

CORPORATE OFFICE

Level 1
32 Oxford Terrace
Christchurch Central
CHRISTCHURCH 8011

Telephone: 0064 3 364 4160
Fax: 0064 3 364 4165
carolyn.gullery@cdhb.health.nz

29 July 2019

9(2)(a) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

[REDACTED]

RE Official information request CDHB 10139

I refer to your email dated 5 July 2019 requesting the following information under the Official Information Act from Canterbury DHB.

- 1. Any and all correspondence received by David Meates from the Clinical Leaders Group between March 27, 2017 and July 5, 2019.**

Please refer to **Appendix 1** (attached Pages 1-21) for any and all correspondence received by David Meates from the Clinical Leaders Group between March 27, 2017 and July 5, 2019.

- 2. Any and all correspondence sent by David Meates to the Clinical Leaders Group between March 27, 2017 and July 5, 2019.**

Please refer to **Appendix 2** (attached Pages 22-25) for any and all correspondence sent by David Meates to the Clinical Leaders Group between March 27, 2017 and July 5, 2019.

- 3. Any and all correspondence between David Meates and Michelle Arrowsmith between June 1, 2018 and July 5, 2019.**

Please refer to **Appendix 3** (attached Pages 26-68) for any and all correspondence between David Meates and Michelle Arrowsmith between June 1, 2018 and July 5, 2019.

Please note we have redacted information under the following sections of the Official Information Act:
Section 9(2)(a) i.e. *"...to protect the privacy of natural persons, including that of deceased natural persons"*.

Section 9(2)(b)(ii) i.e. *"would be likely unreasonably to prejudice the commercial position of the person who supplied or who is the subject of the information"* and

Section 9(2)(j) i.e. *"... enable a Minister of the Crown or any department or organisation holding the information to carry on, without prejudice or disadvantage, negotiations (including commercial and industrial negotiations."*

We have also redacted information we consider to be Out of Scope of your request.

I trust that this satisfies your interest in this matter.

If you disagree with our decision to withhold information you may, under section 28(3) of the Official Information Act, seek a review of our decision from the Ombudsman. Information about how to make a complaint is available at www.ombudsman.parliament.nz; or Freephone 0800 802 602.

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

A handwritten signature in black ink, appearing to read 'Gullery', with a long, sweeping horizontal line extending to the right.

Carolyn Gullery
Executive Director
Planning, Funding & Decision Support

Susan Fitzmaurice

From: Rob Ojala
Sent: Tuesday, 27 March 2018 1:22 p.m.
To: David Meates
Cc: Susan Fitzmaurice; Mary Gordon; Angela Mills; Richard French (Anaesthesia SMO)
Subject: CLG Letter to CEO re ASB March.pdf
Attachments: CLG Letter to CEO re ASB March.pdf; ATT00001.txt

David,
Please find attached a letter from CLG regarding ASB project concerns.

Please note this doesn't deal with grave concerns around project completion dates as this is a matter of more than ASB, and CLG has yet to determine its approach to this.

Rob Ojala
Chair CLG

Canterbury

District Health Board

Te Poari Hauora o Waitaha

23rd March 2018

David Meates
Chief Executive
Canterbury DHB

Dear David,

The Clinical Leaders Group is deeply concerned regarding the persistence of errors and omissions being discovered in the Acute Services building (ASB) design documentation. Further, the construction project team (TTT) have appeared to have changed their stance on the correction of these errors given the project's current financial and time constraints. Ultimately this is manifestly impacting on the degree with which the facility reflects the agreed design and scope.

As you will be aware there have been long-standing documentation issues with the ASB design process. The DHB team has identified numerous errors and omissions - despite repeated assurances by the ASB project team that this was superfluous and would be captured by the design team. These have been well discussed and documented previously and have resulted in significant delay to the design process. An independent audit of design documentation was intended to address these concerns and we were advised that it had identified them all.

Despite these assurances, we now find ourselves in a situation, long after documentation would have normally been completed, where new errors are being raised almost weekly. The DHB is in an increasingly pressured position to accept these errors because, it is alleged it is not cost effective at this time to correct them. As recently as this week TTT advised that they had been directed by we assume the MOH not address some errors that were previously agreed to correct.

Current issues that we are aware of include:

- Sanitisers drainage plumbed back to front (resulting in 100mm sewer outlets being narrowed to connect with 80mm pipes) significantly increasing the risk of sewage blockage: the project response was to seek CCC permission to excuse this error as permissible (also has equipment warranty implications)
- Omission of radiation shielding in one general X-ray room from the seismic plane upwards, which will impact on future functionality of this space when converted to a CT and will require DHB to install radiation shielding in this wall space.
- Medication fridges not fitting identified areas in medication rooms
- Walls where medication safes are to be hung have insufficient steel to support (unclear if this one is being addressed or not)
- TV mounts have been placed incorrectly in ceilings rather than back walls (despite clear and repeated documentation of this brief from 2015) – potential clash with hoists/curtains etc
- Room layouts in Interventional Radiology now have become very tight necessitating some further loss of space and potential compromise on room functionality
- Many doors not designed for the function intended – has required extensive DHB review of hundreds of doors, and only some have been corrected. Some rooms that are to be secure have had a hold-open added by the design team rendering them insecure (medication

rooms), some doors that were to be held open will not be able to and some doors have required moving to avoid the clash of open doors into trafficable corridors (unclear on resolution of the complete list, but will likely result in M&E having to do remedial works on occupation to many doors – removing or adding clips at a minimum if not more)

- Unclear resolution of some hoist mechanisms and locations (this may be resolved but unclear; we are advised to wait until occupation)
- Various change in plumbing locations requiring boxing out of space in toilets due to clash of services/infrastructure
- Missing brief regarding the nurse-call system feeding back to telephonist office for cardiac arrest calls in particular
- Omitting details that the Pneumatic Tube from ASB had to go all the way to Parkside and Labs

This list is not exhaustive. In addition it would seem given the current rate of error identification that more will follow – with an indeterminate response.

In the absence of remediation it is likely that there will be a further consequential impact for the DHB when taking possession of the ASB with having to rectify errors at direct DHB cost, plus the likely impact on service functioning. In addition, users will need to be made aware of such issues once the building opens.

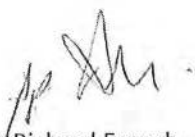
Frankly CLG finds the situation completely unacceptable. There was an agreed approach, which involved considerable compromise on the part of the DHB, and now it seems the project for its part is failing to deliver on that agreement. We would assume that HRPB would hold the project management to that agreement, to date however this seems uncertain. We ask that you note these concerns, and that they are raised in appropriate forums so that impacts are clearly understood by relevant parties and decision-makers.

Yours sincerely,

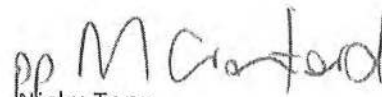
The CDHB Clinical Leaders Group
Facilities Redevelopment



Dr Rob Ojala
Chair CLG
Clinical Lead
Facilities Redevelopment



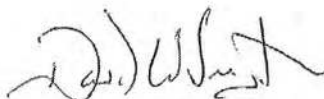
Dr Richard French
Vice Chair, CLG
CD Service Improvement



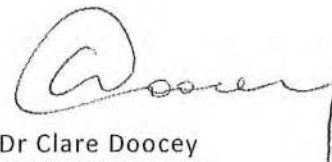
Nicky Topp
Nursing Director



Dr Sharyn MacDonald
Chief of Radiology



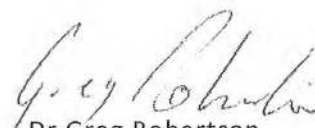
Dr David Smyth
Chief of Medicine



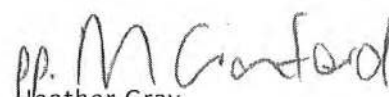
Dr Clare Doocey
Chief of Child Health



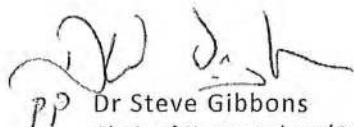
Dr Janet Whineray
Clinical Director, O&G



Dr Greg Robertson
Chief of Surgery




Heather Gray
DON, Christchurch Hospital Campus



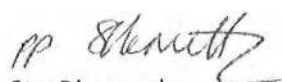
Dr Steve Gibbons
Chair of Haematology/Oncology Cluster



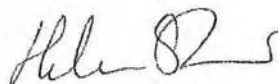
Sandy Clemett
Change-Champion Allied Health
Director of



Diana Gunn
DON, Older Persons Health &
Burwood Hospital



Stu Bigwood
DON, Mental Health



Dr Helen Skinner
Chief of Older Persons Health
and rehabilitation



Dr Peri Renison
Chief of Psychiatry



Paul Tudor Kelly
Scientific/Technical Lead



Richard Scrase
DON, Older People, Population Health

Susan Fitzmaurice

From: Rob Ojala
Sent: Saturday, 21 July 2018 2:18 p.m.
To: 9(2)(a) @xtra.co.nz; David Meates; Sue Nightingale; Mary Gordon; Carolyn Gullery; Stella Ward
Cc: Richard French (Anaesthesia SMO); Angela Mills
Subject: FW: Emailing: CLG letter to Minister of Health re sustaining services WRT facilities 20-7-18
Attachments: CLG letter to Minister of Health re sustaining services WRT facilities 20-7-18.pdf

FYI

-----Original Message-----

From: Rob Ojala
Sent: Saturday, 21 July 2018 2:16 p.m.
To: 'david.clark@parliament.govt.nz'
Subject: Emailing: CLG letter to Minister of Health re sustaining services WRT facilities 20-7-18

Dear Minister

Please find appended an electronic version of a letter from the Clinical Leadership Group at CDHB - sent this way in the interests of urgency – with the original to follow by Mail.

Rob Ojala
Chair,
Clinical Leaders Group
CDHB

Susan Fitzmaurice

From: Rob Ojala
Sent: Wednesday, 18 July 2018 10:40 a.m.
To: 9(2)(a) @xtra.co.nz; David Meates
Subject: CLG letter to Minister Clark re Campus Masterplan and IBC 20-07-18
Attachments: CLG letter to Minister Clark re Campus Masterplan and IBC 20-07-18.docx

Dear John and David,

FYI – this letter will be sent from CLG

We cannot, in our role as clinical leaders, represent the best interests of our patients and colleagues without making the Minister acutely aware of the clinical impacts stemming from this lack of planning clarity.

Obviously very keen not to undermine your close relationships with the Minister, and consequently as part of this have explicitly acknowledged the Board's and Executive's great collaborative work to sustain services in these circumstances.

Regards,

Rob Ojala

Canterbury

District Health Board

Te Poari Hauora o Waitaha

20th July 2018

The Honourable Dr David Clark
Minister of Health
Parliament Buildings
Wellington

Dear Minister,

We write to express our grave concern about the very real risk of service failure for the CDHB. This issue principally arises from an absence of clarity in MoH-led facility planning at Christchurch Hospital Campus and the consequential impacts on service planning.

As you will know, the campus houses NZ's second-largest tertiary hospital and still contains eight significantly damaged and earthquake-prone structures. Major earthquake-related repairs on site are largely on hold more than seven years after the quakes. They are still awaiting a MoH-led determination.

Clinical teams have gone to extraordinary lengths to ensure that health services have continued despite broken, increasingly non-compliant infrastructure, multiple moves of services and a highly disrupted physical environment. Close engagement of clinicians, management and the CDHB Board has been a very important contributor to successfully managing these immense challenges. However, Canterbury's ability to-date to sustain these services risks creating the impression that we can continue to deliver care as before. This is, unfortunately, highly unlikely.

The new Acute Services building (ASB) is well underway as a response to campus issues explicitly pre-dating the quakes. Originally targeted for 2016, delays have pushed this now to late 2019. Somewhat counter-intuitively this delayed completion, coupled with the residual campus damage and unprecedented population growth, means the ASB will provide almost no relief to both bed and theatre pressures.

A MoH-controlled Campus Masterplan to address these still-outstanding wider campus issues began in 2016. Notably this work explicitly excluded rapidly expanding oncology and laboratory services from any planning.

A key element of the planning project was the urgent development of a parallel IBC. The IBC was to address the best means of providing a solution to both quake remediation and projected growth in demand. This work was to be completed within five months.

However, over 2 years later, and despite agreed urgency, the IBC process continues without a clear endpoint. Multiple peer reviews from structural and clinical experts have told us little we have not already anticipated - and a further review has been mooted. Still we remain unable to progress all but critical remediation of existing facilities with the CDHB now catering for population demand not projected until 2022.

The timeframe for delivery of any new facilities associated with an IBC is over 6 years. Even with an accelerated process, facilities will now not be available until after 2024. Further, a piecemeal approach would force uneconomic and clinically inappropriate solutions on existing facilities.

This delay places considerable obstacles to sustaining clinical care, while the lack of certainty makes it almost impossible for clinical teams to improve health services and plan for future growth. Staff recruitment and retention are being compromised, and markers of staff wellbeing including mental health have shown considerable recent deterioration.

We believe it is important that you as Minister of Health understand that any further delay and continued lack of urgency from MoH will lead to significant service failure. It should be a considerable cause for concern that a nationally and internationally recognised DHB, leading in models of care that commit to reducing hospital attendance, is anticipating such service failure at its flagship campus. Further, our population growth and quake-related constraints mean that we are not just running to stand still, we are beginning to go backwards.

Service failure at the Christchurch campus will be felt on a national level:

- We are the largest provider of acute surgical operations nationally.
- We are the largest centre for trauma care in New Zealand.
- We are one of two centres for critical spinal surgery.
- We are a key provider of national oncological services, including providing child haematology and oncology and gynaecological oncology for all regions south of Taupo.
- The Christchurch campus is a major receiving facility for inter-regional flows including the West Coast and Chatham Islands and lower half North Island and South Island.
- There is little capacity left for additional outsourcing.

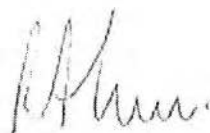
We therefore request your urgent intervention to progress the completion of the MoH-led master-planning and consequent IBC of Christchurch Hospital campus.

