



Gateway Review Report

DUNEDIN HOSPITAL CAMPUS REDEVELOPMENT PROGRAMME

Review 0

Strategic Assessment

JUNE 2016

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Gateway Review Report

Review 0: Strategic Assessment

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This report has been prepared by the Gateway Review Team in accordance with the New Zealand Government's Gateway Review Process (Gateway) as set out in the six handbooks *Gateway Review Process Best Practice – Gateway to Success*, published by the New Zealand Government. This report summarises the Team's findings and recommendations, informed by, but not limited to, an assessment against the criteria documented in the handbooks.

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Important Notice

This report contains headline findings and recommendations only, and is not intended to be interpreted in isolation from the daily discussions and briefings to the SRO during this Review.

The provision of free and frank advice is key to the effective operation of the Gateway methodology. Release of such advice could prejudice the Gateway process as such advice might not be provided in future. To ensure that all relevant matters are considered please consult the Gateway Unit in Treasury before any public release of a Gateway report under the Official Information Act.

Direct any enquiries regarding the Gateway Review Process to the Gateway Unit, gatewayunit@treasury.govt.nz.

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1 Review Conclusion

1.1 Overall Picture of the Programme

The review team finds:

- The requirement for investment in health care and facilities is agreed by the sponsoring group and is robust.
- The strategic assessment process is proceeding to plan.
- The DHB has yet to fully resource its work streams
- The Governance and management framework of the project needs to be enhanced
- There are opportunities to enhance stakeholder engagement
- There are significant risks attached to the timeframe for delivery of the IBC.





The successful approach undertaken by the DHB for the urgent and interim works could be progressively applied to the future redevelopment.


There is opportunity for innovation between DHB and education providers that could potentially enhance outcomes.

1.2 Delivery Confidence Assessment

Delivery Confidence Assessment	AMBER
<p>The Gateway Review Team finds that a number of the key requirements of an effective management framework are not yet in place. There are some organisational and alignment risks. There are deficiencies in the current stakeholder management strategy. There are opportunities yet to be investigated.</p> <p>There is an opportunity to benefit from the learnings from the successful Interim works engagement processes.</p>	

The Delivery Confidence assessment RAG status uses the definitions below:

Colour	Criteria Description
	Successful delivery to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly.
	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and if addressed promptly, should not impact delivery or benefits realisation.
	Successful delivery is in doubt with major risks or issues apparent in a number of key areas. Prompt action is needed to address these, and whether resolution is feasible.

 R	Successful delivery appears to be unachievable. There are major issues which at this stage do not appear to be manageable or resolvable. The programme may need re-baselining and/or overall viability re-assessed.
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1.3 Recommendations

The Gateway Review Team makes the recommendations in the table below, which are prioritised using the following definitions.

- ▶ **Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately.
- ▶ **Essential (Do By)** – To increase the likelihood of a successful outcome the programme should take action in the near future.
- ▶ **Consider (Good Practice)** – The programme should benefit from the uptake of this recommendation.

Ref.	Recommendation	Priority
R1.	Clarify ownership of the overall project and component deliverables with all stakeholders.	DO NOW
R2.	Options considered for the Business Case should include a regional investment strategy to support new models of care or service developments.	By Completion of IBC.
R3.	The outputs from the financial model required by MOH and Treasury need to be agreed.	DO NOW
R4.	A stakeholder management plan should be developed and implemented.	DO NOW
R5.	That the DHB establish a working group with tertiary education providers to explore innovation, research, workforce alignment and staff retention.	DO BY 30 /09/2016
R6.	That the DHB/SPG develops a stronger strategic relationship with the University of Otago	DO BY 30 /09/2016
R7.	Develop an effective Governance framework across SPG/DHB/MOH interfaces	DO NOW
R8.	Progressively review and apply the learnings from the interim urgent works to the project.	DO BY 31- 08-2016 and ongoing
R9.	Develop a mechanism to ensure the capture and alignment of current clinical change activities with future planning	DO BY 30- 09-2016
R10.	Develop the integrated risk management plan for inclusion within the detailed Project Execution Plan	DO NOW
R11.	Develop a detailed project execution plan to get to IBC	DO NOW
R12.	Identify and allocate the required resources to enable the successful delivery of the plan	DO BY completion of plan

Section 4 details the Gateway Review Team’s findings in support of these recommendations.

