
All District Health Boards

23 December 2019

To: Ashley Bloomfield
Director-General, Ministry of Health

Keriana Brooking
Deputy Director-General, Health Systems Improvement and Innovation, Ministry of Health

Graham Dyer
Head of Provider Service Delivery, Accident Compensation Corporation

Cc: Alisa Claire, Chief Executive, Auckland District Health Board
Jo Gibbs, Chief Executive (Acting), Auckland District Health Board
Nick Chamberlain, Chief Executive, Northern District Health Board

From: Russell Simpson, Chief Executive, Whanganui District Health Board
Chief Executive, Lead for Air Ambulance

Kia ora koutou

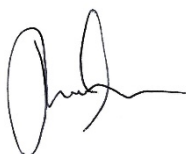
Thank you for the opportunity to review the summary of air ambulance issues within the Northern Region provided in the National Ambulance Sector Office (NASO) memorandum (NASO memo) dated December 17, 2019.

We acknowledge the commitment of the Ministry of Health (MoH), Accident Compensation Corporation (ACC) and NASO in commissioning an independent assurance assessment review and the internal incident investigation to understand and address the contractual issues associated with the provision of air ambulance helicopter service within the Northern Region.

We have considered the recommendations in both reports and the additional recommendations provided in the NASO memo. The response to these recommendations is given in Appendix 1 attached to this letter.

We welcome the opportunity to work collaboratively and strengthen our relationships to ensure the safe and quality provision of air ambulance helicopter services in the Northern Region.

Nga mihi



Russell Simpson
Chief Executive, Whanganui District Health Board and DHB Chief Executive, Lead for Air Ambul

Background

District Health Board Chief Executives' response to the proposed set of recommendations for the Northern Region air ambulance helicopter service

Our feedback is in response to the reports and proposed set of recommendations outlined in the:

- Price Waterhouse Cooper (PWC) Interim Northern Region Helicopter Limited (NRHL) Assurance Assessment summary dated December 17, 2019;
- NASO incident investigation review report dated December 16, 2019;
- NASO memo dated December 17, 2019.

In addition, Auckland (ADHB) and Northland (NDHB) have also provided two recommendations for quality improvement consideration in the commissioning of future reviews.

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2. DHBs response to the ten NASO recommendations

Our response to the ten recommendations stated in the NASO memo dated December 17, 2019 include:

Recommendation 2.1: *That the MoH and ACC strongly urge ADHB to immediately use the AW169s for all IHT.*

Agree – ADHB has agreed to use the AW169 for IHT as per our response to recommendation 1.3, pending the implementation of revised tasking guidelines.

Recommendation 2.2: *That ADHB take the necessary steps to reverse its tasking protocol for national IHT which currently only utilises Whangarei based assets.*

Agree – ADHB will agree to revise its tasking protocols for national IHT once NZAAS has full access to ARHTs Trac Plus and visibility of all NRHL air ambulance helicopters (noted as completed). The tasking protocols will take into account that:

- there is only one AW169 2PIFR,
- the revised escalation protocols within ARHT post November 6, 2019 incident have not been developed and agreed,
- the information available regarding range specifications of the AW169s.

Note, the revised ADHB tasking protocol did not require the exclusive use of NEST assets for national IHTs but the limited availability of the ARHT's BK117 asset meant that NEST has been most often tasked since November 6, 2019.

s 9(2)(b)(ii)

Recommendation 2.4: *That a governance group consisting of senior Ministry, ACC and DHB representatives be established to work alongside NASO and key stakeholders to oversee the recommendations from the NASO memo, the assurance review report and the 6 November 2019 incident review report.*

Partially agree – we agree with the establishment of a governance group with an agreed mandate (terms of reference) to oversee the implementation of the assurance review recommendations 1.1 – 1.5 and incident investigation review recommendations 3.1, 3.2 and 3.4.

We support the immediate implementation of the incident report process improvement recommendations 3.1, 3.2 and 3.4.

We support the consideration of a co-design process to inform the future planning of a high performing clinical coordination centre within the Ambulance Service Collaboration framework using an alliance structure.

Recommendation 2.5: *That NASO support 2PIFR for all flights in the northern region for the duration of the current contract term, to facilitate the use of the AW169s for IHTs.*

Agree – we support this recommendation, noting that until confirmation of an asset and crew plan is resourced for the use of both AW169 helicopters, ADHB be working with the assumption that there is only one AW169 available for national IHT tasking.