Yours faithfully,

CDHB Clinical Leaders Group.



Dr Rob Ojala
Chair CLG
Clinical Lead
Facilities Redevelopment



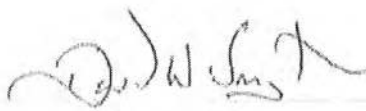
Dr Richard French
Vice Chair, CLG, Clinical Lead &
CD Service Improvement



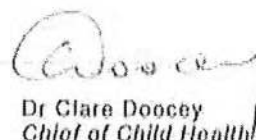
Dr Helen Skinner
Chief of Older Persons Health
and rehabilitation



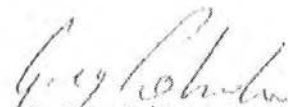
Dr Sharyn MacDonald
Chief of Radiology



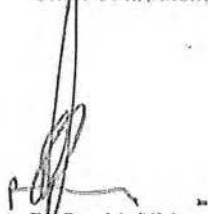
Dr David Smyth
Chief of Medicine



Dr Clare Doocay
Chief of Child Health



Dr Greg Robertson
Chief of Surgery



Dr David Gibbs
Chair of Haematology/Oncology
Cluster



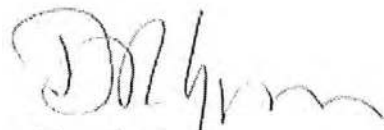
Heather Gray
DON, Christchurch Hospital
Campus



Stu Digwood
DON, Mental Health



Sandy Clemett
Director of Allied Health Mental
Health



Diana Gunn
DON, Older Persons Health &
Burwood Hospital



Dr Peri Renison
Chief of Psychiatry



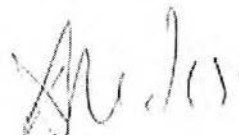
Nicky Topp
Nursing Director



Paul Tudor Kelly
Scientific/Technical Lead



Richard Scrase
DON, Older People, Population
Health



Angela Mills
Programme Manager
CDHB Facilities

Susan Fitzmaurice

From: Rob Ojala
Sent: Thursday, 16 August 2018 7:16 p.m.
To: Mary Gordon; Carolyn Gullery; Stella Ward; Pauline Clark; Angela Mills; Brad Cabell
Cc: David Meates
Subject: Fwd: Letter from Hon Dr David Clark (C1801970)
Attachments: 16082018144005-0001.pdf; ATT00001.htm

FYI

Begin forwarded message:

From: Catherine Graham <Catherine.Graham@parliament.govt.nz>
Date: 16 August 2018 at 5:11:05 PM NZST
To: "'Rob.Ojala@cdhb.health.nz'" <Rob.Ojala@cdhb.health.nz>
Cc: ^{9(2)(a)} [REDACTED] <[\[REDACTED\]@xtra.co.nz](mailto:[REDACTED]@xtra.co.nz)>, "'david.meates@cdhb.govt.nz'" <david.meates@cdhb.govt.nz>
Subject: Letter from Hon Dr David Clark (C1801970)

Kia ora

Please find attached a letter to you from Hon Dr David Clark, Minister of Health.

Ngā mihi,

Catherine Graham
 Private Secretary- Correspondence
 Office of Hon Dr David Clark Minister of Health, Associate Minister of Finance
 Parliament Buildings
 Wellington

Hon Dr David Clark



MP for Dunedin North

Minister of Health

Associate Minister of Finance

16 AUG 2018

Clinical Leaders Group
Canterbury District Health Board
c/o rob.ojala@cdhb.health.nz

Ref. C1801970

Dear Canterbury DHB Clinical Leaders

In response to your letter of 20 July 2018 about service delivery challenges at Canterbury DHB, I would firstly like to acknowledge the effort you and your clinical teams have invested in ensuring continuity in the delivery of health services to Canterbury residents. Your great work in continuing to provide high quality services under challenging and complex circumstances is greatly appreciated.

There have been several meetings in the past few months between the Ministry of Health and Canterbury DHB to discuss working together to address future challenges facing the health and wellbeing of the population of Canterbury - and how to meet them. I understand that at the most recent meeting, progress with planning for the Christchurch campus was discussed.

As a result of recent engagements I have improved confidence in the relationship between the Ministry of Health and Canterbury DHB, and the ability for both organisations to work together in finding solutions to operational issues facing Canterbury DHB. As part of this, I understand that every effort is being made to work together on the way forward for the Christchurch campus. I agree that Canterbury DHB requires certainty in order to properly prepare for future demands.

It is my expectation that Ministry of Health clinical and other staff are available to support Canterbury DHB to assist with service provision challenges. The Chief Medical Officer, Dr Andrew Simpson, is your point of contact regarding specific clinical issues. He can be reached by email (andrew_simpson@moh.govt.nz).

I note the seriousness of your concerns and your call for urgency. I can assure you I will be following this matter closely.

Yours sincerely

Hon Dr David Clark
Minister of Health

cc Dr John Wood
Chairperson, Canterbury District Health Board

David Meates
Chief Executive, Canterbury District Health Board

Susan Fitzmaurice

From: Rob Ojala
Sent: Friday, 12 October 2018 5:37 p.m.
To: Mary Gordon
Cc: David Meates; Angela Mills; Richard French (Anaesthesia SMO)
Subject: Fwd: Letter from Surgical CDs
Attachments: D Meates, J White - surgical instruments new build.docx; ATT00001.htm

Mary - you may have this already.

I will ask Richard to table this at the next CLG (as he has been more involved with the FF&E side of things)- but in the interim as this isn't for a few weeks, I would ask that the letter is also discussed at the next FDGG (DHB only)

Thanks

R

Begin forwarded message:

From: 9(2)(a)
Date: 12 October 2018 at 3:53:17 PM NZDT
To: Rob Ojala <Rob.Ojala@cdhb.health.nz>
Subject: Letter from Surgical CDs

As attached

9(2)(a)
Supervisor / Secretarial Team Leader
Department of Surgery / 1st Floor / Hagley Outpatients
Christchurch Hospital

9(2)(a)

Greg Robertson
Chief of Surgery
Department of General Surgery
Level 1, Hagley Outpatients

Christchurch Hospital

9(2)(a)

12 October 2018

Mr David Meates, CEO, Christchurch Hospital
Justine White, Executive Director Finance & Corporate Services, Christchurch Hospital

Copy to: Angela Mills, Programme Manager, Facilities Development Project, Christchurch Hospital
Rob Ojala, Clinical Lead, New Facilities Development Project, Christchurch Hospital
Richard French, Clinical Director, Service Improvement, Anaesthesia, Christchurch Hospital

Dear David / Justine,

I write on behalf of the Surgical CDs in relation to the provision of surgical instruments for the new Christchurch Hagley operating theatres.

We understand that there has been no success in achieving the purchase of these instruments within the FF& E budget of the project. We are somewhat surprised by this considering the project is purchasing the operating theatre lights, operating theatre table, anaesthesia equipment, monitors, stacks etc.....and would have thought that it would have supported the purchase of instruments necessary for anything to be actually done in the theatres.

Having been intimately involved in the Divisional, and broader DHB capital allocation meetings, I do understand the significant limitations that exist for funding instruments through that pathway bearing in mind some of the projected capital expenditure provisions. I therefore, have reservations about this as a feasible funding stream. More importantly I have significant concerns around the timeline requirements that this pathway would incur which are already challenging should the project fund through the FF& E pathway (assuming delivery of the Christchurch Hagley operating theatres in October 2019).

Without resolution of this issue, and purchase of theatre instruments, you will undoubtedly be aware that we will need to continue outplacing and outsourcing surgery, and the costs incurred with this.

Should you feel that there is anything that we can do to help progress, what appears to be a stalled process, we would be delighted to assist. Clearly you will appreciate our view is that this is an FF&E expense for the project rather than a DHB Capex issue, but the impasse must be resolved soon to ensure we can resource equipment in an appropriate timeframe.

Yours sincerely



Greg Robertson
CHIEF OF SURGERY

Susan Fitzmaurice

From: Rob Ojala
Sent: Wednesday, 17 April 2019 5:21 p.m.
To: John Woods; David Meates
Cc: Kay Jenkins
Subject: CLG letter to CDHB Board
Attachments: CLG letter to CDHB Board Re Campus Planning FINAL 17 April 2019..pdf

Dear John and David,

Please find appended a letter from CLG to the CDHB Board.

Yours sincerely,

Rob Ojala
Chair,
Clinical Leaders Group
CDHB

Canterbury
 District Health Board
 Te Pōari Hauora o Waitaha

17th April 2019

Dear CDHB Board,

No viable path to avoid capacity shortfall at Christchurch Hospital

The CDHB clinical leaders have reluctantly reached a point of no confidence in the ability of the campus planning process, as overseen by the Ministry of Health, to deal with the urgent facility and capacity issues at Christchurch Hospital.

From the outset of the process, the Clinical Leaders Group stressed the challenges of time and capacity planning, and the need for a coordinated response. However, after more than three years, several external reviews and in excess of 270 meetings with planners and the ministry, we are now presented with only a short-term fix for capacity constraints (a standalone ward tower, T3) but still no agreement on the funding and timing of the broader critical path forward.

This standalone proposal is demonstrably unable to meet anything other than immediate population demands without simultaneous approval of wider campus reconfigurations. The programme timeframes are clear – a podium and fourth tower (CT4) must also be commenced under urgency to coincide with agreed demand. Expert advice states that building isolated ward structures in succession rather than in parallel will add years of extra disruption and exacerbate capacity issues. In addition, a key benefit is that CT4 can effectively be conjoined to the third tower if built at the same time. Ward tower separation, based on experience elsewhere, would create a legacy of clinical inflexibility that cannot be retrofitted away.

These capacity challenges have been further compounded for us by unprecedented population growth in Canterbury, itself the subject of much central dispute, which places further pressure on services. Current population projections for Canterbury confirm that without approval to begin the wider build now, we will rapidly fail to address not only our population's needs, but also the needs of those requiring tertiary services that the Canterbury DHB provides for the region and nationally. To compound this, central agencies are inexplicably holding onto analyses based on population assumptions from 2012 that are known to be wrong. As a result, we are concerned that the Minister might not be being provided with an accurate picture of the immediate and near-future risks to the Canterbury health system.

We are also 8 years post-quakes with little apparent sense of urgency outside of the DHB to address critical health and infrastructural impacts from that sequence of events. No other region in the country continues to deal with the impacts of major disasters on its community's physical and mental health and well-being, including the 15/03 terrorist attack. Instead, there appears to be an ongoing central failure to grasp the implications of the issues and their effects. Canterbury DHB has repeatedly raised concerns about the process and the lack of progress, only to have the need and the urgency challenged and be told that other regions need facilities prioritised.

The broader hospital community has increasingly, and reasonably, signalled its frustration with the lack of a firm plan for its respective services. Planning for delivery of care now requires extensive risk register analysis and management by staff, citing uncertainty around service location, multiple splits in delivery, outsourcing, out-placing and relocations.

The confidence the leadership of this DHB (both clinical and management) has in our staff to sustain themselves and their high standards of patient care is predicated on a viable and timely trajectory to address the issues. In the absence of such an agreed path it is highly likely the staff will more visibly lose confidence in the process they have steadfastly maintained their faith in.

Clinicians, the Board, the Executive and the people of Canterbury have been failed by this process. The clinical leaders predict the delays in capacity provision resulting from this unnecessarily protracted process will soon have serious local, regional and national implications.

We are, as always, willing to engage but can no longer accept the current lack of urgency and understanding from central agencies and watch our high-performing health system fail.

Yours sincerely



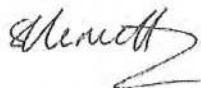
Rob Ojala
Chair, CLG



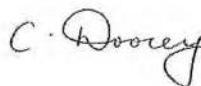
Richard French
Vice Chair, CLG



Stu Bigwood
Clinical Lead, Mental Health



Sandy Clemett
Change Champion Allied Health



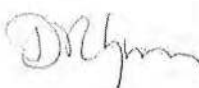
Clare Doocey
Chief of Child Health



David Gibbs
Chair of Haematology/Oncology Cluster



Heather Gray
DON, Medical & Surgical



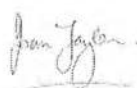
Diana Gunn
DON, Older Persons Health & Burwood Hospital



Helen Skinner
Clinical Director Older Persons Health



Sharyn MacDonald
Chief of Radiology



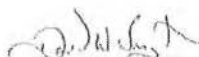
Joan Taylor
DON, Mental Health



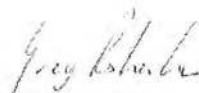
Peri Renison
Chief of Psychiatry



Emma Jackson
Clinical Director, O&G



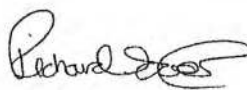
David Smyth
Chief of Medicine



Greg Robertson
Chief of Surgery



Nicky Topp
Nursing Director



Richard Scrase
Nursing Director
Older Persons Health



Paul Tudor Kelly
Scientific/Technical Lead

Susan Fitzmaurice

From: Rob Ojala
Sent: Sunday, 12 May 2019 4:28 p.m.
To: david.clark@parliament.govt.nz
Cc: John Woods; David Meates
Subject: Letter to the Hon Minister of Health David Clark from the Clinical Leaders Group at CDHB
Attachments: Letter to the Minister of Health from CLG 13-05-19 Final.pdf

Please Find appended at Letter to the Hon Minister of Health David Clark from the Clinical Leaders Group at CDHB

Canterbury
District Health Board
Te Poari Hauora o Waitaha

Hon David Clark
Minister of Health
Parliament Buildings
Wellington 6160
New Zealand

12th May 2019

Dear Minister,

Further to our letter of 17th April 2019 to the CDHB Board, the Clinical Leaders Group at Canterbury DHB is grateful for your pledge to our Board to meet with us in Christchurch to discuss concerns we have raised.