2 Background

2.1 Review Approach

Review 0 – Strategic Assessment is a broad, strategic review that may be undertaken at the start-up stage of a programme to inform decision-making, or may be undertaken during programme implementation to confirm the alignment with the established outcomes.

In order to form an opinion in relation to this Review, the Gateway Review Team has:

- ▶ Applied the Gateway Review Process.
- ▶ Interviewed the stakeholders listed in Appendix B.
- ▶ Reviewed the documentation listed in Appendix C.

More detailed information regarding the nature of this Review and its context within the New Zealand Government Gateway Review Process is at Appendix A.

It should be noted that some key documents (Sapere deliverables 2 and 3) were only received by the Review team on Wednesday 15th June after most of the interviews were complete.

2.2 Programme Description

This programme comprises:

- ▶ Development of a Strategic Services Plan (SSP) for the delivery of services across the whole of the Southern DHB.
- ▶ Definition of the services to be provided from the re-developed Dunedin Hospital campus.
- ▶ Identification of the preferred development option for the Dunedin Hospital campus.
- ▶ Development of an Indicative Business Case (IBC) for the redevelopment.
- ▶ Development of a Detailed Business Case for the redevelopment.
- ▶ Implementation of the approved development plan.

The Southern Partnership Group (SPG) has been mandated to govern the redevelopment of the hospital facilities, including urgent interim works.

This review addresses the current state and actions required up to the delivery of the IBC in June 2017.

2.2.1 Aims of the Programme

A number of buildings on the Dunedin Hospital campus require replacement or relining in order that the Southern DHB can continue to deliver effective and efficient healthcare in a safe environment and in a manner which is clinically and financially sustainable.

2.2.2 Driving Force for the Programme

It is necessary to address these facilities issues on the Dunedin campus in the context of a robust and acceptable strategy for the delivery of health care across the whole of the Southern DHB.

A tight time frame for delivery of the IBC has been mandated by the Ministers for Health and Finance.

2.2.3 Procurement/Delivery Status

Consultants (Sapere) have been engaged by MoH to deliver for SPG:

- ▶ A Strategic Services Plan for the DHB
- ▶ A Strategic Assessment
- ▶ A Detailed Services Plan (clinical services plan) for the Dunedin campus and the region.

These plans were issued to the review team in draft, The first was received prior to the review week and the last two on the 15th June, during the review.

At the time of the Gateway Review the MoH had just released RFPs for:

- ▶ Hospital services planner and architectural services to support the development of the indicative business case.
- ▶ Development of the Indicative business case.

2.3 Acknowledgements

The Gateway Review Team would like to thank all those interviewed for their support and openness, which contributed to the team's understanding of the programme and the outcome of this Review.

3 Previous Review

This is the first Gateway Review for the programme.

4 Findings and Recommendations

4.1 Policy and Business Context

Findings:

The review team finds that the requirement for investment in health care and facilities is agreed by the sponsoring group and is robust.

The review team notes that the requirement to upgrade facilities has been a trigger to undertake a strategic review of health services across the region.

The Strategic Services plan prepared by Sapere provided to the review team shows that the strategic considerations related to the delivery of health services are regional and align with the broader health strategies.

Some interviewees demonstrated a lack of clarity regarding whether the focus was on building or health care, Dunedin city or regional.

Whilst the SPG is clear regarding their ownership of and role in the project, the review team identified a lack of clarity regarding the “ownership” of the project by other stakeholders

Interviewees advised that the DHB has been experiencing difficulties at a leadership level which could compromise project outcomes. The DHB has recently made a number of senior leadership appointments which will assist in addressing some of these concerns. However it is too early to determine the success of these appointments.

The DHB has been experiencing ongoing difficulties with a deficit financial position. There is concern that this is likely to impact negatively on the management and scope of the project deliverables.

Recommendations:

R1.	Clarify ownership of the overall project and component deliverables with all stakeholders.	DO NOW
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4.2 Business Case

The indicative business case is not due for completion until June 2017.

Findings:

As part of the IBC preparation an Investment Logic Map (ILM) workshop was undertaken in May 2016. There is general concern from DHB interviewees that this ILM reflected a predetermined focus on replacement of the Clinical Services Block only.

