbole, and has been consistently prudent in its approach. In that setting I should alarm the Board when clinicians emphatically state that a proposal is dramatically inadequate.

Dr Ojala commented that to his knowledge this is the first time this century that the Board faces a decision that runs explicitly against the measured advice and the support of clinicians.

He added that if the Board chooses to decide that the $154m option is the only pragmatic option to pursue then he would suggest that the resolution reflects that this is insufficient to meet the agreed time-critical capacity and care needs for the DHB.

Dr Ojala again stated for the record that Senior Clinicians do not support Option A and their recommendation to the Board is to support Option E.

The Chair thanked Dr Ojala for presenting the views of the Clinical Leadership Group.

The Chair commented that all Board members have expressed that this is not the desired outcome but we need to ensure that we receive the $150m. CIC did not grant the funding we sought and if $150m is all that is available we need to accept this and indicate that we will be requesting more in coming capital rounds. He added that the completion of the campus Master Plan is a requirement to meet the clear clinical demand that has already been put forward in the Business Case which was a joint document with the CDHB & Ministry of Health and with Clinical input.

It was agreed that a draft resolution be circulated for final agreement and adding to the minutes.

Resolution (PE23/20)
(Moved: Sir John Hansen/Seconded: Gabrielle Huria - carried)
(Jo Kane and Andrew Dickerson voted against)

"That the Board:

i. approves the $154m Campus Masterplan Tranche 1 Reduced Cost Tower 3 Option A (containing 5 ward floors -2 floors fitted out and 3 floors shelled) and recommend it to MOH and CIC for approval."

"The Board notes:

- the agreed Christchurch Hospital Campus Master Plan was developed in partnership between the Canterbury DHB and the Ministry of Health;
- the agreed Christchurch Hospital Campus plan Programme Detailed Business Case and First Tranche Detailed Business Case included agreed population, service demand and capacity forecasts;
- that the original request to the Capital Investment Committee was for $437.78m to deliver a 6-ward level Tower 3 and the design for Tower 4 and Central Podium plus enabling works and minimal refurbishment of Parkside and associated facilities. This had been agreed in partnership with the Ministry of Health, Management and Clinicians as required to meet the needs of the Canterbury community and function as a tertiary provider supporting service provision across the lower North Island and South Island;
- the Board, while accepting the capital constraints for the sector is disappointed that only $150m has been allocated to this project;
- that the Clinical Leaders Group did not support this option as they consider it does not provide the capacity required to deliver and sustain current service levels and impacts on the future configuration of the Christchurch Hospital Masterplan delivery;
- the time critical nature regarding the commencement of the T3 project and the critical need to move forward with urgency; and
- that future capital investment will be required within a short period of time to ensure the agreed capacity needs are met."

The meeting concluded at 1.15pm.

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Sir John Hansen, Chair Date of approval