We believe that this discussion should occur as a matter of urgency as we are aware that the Ministry appears to be pressing ahead with an unworkable redevelopment proposal. This involves a tranche one business case that includes construction of Tower 3 (T3) only at Christchurch Hospital. It would postpone the key CT4 facility which is intrinsically linked to T3 and other critical enabling elements.

Given the timeframes this will thwart attempts to manage quake-related repairs and compliance issues. It will also fundamentally undermine our capacity to deal with agreed and unprecedented population growth in Canterbury. Further, it will create legacy issues impacting well beyond this region.

This campus redevelopment approach goes against our strongest clinical advice as we understand has been outlined to you following our recent letter to CDHB Board.

We therefore cordially invite you to meet our Group in the coming days, to enable us to fully explain our position to you and to allow all parties to move towards clinically acceptable and robust solutions to the future capacity needs of our vital South Island tertiary infrastructure.

Yours faithfully,



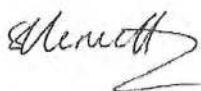
Rob Ojala
Chair, CLG



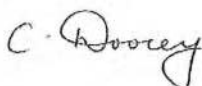
Richard French
Vice Chair, CLG



Stu Bigwood
Clinical Lead, Mental Health



Sandy Clemett
Change Champion Allied Health



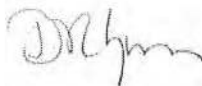
Clare Doocey
Chief of Child Health



David Gibbs
Chair of Haematology/Oncology
Cluster



Heather Gray
DON, Medical & Surgical



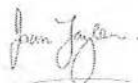
Diana Gunn
DON, Older Persons Health
& Burwood Hospital



Helen Skinner
Clinical Director Older Persons
Health



Sharyn MacDonald
Chief of Radiology



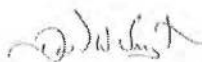
Joan Taylor
DON, Mental Health



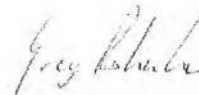
Peri Renison
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Clinical Director, O&G



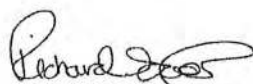
David Smyth
Chief of Medicine



Greg Robertson
Chief of Surgery



Nicky Topp
Nursing Director



Richard Scrase
Nursing Director
Older Persons Health



Paul Tudor Kelly
Scientific/Technical Lead

Susan Fitzmaurice

From: Rob Ojala
Sent: Monday, 13 May 2019 11:38 a.m.
To: Angela Mills; Clare Doocey; David Gibbs; David Smyth; Diana Gunn; Emma Jackson; George Schwass; Gregory Robertson; Heather Gray (Director of Nursing); Hector Matthews; Helen Skinner; Joan Taylor; Mark Crawford; Nicky Topp; Paul Tudor Kelly; Peri Renison; Richard French (Anaesthesia SMO); Sandy Clemett; Sharyn MacDonald; Stu Bigwood; Sue Nightingale
Cc: 9(2)(a)@xtra.co.nz; David Meates; Mary Gordon (Executive Director of Nursing)
Subject: FW: Acknowledgement from the Office of Hon Dr David Clark (C190774-2)
Attachments: Letter to the Minister of Health from CLG 13-05-19 Final.pdf
Importance: High

Fyi

From: Jordan Andrews [mailto:Jordan.Andrews@parliament.govt.nz]
Sent: Monday, 13 May 2019 10:15 a.m.
To: Rob Ojala <Rob.Ojala@cdhb.health.nz>
Subject: Acknowledgement from the Office of Hon Dr David Clark (C190774-2)
Importance: High

Kia ora

On behalf of the Hon Dr David Clark, Minister of Health, thank you for your correspondence.

The Minister has asked officials to urgently advise him on this matter and he will respond once he has received this advice.

Ngā mihi

Jordan



Jordan Andrews | Correspondence Private Secretary, Health
 Office of Hon Dr David Clark
 Minister of Health | Associate Minister of Finance

From: Rob Ojala [mailto:Rob.Ojala@cdhb.health.nz]
Sent: Sunday, 12 May 2019 4:28 PM
To: Hon. Dr David Clark <David.Clark@parliament.govt.nz>
Cc: John Woods 9(2)(a)@xtra.co.nz; David Meates <David.Meates@cdhb.health.nz>
Subject: Letter to the Hon Minister of Health David Clark from the Clinical Leaders Group at CDHB

Please Find appended at Letter to the Hon Minister of Health David Clark from the Clinical Leaders Group at CDHB

Susan Fitzmaurice

From: Rob Ojala
Sent: Tuesday, 18 June 2019 10:33 a.m.
To: Angela Mills
Cc: Andy Savin; Carolyn Gullery; Christine Corin; Clare Doocey; Dale Kennedy (Project Manager); Dan Coward; David Gibbs; David Meates; David Smyth; Diana Gunn; Emma Jackson; George Schwass; Gregory Robertson; Heather Gray (Director of Nursing); Hector Matthews; Helen Skinner; Irene Crombie; Justine White; Mark Crawford; Mary Gordon (Executive Director of Nursing); Nicky Topp; Paul Tudor Kelly; Pauline Clark; Peri Renison; Richard French (Anaesthesia SMO); Richard Scrase; Sandy Clemett; Sharyn MacDonald; Shirley Butcher; Stella Ward; Stu Bigwood; Sue Nightingale; Susan Fitzmaurice; Susan Wood; Toni Gutschlag
Subject: Campus planning and meeting with the Minister et al @CLG
Attachments: image001.jpg

Colleagues

In relation to this Friday's CLG -

I am acutely aware of the challenges we are facing with the campus planning process with MOH-Destravis. I am also aware of concerns around specific elements like departmental workspace in riverside.

I have allocated an hour+ in this Friday's CLG agenda to discuss this and also our plan for the meeting with the Minister in a couple of weeks.

I would be grateful if you could think a bit around these two topics prior to then. It would be helpful if you feel there are other core issues that we might consider that you signal those to me individually to put in the mix.

Rob Ojala
Chair.

Susan Fitzmaurice

From: David Meates
Sent: Thursday, 17 August 2017 1:39 p.m.
To: Rob Ojala
Cc: Mary Gordon; Justine White; Susan Fitzmaurice; Sue Imrie; Angela Mills; Richard French (Anaesthesia SMO)
Subject: Re: CLG discussion with Exec re ATAs etc

Happy for meeting to be arranged

Sent from my iPhone

On 17/08/2017, at 1:14 PM, Rob Ojala <Rob.Ojala@cdhb.health.nz> wrote:

CLG have requested a conversation re the status of ATAs/resource etc for new and changing facilities – clearly there are challenges to managing the transition, and thoughts around continuation with existing volumes but in a different context with significantly expanded orbits of work and other issues are creating a need for more clarity – either by way of a smaller dedicated meeting or as a formal update/discussion at CLG

R

Susan Fitzmaurice

From: David Meates
Sent: Thursday, 29 March 2018 2:03 p.m.
To: Rob Ojala; Angela Mills; Mary Gordon
Subject: FW: CLG Letter to CEO re ASB March.pdf

fyi

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhd.org.nz



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 Responsibility for outcomes - Te Takohanga i ngā hua

From: Michael_Hundleby@moh.govt.nz [mailto:Michael_Hundleby@moh.govt.nz]
Sent: Thursday, 29 March 2018 2:00 p.m.
To: David Meates <David.Meates@cdhb.health.nz>
Cc: Lionel Wood^{9(2)(a)} Barry Bragg^{9(2)(a)} Mark Solomon^{9(2)(a)}
Subject: Re: CLG Letter to CEO re ASB March.pdf

Hello,

Thank you David for forwarding this letter on.

We have written a formal letter to ^{9(2)(a)} outlining performance concerns and asking for a formal response. We have now forwarded the letter from the clinical leaders and asked for ^{9(2)(a)} response to also cover the issues raised in that letter.

Regards,

Michael

David Meates --- CLG Letter to CEO re ASB March.pdf ---

From: "David Meates" <David.Meates@cdhb.health.nz>
To: Michael_Hundleby@moh.govt.nz
Cc: "Lionel Wood"^{9(2)(a)} "Barry Bragg"^{9(2)(a)} "Mark Solomon"^{9(2)(a)}
Date: Tue, 27/03/2018 3:54 PM
Subject: CLG Letter to CEO re ASB March.pdf

Michael

Please see attached letter from the CDHB Clinical Leaders Group outlining their deep concerns regarding the persistence of errors and omissions being discovered in the ASB design documentation and the subsequent impacts of this on agreed design and scope.

As outlined in the letter, in the absence of remediation, it is likely that there will be a further consequential impact for the DHB when taking possession of the ASB with having to rectify errors at direct DHB cost, plus the likely impact on service functioning. In addition, users will need to be made aware of such issues once the building opens.

As highlighted by CLG, this letter doesn't deal with grave concerns around project completion dates as this is a matter of more than ASB, and CLG has yet to determine its approach to this.

It would be fair to say that the clinical and organisational concerns regarding the above issues and ongoing uncertainty and slippage of dates is creating major risks regarding people and service delivery.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz |

http://scanmail.trustwave.com/?c=5305&d=17K52j_61uki8IHDc4RmUfKltf5nO2oWcwBXNl3zbw&u=http%3a%2f%2fwww%2ewestcoastdhub%2eorg%2enz

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-----Original Message-----

From: Rob Ojala

Sent: Tuesday, 27 March 2018 1:22 p.m.

To: David Meates <David.Meates@cdhb.health.nz>

Cc: Susan Fitzmaurice <Susan.Fitzmaurice@cdhb.health.nz>; Mary Gordon <Mary.Gordon@cdhb.health.nz>; Angela Mills <Angela.Mills@cdhb.health.nz>; Richard French (Anaesthesia SMO) <Richard.French@cdhb.health.nz>

Subject: CLG Letter to CEO re ASB March.pdf

David,

Please find attached a letter from CLG regarding ASB project concerns.

Please note this doesn't deal with grave concerns around project completion dates as this is a matter of more than ASB, and CLG has yet to determine its approach to this.

Rob Ojala

Chair CLG

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Susan Fitzmaurice

From: David Meates
Sent: Friday, 11 May 2018 2:46 p.m.
To: Rob Ojala
Cc: 9(2)(a) Mary Gordon; Richard French (Anaesthesia SMO); Angela Mills
Subject: Re: Chch Campus IBC

Rob
We will be able to update on progress with the IBC later next week. The HRPG have met this week to review the IBC and I understand that there will be some feedback over the next week.

Regards

David

Sent from my iPhone

On 11/05/2018, at 2:21 PM, Rob Ojala <Rob.Ojala@cdhb.health.nz> wrote:

We have a CLG this afternoon – and the level of concern around the lack of apparent progress in moving the chch campus IBC forward is growing.

We had a broad agreement with the HRPG as a worse case for this to be tabled with them at the end of March, however as May slides away and the issue is not on the [draft] agenda for next week's HRPG, I am left with waning confidence.

Frankly, I am wondering how to work with CLG in a manner that will not result in a more visible level of concern being expressed.

Rob Ojala
Clinical lead, CDHB Facilities Redevelopment.

Susan Fitzmaurice

From: Michelle.Arrowsmith@health.govt.nz
Sent: Tuesday, 25 June 2019 8:21 a.m.
To: David Meates
Subject: Re: Draft CHDB findings for steering group

Hi David

Look forward to going through things tomorrow

I have asked for Lester Levy to be invited as I thought it would be helpful to get his involvement now as Crown Monitor but I don't know if he can make it yet.

See you tomorrow

Regards

Michelle Arrowsmith
 DDG DHB Performance Support and Infrastructure

Sent from my iPhone

On 24/06/2019, at 5:22 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Hi [REDACTED]

Thanks for the draft report that has been received today. Can you please forward the detailed analysis comparing peers re productivity / efficiency as referred to page 2 of the Executive Summary. There seems to be some difference from the EY analysis previously viewed.

We have detected what appear to be some errors in fact and some mis-interpretation of CDHB provided documents (eg the CDHB internal audit plan which uses potential residual risks to identify target audit areas seems to have been interpreted as identified actual risks – which is simply not the case).

We will be able to provide you with further commentary on Wednesday.

Looking forward to a constructive conversation.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhd.org.nz

<image002.jpg>

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From: 9(2)(a) [REDACTED]@nz.ey.com] On Behalf Of 9(2)(a) [REDACTED]
 Sent: Monday, 24 June 2019 2:04 p.m.
 To: Michelle Arrowsmith/MOH <Michelle_Arrowsmith@moh.govt.nz>; Susan Fitzmaurice
 9(2)(a) [REDACTED]
 Subject: Draft CHDB findings for steering group

Dear David and Michelle

Please find attached the draft report for our discussion on Wednesday.

Kind regards,

9(2)(a) [REDACTED]

<image003.gif> 9(2)(a) [REDACTED] | Partner | Advisory | NZ Government & Public Sector Leader

Ernst & Young
 2 Takutai Square, Britomart, Auckland 1010, New Zealand
 9(2)(a) [REDACTED]@nz.ey.com
 Website: <http://www.ey.com>
 Executive Assistant: 9(2)(a) [REDACTED]

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Susan Fitzmaurice

From: Michelle.Arrowsmith@health.govt.nz
Sent: Thursday, 13 June 2019 10:05 p.m.
To: David Meates
Subject: Re: FW: Hagley Migration

Hi David

Following on from our conversation on Tuesday and tonight. We are working towards the completion and occupation of ASB before the end of 2019. I fully understand that this is challenging and will not be easy but we must work together to with best efforts hopefully achieve this. I am aware if nearing opening there are risks to clinical safety that cannot be mitigated we will need to review the opening date but at this stage we all must continue to work towards the completion and occupation of ASB before the end of 2019.

You enclose in your email the Wood Harris programme plans, and I am fully aware there is a lot to do as is always the case at this stage, and that this is complex. I would like to be able to see and understand the CDHB migration and commissioning plan in full so that we can fully understand together the critical path items in your plans and risks so that we may work together to ensure these are resolved and mitigated if at all possible. I would appreciate if you or one of your team could send this through.

As we both discussed and agreed any decisions and communication on change of opening dates would be made together and jointly owned. As well as including HRP. We should review the DHB plans and risks/mitigation before we take any further steps to change dates.

