TE TAI ŌHANGA
THE TREASURY

Gateway Review Report

New Dunedin Hospital

Review 2
Delivery Strategy – Detailed Business Case

June 2020

New Zealand Government

Gateway Review Report
Review 2: Delivery Strategy – Detailed Business Case

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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.

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.

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1.1 Delivery Confidence Assessment

Delivery Confidence Assessment	**RED /AMBER (Programme)** **[AMBER (Build Project)]**

If viewed in isolation, the build Project could be assessed at Amber, but since the building itself will not deliver the benefits sought from the Programme, the Review Team adopted a wider perspective.

The Gateway Review Team finds that the successful delivery of New Dunedin Hospital is in doubt with major risks and issues in a number of key areas including:

- The need to de-risk the build approach;
- The need to adopt an integrated Programme Management approach;
- The need to clarify the approval request for the Business Case;
- The need re-structure the governance arrangements; and
- The need to secure appropriate skills for Programme delivery.

In addition, it will be essential to maintain clinical input and external stakeholder engagement.

The over-riding issue throughout this Gateway Review is the need to restructure the governance arrangements with clarity of accountabilities along with appropriate financial delegations and empowerment.

This needs to be achieved in the context of an integrated Programme which should be developed that embodies not only the hospital build but also the ICT integration and the Service Transformation in the DHB.

In summary, when assessing a range of indicators for delivery confidence, the Review Team concludes:

- Aim & Scope - This is not well bounded.
- Governance - This is the major issue.
- Skills and Capabilities - This will be a challenge.
- Key Processes - These are variably mature.
- Dependencies - These are not adequately controlled.
- Business Readiness to Change - This is not yet fully integrated.

The Delivery Confidence assessment colour status (RAG, Red/Amber/Green) uses the definitions below:

Colour	Criteria Description
G	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.
A/G	Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
A	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.
A/R	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.

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 project should take action immediately.
- **Essential (Do By)** – To increase the likelihood of a successful outcome the project should take action in the near future.
- **Consider (Good Practice)** – The project should benefit from the uptake of this recommendation.

Ref.	Recommendation	Priority
R6	Re-structure the Governance arrangements, with clarity of accountabilities at Portfolio, Programme and Project level; along with appropriate financial delegations and empowerment.	Critical – Do Now
R2	Formalise the build Project as one component of an overarching Programme, which also includes ICT Integration and the Service Change activities in both Hospital and Primary/Community settings.	Critical – Do Now
R7	Develop a skills profile and resource requirement and recruit as appropriate in order to address the need to manage the: • Programme (including change management); and • Project (including Contract delivery), simultaneously and in a co-dependent manner.	Critical – Do Now
R1	Develop a detailed procurement plan evaluating the procurement options for the build, which could provide the opportunity for lessons learnt from the early stage of delivery to inform final design and delivery of the later stage.	Critical – Do Now
R3	Develop an Executive Summary that clearly articulates what approval is being sought for the *Project*, what additional approvals will be needed for further related business cases (e.g. ICT) and the extent of business change activities that will be required if the totality of the aspirational benefits are to be achieved, by the *Programme*, through this enabling investment in a new building.	Essential – Do By Business Case submission
R4	Maintain and strengthen Clinical Leadership input to, and ownership of, the healthcare re-design (wider models of care) and patient flow aspects of the building design.	Essential - Ongoing
R5	Ensure ongoing stakeholder engagement through a form of Stakeholder Reference Group, augmented with Iwi, academic and local community representation.	Essential – Ongoing

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

2 Background

2.1 Review Approach

Review 2: Delivery Strategy – Detailed Business Case focuses on evaluating the procurement strategy to provide assurance that it establishes a clear definition of the project and a plan for its implementation, has made an assessment of the project's potential for success and if the project is ready to invite proposals or tenders.

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.