Options considered for the Business Case should include a regional investment strategy to support new models of care or service developments. This may set a platform for future clinical change initiatives that will impact on the health service requirements for Dunedin. It may also provide an opportunity to demonstrate an early commitment to addressing the regional health care issues.

There is concern that clinical sustainability considerations will be compromised by the current financial status of the DHB and the affordability of the building development.

The review team has been advised that the financial modelling is critical to the Business Case. DHB resources have been assigned to complete the modelling. There have been discussions between Treasury, MOH and Southern DHB regarding the financial modelling. The review team was advised that the requirements of Treasury and the MOH are awaited.

Recommendations:

R2.	Options considered for the Business Case should include a regional investment strategy to support new models of care or service developments.	By Completion of IBC.
R3.	The outputs from the financial model required by MOH and Treasury need to be agreed.	DO NOW

4.3 Stakeholders

Findings:

Most interviewees were complimentary of the level of consultation and engagement led by Sapere to date across the region.

The review team saw no evidence of a detailed stakeholder management plan. Within the communication plan for redevelopment a table of stakeholders has been prepared, but this lacks necessary elements such as interest analysis, influence strategies, etc.

There are a variety of staff who interact with University staff as part of the Business as Usual operations of Southern DHB. However at a strategic level the relationship is not well developed. Given the reality that this relationship is very important for both parties more emphasis needs to be given to it. Operational and historical differences should not be allowed to impede potential future strategic alliances.

Similar relationships should be developed with other tertiary education providers beyond the existing nursing interaction.

Some interviewees proposed that there should be a progressive approach with the education providers to explore innovation, research, workforce alignment and staff retention. While this offers significant potential to improve the quality of outcomes, it may slow down the project.

It is recognised that a critical success factor will be the continued support of the various staff employee representatives. The review team were advised that most Unions are currently supportive of the directions being undertaken but future pathways for involvement are not clear.

Staff involvement to date has been at a high level and focused more on strategic developments. Some interviewees indicated high levels of disengagement by some senior medical staff. The current culture programme being undertaken by the DHB has been established to improve staff engagement and cultural alignment.

Addressing SMO engagement is an important consideration and another critical success factor.

Recommendations:

R4.	A stakeholder management plan should be developed and implemented.	DO NOW
R5.	That the DHB establish a working group with tertiary education providers to explore innovation, research, workforce alignment and staff retention.	DO BY 30 /09/2016
R6.	That the DHB/SPG develops a stronger strategic relationship with the University of Otago	DO BY 30 /09/2016

4.4 Management and Review of Outcomes

Findings:

The Governance framework is not well defined. There is a lack of clarity regarding the roles and responsibilities of SPG and the Steering Group. This was illustrated by interviewees lack of understanding of the interactions between the various parties and the DHB itself. The usefulness of the Steering Committee as it currently operates has been questioned.

The absence of a detailed project execution plan makes it difficult to exercise effective control and governance. To address this issue in a timely manner the MoH needs to engage more resources.

A number of those interviewed advised that the approach taken with the ICU development was positive as it was based on inclusion of staff at all levels, evidence and best practice. This facilitated buy-in from the clinical staff. This approach is essential for ongoing engagement and consultation with clinicians.

Some interviewees were concerned that Sapere appeared to be more focused on the present and acute service models than the broader elective context or future options. The documents released to the review team during the Gateway review, which have not yet been widely circulated, appear to have a future focus.

There is also internal clinical change activity being led by DHB staff e.g. orthopaedic reconfiguration, medical ward amalgamation. Concern was expressed that there is a risk that these initiatives will not be reflected in planning because of the separation between business as usual and SPG design outcomes.

Early discussions have occurred on a changing medical model of Internal Medicine (subspecialty versus generalisation) and elderly care. This change is aligned to the Sapere analysis and interviewees commented on the developing support by DHB medical staff for this approach.

Recommendations:

R7.	Develop an effective Governance framework across SPG/DHB/MOH interfaces	DO NOW
R8.	Progressively review and apply the learnings from the interim urgent works to the project.	DO BY 31-08-2016 and ongoing
R9.	Develop a mechanism to ensure the capture and alignment of current clinical change activities with future planning	DO BY 30-09-2016

4.5 Risk Management

Findings:

The mandated timeframe for delivery of the IBC has the potential to compromise the outcome and deliverables for the future health care services for the Southern region.

