

November 3, 2015

Mr. Brandon Rose
NSGEU
255 John Savage Avenue
Dartmouth, Nova Scotia
B3B 0J3

Dear Mr. Rose:

RE: Freedom of Information and Protection of Privacy – HEA-15-85

Your application under the *Freedom of Information and Protection of Privacy (FOIPOP) Act* was received October 7, 2015, for:

“(i) a simple breakdown of all estimated cost (including to-date and projected costs) associated with amalgamation of the Nova Scotia Health Authorities; and (ii) all issue notes, briefing notes, data, statistics, analysis and other related materials speaking to the same subject. This request includes costs connected to consultant compensation, staff costs, CEO and other executive transitions, travel, IT, system changes, communications, New Board Costs, workforce adjustment and severance.” As clarified/narrowed on October 8, 2015 – if there is one document or one briefing note showing the costs incurred then that document will suffice.

Your request is granted and the document relating to costs is attached.

You have the right to request a review of this decision by the Review Officer appointed pursuant to the *Act*. The review must be filed in writing (see attached Form 7) within sixty (60) days of receiving this letter and must be sent to:

Review Officer
Freedom of Information and Protection of Privacy
P.O. Box 181
Halifax, Nova Scotia B3J 2M4

If you have any questions, you may contact:

Lynn Prime
Nova Scotia Department of Health & Wellness
P.O. Box 488
Halifax, Nova Scotia B3J 2R8

Yours truly,



Peter W. Vaughan, CD, MA, MD, MPH
Deputy Minister

DHA TRANSITION & CONSOLIDATION

DHA Consolidation Transition Costs

Operating Costs		FY 2014/15
Consultant & Subject Matter Expert Expenses		
IT Consultants - SAP Enablement Project		384,500
Mediation/Arbitrator		260,000
Communications		97,500
Finance Consultants		59,000
Executive Transition Services		60,000
Physician Consultants		12,400
Travel, Meeting & Office Expenses		
Project Management Office		29,100
Minister's Tour/Advisory Panel		17,100
CEO Designate		9,200
Community Health Board		3,700
Board Administration (net of \$94K offset from DHA board savings)		(32,300)
Severance (CEO/VP)		4,800,000
		<u>\$ 5,700,200</u>

Capital Costs - SAP Enablement Project	FY 2014/15
Capital Costs	3,369,000

SAP Enablement project is to consolidate the 9 individual SAP systems for each district into one system under one company code.

Costs associated with the SAP Enablement Project are held by two government departments.
Capital Costs are held by Internal Services Department (ISD)
Operating Costs are held by Department of Health & Wellness (DHW)

Total Transition Costs for DHA Consolidation	FY 2014/15
Operating Costs	5,700,200
Capital Costs	3,369,000
TOTAL	<u>\$ 9,069,200</u>

Form 7 Request for Review

**Province of Nova Scotia
Freedom of Information and Protection of Privacy Act
Subsection 32(1)
(Applicant)**

TO: The Review Officer
P.O. Box 181
Halifax, NS B3J 2M4

1. This Request for Review arises out of an Application for Access to a Record or Request for Correction of Personal Information submitted to _____ (*specify public body*) on the _____ day of , 200____, a copy of which Application or Request is attached to this Request for Review.

2. The applicant requests that the review officer review the following decision, act or failure to act of the head of the public body;

Check where applicable

_____ (a) decision dated or made on the _____ day of _____, 200____, a copy of which is attached to this Request for Review;

_____ (b) (*specify act or failure to act*) _____

3. The applicant requests that the review officer recommend that

Check where applicable

_____ (a) the head of the public body give access to the record as requested in the Application for Access to a Record;

_____ (b) the head of the public body correct the personal information as requested in the Request for Correction of Personal Information;

_____ (b)[c] (*specify other recommendation or recommendations, if any, you consider appropriate*)

Date: _____

Signature of Applicant: _____

Print Full Name of Applicant: _____

Mailing Address of Applicant: _____

(Street/Apartment No./R.R. No.) _____

(Community/County) _____

(Postal Code) _____

Telephone Numbers of Applicant: _____

(Residence) _____ (Business) _____

Fax Number of Applicant: _____

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