I look forward to be able to see the further plans and work through this with you and your team David.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure

9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
Date: 13/06/2019 05:35 p.m.
Subject: FW: Hagley Migration

As discussed.

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board
 T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
 P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz



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From: David Meates

Sent: Thursday, 13 June 2019 5:34 PM

To: 'John Wood' 9(2)(a) 'Mark Solomon' 9(2)(a) 'Barry Bragg'

9(2)(a)

Cc: Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>

Subject: FW: Hagley Migration

Kia ora

Please find email below and attached schedules which now make it very clear that we will be re-setting the migration plan for Christchurch Hospital Hagley. Teams have been working very hard to try and find a way to achieve the 18th November occupation date. DHB has been working closely with CPB and Woods Harris (Programmers) to determine whether a different co-ordination approach could help maintain dates.

As you can see from below

- MOH certification and Go Live fixed to the current agreed dates, provisions currently overrun by up to 30 working days.

At a meeting late yesterday afternoon involving both Mary, myself and Tony Llyod, his view was still that commissioning was at best still 50:50 to support an 18th November date.

Incredibly frustrating and highly disruptive as revised plans are going to consume a huge amount of time and energy for teams.

At this stage this is a head up with NO confirmation or communication occurring with the organisation. This is something that

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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From: 9(2)(a) @woodsharris.co.nz]

Sent: Thursday, 13 June 2019 7:04 a.m.

To: Angela Mills <Angela.Mills@cdhb.health.nz>; Rob Ojala <Rob.Ojala@cdhb.health.nz>; Richard French (Anaesthesia SMO) <Richard.French@cdhb.health.nz> 9(2)(a)

'Tony.Lloyd@health.govt.nz' <Tony.Lloyd@health.govt.nz>; Helena Berard <Helena.Berard@cdhb.health.nz>; 9(2)(a)

9(2)(a) Robyn Richards <Robyn.Richards@cdhb.health.nz>; 9(2)(a)

9(2)(a) 'Liam.Scally@health.govt.nz' <Liam.Scally@health.govt.nz>; David Kay@moh.govt.nz

Cc: 9(2)(a)

Subject: RE: Hagley Migration

Morning All,

Find attached Master Programme Rev 16, PDFs showing;

1. Overrun to critical MOH Cert and Go Live current targets.
2. Summary provisions
3. Detailed provisions.

Summary:

- Master Programme Rev 16 provisions are based on CPB achieving 24th July Practical Completion.
- ED, Main radiology & theatres currently overrun completion for MOH certification by up to 30 working days, the main driver being completion of Group 3 (inc commissioning) prior to clinical cleans being able to progress in these department, while we could isolate some rooms to return and clean this would not gain us the 30 wd required to be completed by MOH certification on 14th October.

- Clinical clean cannot commence to the towers until 19th August unless areas for new/functional review works are isolated and return cleans completed, key drivers delaying clean are bedheads, drug safes & Ensuite doors.
- Assuming beneficial access to the Towers can be agreed from approx 24th June, MOH/DHB FF&E works prior to the first clean would not necessarily need to follow the clean sequence as new works will not be completed for approx 6-7 weeks after beneficial access is granted.
- Trying to follow the FF&E and CDHB programmes has been difficult as they are generally not broken down by area, which we are now having to carry out in order to start activities as soon as possible.
- CDHB "Key Dates" at the bottom of the attachments are fixed to generate any overrun.

Key Programme Risks:

- CPB achieving 24th July PC.
- CPB allowing beneficial access to the Towers for MOH & CDHB FF&E (dirty works) and if this is full access or restricted hours.
- Producer statements & Council compliance.
- Impact of new/functional review works on issuing producer statements & compliance.
- Instructing new/functional review items allowing mobilisation & procurement to commence from 24th June.
- L7 playspace fit-out has been quoted as worst case 15 weeks, this achieves a mid-Oct completion based on CPB allowing access from 1st July.
- Getinge, Phillips completion of theatres and radiology Group 3 which currently delays completion of clinical cleans.

Clarifications:

- MOH certification and Go Live fixed to the current agreed dates, provisions currently overrun by up to 30 working days.
- I'm aware that the attached programme will not align with CDHB + MOH FF&E programmes, this is due to the Master programme being broken down by Tower Levels and departments. To maximise any efficiencies while new/functional review items are being carried out this is the most effective approach.
- CPB achieve Practical Completion achieved on 24th July 2019 any new work/functional review onsite activities do not commence until 25th July.
- New works/functional review items instructed by 24th June to allow contractor/sub-contractor to mobilise and any procurement if required to commence.
- New work/functional review items based on latest info received (attached).
- PACU monitors provisions TBC current durations based on moving power/data for new monitors.
- Tower sequence for clean is driven by completion of new/functional review works, drivers being bedhead replacement, shared Ensuite doors and drug safes. As the bedheads and drug safes do not effect L7&6 these are the first areas cleaning commences, L7 would require a later clean of the play space once completed.
- All procurement & onsite durations for new work/functional review are based on WH assessment of duration based on the detail provided, durations will need to be confirmed with each trade once awarded.
- Majority of the Tower areas require a third clinical clean and to ensure we have covered for the level of breakdown in the programme I have included a third clean to all areas.
- Beneficial access dates to the podium are staged every 5 days across the departments to ensure pre-clinical clean 1 (dirty works) are sequential.
- Stocking to each area required for MOH certification, training & orientation required for GO Live.
- Phillips and Getinge completion of Group 3 currently drives clinical cleans to radiology and east and west operating spaces.
- Philips complete and commissioned by the end of Oct.
- Getinge commence theatres from 25th July, handover 50% theatres after 6 weeks, remaining after 12 weeks clinical cleans follow (dates need to be confirmed as I do not have a programme from Getinge)
- Stocking to MOH cert, training & orientation to go live.
- Level 7 playspace commences 1st July, 15 week duration shown which is the latest info received from RCP, TBC on award

Potential mitigations/accelerations:

- Commence tower clinical clean earlier than shown and return to clean areas effected by Ensuite doors, drug safes and bedheads.

- Same as above for specialist rooms with Group 3 installations to the podium.
- The above approach of return cleans would require significant amount of programme work, prior to commencing this it would be worth all stakeholders agreeing to this approach.
- While there would be a programme benefit to returning to return cleans allowing the remaining department/level to progress, approx 30-50% of the durations to clean, stock & train would be required to the return clean areas.

I received a copy of the clean requirements by area yesterday, I have not attached as they are quite a large file (18mb) let me know if you want me to email a copy?

Regards

9(2)(a)



WOODS HARRIS

Consulting Limited

*** please note our email addresses have recently changed ***

PO Box 5284

Christchurch 8542, New Zealand

9(2)(a)

woodsharris.co.nz

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-----Original Appointment-----

From: Angela Mills <Angela.Mills@cdhb.health.nz>

Sent: Wednesday, 5 June 2019 1:12 PM

To: Angela Mills; tony_lloyd@moh.govt.nz; 'Liam Scally@moh.govt.nz'; 9(2)(a) Rob Ojala; Richard French (Anaesthesia SMO); 9(2)(a); Helena Berard; 9(2)(a)

Cc: 'Liam.Scally@health.govt.nz'; 'Tony.Lloyd@health.govt.nz'

Subject: Hagley Migration

When: Monday, 10 June 2019 9:00 AM-12:00 PM (UTC+12:00) Auckland, Wellington.

Where: Corporate 219, L2, Corporate

Hi,

As discussed today a time to workshop Migration pending discussions tomorrow by MOH.

Thanks

Angela

Angela Mills

Programme Manager - Facilities Development Project

Canterbury DHB | Private Bag 4710 | Christchurch | New Zealand

CELL: 9(2)(a)

IT'S ALL HAPPENING
New facilities underway 2013 - 2019

Canterbury
District Health Board
Te Pahi Hauora o Waitaha

Susan Fitzmaurice

From: Lu.Avia@health.govt.nz on behalf of Michelle.Arrowsmith@health.govt.nz
Sent: Tuesday, 11 June 2019 5:29 p.m.
To: David Meates
Cc: 9(2)(a) Jessica.Smaling@health.govt.nz
Subject: Feedback on your initial draft 2019/20 West Coast and Canterbury DHB annual plans

Tēnā koe David

Thank you to you and your team for submitting your initial draft 2019/20 West Coast and Canterbury DHB annual plans, Statement of Intents (SOI) and the Statement of Performance Expectations (SPE). This message is to provide you with some high level feedback on those plans and to outline the next steps in the process to finalise them. The annual plans are an important foundation in our collective work to improve system performance and achieve a sustainable health system.

We would also like to thank you for the strategic conversations that we had with both DHBs as part of the annual planning process. Once again these meetings have been valuable.

Service delivery and access

Your plan appropriately reflects the Minister's priorities. The Ministry's overall impression of the non-financial components of your draft annual plan and regional service plan is that they are good initial drafts.

In general the quality of DHB equity actions is improving year-on-year. However, in the third year of inclusion of equity actions, DHBs need to ensure the equity actions identified reflect a change agenda to support improved equity outcomes, rather than business as usual approaches. New activity is not required each year, as the Ministry is keen to see DHBs building on their innovative approaches.

Financial position

The Ministers of Health and Finance have jointly agreed on the total planned budget deficit position that the DHB sector is expected to deliver in 2019/20. The Minister has been clear that many of the budgets submitted in the first round of the 2019/20 annual plans are not acceptable.

Dr Ashley Bloomfield and I have spoken to all DHB Chief Executives to reiterate the Minister's message and our expectations for your 2019/20 budget positions, which we anticipate seeing in your second draft plans. You should be considering ways to contain expenditure, including maximising available capability and resources in the system. In addition, your individual issues register that provides more specific queries on your annual plan budgets will be updated and sent to your Finance Manager.

Next steps

Your Regional Relationship Manager has provided wider and more detailed feedback to your planning team on individual components of the plans. The Ministry is working with your teams to address the feedback through an iterative process.

As previously signalled the Minister is intending to send an update to his letter of expectations, and following this there will be a final update to the planning guidance. Your team will be asked to submit the final draft plans to the Ministry for review one month after the final update. Following the Ministry's review, we will provide advice to the Minister of Health on your annual plans.

Please ensure you post your SOI/SPEs on your websites before the end of June 2019 as per the legislative requirements.

If you have any queries please do not hesitate to contact 9(2)(a)

Ngā mihi nui

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure

Susan Fitzmaurice

From: Michelle.Arrowsmith@health.govt.nz
Sent: Tuesday, 11 June 2019 11:56 p.m.
To: David Meates
Cc: Carolyn Gullery; john.hazeldine@health.govt.nz; Justine White
Subject: RE: MOH / CDHB / EY Workshop

Hi David

As discussed today cash support is underway for the sector. The process will take some time but you will receive notification as soon as we can. In the meantime you should act with knowledge that cash support is imminent.

We also trust that the DHB continues to review ways to contain expenditure and other mitigations to support your cash position now and ongoing.

Kind regards

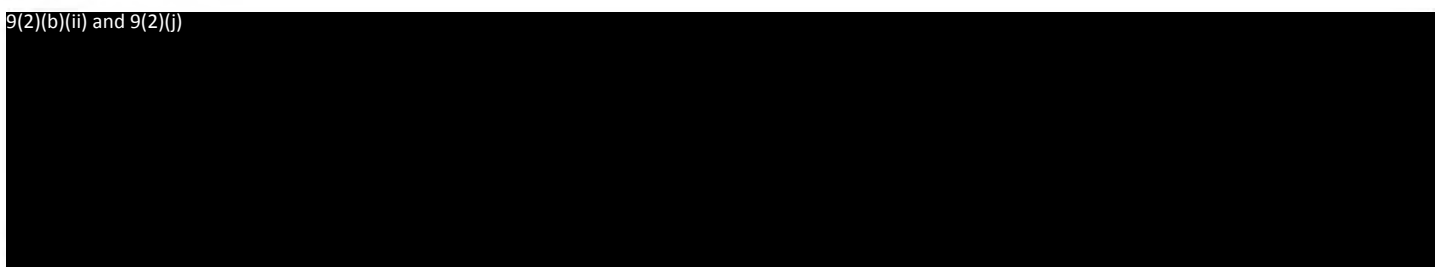
Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: 9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
 To: "Michelle.Arrowsmith@health.govt.nz" <Michelle.Arrowsmith@health.govt.nz>,
 Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, Justine White <Justine.White@cdhb.health.nz>, "john.hazeldine@health.govt.nz" <john.hazeldine@health.govt.nz>
 Date: 11/06/2019 09:38 a.m.
 Subject: RE: MOH / CDHB / EY Workshop

Hi Michelle

9(2)(b)(ii) and 9(2)(j)



Thanks for your support with this.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board
 T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
 P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz



Values – Ā Mātou Uara

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From: Michelle.Arrowsmith@health.govt.nz <Michelle.Arrowsmith@health.govt.nz>

Sent: Monday, 10 June 2019 10:37 PM

To: David Meates <David.Meates@cdhb.health.nz>

Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>; Justine White <Justine.White@cdhb.health.nz>; john.hazeldine@health.govt.nz

Subject: Re: MOH / CDHB / EY Workshop

Hi David

9(2)(b)(ii) and 9(2)(j)

Regards

Michelle Arrowsmith
DDG DHB Performance Support and Infrastructure

Sent from my iPhone

On 10/06/2019, at 9:01 AM, David Meates <David.Meates@cdhb.health.nz> wrote:
Hi Michelle

9(2)(b)(ii) and 9(2)(j)

Regards

David
Sent from my iPhone

On 10/06/2019, at 8:51 AM, "Michelle.Arrowsmith@health.govt.nz" <Michelle.Arrowsmith@health.govt.nz> wrote:
Hi David

Thank you for letting me know of your concerns. I agree it would be helpful to have the meeting as soon as possible, however, it is also important to have all of the parties in room to agree the path from here. We are looking to see if we can bring this forward from the suggested dates of week commencing 24 June.

