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5 December 2025

s 9(2)(a)

Ref: H2025074835

Tēnā koe s 9(2)(a)

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 28 October 2025 for information regarding the Infrastructure Committee. You requested:

*“Please can I request the September and October minutes of the above meetings.  
<https://www.tewhatauora.govt.nz/corporate-information/about-us/our-leadership-and-structure/our-governance>”*

You submitted the same request to Health New Zealand - Te Whatu Ora. The Ministry accepted transfer of this request on 3 November 2025, and on the same day we informed you that the Ministry had merged your two requests.

The September minutes are attached to this letter and are released to you with some information withheld under the following sections of the Act:

- 9(2)(a) – to protect the privacy of natural persons;
- 9(2)(b)(ii) – where its release would likely unreasonably prejudice the commercial position of the person who supplied the information;
- 9(2)(f)(iv) – to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials;
- 9(2)(g)(i) – to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency; and
- 9(2)(j) – to enable a Minister or any public service agency to carry on negotiations without prejudice or disadvantage (including commercial and industrial negotiations).

I have considered the public interest in the release of this information and do not consider that it outweighs the need to withhold it in this case.

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The October minutes are currently in draft form and have not yet been reviewed by the Committee Chair. Accordingly, these are withheld in full under section 9(2)(g)(i) of the Act. Releasing draft minutes may prejudice the ability of the committee members to engage openly in future discussions.

If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: [oiagr@health.govt.nz](mailto:oiagr@health.govt.nz).

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā

A handwritten signature in blue ink, appearing to read 'J. Hazeldine', with a small mark above the end of the signature.

John Hazeldine  
Group Manager, Workforce and Infrastructure Monitoring  
Performance and Governance  
**Ministry of Health**

# Ministerial Committee for Health Infrastructure

## Committee meeting minutes 12 September 2025

<b>Date</b>	12 September 2025
<b>Chair for the meeting</b>	Dr Margaret Wilsher
<b>Committee members</b>	Roger Jarrold, Sarah Sinclair
<b>In Attendance</b>	<p><b>Crown Observer:</b> Hamiora Bowkett</p> <p><b>Health NZ:</b> Jeremy Holman, Chief Infrastructure Investment Officer; Zainab Abbas, Head of Office of the Chief Infrastructure and Investment Officer</p> <p><b>Ministry of Health:</b> John Hazeldine, Group Manager, Workforce and Infrastructure; Jo Strachan-Hope, Manager, Infrastructure Monitoring</p> <p><b>The Treasury:</b> Chris Brunt, Senior Analyst, Vote Health</p> <p><b>Minister of Health's Office:</b> Elly Amiri, Private Secretary</p>
<b>In attendance for specific items:</b>	<p>Dr Rob Ojala, Regional Head of Infrastructure and Investment Te Waipounamu, Health NZ – item 3; Aaron Matthews, Director, Capital Investment Management, Health NZ – items 3,4,5,6; Blake Lepper, Director, Infrastructure Delivery, Health NZ – items 5,6,7,8 Henry Curtis, Group Manager, National Infrastructure and Investment Planning, Health NZ – items 3,4,5,6 Jeremy Evans, Project Director - Delivery, Project Pihī Kaha, Infrastructure Investment Group, Health NZ – item 5</p>
<b>Apologies</b>	Mark Binns, James Christmas, Evan Davies,

## 1. Committee only time

Minutes held elsewhere.

## 2. Apologies, previous minutes, actions and interests register

The meeting commenced with the Karakia.

Apologies were received and noted.

The Committee approved the minutes of the meeting of the Committee held on 8 August with no changes.

Actions were to discussed through the meeting.

There were no interests declared that might create a conflict with a matter on the meeting agenda.

There were no additions or amendments to the Interest Register.

**ACTION: Interests register to be completed**

## 3. Christchurch NICU - Approval to Deliver

Dr Rob Ojala, Regional Head of Infrastructure and Investment Te Waipounamu, presented this item.

Health NZ confirmed the commitment to funding all capital and operating costs associated with this project (current and future).

It was noted this item was only provided to the Committee at the Minister's express request (as part of the Cabinet paper) - the investment would normally sit below the threshold for Committee consideration.

The Ministry clarified that work is underway to amend capital settings so projects with low capital cost but high WOLC do not require Cabinet consideration.

Roger Jarrold advised that the Approval to Deliver was confirmed by the Board yesterday.

The Ministry confirmed that with the Committee's agreement that consultation has been satisfied, this project is now able to proceed.

The Committee:

1. **agreed** the consultation process for the Approval to Deliver, required by Cabinet, is satisfied and it can proceed to Health NZ Board for consideration and approval.
2. **noted** that any cost overruns will be met from Health NZ baselines.

s 9(2)(f)(iv)



## 5. Whangārei Redevelopment

Jeremy Evans, Project Director - Delivery, Project Pihi Kaha, Infrastructure Investment Group, Health New Zealand joined for this item.

There are two requests:

- s 9(2)(f)(iv)
- [Redacted]

Blake Lepper provided a history of the Whangārei Redevelopment project.

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The Committee noted support for the project and the need to progress requests in a timely way. The Committee noted  
s 9(2)(f)(iv)



Released under the Official Information Act 1982

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s 9(2)(f)(iv)

- the Minister of Health can approve scope and budget changes for the Acute Services Block up to and including \$100m.

## 6. Health Infrastructure Plan and Implementation Plan

Roger Jarrold noted that the Health NZ is supportive of the regional hospital builds. The new ELT will review and re-prioritise other items in the plan in line with affordability.

The Committee:

- advised concerns about affordability and deliverability, given past performance
- queried the ability to resource the plan with high-quality staff
- noted the need for information on how services should be delivered, to inform the plan.