Recommendation 2.6: *That NASO vary the contract, including pricing, to facilitate 2PIFR operations and increase the crewing configuration within NRHL. It is anticipated that this pricing increase will be funded within the Ministry's ambulance appropriation.*

Agree – we support this recommendation.

Recommendation 2.7: s 9(2)(f)(iv)

Recommendation 2.8: *That the Ministry and ACC work actively with the DHB to capture the IHT data to inform an urgent modelling exercise to ensure sufficient regional capacity.*

Disagree – we agree that data needs to be collected over the right duration of time to inform capacity modelling.

We do not support the recommendation to undertake an urgent modelling exercise as the limitations of available data is known. However, we do support a minimum of 12-month data collection, once all new asset are operational, to inform capacity modelling for the Northern Region and national IHTs

s 9(2)(f)(iv)

Recommendation 2.9: *That subject to modelling, contracted capacity is adjusted to meet need.*

Disagree – contracted capacity should be increased immediately as per prior mutual agreement, in accordance with our response to recommendation 2.8.

Recommendation 2.10: *That NASO commence a co-design project to develop a centralised tasking and coordination service incorporating prehospital and IHTs for the northern region, to be overseen by the joint governance group proposed in the NASO memo recommendations 2.3 & 2.4.*

Disagree – ADHB and NDHB do not support this recommendation for the reasons stated in our responses to recommendations 1.6-8 and 2.10.

3. DHBs additional recommendations for consideration

Auckland (ADHB) and Northland (NDHB) have provided two recommendations for NASO's quality improvement consideration in the commissioning of future reviews. These recommendations include:

Recommendation 3.1: Commissioning of the future assurance assessment reviews (process improvement).

We recommend that system reviews and risk investigations are clarified and authorised through an audit/review standard terms of reference which has been developed to a mutually agreed approach and supports transparency of information to all parties involved.

The DHBs were advised by the Deputy Director-General Health Systems Improvement and Innovation on November 27, 2019 that the Price Waterhouse Cooper Assurance Assessment panel (the review panel) would like to meet with relevant operational and clinical teams on November 29, 2019 at 1:00pm.

The initial request for DHB teams to meet with the review panel was via a phone call to the ADHB chief executive, and at the request of ADHB a terms of reference for the review was received.

We consider that the terms of reference provided was not of a standard that would be reasonably expected for a due process in setting the review framework. It did not clarify the authorities, engagement and confidentiality controls for the review to ensure transparency and objectivity of the review process and stakeholder meetings.

We acknowledge there may have been a formal terms of reference for this review, however, this was not made available to the DHBs.

The assurance report that the DHBs have been provided to review does not address the totality of the scope outlined in the terms of reference provided to ADHB.

Recommendation 3.2: Assigning accountabilities to recommendations (process improvement).

We recommend that a responsibility, accountability, support, consent, inform (RASCI) approach is assigned to each recommendation in the final PWC assurance assessment report and the confirmed NASO incident investigation report recommendations (dated December 16, 2019) to ensure accountabilities and responsibilities are clearly understood and managed.

Conclusion

We believe the Assurance Assessment Review was limited in its area of focus and the report lacks objectivity and completeness of enduring issues (dating from April 1 to November 30, 2019) and multiple NRHL breaches of contractual requirements with no evidence that improvements have been made.

The assurance review report contains conclusions relating Auckland and Northland DHBs that are not factually correct and challenges our ability to strive towards building strong partnerships and integration of systems and services.

We are appreciative of NASO enabling the review panel to meet with our clinical leads and operation managers and having the opportunity to respond to the recommendations of the assurance review and incident investigation reports.

We recommend that the governance of the ambulance service for New Zealand is established through the proposed Ambulance Service Collaboration. This will enable the three partners (MoH, ACC, DHBs) to re-set and work collaboratively, build trust and confidence to achieve the vision of the ambulance service modernisation plan and improve the health outcomes of all New Zealanders.

DHBs are committed to working within a tripartite partnership model for strengthening collaboration and integration across the whole system and improving the patient's journey through the system.

We welcome any opportunity to discuss our responses to the interim PWC assurance assessment summary, NASO incident investigation report and NASO memo recommendations with the MoH and ACC ambulance service leaders.

END

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