In respect of your specific concerns, as we have previously advised, in accordance with legislative requirements DHB final SOIs and SPEs should be provided to the Minister of Health and be made publicly available on your website before 30 June 2019. The legislation allows for a DHB to amend its final SOI and SPE and this may be necessary following approval of your annual plan. Later in the year your SOI and SPE will be tabled with your DHB's 2018/19 annual report. The version of the SOI and SPE provided for tabling will be expected to be the latest version available

at that point in time. Therefore we believe all DHBs can provide their SOIs and SPEs for publication by 30 June including CDHB.

9(2)(b)(ii) and 9(2)(j)

Kind regards

Michelle

Michelle Arrowsmith
Deputy Director-General
DHB Performance, Support and Infrastructure
Mobile: 9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>,
Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>, Justine White <Justine.White@cdhb.health.nz>
Date: 05/06/2019 03:05 p.m.
Subject: FW: MOH / CDHB / EY Workshop

Hi Michelle

I am deeply concerned that we don't meet again for the EY process until you return from leave on the 28th June.

As you will be aware, the NZ legislation requires that our Board approve the 2019/20 statement of intent/statement of performance expectations (SOI) before the end of June 2019. In addition, as part of our 2017/18 audit report, Audit New Zealand signalled that if a Board have not approved their SOI prior to the 30 June they will report it as a breach of section 49 of the Crown entities act – a situation that we clearly wish to avoid.

Our Board are next due to meet on the 20th June, the day prior to the Ministry's submission date for the SOI on the 21st June.

Obviously given the SOI includes the financial forecasts for the 19/20 year and the three out years. As we have been requested by you not to submit the current working financial templates (as outlined during the EY process over the last few months), we jointly have an issue as to what content we use given the operational plan will have no chance of conclusion before the meeting on the 28th at earliest.

With the inclusion of some of our identified efficiencies, our current forecast deficit for the 19/20 operating year has reduced from 9(2)(b)(ii) and 9(2)(j) 9(2)(b)(ii) and 9(2)(j). Whilst there are some further identified efficiency opportunities that could bring the forecast deficit to 9(2)(b)(ii) and 9(2)(j) the quantification and consequential impacts of these are a topic of discussion at the next EY meeting. If these are to be reflected in the SOI forecasts the discussion would need to be concluded before SOI submission is due on 21 June.

9(2)(b)(ii) and 9(2)(j)

9(2)(b)(ii) and 9(2)(j) we are allowed to manage to a working overdraft of approx 9(2)(b)(ii) and 9(2)(j) (the value of our provider arm's planned monthly Crown revenue, defined as one-twelfth of the annual planned revenue paid by the funder arm to the provider arm as denoted in the most recently agreed Annual Plan, inclusive of GST). For Canterbury DHB this is based upon the 17/18 approved Annual Plan as the 18/19 plan was not approved. We are forecasting to breach this limit on Friday the 28th June. 9(2)(b)(ii) and 9(2)(j)

9(2)(b)(ii) and 9(2)(j)

9(2)(b)(ii) and 9(2)(i)

9(2)(b)(ii) and 9(2)(i)

9(2)(b)(ii) and 9(2)(i)

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhb.org.nz

<mime-attachment.jpg>

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Sunday, 26 May 2019 11:07 p.m.
To: David Meates
Cc: [REDACTED] Jim_Coord@moh.govt.nz;
 'Lynn_Archibald@MOH.govt.nz'; [REDACTED]
 Tony_Lloyd@MOH.govt.nz
Subject: RE: EY appointment and Business Case Timeframe

As you are aware David that is to accommodate more input from CDHB, which I am sure you agree is both important and hopefully supports providing the right outcome.

I know that you and your team will continue to work with both MoH and contracting teams to ensure this work is completed well and as timely as possible.

As always happy to discuss.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

From: David Meates <David.Meates@cdhb.health.nz>
To: "Lynn Archibald@MOH.govt.nz" <Lynn_Archibald@MOH.govt.nz>
Cc: "Jim_Coord@moh.govt.nz" <Jim_Coord@moh.govt.nz>, "Tony_Lloyd@MOH.govt.nz" <Tony_Lloyd@MOH.govt.nz>, "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
Date: 24/05/2019 03:14 p.m.
Subject: RE: EY appointment and Business Case Timeframe

Thank you Michelle.

It is disappointing that the timeline for the business cases has slipped for the third time.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board
 T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz
 P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz



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From: Lynn_Archibald@MOH.govt.nz <Lynn_Archibald@MOH.govt.nz>

Sent: Thursday, 23 May 2019 8:03 AM

To: [REDACTED] David Meates
<David.Meates@cdhb.health.nz>
Cc: Jim_Coard@moh.govt.nz; Tony_Lloyd@MOH.govt.nz; Michelle_Arrowsmith@moh.govt.nz
Subject: EY appointment and Business Case Timeframe

Dear HRP

EY have been appointed as Business Case Writers for Christchurch Hospital Campus Planning Programme Business and Tranche One Detailed Business Cases, and have commenced their engagement with CDHB, with a workshop to discuss the strategic and economic cases to be held today.

At the completion of update of the master plan, the scope of the new buildings are fairly clear. For upgrade of existing buildings, there is a fair bit of work to be done to understand the full scope of any upgrade. Health Planners Destravis have identified the following three configuration scenarios to be considered within the process:

1. Upgrade to reflect the configuration within the buildings if tranche 1 was to include construction of Tower 3 and Central Podium and Tower 4 with enabling works. **This configuration has been included within the updated master plan.**
2. Upgrade to reflect the configuration within the buildings if tranche 1 was to include only Tower 3 and enabling works (if any). **This configuration will be developed during the PBC**
3. Upgrade to reflect the configuration within the buildings if tranche 1 was to include on Tower 3 and refurbishment works (Riverside/CSB/Parkside) to extend the quality of space of existing facilities (beds/clinics) and allow for demolition of Riverside West. **This configuration will be developed during the PBC.**

As touched on at the last HRP meeting, Scenarios 2 and 3 are necessary to demonstrate how medical services will be delivered at Christchurch Hospital in the event Central Podium and Tower 4 are not prioritised.

The requirement to fully develop these configurations pushes forecast completion of the PBC and DBC (tranche 1) from the end of June until the beginning of September.

We will provide a more comprehensive update at the next HRP on 07 June.

Lynn Archibald (on behalf of Michelle Arrowsmith, DDG DHB Performance, Support & Infrastructure)

DHB Performance, Support & Infrastructure

133 Molesworth Street, Wellington 6011

PO Box 5013, Wellington 6011

DDI: [REDACTED]

mailto: lynn_archibald@moh.govt.nz (from 29/5/19 lynn.archibald@health.govt.nz)

<http://www.moh.govt.nz>

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Wednesday, 1 May 2019 11:59 p.m.
To: Carolyn Gullery; David Meates
Cc: [REDACTED]@nz.ey.com; [REDACTED]
Subject: annual plan financial submission and meeting Friday

Hi Carolyn and David

I thought I would just confirm in email Carolyn our agreements of our call on Wednesday night last week when David was away.

We agreed that the DHB would submit their annual plan figures for 19/20 in the usual manner to the MoH through the usual template and data email submission by this Friday 3 May.

We also agreed that at the EY/CDHB/MoH steering group meeting on Friday 3 May you would provide your 19/20 figures as two sets ones as per above and one with your transitional costs within, and provide the differences so all can understand where and why there are differences.

We also agreed you would provide at the EY/CDHB/MoH steering group meeting on Friday 3 May your suggestions of the operational plan elements that are opportunities to reduce the operational expenditure position. I understood EY will also present their thoughts on the operational plan opportunities.

We agreed all of the above plans would have oversight and validation from the EY team, any disagreement or inability to validate would be noted by EY.

You did let me know that David and the rest of the ELT team were in agreement with this and so were John, Mark and Barry from your board members.

I don't think there should be any concerns with above as we were in agreement together on all of these points around plans to be provided, and we look forward to going through these on Friday.

I did just want to let you know the expectation of the MoH on your 19/20 annual plan submission and I doubt this will be any surprise to you. [REDACTED]

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile [REDACTED]

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Tuesday, 30 April 2019 4:52 p.m.
To: David Meates
Cc: Mary Gordon (Executive Director of Nursing)
Subject: Re: ChCh Hospital Master planning - PBC and DBC business case writer procurement docs

Hi David

I hope you enjoyed your break.

I will discuss with Tony and Jim regarding the content of the business case writer procurement documents. I personally haven't seen them.

The PBC is for the whole site master plan and the tranche 1 BC is for tower 3 and 4 plus podium and enabling works (however there is debate amongst us all on the expediting of tower 3 ahead of the rest of tranche 1, this will be discussed again at HRPg on Friday and will still whatever the discussion and decision be subject to CIC prioritisation and following that prioritisation joint Ministers approval). 9(2)(b)(ii) and 9(2)(j)

9(2)(b)(iii) and 9(2)(j)

9(2)(b)(ii) and 9(2)(j)

9(2)(b)(ii) and 9(2)(j) This information has always been the case since I have been in role.

As said I will discuss with the team.

Happy to discuss

Regards

Michelle Arrowsmith
 DDG DHB Performance Support and Infrastructure

Sent from my iPhone

On 30/04/2019, at 1:43 PM, David Meates <David.Meates@cdhb.health.nz> wrote:

Hi Michelle

9(2)(a)

Please note the email below. There does appear to be again an emerging disconnect relating to documents and processes that are causing some significant concerns for the DHB. I will re-forward to you the email that outlined the recommendations that were supported by the Board, Executive and Clinical Leaders sent on the 5th April following and in response to the 2nd April HRPg meeting.

I have also attached a copy of a letter from the senior clinicians of the DHB to the Board (they all met with the Board on Thursday 18th April) outlining their real concerns about progress. My understanding is that this letter has been provided to the Ministers office last week.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

P O Box 1600, Christchurch 8140

www.cdhb.health.nz | www.westcoastdhb.org.nz

<image001.jpg>

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From: Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>

Sent: Tuesday, 30 April 2019 12:48 PM

To: Jim.Coard@moh.govt.nz

Cc: Tony.Lloyd@MOH.govt.nz; Angela Mills <Angela.Mills@cdhb.health.nz>; David Meates <David.Meates@cdhb.health.nz>

Subject: Re: ChCh Hospital Master planning - PBC and DBC business case writer procurement docs

Thanks Jim for these documents.

I have had a brief read and I have some real concerns. These being that the master plan document that was released is not the final version whilst I can understand the need to do this so to complete the business cases within agreed timeframes which is already challenging.

However, there has been considerable discussion regarding the timing of the design and construction of T3 and CT4, in particular the need to design the two towers at the same time as they need to work in the same way as T1 & T2 thus connected on all levels of the ward towers.

Another issue I noted in one of the Q & A document was that the Programme Business Case was for steps 0-4 of the master plan. My understanding from the discussions I have been present at between the DHB and the DG was that the programme business case was for the master plan of what was required on this campus for the next 10-15 years and was to include oncology and labs.

The DG has been clear from the meetings i have been at that this is a co-commissioned process and this is a deliberate approach to ensure that the ministry and the DHB work in partnership. Whilst, there has been improvements in this space what I am concerned about is there still seems to be a disconnect especially when it comes to documentation and some processes. I am surprised that the DHB hasn't had any input into these documents in advance of going out to the govt panel including agreements as to who would be on the evaluation panel.

I am not sure how we ensure going forward we are all on the same page, but we cannot continue to be on different pages in regard these business cases. We still awaiting the finalised Masterplan given that there were serious mid-alignment issues/and wrong details with what was presented to the DHB.

Jim, we (the DHB) must be actively involved in any briefing's to whoever is selected as the business case writers - this was the basis of an agreed collaborative approach.

Regards
Mary

Mary Gordon

On 29/04/2019, at 4:37 PM, "Jim Coard@moh.govt.nz" <Jim_Coard@moh.govt.nz> wrote:

Hi Mary

The following docs were issued to the Business Case Writer Proposers:

- 1) CSO Business Case Writer (attached)
- 2) What you need to know about using Aconex Tender Module (attached)
- 3) Destravis Master Plan (already issued to CDHB)

Also attached are the evaluation plan, template for scoring and notices to proposers sent during the tender period. I haven't included the master plan in this email as it is 70MB. Let me know if you don't have it and I will send it by aconex.

Regards, Jim

Jim Coard
Project Manager
DHB Performance, Support and Infrastructure
Ministry of Health
Cell: 9(2)(a)

mailto:Jim_Coard@MOH.govt.nz

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<CSO Business Case Writer.docx>

<Evaluation Plan.docx>

<Evaluation Template.docx>

<What you need to know about using Aconex Tender Module.pdf>

<PA011 NTP # 2.docx>

<PA011 NTP #1.docx>

<PA011 NTP #3.docx>

<CLG letter to CDHB Board Re Campus Planning FINAL 17 April 2019..pdf>

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Thursday, 28 March 2019 11:13 p.m.
To: David Meates
Cc: Carolyn Gullery; Mary Gordon (Executive Director of Nursing)
Subject: RE: Business Cases

Dear David, Mary and Carolyn

Thanks for your emails. Firstly we do absolutely recognise the recent events that you and your teams have been dealing with. We understand that this has been and still is distressing. We also appreciate the demand and capacity constraints that CDHB are experiencing and those over the horizon.

We are committed with you and alongside you to the refreshed site master planning, the programme business case and the tranche 1 business case. We are progressing the procurement for both business cases and we will be able to further update at the HRPG on Tuesday. We are working on plans to ensure in terms of tranche 1 business case that we do all we can to expedite capacity for you. There are no purposeful delays I can assure you of that.

I will call you tomorrow David. I am travelling roughly between 8-10am and 12noon-2pm so will try to call you during these times. Please as ever feel free to call me anytime to discuss any of this or any other matters.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: 9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
 To: "Mary Gordon (Executive Director of Nursing)" <Mary.Gordon@cdhb.health.nz>, "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
 Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
 Date: 27/03/2019 08:36 a.m.
 Subject: RE: Business Cases

Hi Michelle

Unfortunately I have spent the past few days unwinding a group of senior clinical leaders, deeply distressed by the signals being given by the MOH about next stages relating to the facilities on the Christchurch Hospital Campus.