Health NZ (Jeremy Holman, Blake Lepper, Aaron Matthews, Henry Curtis) advised:

- the HIP is based on the previous DHB intentions. Five scenarios were presented, and the preferred option is the second highest funding requirement.
- Health NZ has indicated its initial priorities in the Implementation Plan. These will be re-tested with the Board and Ministers by the end of the year. Ministers have previously signalled that the regional hospitals are a high priority.
- the need for network planning is recognised - and Health NZ understands that mastersite planning and clinical service plans should be undertaken independent on investments
- the plan outlines Health NZ's view of the resources required
- there is a need for Health NZ to be a better client
- Health NZ will come back to the Committee once Budget 2026 priorities are identified.

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## 7. Design and Construction Panels

Blake Lepper presented this item.

Health NZ (Jeremy Holman and Blake Lepper) advised:

- s 9(2)(g)(i)
- the Panels are based on overseas models
- there is a need for Health NZ to be a better client, and the Panels supports this by packaging work.
- there was a significant market response to the tenders. The Major Projects Delivery Panel evaluation report is near finalisation. **Action** - to be shared with the Committee.
- the panel arrangement will mean Health NZ can use providers as a consultancy service on constructability/buildability advice. The tender process has already added significant value because it used Nelson and Whangārei as case studies. Once appointed, the panel will be available to support priority projects and re-use should streamline delivery over time.
- s 9(2)(j)
- for Nelson and Whangārei design, appointments were based on consortiums submitting indicative lump sum prices, schedules of rates and pricing methodologies for other projects. As the project reduced in size, costs were renegotiated.
- competitive tension can be delivered for future projects between members.
- the panel is a tool which gives easy access to members - it is not a binding commitment. Whether the panel will be of value for a particular investment will be tested in the commercial case (eg would it make sense for the LINAC programme, so should these be delivered by local suppliers).
- the Panel does not preclude the market-led proposal process.
- Health NZ emphasised the capability of the respondents and noted that working together was an important concept. While not all *have* necessarily worked together, ability to do so was assessed through an interactive panel assessment.

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- the plan is to establish a panel for smaller work in the future.

The Committee discussion included:

- supported the principles of building client capability and bundling contracts to enable contractors to invest
- agreed the need for a pipeline of future investment
- queried how risk is allocated and paid for and how competitive tension is retained to ensure value for money is achieved
- queried how consortiums were formed and performance history with complex builds on constrained brownfields sites
- asked for further information on how designers for Nelson and Whangārei were appointed
- queried how the panel will fit with the market-led proposal process (overseen by NIFF)
- noted the need to ensure Health NZ has a strong strategy on receiving market-led proposals so these can proceed where appropriate.

s 9(2)(g)(i)

The Committee noted that, as Evan Davies and Mark Binns were unavailable for today's meeting, it would be beneficial for Health NZ to provide them a separate briefing.

The Committee

- noted that Health New Zealand has appointed three Design & Technical Advisory consortia and is finalising the establishment of a Major Project Delivery Partner panel to operationalise the Building Hospitals Better strategy and support the Regional Hospital Redevelopment Programme.

**ACTION: Health NZ to brief Mark Binns and Evan Davies on the panel approach for design and construction**

**ACTION: Major projects delivery panel evaluation report to be shared with the Committee**

## 8. Reporting

The Committee discussion included:

- reporting should identify the key issues and provide intelligence and insights
- there is an expectation that Health NZ will set clear milestones and budgets and progress against these will be monitored (noting some cost pressures arose from projects commenced prior to Health NZ's inception).

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- it is important that reporting reflects the full Committee portfolio (including Dunedin Hospital)
- reporting risks should reflect other dependencies (digital and workforce) to support commissioning.
- post-implementation reporting should also be provided to the Committee

Health NZ (Bevan McKenzie) advised:

- Health NZ agrees the need for an enhancement in standard reporting, and the need for discipline around this. Expected inclusions are cost pressures, risks (commercial, legal and construction), unapproved variations, matters in dispute. These elements exist in QS reports for some Steering Groups but they are not currently part of portfolio reporting through the PMO.
- Health NZ noted that will need to align functions to support the required reporting.
  - **Action** - Bevan McKenzie and Roger Jarrold will agree a template for Health NZ and will provide to the Committee for review.
- Health NZ (Timneen Taljard) is developing an understanding of operational implications of planned investments.
  - **Action** - Health NZ to provide an update on this work in six months.

Specific project questions:

- Status of Nelson  
s 9(2)(g)(i)

s 9(2)(b)(ii)

s 9(2)(f)(iv)

**ACTION: Health NZ to provide an update on work re: cost implications of investments (lead by Timneen Taljard)**

**ACTION: Nelson redevelopment and New Dunedin Hospital to be added to October agenda**

**ACTION: Health NZ to identify improvements to reporting**

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## 9 & 10. Forward agenda and meeting dates

As not all members are in attendance, future meeting dates will be agreed via email.

**ACTION - The Ministry of Health and Health NZ are to shape up the forward agenda and provide this to the Committee for confirmation.**

Future items for discussion raised so far include.

- Nelson Hospital redevelopment - deep dive and overall programme
- New Dunedin Hospital Outpatients Building - lessons learned
- Taranaki Project Maunga Stage 2 - lessons learned
- Counties Manukau Health Park - lessons learned
- Health Infrastructure Plan - Implementation Plan update
- Regional Hospital Redevelopment Programme Stage 2 update including standardised design.

The Chair noted that in 2026, the Committee will commence a programme of meetings held at specific sites. For those able to attend, this will increase understanding of proposed investments.

The Chair noted an upcoming visit to Hawke's Bay Hospital and invited other Committee members.

Closing Karakia

## 11. Committee only time

Minutes held elsewhere