2.2 Project Description

The draft Detailed Business Case (DBC) states that:

> *Dunedin Hospital is not only important for Dunedin, it is important for the region. The hospital provides tertiary services for the whole of the Southern DHB population. In 2016/17, one-third of inpatient events were patients from outside Dunedin City.*
>
> *Although there is a network of rural hospitals throughout the Southern district, Dunedin Hospital provided the majority of 2016/17 inpatient events for people living in Clutha (64% of Clutha volumes), Central Otago (58%), and Waitaki (51%). Thirty percent of inpatient volumes for Queenstown-Lakes residents were provided by Dunedin Hospital.*
>
> *The IBC set forth a compelling case for the rebuild of Dunedin Hospital city campus. The Strategic Case focussed on the condition of the existing clinical facilities as well as the projected unsustainable service demand associated with an increasing aging population. Together, these conditions impede the DHB's ability to deliver on the Government's strategic objectives.*

2.2.1 Aims of the Project

The draft Detailed Business Case (DBC) states that:

> *the five investment objectives for the DBC are:*
> - *ability to adapt – to create responsive infrastructure and capability that supports disruptive health system change*
> - *optimise use of total health system resources*
> - *to reduce non-value-added time by 80 percent to create a seamless patient*
> - *journey*
> - *to improve the patient and staff experience*
> - *to reduce the risk of harm to 'acceptable standards'.*

2.2.2 Driving Force for the Project

The draft Detailed Business Case (DBC) states that:
The critical clinical buildings are uneconomic to renovate or refurbish, and unsuitable to modern models of care.

> *The design and configuration of the hospital's existing clinical buildings impede the delivery of efficient, patient-centred models of care. The IBC provided numerous examples relating to design, layout and flow of the Clinical Services Block and Ward Block that directly impact on service delivery. Services have also lost training accreditation due, in part, to the condition of the facilities.*
>
> *The IBC concluded that the inflexible and constrained nature of the current facilities directly leads to increased costs, reduced service capacity, reduced productivity and poorer patient outcomes. The IBC also describes how the condition, design and layout of the buildings pose safety risks to both staff and patients in the form of adverse events relating to delirium, infections and falls.*
>
> *Service demand forecasts have been revised in 2018 and 2019. The revised forecasts still show unsustainable volumes.*
>
> *The IBC provided a forecast of activity by department across the Dunedin and Wakari hospitals. The forecasts provide a picture of what future discharges, caseweights, bed days, and outpatient volumes in Dunedin and Wakari would look like if services are delivered under the current model of care, at current intervention rates, as the population changes.*

2.2.3 Procurement/Delivery Status

While the Commercial Business Case references delivery options the Review Team was not provided with a detailed Procurement Plan or Procurement Strategy articulating the evaluation of procurement options, the delivery management approach, the skills required or how risks will be identified and managed. This will clearly need to be developed in more detail once the DBC has been endorsed to confirm the approach to the delivery of the Project (building).

An early Works Contract has been awarded and works are underway to clear the site, carry out site decontamination and consequently provide access for a detailed geotechnical study to determine the below surface conditions to inform the inground works required of the site and potentially execute some inground works.

2.2.4 Current Position Regarding Gateway Reviews

This is the third Gateway Review of the Project.
Gateway 0 (Strategic Assessment) was conducted in June 2016.
Gateway 1 (Business Justification and Options – Indicative Business Case) was conducted in June 2017.

2.3 Acknowledgements

The Gateway Review Team would like to thank all participants for their contributions to this Review. In particular, the excellent logistical and administrative support provided by Emily Leopold was much appreciated.

3 Previous Review

The June 2017 Gateway Review concluded with a Delivery Confidence Assessment of AMBER: '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.'

That Review also made 17 Recommendations.

Appendix E describes the actions taken by Ministry of Health to address the recommendations of the previous Gateway Review, and the Gateway Review Team's comments on whether or not the recommendations have been addressed.

4 Findings and Recommendations

4.1 Assessment of Delivery Approach

Design

There is a clear need for a new hospital in Dunedin. The hospital requirement and size has already been decided upon and there has been a clear government commitment to the building of a new hospital in the City.

Whilst there is significant concern expressed about the appropriateness of the sizing and function of the hospital, to serve a population of approx. 200,000 (given the capacity of the other hospitals in the Southern DHB), there is strong Ministerial drive to deliver on that commitment to the community.

There is a desire to deliver a 'digitally enabled hospital', which will require the integration of ICT as a key enabler to improving patient flow and providing quality healthcare. The Review Team notes that the ICT costs are outside the scope of the building and will be presented elsewhere in a separate business case.

The work to develop the Models of Care (MoC) for healthcare provision in the DHB is underway though not significantly progressed. These reforms will have a fundamental influence on specifying the design requirement for the hospital build. Recognising that the evolution of the MoC and the building design must occur in harmony, it will be important to ensure that the key 'handshakes' are identified and managed.

Of particular concern, expressed by interviewees, is the need to ensure that the building of the Acute Services Building delivers long term Value for Money (VfM) and is a good fit with optimising MoC, rather than focusing unduly on short-term Capital cost of the initial build.