Consultants have confirmed that they are operating under the instruction/ direction of the MOH. Clinicians had played out from the MOH exactly what they thought the MOH would do.

The delemma that this has created for me is that I already had a highly stressed organisation that has been dealing with extreme capacity constraints and teams struggling to get their collective heads around just how we are going to deal with this winter – and that was before the terrorist attack.

The EY review jointly agreed and signed off by the MOH and DHB highlighted the urgency that both a tower three and four needed to occur and that timelines should be brought even further forward if that was at all possible.

Compounding this I now have an organisation that has seen no visible traction on procurement for the two Business Cases – DBC for tower 3 / 4 and the Program Business Case. There is now real concern being expressed throughout the DHB as a result

of Mondays meeting that this is all being delayed by the MOH and that there appears a complete lack of understanding as to how serious the issues are that have and continue to face this organisation.

I am hoping that there has just been a mis-communication and that we can get all parties re-focused on what needs to occur.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

T: 03 364 4110 (ext 62110) | E: david.meates@cdhb.health.nz

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From: Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>

Sent: Monday, 25 March 2019 1:29 PM

To: David Meates <David.Meates@cdhb.health.nz>; Michelle_Arrowsmith@moh.govt.nz

Cc: Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>

Subject: RE: Business Cases

David

Completed the final workshop of the Christchurch Campus Master Plan this morning.

Both Tony Lloyd and Jim Chord were present. One of the surgeons asked explicitly for an update as to where we are at in relation to the business cases and where we are on track. Tony's response was that they were going to the panel for procurement of consultants and that everything was on track for end of June completion.

The distributing part of the conversation was when [9(2)(a)] stated that programme business case was for Tower3, central podium and Tower 4 with the first business case being for only Tower 3 noting we would need another business for podium and Tower 4.

I quickly intervened and stated that I thought he was mistaken as the meetings I had been present, the DG was clear that the programme business case was for what was required on the Christchurch campus for the next 10-15 years hence why the update of the master plan to include oncology and laboratories. Tranche one Business case was for the Parkside and this included Tower 3, podium and Tower 4.

The only concerning aspect of the discussion was that Tony Lloyd was reluctant to confirm this and in fact was very hesitant which of course now has approximately 20 clinicians second guessing that there is some other agenda going on, not helpful.

I am hoping that this is nothing more than a misunderstanding.

I remain extremely concerned that yet again for the millionth time there is a move to re-litigate the need for the beds. [9(2)(a)] stated Tower 3 gives you the bed numbers for population. When challenged with the EY report findings that the Parkside beds are not 'fit for purpose' and in fact some of the worst the clinical advisor has seen across Australia and NZ hence the need for podium and Tower 4. In fact the report stated 2024 at the latest or earlier if possible, which we know is not possible but if there is an expectation that we will have medical patients (highly complex clinical needs) having to remain in these beds till 2029/2030 is not acceptable.

There is urgent work required now to test the decant sequencing from an operational perspective to ensure it is going to work. Heather Gray is keen to commence this work now that we have visibility of the detail of the Master Plan and what is moving to Parkside. We need this work to progress whilst we wait for the business cases to be completed.

Can we please get some clarification of what is included in these business cases. If we cannot go back to the clinicians that were present at today's workshop very quickly with this clarification I believe we are going to have a very upset and angry group of clinical leaders.

Mary

Mary Gordon
Executive Director of Nursing
Canterbury District Health Board

DDI: 9(2)(a)



From: David Meates
Sent: Monday, 25 March 2019 10:03 a.m.
To: Michelle_Arrowsmith@moh.govt.nz
Cc: Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
Subject: Fwd: Business Cases

Hi Michelle

A question I have been getting from so many people over the past few days is where things are at with the two Businesses cases and the fact that no progress seems to have occurred which has caused some distress in certain quarters. This has come even in to sharper focus given the events of the past week.

Regards

David
Sent from my iPhone

Begin forwarded message:

From: David Meates <David.Meates@cdhb.health.nz>
Date: 19 March 2019 at 7:29:56 AM NZDT
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
Cc: "Tony_Lloyd@MOH.govt.nz" <Tony_Lloyd@MOH.govt.nz>, "Jim_Coord@moh.govt.nz" <Jim_Coord@moh.govt.nz>
Subject: RE: Business Cases
Hi Michelle

We are starting to feel out of the loop on this. Most of the work relating to the Business cases fall on the DHB teams and the increasingly short time lines due to delays in getting this process underway are already creating some real concerns.

All of us are intending (as previously committed) to have these business cases completed by end June.

Regards

David Meates, MNZM

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Takohanga i ngā hua

From: Michelle Arrowsmith@moh.govt.nz <Michelle_Arrowsmith@moh.govt.nz>
Sent: Monday, 18 March 2019 11:46 PM
To: David Meates <David.Meates@cdhb.health.nz>
Cc: Tony Lloyd@MOH.govt.nz; Jim Coard@moh.govt.nz
Subject: Re: Business Cases

Hi David

You will recall that at the February HRP meeting, Tony Lloyd briefed the Partnership Group that the Ministry had engaged a procurement consultant to draft the procurement approach for the Programme Business Case (PBC) and Tranche One Detailed Business Case (DBC). This has recently been completed, and we are currently in the process of getting internal signoff from myself and Ashley so we can implement ASAP.

Pending our approval, the Ministry intends on direct sourcing master planning consultants services to the incumbents (Destravis/CCM) for the PBC. This will maintain continuity achieved through master planning to date and enable a prompt transition from the current update of the master plan to the PBC.

For the Business Case Writer for both the PBC and Tranche One DBC, the Ministry will be going to the appropriate All of Government Consultancy Panel. We estimate that this process will take around a month, and we intend to progress as a priority.

I will keep close to this and ensure the procurements are expedited.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: 9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>,
Date: 13/03/2019 09:17 p.m.
Subject: Business Cases

Hi Michelle

Just following up on progress re the procurement re the two business cases to be completed by June 2019 - Program Business Case and First Tranche DBC.

Could you give me an update so that I am able to keep the Board informed of progress.

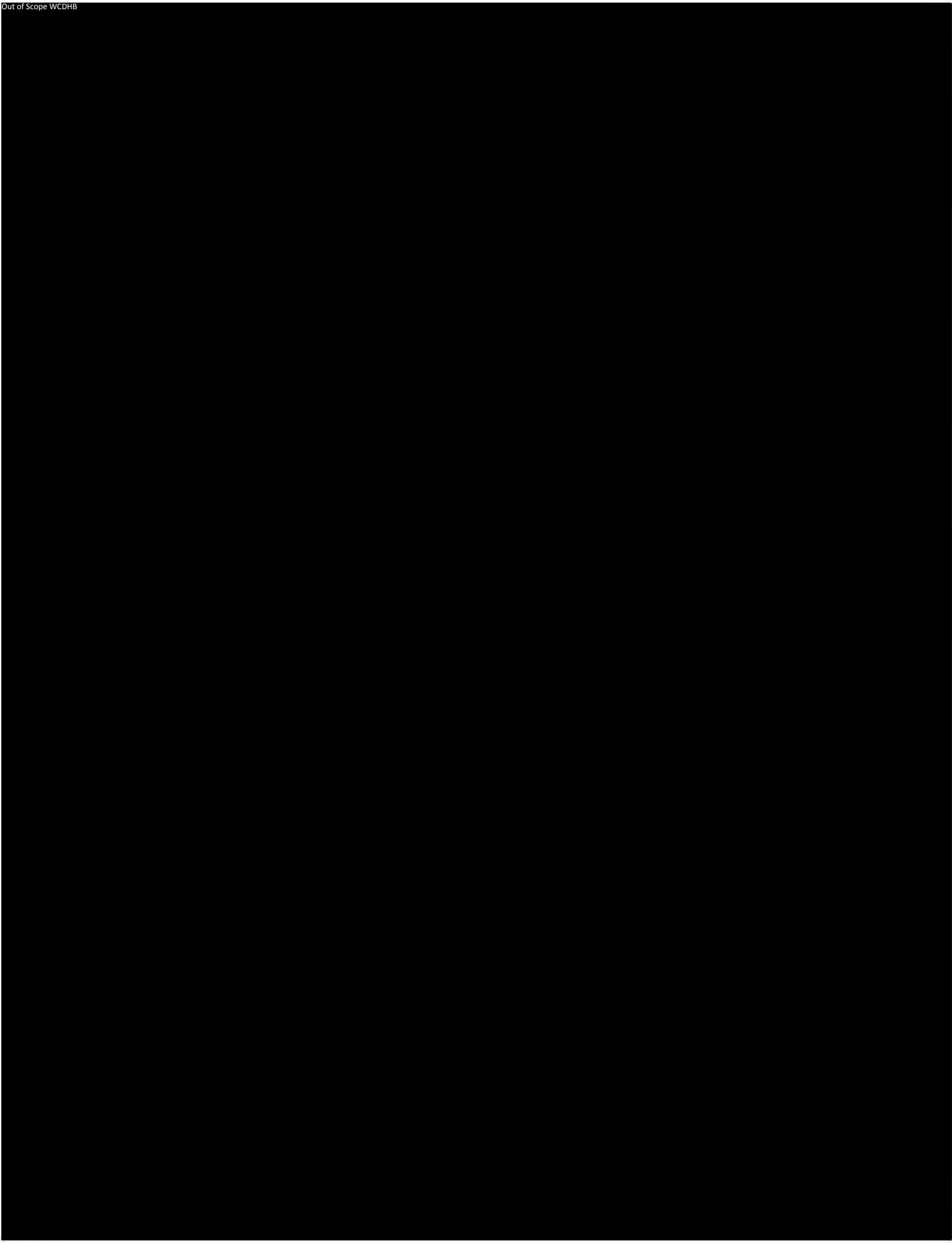
Regards

David

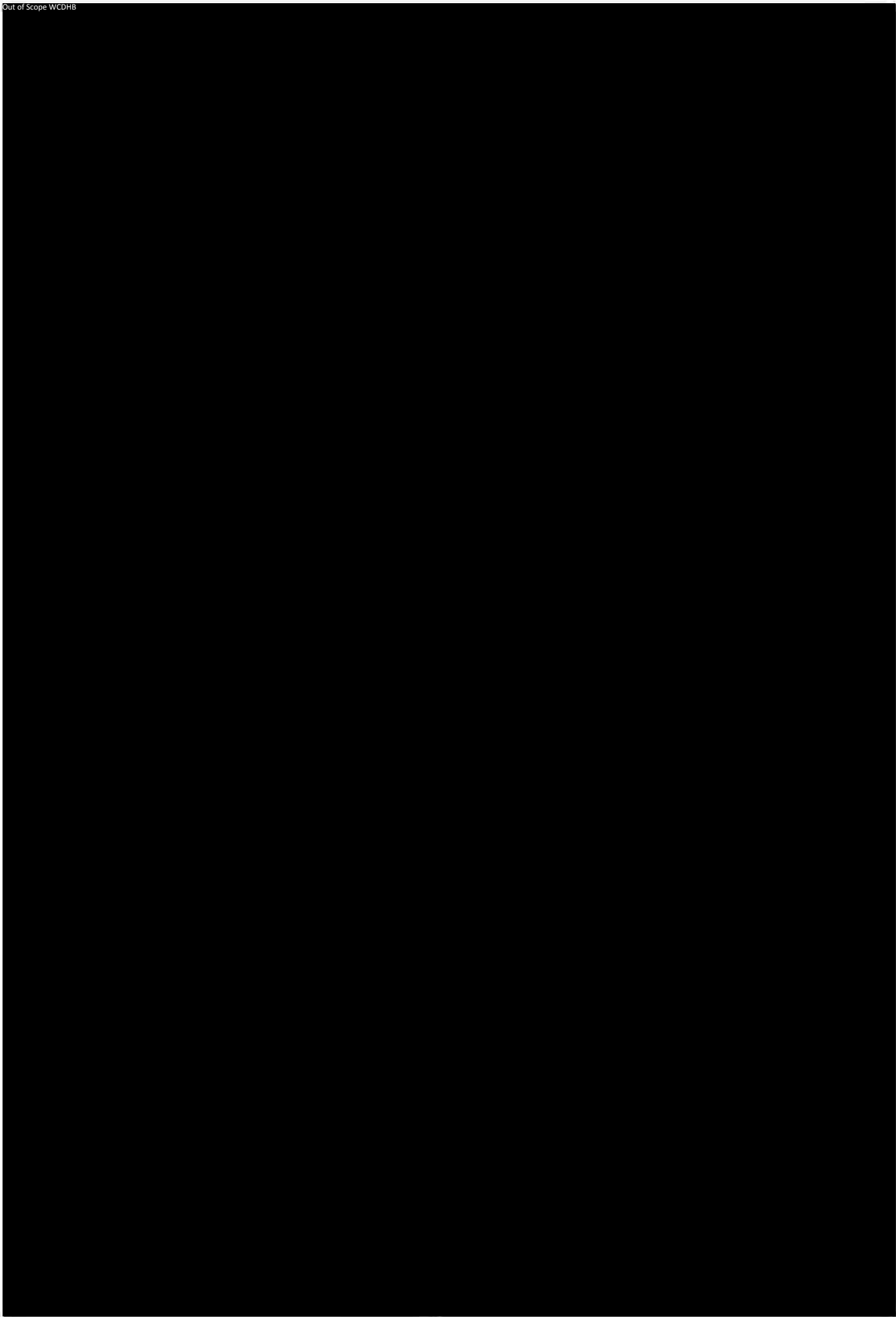
Sent from my iPhone

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Out of Scope WCDHB



Out of Scope WCDHB



Susan Fitzmaurice

From: [REDACTED] on behalf of Michelle_Arrowsmith@moh.govt.nz
Sent: Thursday, 7 March 2019 11:29 a.m.
To: David Meates; Gavin Knight
Cc: Sam_Kunowski@moh.govt.nz
Subject: Fw: Collective performance telecon tomorrow - some agenda points

Good morning

Please find below, some draft key points to be covered at the meeting tomorrow.