There was a consensus that the essential first step in the project is to fully define the model of future service delivery for the region. The definition will take significant commitment of all parties to enable this to be achieved with adequate engagement and participation and without impacting on current DHB business imperatives.

Fully defining the model for future service delivery for the region is at risk for a number of reasons including:

- ▶ Failure to engage with key partners is compromised e.g. opportunity for outpatient provision by tertiary education providers, workforce models
- ▶ Resistance to change
- ▶ Unproven effectiveness of new appointments
- ▶ Lack of clarity about the future
- ▶ Change readiness and culture
- ▶ Impact of workload associated with interim/urgent works
- ▶ Sharing of health services plan and model of care between project team and DHB
- ▶ Community resistance

Timely delivery of this model is at risk for a number of reasons including:

- ▶ Lack of detailed project execution plan
- ▶ Lack of resources e.g support to SPG/steering group, DHB project resources, dedicated communications, workforce.
- ▶ Unproven effectiveness of new appointments
- ▶ Stakeholder resistance
- ▶ Impact of workload associated with interim/urgent works

There is a strong need to ensure the alignment of the work of the Commissioner and her team is not compromised by decisions made within the SPG work streams.

The Review Team saw a number of risk registers but no evidence of an integrated risk management. Some interviewees confirmed this perception. Management of the above risks, and others already identified, will require a much more comprehensive approach to risk identification and management. To avoid compromising the quality of the model for health service delivery this approach should include a strategy to manage the impact of any delay in the delivery of the IBC within the mandated timeframes.

Recommendations:

R10.	Develop the integrated risk management plan for inclusion within the detailed Project Execution Plan	DO NOW
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4.6 Readiness for Next Phase

For the purposes of this Review, the next phase runs from now to the completion of the IBC

Findings:

The following steps need to be addressed:

The urgent development of a detailed project execution plan (scope, cost, time, resources, communications, risk, stakeholder management,)

The Governance framework – this includes the interrelationships between SPG and the Steering Committee as well as the role and inter-relationship of the new clinical group, the planned Project Control Group and any other pre-existing working group or committee.

Resourcing at a DHB/MOH level e.g. change management capability, project management, service improvement.

A significant opportunity exists to utilise regional resources to explore potential for significant innovation in the Southern region. This includes

- ▶ Education partnerships – polytechs ++
- ▶ University hospital
- ▶ University run services
- ▶ Building, clinical practices, work force, rural health

Recommendations::

R11.	Develop a detailed project execution plan to get to IBC	DO NOW
R12.	Identify and allocate the required resources to enable the successful delivery of the plan	DO BY completion of plan

5 Next Review

The next Gateway Review should be a Gate 1 **Business Justification and Options**. It should be held *prior to* completion of the Indicative Business Case currently planned for completion by 30/06/2017.

MoH should contact the Gateway Unit at least 10 weeks before the next Gateway Review is needed, to request an assessment meeting at which the appropriate review type and dates will be confirmed. The Gateway Unit requires 8 weeks to arrange a Gateway Review following receipt of a signed confirmation from the SRO.

APPENDIX A – Review Purpose and Context

Overview of the Gateway Process

Gateway is a programme/project assurance process that involves short, intensive reviews at up to six critical stages in the lifecycle of a project and at intervals during a programme. Reviews are conducted by a team of reviewers not associated with the programme/project, and usually contain a mix of experts sourced from the public and private sectors.

Reviews are designed to:

- ▶ Assess a programme/project against its specified objectives at a particular stage in its lifecycle
- ▶ Provide early identification of any areas that may require corrective action
- ▶ Increase confidence that the programme/project is ready to progress successfully to the next stage.

Overview of Review 0 – Strategic Assessment

Review 0 – Strategic Assessment is a broad, strategic review that may be undertaken at the start-up stage of a programme, to inform decision-making, or may be undertaken during programme implementation to confirm the alignment with the established outcomes. Review 0 may be undertaken several times throughout the life of particularly complex programmes in addition to the other reviews that would occur in the normal application of the Gateway Review Process.