All of the above factors have an impact on the design brief.

Contracting Mechanism

There is an intention to utilise early contractor involvement (ECI) as an opportunity to de-risk the build delivery by providing early constructability input to the design process. This approach is intended to result in a contract construct that optimises risk management across the supply chain rather than enacting distinct risk allocations which tend to drive negative behaviours and increase cost.

Interviewees emphasised the need to take account of the experience with the delivery of the Acute Services Building in Christchurch as it should be a clear point of reference and ought to be drawn upon as lessons learned to inform and optimise the contracting mechanism for the New Dunedin Hospital (NDH) .

Notwithstanding the stated intent to implement ECI the Review Team observed that the documentation was inconsistent with this approach and that the basis for risk allocation was unusual. It will be paramount that sufficient commercial expertise exists both within the MoH procurement team and across Industry. This is required to ensure contract integration across the supply chain to optimise dependency management, reduce cumulative risk and control cost.

Review Team experience suggests that the MoH needs to maintain oversight and visibility of the lead contractors sub-contract procurement process to ensure that contracts are selected and awarded that provide the best quality whole of life VfM solution.

Implementation Risk

The Review Team understands that the current planned allocation of design risks remains with the MoH which will require close management to ensure late changes to requirements do not occur as these represent a risk of cost increase and schedule delay.

The Review Team was advised that there is currently an early works contract underway aimed at clearing the old Cadbury site of existing infrastructure and ground contamination. There is also consideration being given to utilising the same contractor for ground stabilisation and potentially for piling works without having a clear understanding of the existing geotech constraints.

The geotech conditions have been identified by interviewees as a potential major risk given the nature and history of the site selected. This risk is yet to be quantified.

Given the seismic risks, certainty over in-ground sub-structures will be critical to the long-term security of the building as it is the largest vertical structure in New Zealand and a key component of disaster management for the lower South Island.

Construction Market Capacity and Capability

Several interviewees expressed extreme concern about the capacity and capability of existing NZ based contractors to effectively deliver a building of this scale in Dunedin. This risk is exacerbated by the likely reliance on overseas effort which at present is constrained by COVID 19 Alert Level 1 border controls. Market conditions in Australia will also have influence. Consideration should be given regarding the structure and contracting and construction approach in order to optimise the availability of on-shore and off-shore skills to ensure reliable adherence to the build schedule and avoidance of cost increases.

The Review Team was advised that there was concern over the capability within the construction market to effectively manage this more sophisticated (ECI) form of contract to deliver VfM anticipated.

Maximising the Benefits of An Incremental Approach

As discussed, there are a number of component activities which need to coalesce into making a success of the overall endeavour. These include the building itself, the ICT integration and the evolution of the MoC including the integration with primary and community-based services.

Henceforth the Review Team will refer to the totality of that activity as 'the *Programme*' and the construction of the building as 'the *Project*'.

Noting the potential for the other factors within the Programme to influence significantly the design and implementation of the build, those factors are not yet sufficiently mature and there is a strong opinion amongst interviewees that they will require much development in short order.

The Review Team formed the view that the Project and the Programme are being conflated and confused by many interviewees and that the investment decisions that will flow from the submission of the business case needs to be clear as to what benefits can be attributed to which activity.

The Programme will be the vehicle that achieves the intended Health outcomes from which the benefits will flow. The Project will provide a key enabler for the derivation of those Outcomes, but it would be unrealistic to expect the investment in a building itself to result in the benefits sought without the successful delivery of the overarching Programme.

With the ICT Integration and DHB Service Transformation being undertaken as separate activities by the DHB, this presents the likelihood of sub-optimal build and undermining the overall pursuit of VfM.

Given the discussion above regarding the need to optimise the design and also to cater for the constraints of the supply market, whilst keeping a keen eye on the management of construction risks, the Review Team supports an incremental approach to the delivery of the Project. Noting that MoH has already identified a logical flow of two steps to construction: with the smaller Outpatients building being followed by the larger ASB, the Review Team further encourages this approach to be formalised.

There appear to be several opportunities to accrue experience, tune the design and de-risk the ASB by tackling the Outpatients building first. The Review Team understands that there is an appetite to maintain pace in the Project, given the historical cost escalations from successive delays and re-visits to the requirement.