1. Expectations of the programme of work - what we want to get out of it and how people work together on it.
2. Proposed governance and working structure for the programme - which agencies will be involved (MOH, DHBs, HQSC?, Tsy?) - and who from those agencies at what levels eg. Steering group / working groups.
3. Prioritisation process for deciding what is focused on in the programme - in the short and longer term. For the short term, we propose that we identify three areas to get moving on straight away and the resources required to do this. We could include in a strategic doc (see below).
4. Linkages to other programmes and joining these up to reduce duplication - DHB performance programme, TAS(DHB) Health Insights programme, Health System Performance Reference Group.
5. Reporting back to CEOs - decide on first report back and what it will contain. Should probably be a strategic doc which outlines the scope, agency involvement, governance, first workstreams etc. Also, decide on frequency of report backs to CEOs e.g. monthly updates.

If you wish to add anything, please let us know.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

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Susan Fitzmaurice

From: [REDACTED] on behalf of Michelle_Arrowsmith@moh.govt.nz
Sent: Friday, 1 March 2019 3:51 p.m.
To: David Meates
Cc: Carolyn Gullery; Justine White; blue-duck@xtra.co.nz
Subject: DHB indicative funding guidance 2019/20 - Canterbury DHB
Attachments: Appendix two - Technical details.docx; 1920 FEBOOK Feb 19 Funding Guidance V_Final Release.xlsx; Appendix 1's Canterbury.docx; Canterbury DHB indicative funding guidance for 2019-20.pdf

Dear David

Please find attached indicative funding guidance to assist with your DHB's 2019/20 planning. Following the Budget 2019 release in May the Ministry will provide you with confirmed funding advice.

Kind regards
 Michelle

The attachments enclosed include:

- *Your 2019/20 indicative funding guidance letter*
- *The detailed 2019/20 funding guidance excel workbook.*

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Monday, 18 February 2019 9:22 p.m.
To: David Meates
Cc: [REDACTED]
Subject: Re: CDHB / MOH Operational Plan

Hi David

Further to our telephone call earlier today I just wanted to confirm what we discussed and just some further thoughts from me.

I will come down to Canterbury on Friday morning and meet with yourself and [REDACTED] to discuss the programme of works generally and specifically pick up the steering group role and plan. So if I aim for 9am for an hour for this discussion. If we come to your offices David I'm assuming there will be somewhere suitable to meet.

It would be really good to be able to brief your board members if they are able to join us for an hour 10-11am? I think that from a governance role and accountability role back to the Minister it would be great if they could be briefed and hear from all of us DHB, MoH and EY in regard to the work programme. We can then talk through the working group vs steering group roles and perhaps their board governance role and how we all see this fitting together. I trust this will be good and that at least one of them might be able to join us and hopefully all 3 of them.

We can then use the 11-12 noon slot if needed to just summarise where we are up to given the conversations above.

As discussed this is probably more fruitful and helpful at this stage than a formal steering group meeting and we can then book these in properly from Friday for the rest of the duration of the project.

I think [REDACTED] may have [REDACTED] attend and hopefully John Hazeldine will attend with me.

Happy to discuss any of this David just call, I'm travelling to Auckland tomorrow for the next 2 days but will be available by phone.

My EA [REDACTED] will be in touch with [REDACTED] regarding arrangements as outlined.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

From: David Meates <David.Meates@cdhb.health.nz>
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
Cc: [REDACTED]
Date: 18/02/2019 03:38 p.m.
Subject: CDHB / MOH Operational Plan

Hi Michelle

Just quickly following up as to whether we are still planning on a steering group meeting this Friday? At this stage there haven't been any further information requests. I have confirmed the members from CDHB that will form part of the steering group.

If there is to be a steering group meeting, can you please confirm times and agenda as I will need to ensure that the DHB team are available. Conscious that we need to be utilising time to best effect with the steering group.

Regards


David Meates, MNZM

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Friday, 8 February 2019 8:21 a.m.
To: David Meates
Cc: [REDACTED]
Subject: Re: Operational Plan and Work Program

Hi David

Thanks for your email below. Yes you are correct there is absolutely a strong focus on operational expenditure and efficiency, hence it is therefore important for EY to understand resource allocation, budget setting and management oversight. There is no implied judgment on CDHB in any respect on efficiency or management. This is an open and transparent process to get to a hopefully agreed position on financial operating position and any improvement that could be made.

As we discussed on Tuesday CDHB needs to be able to provide confidence to both Minister/Ministry and your board on its current financial position and forward forecasts. As we are all required to provide evidence of this to support further capital investment.

I do accept that covering the points you raise 1 to 4 will be important. As this is a collaborative piece of work there will be other areas that the Ministry would like to review or that EY suggest to us both that we should look at. I think it's incumbent on us both as senior leaders to embrace this and include in the review.

To this end both CDHB and the ministry need to be supportive with provision of data and information as required and requested by EY.

I do believe there will be useful operational management items that could be shared with others from this review as well as items we could change. So I think it will be important for both of us to hold in our minds that this is a positive piece of work and not a punitive or negative piece.

I do look forward to working through this with you and our teams. There will be bumps along the way but I'm sure we can navigate through those.

Happy to discuss anything at any time just call.

I'll send the items we discussed on Tuesday hopefully later today.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile [REDACTED]

From: David Meates <David.Meates@cdhb.health.nz>
 To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>
 Date: 07/02/2019 03:19 p.m.
 Subject: Operational Plan and Work Program

Hi Michelle /

Thank you for Tuesday's meeting regarding the development of an operational plan and work program.

On reflection there seems to be a strong focus on operational/expenditure controls. This implies that Canterbury is suffering from unmanaged expenditure which would be characterised by an inability to accurately predict the annual expenditure and/or identify the cause of expenditure.

We can provide (this will form part of the documentation / reports to be provided from CDHB to EY as discussed on Tuesday) a clear delegations policy, a recent internal audit which confirms compliance with policy and an almost decade long track record under the current executive of receiving the high (and frequently the highest) grades from Audit NZ.

It would seem that it will be important that we are collectively able to form a view about:

- 1) Are we operationally and fiscally efficient in how we deliver services
- 2) What are the direct operational and fiscal impacts of the earthquakes and the multi-year delays in rebuilding the required physical capacity
 - a. What of those costs will be retired when Christchurch Hospital Hagley (ASB) comes on stream and over what time line
 - b. What are the costs that will be incurred commissioning Hagley in the 2019/20 year.
 - c. What will be the operational impacts of the physical capacity constraints and construction disruptions that will continue
- 3) Does Canterbury deliver potentially avoidable care – in other words where Canterbury is operationally efficient is our higher cost due to higher demand or are there genuine opportunities to cut services without breaching the requirements under the OPF.
- 4) Are there other specific aspects to Canterbury that need to be taken account of ie tertiary, major trauma, Chathams, geography etc

We will aim to have the first documents / data starting to become available by end of Friday.

Regards

David Meates, MNZM

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Monday, 4 February 2019 10:55 a.m.
To: David Meates; [REDACTED]
Subject: ToR CDHB Development of Operational Plan and Work Programme
Attachments: Terms of reference for Canterbury DHB Operational Plan and Work Programme - signed.pdf

Good morning David and [REDACTED]

Please find attached the signed ToR from Ashley Bloomfield.

Look forward to our first meeting tomorrow.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

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Terms of Reference for Canterbury District Health Board Operational Plan and Work Programme

Background

Canterbury District Health Board (DHB) and the Ministry of Health (the Ministry) jointly commissioned an independent assessment of capacity and demand at the Christchurch Hospital site, completed recently. Both the DHB and the Ministry are now well-placed to progress the programme business case that will set the direction for the site redevelopment and the case for the first investment for this important work.

This is a significant investment for Government, and it is important that it has assurance that the DHB has a parallel plan to support the delivery of services to meet the needs of the DHB's population and ensure a sustainable future operating position. Canterbury DHB's costs of interest, depreciation and capital charge (IDCC) resulting from recent capital investment are rising and will have material impacts in the next few years. This has implications for investment in services, as does the need to replace earthquake damaged infrastructure required to meet service requirements. Under current policy settings these costs are not avoidable and even if these policy settings change, it is essential that services are run as efficiently as possible to ensure the best possible value for public funding.

Objective

The key objective is to develop an Operational Plan, including financial and service planning. It will be based on ensuring the DHB's future population health needs, service requirements and the underlying cost drivers are thoroughly understood and managed well; realistic opportunities for reducing costs are identified and acted upon; and that the internal control environment is appropriate. It is important that this plan has clinical input at the planning stage and leadership during implementation.

Principles

The key principles guiding the work are the following.

- a) Collaboration between the Ministry, DHB staff and external consultants – the work will be externally facilitated but will involve local DHB staff at all stages and as the drivers of future improvement;
- b) Findings are evidence driven and focus on future improvements and sustainability;
- c) Understanding the issues and solutions from the perspective of the patient journey and experience, clinicians and management; and
- d) Focus on systems and processes, including models of care, rather than individual clinical or management practice(s).

DM

Canterbury

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Governance Arrangements

A Steering Group (the Group) will be formed comprising relevant DHB clinical and management leaders, Board representation and senior Ministry representatives. The Group will be jointly chaired by the Ministry and DHB. External consultants would also be in attendance. The Group will oversee the development and progress of the work programme with the final Operational Plan being the key output. The Operational Plan will include a set of project initiatives to support the sustainable future operating and financial performance of the DHB. The Plan will also be supported by quantified cost and projected benefits and their projected impacts on the forecast operating position. It will need to be developed alongside the Programme Business Case and be aligned to that work.

Scope of Work and Outputs

It is envisaged that the scope of work and outputs will include the following.

- a) A short term response reflecting the DHB's 2018/19 Annual Plan and projected 2019-2020 operating position. The response should include any immediate recommendations to improve the DHB's operating position for 2018/19 and that might set up further efficiencies or sustainable processes for 2019/20.
- b) A medium term work programme that includes key workstreams that will moderate operating costs across identified service lines and/or expenditure lines, for example:
 - Procurement improvements and other related efficiency initiatives;
 - Pharmacy utilisation;
 - Models of care;
 - Clinical variation;
 - Personnel costs considering FTE increases, recruitment projections, labour mix;
 - Diagnostics;
 - Support services (non-clinical); and
 - Any other examples.

The work programme will require assignment of DHB workstream leads.

- c) An Operational Plan, which will be delivered using a programme management office approach, will include a clear outline of:
 - Risks;
 - Service delivery, quality and equity impact assessments; and
 - Benefits realisation in relation to the financial position, including tracking and monitoring.
- d) The benefits realisation could be linked to:
 - Application of a suite of productivity measures based on agreed clinical outcomes;
 - Best practice budgeting and internal control measures; and
 - Planning and performance initiatives based on data and technology initiatives the DHB has underway.

Information and Analysis underpinning the Operational Plan

The plan and work programme will be underpinned by agreed information and analysis, using current sources as much as possible. This could include:

- a) Health needs assessment and service planning already under way, including future models of care;
- b) Financial and performance metrics and information, which could encompass the following elements:
 - The historic, actual and forecast operating position with accompanying financial statements clearly demonstrating the DHB's:
 - EBITDA or similar; and
 - Operating surplus/deficit after IDCC.
 - Drivers of the DHB's historic, actual and projected operating position based on:
 - Service demand;
 - Staff, supplies, other operating costs;
 - Service lines;
 - Service provision; access and outcomes (using agreed metrics, e.g. on admission, bed days, CWD, theatre utilisation);
 - Understanding thresholds of care and variation in care models;
 - Community based service provision – primary and community care including pharmaceuticals, aged residential care, mental health, NGOs, home based support services; and
 - Agreed comparisons, e.g. other DHBs; comparable health service organisations.
 - Consideration of other relevant issues including the future residual impact of earthquake-related 'additional' costs, national and regional initiatives, e.g. supply chain and procurement.
 - Budgeting, governance and management controls, processes and approaches used by the DHB.

Canterbury

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Ongoing Monitoring Arrangements

It is expected that an agreed Operational Plan will be implemented by the DHB with oversight from its Board. The Ministry will also monitor progress against the plan and meet quarterly with the DHB to discuss implementation (or more often as required).

Timeframes and Milestones

Agree Terms of Reference and Programme Outcomes	By 1 February 2019
Hold first Steering Group Meeting	5 February 2019
Agree work programme and expected outputs	By late February 2019
Agree any short term response and implementation	From mid-March 2019
Agree draft Operational Plan	By late March 2019
Agree final Operational Plan for implementation and ongoing management and monitoring	By mid-April 2019

Dr. Ashley Bloomfield
Director-General of Health

Date: 2/2/19

David Meates
Chief Executive
Canterbury DHB

Date: 31/1/19

Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Friday, 25 January 2019 8:23 a.m.
To: David Meates
Subject: Re: Draft Standby statement

Morning David

Apologies just getting to my emails from yesterday this morning!

Thanks for this I'll have a look at this and get back to you shortly with any comments. I have the TOR finalised now and hope to send to you and Ashley today or Monday for sign off. The procurement is in progress and hopefully the paperwork should be complete again by Monday. EY are aware of the time frame for progress of the procurement paperwork.

I think we should perhaps look together at a date for your team, the Ministry team and EY team to meet as a set the context from you, Ashley and myself. Could you suggest some dates?

Just call if you want to discuss anything.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile 9(2)(a)

From: David Meates <David.Meates@cdhb.health.nz>
To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>,
Cc: 9(2)(a)
Date: 24/01/2019 12:56 p.m.
Subject: Draft Standby statement

Hi Michelle

As discussed earlier in the week, please find attached a very draft statement to be able to deal with the very high likelihood of questions from the media regarding deficits.

The attached draft has just pulled together a range of statements that have come from previous statements from MOH and DHB that helps put in context the work that that was completed 2018 as part of The Way Forward process between the MOH / DHB and the next steps that MOH / DHB are jointly working together together on .