In a broader sense, this type of review provides assurance to the Sponsoring Agency responsible for the programme, via the Senior Responsible Owner, that the scope and purpose has been adequately assessed, communicated to stakeholders, and fits within MoH's overall business strategy and/or whole-of-government strategies and policies. It also aims to test whether stakeholders' expectations of the programme are realistic, by reference to planned outcomes, resource requirements, timetable and achievability.

Review 0 – Strategic Assessment is undertaken at the start-up stage of either a programme, it occurs when the preliminary justification for the programme is drawn together. It is based on a strategic assessment of business needs, an analysis of the stakeholders whose co-operation is needed to achieve the objectives, and a high level assessment of the programme's likely costs and potential for success. In this case, a Review 0 – Strategic Assessment comes after the business need has been identified, before any further development proposal goes forward for approval. It is expected to occur infrequently and can be undertaken when an agency specifically requests a review, and obtains the Gateway Unit's concurrence, or where the review is commissioned by the Government.

Programmes that are particularly complex or long-lived may benefit from one or more Review 0 – Strategic Assessment reviews. Unlike other Gateway reviews it is likely that this

will be determined by circumstances particular to the programme, rather than before a particular decision point.

In short, the Review 0 aims to test whether stakeholders' expectations of the programme are realistic, by reference to outcomes, resource requirements, timetable and achievability.


































At this Gate, the Gateway Review Team would be expected to:

- ▶ Review the outcomes and objectives for the programme (and the way they fit together) and confirm that they make the necessary contribution to the overall strategy of the organisation and its senior management
- ▶ Ensure that the programme is supported by key stakeholders
- ▶ Confirm that the programme's potential to succeed has been considered in the wider context of government policy and procurement objectives, the organisation's delivery plans and change programmes, and any interdependencies with other projects or programmes in the organisation's portfolio and, where relevant, those of other organisations
- ▶ Review the arrangements for leading, managing and monitoring the programme as a whole and the links to individual parts of it (e.g. to any projects within the programme)
- ▶ Review the arrangements for identifying and managing the main programme risks (and individual project risks), including external risks such as changing business priorities
- ▶ Check that provision for financial and other resources has been made for the programme (initially identified at programme initiation and committed later) and that plans for the work to be done through to the next stage are realistic, properly resourced with sufficient people of appropriate experience and authorised
- ▶ After the initial Review, check progress against plans and the expected achievement of outcomes
 - that there is engagement with the market as appropriate on Establish that the feasibility of achieving the required outcome
 - relevant, check that the programme takes account of joining up with other programmes, internal and external. Confirm that the programme is still aligned with the objectives and deliverables of the programme and/or the organisational business strategy to which it contributes, if appropriate.

APPENDIX B – List of Interviewees

Interviewee	Role & responsibility
John Hazeldine	Acting Director, DHB Performance, MOH
David Moore	Director, Sapere Research Group
Mhairi McHugh	Manager, Capital & Operating, MOH
Davin Hall	Senior Analyst, Treasury
Kieran Reilly	Senior Project Manager, MOH
Tony Lanigan	AUT University & SPG Member
Lynley Irvine	Medical Director, SDHB
Peter Crampton	Pro-Vice-Chancellor, Division of Health Sciences and Dean, University of Otago Medical School
Jemma Adams	Acting Project Director, SDHB
Kathy Grant	SDHB Commissioner
Kieran Reilly	Senior Project Manager, MOH
Leanne Samuel	Executive Director Nursing & Midwifery, SDHB
Clive Smith	CFO, SDHB
Warren Taylor	Facilities Manager, SDHB
Sandra Boardman	Executive Director Planning & Funding, SDHB
Lexie O'Shea	Executive Director of Patient Services/Deputy CEO
Andrew Blair	Director of Blair Consulting & SPG Member
Nigel Millar	CMO, SDHB
Richard Thomson	Deputy Commissioner SDHB & SPG Member