By formalising the two-stage approach to contracting, rather than contracting for one build, constructed in two steps, there could be an opportunity to maintain pace with commencement, whilst avoiding affecting the end date. In other words, slow down to go faster, by getting the second step off to a more firmly based start. Without doing a Schedule Risk Analysis, the Review Team cannot state categorically what the impact of changing the

approach would be, but conceptually by learning lessons from stage 1 before committing contractually to stage 2 it could be possible to encounter fewer issues and therefore maintain the overall two-stage schedule but with lower risk. The separation of the two stages would enable the ICT Integration and MoC work to be progressed in readiness for stage two, while is construction of the more straightforward Step one was underway.

Furthermore, this approach would provide the opportunity for the Health Infrastructure Unit to continue to build capacity and capability.

The Review Team noted from many interviewees that this principle would be supported and benefit the programme and reduce the risk to the project particularly in respect of the construction market.

Recommendation:

R1.	**Develop a detailed procurement plan evaluating the procurement options for the build, which could provide the opportunity for lessons learnt from the early stage of delivery to inform final design and delivery of the later stage.**	**Critical – Do Now**

4.2 Business Case and Stakeholders

Business Case Submission

The Review Team was advised that in August 2017 the Government approved the Indicative Business Case (IBC) and gave endorsement to the Southern Partnership Group (SPG) to proceed to the Detailed Business Case (DBC) for the full facility replacement of Dunedin hospital, located on a new site within the city.

Work is now well advanced on the DBC with the expectation that it will be presented to the joint Minsters for submission to Cabinet in July/August 2020. The Review Team notes that DBC has been written as five separate cases that contains 300 pages. The DBC appears to span aspects of both the Programme and the Project. The DBC seeks funding for the Project, that is the building, but relies on assumed benefits to be achieved from the implementation of ICT innovations and redesign of MoC including the primary and community health sectors. The DBC however does not identify in detail the costs or seek funding to enact these critical elements.

Options Appraisal

The Review Team notes that a robustly structured Options Appraisal was undertaken after it was identified that the then-current proposal exceeded the allocated budget. Five new options were developed and appraised with Option One a single building delivered in two phases being selected as the preferred option by the Evaluation Panel and endorsed by the Steering Group.

Option One however was not supported by the Southern Partnership Group (SPG) who ultimately preferred Option 5 which exceeded the allocated budget. The Joint Ministers supported the SPG recommendation and Option 5, which is two separate buildings, has been adopted. The Review Team was advised that the process of reconsidering the build options delayed the schedule adding time and cost to the Project. Several interviewees commented on the Options Appraisal process identifying a conflict between the focus on cost versus a broader value for money perspective that considered the impact and benefits of the project and the final building on the local environment and economy.

The Review Team note that it is unusual to undertake a structured Options Appraisal that arrives at a preferred Option that is subsequently replaced by another listed Option.

Recommendation:

R2.	**Formalise the build Project as one component of an overarching Programme, which also includes ICT Integration and the Service Change activities in both Hospital and Primary/Community settings.**	**Critical – Do Now**

Benefits

The DBC identifies a number of benefits accruing to the Project including reductions in average length of stay and improvements in efficiency. Many of these improvements are viewed by the interviewees as extremely optimistic and largely dependent upon the implementation of the ICT and the Service Transformation.

As discussed, there is a pressing need to replace the built infrastructure in Dunedin and an element of the Business Case for the Building could be justified more clearly on the need to maintain service continuity for the population.

As noted above, the DBC is not seeking resources to enable it to deliver the entire Programme but is relying on the benefits of the entire Programme. The delivery of these benefits is going to require a significant commitment to change management with the effectiveness assessed progressively against achievable targets. Interviewees noted that this activity is not fully planned nor resourced. The delivery of these benefits was identified by interviewees as a real challenge and would require significant clinical leadership and engagement.

The Programme requires further clarity in the Service Transformation activities and the investment strategy to ensure that its appropriately resourced and has the appropriate level of authority to invest in the change. There is limited alignment between the DHB Benefits Realisation Plan provided and the Benefits noted in the Business Case. The Review Team noted comments that ICT and MoC changes need to be implemented as soon as possible and not wait for the new building.

Budget

The current budget for the Project is $1.4b whilst current indicative cost is $1.5b not including the associated Programme elements of ICT and Service Transformation implementation.
The DBC in its current form is only seeking funding of $1.5b for the Project.
The NDH building Project is based on an extant commitment with the DBC currently under development to fit the solution to the available funds. As such it has not gone through the normal Health capital investment process.