Regards

David Meates, MNZM

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 P O Box 1600, Christchurch 8140
www.cdhb.health.nz | www.westcoastdhb.org.nz



Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Friday, 18 January 2019 4:53 p.m.
To: David Meates
Cc: Ashley_Bloomfield@moh.govt.nz; Carolyn Gullery; Mary Gordon (Executive Director of Nursing); Jim_Coard@moh.govt.nz; Trish_Smith@moh.govt.nz
Subject: Christchurch Hospital Campus

Good afternoon David

I look forward to meeting you on 31 January, prior to the office opening of Manawa and the Christchurch Outpatient Building.

In response to your email of 15 January, I note that since our VC at the end of last year, the following progress has occurred:

- The Ministry has allocated a Project Manager to the project. Jim Coard will be working with the DHB and project consultants for the update of the campus masterplan and completion of the Programme and First tranche business case. As you know, Jim's involvement as the Ministry PM for the recent Christchurch Outpatients project means that he is familiar with the hospital campus and as such will be able to quickly come up to speed to help deliver to desired project timelines.
- The Ministry is in the process of instructing a variation to Destravis to update the masterplan to include labs and oncology.

Destravis will be commencing work on the masterplan update in the next week or two. If you are available, Jim, [REDACTED] are available to meet with you this Wednesday (23 January) to discuss methodology, timeframe and CDHB engagement for this work. Could you please confirm if and when you are available.

The Programme and First Tranche Business Case Request for Proposal documentation will be drafted in parallel with the update of the master plan, with a view to conducting an open RFP process for these services on completion of the master plan. As is the usual process, CDHB will be asked to provide feedback on all RFP documentation prior to release to tender.

I have requested Jim Coard to contact your EA with regard to this meeting.

Please feel free to give me a call to discuss if you have any further questions.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: [REDACTED]

----- Forwarded by Michelle Arrowsmith/MOH on 16/01/2019 09:16 a.m. -----

From: David Meates <David.Meates@cdhb.health.nz>
 To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>,
 Cc: "ashley_bloomfield@moh.govt.nz" <ashley_bloomfield@moh.govt.nz>, "Carolyn Gullery" <Carolyn.Gullery@cdhb.health.nz>, "Mary Gordon (Executive Director of Nursing)" <Mary.Gordon@cdhb.health.nz>, "trish_smith@moh.govt.nz" <trish_smith@moh.govt.nz>
 Date: 15/01/2019 02:52 p.m.
 Subject: Christchurch Hospital Campus

Hi Michelle

Looking forward to meeting you in person.

Further to our video conference at the end of last year we agreed an approach to the next stages of the Christchurch Hospital Campus planning following on from the completion of the EY Indicative Business Case and Site Review.

Could you please advise as to the process, program and status of the following:

- Completion of the Christchurch Hospital Masterplan including labs and oncology – the existing consultant teams were to complete this piece of work February 2019.
- Completion of the Program Business Case for the Christchurch Hospital Campus – to be completed by May / June 2019. This business case is to be informed by the Christchurch Hospital Masterplan (as above) and is to include facility capital requirements out over the next 10-15 years. The MOH had received advice that this would need to be tendered.
- Completion of the First Tranche Business case covering the 3rd and 4th Towers and central podium – to be completed by May / June 2019.

The CDHB are in the process of developing a project plan for the required enabling works that are essential to enabling the development of the Christchurch Hospital site including demolition of Riverside West, Kitchen, clean and dirty utilities, Parkside panels (Earthquake related) etc. This plan will sit alongside the both the Masterplan and Business Case processes.

The DHB is very conscious of the critical nature of the timelines and the need to ensure that appropriate teams are available to meet the required timelines/deadlines.

I look forward to us being able to collectively progress these time critical projects / business cases.

Regards

David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Thursday, 17 January 2019 8:58 a.m.
To: David Meates
Cc: ashley_bloomfield@moh.govt.nz; Carolyn Gullery; Mary Gordon (Executive Director of Nursing); 'trish_smith@moh.govt.nz'
Subject: Re: Christchurch Hospital Campus

Hi David

Thanks for email below. Yes I'm looking forward to meeting you too in person. I think we will see each other at your outpatients opening on the 31st January and I have asked ^{b(2)(a)} my EA to try to find a suitable time for me to come and meet with you properly so hopefully we can get this in the diary soon.

In terms of your questions I'll come back to you by close of business tomorrow as there are some meetings going on internally this week and I will have a more accurate update for you by Friday.

And we too share your view of working together to ensure these critical projects and pieces of work are executed well and timely.

Kind regards

Michelle

Michelle Arrowsmith
 Deputy Director-General
 DHB Performance, Support and Infrastructure
 Mobile: ^{b(2)(a)}

From: David Meates <David.Meates@cdhb.health.nz>
 To: "Michelle_Arrowsmith@moh.govt.nz" <Michelle_Arrowsmith@moh.govt.nz>,
 Cc: "ashley_bloomfield@moh.govt.nz" <ashley_bloomfield@moh.govt.nz>, "Carolyn Gullery" <Carolyn.Gullery@cdhb.health.nz>, "Mary Gordon (Executive Director of Nursing)" <Mary.Gordon@cdhb.health.nz>, "trish_smith@moh.govt.nz" <trish_smith@moh.govt.nz>
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David Meates, MNZM

Chief Executive | Canterbury District Health Board and West Coast District Health Board

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Susan Fitzmaurice

From: Michelle_Arrowsmith@moh.govt.nz
Sent: Thursday, 20 December 2018 12:02 p.m.
To: David Meates
Cc: Carolyn Gullery; Mary Gordon (Executive Director of Nursing); [REDACTED]
Subject: Re: FW: Specialist Mental Health Services CDHB Next Steps

Morning David

We were waiting on signed approval from the Minister, we have now received this late on yesterday. Please do get in touch with us here if there is anything you need assistance with. We are need to bear in mind Minister wishes to hold until January for announcements. Letters should be on the way to your Chair and Evan Davies with you copied in.

regards
 Michelle

Michelle Arrowsmith
 Deputy Director
 Ministry of Health
 [REDACTED]

<http://www.health.govt.nz>
mailto:Michelle_Arrowsmith@moh.govt.nz

From: David Meates <David.Meates@cdhb.health.nz>
 To: [REDACTED]
 Cc: "michelle_arrowsmith@moh.govt.nz" <michelle_arrowsmith@moh.govt.nz>, "Mary Gordon (Executive Director of Nursing)" <Mary.Gordon@cdhb.health.nz>, Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>
 Date: 18/12/2018 04:13 p.m.
 Subject: FW: Specialist Mental Health Services CDHB Next Steps

Hi [REDACTED]

Further to my email 2nd December, I am really conscious that time is fast slipping regarding progressing the Mental Health facilities development at Hilmorton. We had been expecting an announcement / confirmation prior to Christmas to enable consultant tenders to go to market.

As you are aware there is real urgency regarding progressing these Mental Health facilities.

We urgently need approval and confirmation of transfer of this project back to the CDHB, without adding any further delays to what has been a long and very drawn out process.

Regards

David Meates, MNZM

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From: David Meates

Sent: Sunday, 2 December 2018 4:01 PM

To: 'Stephen_O'Keefe@moh.govt.nz' <Stephen_O'Keefe@moh.govt.nz>

Cc: Mary Gordon (Executive Director of Nursing) <Mary.Gordon@cdhb.health.nz>; Carolyn Gullery <Carolyn.Gullery@cdhb.health.nz>

Subject: Specialist Mental Health Services CDHB Next Steps

Hi Stephen

I have outlined as discussed steps that will need to occur to get the Mental Health Mothers & Babies, Eating Disorders, Child & Youth project underway.

CDHB, HRPG and CIC have endorsed Option 3 of the DBC at a cost of [redacted] 9(2)(b)(ii) and [redacted] 9(2)(i). As I understand it Joint Ministers are required to sign off which is likely to be this coming week and that you and Evan were having a discussion re the delivery management option (this is a critical decision and without it, the RFP process is effectively on hold).

Architect and health planners are already engaged for the full project [redacted] 9(2)(a) and the other consultant (engineers / QS / planners etc), the RFP documentation has currently been prepared for an MOH RFP process.

The project process has been further delayed awaiting finalisation and approval of the DBC by HRPG, CIC and Joint Ministers. The programme tabled in May 18 was demonstrating preliminary design (the next project design phase from where we are now) due to commence at the start of October 2018. The current programme included in the DBC notes preliminary design as not commencing until mid-June 2019. This is a delay of 8 ½ months and even that date could be in jeopardy given the indecision about which party is going to deliver the project – extending the multiple risks in maintaining PMH as the site for SMHS (earthquake / costs associated with inefficient site / risks around ongoing staff assaults due to outdated / inappropriate facilities).

Earlier direction from MOH that the management of the consultant RFPs and the project delivery as a whole was to be led by CDHB was not ratified in HRPG or CIC and is currently awaiting a decision.

Without this decision the next crucial step is essentially on HOLD with further delays likely.

If the MOH retains the delivery process for the project – CDHB understands that [redacted] 9(2)(a) would no longer working for MOH and that the running of the RFP, evaluation and consultant award processes would need to be headed by another party not currently involved in the project, potentially leading to further delay.

The deadline for getting RFPs out to market to allow proposers realistic opportunity to make meaningful progress before the Christmas break is starting to look under significant pressure and is concern to the CDHB team. Further delays to the engagement of the full consultant team will impact on the user group process and continue to lose the confidence of the clinical teams involved in the design process.

The Project Management RFP documentation is yet to be assembled by MOH and there is no detailed programme for when this documentation is due to go to market.

As indicated to get this project going then the following is an outline of what needs to occur ASAP:

- assume decision advised by MOH for CDHB to run the RFP process Tuesday 4th December
- Current MOH Project Managers to provide design / non design consultant scopes to CDHB (all referencing in the scopes directing CDHB as contractual Client) Friday 7th December
- Current MOH Project Managers to supply all supplementary technical information packages for the RFP to CDHB Friday 7th December
- CDHB legal to prepare internal process sign off / contractual / tender rules / evaluation process documentation to wrap around scopes / technical literature from Friday 7th to Wednesday 12th December and lodge RFP on GETs Friday 14th December
- CDHB to prepare project management RFP scope / contractual documentation from Friday 7th December to Wednesday 12th December and to lodge onto GETs Friday 14th December

- RFP close 4th February
- Potential to utilise current MOH Project Managers to answer technical / contractual (in consultation with CDHB legal) queries throughout RFP period (for all disciplines bar PM) to realistically maintain the RFP close out date.

General

Peripheral to the RFP / evaluation process; [9(2)(a)] are the incumbent architect / health planners appointed prior to the DBC process. Their engagement was based on [9(2)(b)(ii) and 9(2)(i)] overall capital project whereas the current RFP documentation is confirming Option 3 of DBC as the project scope with an overall budget of [9(2)(b)(ii) and 9(2)(i)]. Prior to going into next phase of design there needs to be a renegotiation of fees with [9(2)(a)] given the change in project scale and scope; in addition if CDHB are confirmed as the Client in terms of the project delivery the novation clause in the MOH contract would need to be enacted to assign the contract to CDHB as Principal.

In terms of progress, the above dates describe a path for RFPs out to market (the Project Management package is currently a high risk regarding timetable as it is the least resolved RFP package at this point) and the key is to give people a reasonable time to do some meaningful work on their proposal prior to the Christmas break; in which case the RFP needs to be out by the end of the first week of December (even with that we might expect some negative feedback from the market). According to GETs / GROS the RFP requires 18 working days which would equate to 9th January if you count all non-statutory days between Xmas / New Year.

Realistically we've proposed 4th February as close date, any sooner and we believe we'd risk losing out on receiving some submissions altogether or receiving substandard submissions where people throw things together; potentially less competitive or error ridden proposals.

The other critical step to getting design team on board is to have the evaluation process well lined up with everyone understanding their role and time commitments up front so they can plan around their 'day jobs' / other commitments – 4 weeks is still ambitious but achievable if we get buy in from the panel / approval process be it CDHB or MOH.

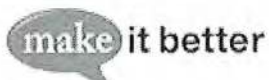
From award the engineering teams need to undertake a concept stage to 'catch up with [9(2)(a)] we have discussed some ways to allow [9(2)(a)] to continue meaningful processes with users while the engineering teams work on concept; it's important not to lose the flow of the user group process to keep everyone engaged and positive about progress.

Happy to discuss further this coming week.

Regards

David Meates, MNZM

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CDHB key points / concerns:

The project process has been further delayed awaiting finalisation and approval of the DBC by HRP, CIC and Joint Ministers. The programme tabled in May 18 was demonstrating preliminary design (the next project design phase from where we are now) due to commence at the start of October 2018. The current programme included in the DBC notes preliminary design is not commencing until mid-June 2019. This is a delay of 8 ½ months and even that date could be in jeopardy given the indecision about which party is going to deliver the project – extending the multiple risks in maintaining PMH as the site for SMHS (earthquake / costs associated with inefficient site / risks around ongoing staff assaults due to outdated / inappropriate facilities).

Earlier direction from MOH that the management of the consultant RFPs and the project delivery as a whole was to be led by CDHB was not ratified in HRP or CIC and is currently awaiting a decision.

Without this decision the next crucial step is essentially on HOLD with further delays likely – there appears to be a disjoint between MOH officials and governance which is hindering the project's progress.

MOH direction that [REDACTED] were going to assist CDHB in preparation of the RFP documents cannot properly move forward until the project client decision is made.

If the MOH retains the delivery process for the project – CDHB understands that [REDACTED] would no longer working for MOH and that the running of the RFP, evaluation and consultant award processes would need to be headed by another party not currently involved in the project, potentially leading to further delay.

The deadline for getting RFPs out to market to allow proposers realistic opportunity to make meaningful progress before the Christmas break is starting to look under significant pressure and is concern to the CDHB team. Further delays to the engagement of the full consultant team will impact on the user group process and continue to lose the confidence of the clinical teams involved in the design process.

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