APPENDIX C – List of Documents Reviewed

Name
 20.05.16 - 8. SPG Meeting Minutes_15 March 2016
 20.05.16 - 7. SPG Quarterly Report to Ministers_12 February 2016
 20.05.16 - 6. Strategic Services Plan Draft Report_12th April 2016
 20.05.16 - 5. Final Summary of risks SDHB Facilities_Update October 2015 Commissioner endorsed
 20.05.16 - 4. Risk Assessment Profile - Southern Redevelopment of Dunedin Hospital
 20.05.16 - 3. Comms plan Dunedin Hospital Redevelopment_4 December 2015
 20.05.16 - 1. Dunedin Hospital Project Brief 2015 Final_5 May 2016
 15.06.16 - Strategic Assessment v 0 1 2016 06 14 sent to client
 14.06.16 - Southern Strategic Health Plan
 14.06.16 - Southern Partnership Group gantt chart
 14.06.16 - Project Plan 2016 - SDHB, Sapere - 10 June 2016
 14.06.16 - Dunedin Hospital Project Brief 2016 IBC Phase (Draft v2)
 08.06.16 - SDHB Strategic Planning Services RFP (11 November 2015) (3)
 08.06.16 - RFP for Indicative Business Case hospital services planner and architect for Dunedin Hospital (3 June 2016)
 08.06.16 - RFP for Indicative Business Case developer and writer services for Dunedin Hospital (3 June 2016)
 08.06.16 - Dunedin Hospital Redevelopment Risks and Technical Issues (no macros) 7 June 2016
 07.06.16 - RLB Relifing Report
 07.06.16 - Letter from Ministers - Dunedin Hospital redevelopment timelines
 03.06.16 - SPG meetings work package - Final 25 May 2016
 03.06.16 - Service and Facilities Strategy 4 March 2014 Sapere Chow Hill SDHB final report
 03.06.16 - SDHB management Team 1 June 2016
 03.06.16 - Project planning and administration
 03.06.16 - Project brief stage two
 03.06.16 - Project brief deliverable 1
 03.06.16 - Dunedin Block Site Plan
 03.06.16 - DSP2 23. Dunedin Hospital
 03.06.16 - DSP 2 35. Wakari Hospital
 03.06.16 - Building Occupancy 19-1-2016
 03.06.16 - Building Assessments Paper for SPG
 03.06.16 - 100 Dunedin Department Location
 03.06.16 - 8 BECA Peer Review of the 2012 Dunedin Hospital Relifing Analysis Final 10 Sep 2014 (1)
 20.05.16 - 9. Progress Reports
 20.05.16 - 2. ToR and Register of Interests

APPENDIX D – Sample Action Plan

<All the information in this appendix is an abstract or repeat of information held elsewhere in the report – complete it at the end.>

This Appendix to the Gateway Report is intended to be able to be distributed as a stand-alone document detailing the Senior Responsible Officer's Action Plan to address the recommendations in this report.

Context

[SRO to include context as applicable for the intended audience, eg by pasting section 0 of this report here].

Recommendations and Action Plan

The Gateway Review Team made the recommendations in the table below, prioritised using the following definitions. The Senior Responsible Officer's plan to address these recommendations is also included in the table below.

- ▶ **Critical (Do Now)** – To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately.
- ▶ **Essential (Do By)** – To increase the likelihood of a successful outcome the programme should take action in the near future.
- ▶ **Consider (Good Practice)** – The programme should benefit from the uptake of this recommendation.

Ref.	Recommendation	Priority	Action Plan	Status
R1	Clarify ownership of the overall project and component deliverables with all stakeholders.	DO NOW		
R2	Options considered for the Business Case should include a regional investment strategy to support new models of care or service developments.	By Completion of IBC.		
R3	The outputs from the financial model required by MOH and Treasury need to be agreed.	DO NOW		
R4	A stakeholder management plan should be developed and implemented.	DO NOW		
R5	That the DHB establish a working group with tertiary education providers to explore innovation, research, workforce alignment and staff retention.	DO BY 30 /09/2016		
R6	That the DHB/SPG develops a stronger strategic relationship with the University of Otago	DO BY 30 /09/2016		
R7	Develop an effective Governance framework across SPG/DHB/MOH interfaces	DO NOW		
R8	Progressively review and apply the learnings from the interim urgent works to the project.	DO BY 31- 08- 2016 and ongoing		
R9	Develop a mechanism to ensure the capture and alignment of current clinical change activities with future planning	DO BY 30- 09- 2016		
R10	Develop the integrated risk management plan for inclusion within the detailed Project Execution Plan	DO NOW		
R11	Develop a detailed project execution plan to get to IBC	DO NOW		
R12	Identify and allocate the required resources to enable the successful delivery of the plan	DO BY completion of plan		