Interviewees also noted that budget provisions did not include Interprofessional Learning Centre and the District Energy Scheme. The issue of adequate funding for the expanded FF&E requirement was also highlighted to the Review Team. The context and funding of these aspects of the Project have not been resolved

The Review Team believes the DBC would benefit from a succinct Executive Summary clearly articulating what the funds are being sought (for the *Project*) and what additional funds will be required to realise the totality of the *Programme* benefits realisable by investing in ICT and Service Transformation. It is understood that these will be the subject of separate Business Cases and/or processes.

The Review Team was advised that in the current policy settings the Project would be unaffordable in an operational context by the DHB. This would need to be considered during the investment decision process.

Recommendation:

R3.	**Develop an Executive Summary that clearly articulates what approval is being sought for the *Project*, what additional approvals will be needed for further related business cases (e.g. ICT) and the extent of business change activities that will be required if the totality of the aspirational benefits are to be achieved, by the *Programme*, through this enabling investment in a new building.**	**Essential – Do By Business Case submission**

Stakeholders

The NDH has a number of key stakeholder groups including, but not limited to:

- Ministers
- Iwi
- Central Agencies
- Clinicians
- Broader Dunedin and Southern Community
- Otago University and other academic

Ministers

This is the largest single investment in health infrastructure in New Zealand and as such requires timely and accurate advice and information provision to the Minister of Health and the Minister of Finance. The successful delivery of the NDH is a Government priority.

The Review Team evidenced that both Ministers are directly engaged and are clear on their expectation of an optimum return for the community from the Government's sizable investment.

Te Tiriti o Waitangi

The Review Team notes the need to appropriately recognise the Crown's responsibilities to uphold Government obligations under the Te Tiriti o Waitangi, and the role of the whole Programme to actively address disparities in health outcomes for Māori. Interviewees noted the involvement of Manawhenua to date. Consistent with the identification of the need for broader community engagement it is essential that iwi and hapu whānau and Māori communities are engaged to ensure that the Programme and the NDH Project will contribute to improved outcomes for Māori in a spirit of communication and co-design that encompasses the principles of Te Tiriti o Waitangi.

Central Agencies

The Review Team heard that this is the largest single build project led by the MoH in an environment where there is increased focus on Government seeking to improve its practices related to long-term infrastructure investment and procurement practices. Central Agencies are very engaged and indicated a desire to both support the business case and procurement processes to ensure an optimal outcome. They also indicated a desire to take this opportunity to share learnings and to progress best practice improvements.

Clinicians

A number of levels of clinical engagement were reported by interviewees to the Review Team. There was also a level of frustration indicated by the interviewees as to transparency and certainty of processes for clinical engagement to provide advice and also to be advised of decisions that had been taken.

In the context of the broad Programme empowered and supported clinical leadership is critical to the Service Transformation, the implementation of the ICT strategy and getting the building detailed design efficient for the delivery of services. The existing Clinical Leadership Group is a foundation for this, however it was noted that the engagement processes need to be further clarified and progress needs to be made on elements such as pathways of care development across the broader system.

Recommendation:

R4.	**Maintain and strengthen Clinical Leadership input to, and ownership of, the healthcare re-design (wider models of care) and patient flow aspects of the building design.**	**Essential - Ongoing**

Community (Dunedin and Broader Southern)

It was the reflection of many interviewees that the NDH is significant for Dunedin as a city and the broader Southern region. Given the impact on environment, cityscape and workforce as well as access to support services and housing for workforce it is critical that good communication is maintained with local community leadership as well as the broader community.

The SPG and the Local Advisory Group have been at the core of maintaining this communication and demonstrated strong local relationships and understanding of the community's priorities. As the Programme progresses several interviewees identified a need to expand the community engagement processes and ensure that the community perspective is taken account of in decision making.

Otago University

Otago University has one of two Medical Schools in New Zealand. Its links with the Dunedin Hospital are long and well established. It is a very significant entity in the fabric of the Dunedin community with a corresponding role in the City's economy.

Site selection for the NDH was directly determined by the desire to collocate the new hospital with the University.

It will be important to ensure that the University remains informed and engaged as the NDH develops. The inclusion of the University's Chief Operating Officer on the SPG is a demonstration of the importance of the relationship.

The issues of the development of the Interprofessional Learning Centre and ensuring that the design of the NDH incorporates sufficient space for medical students within the clinical areas were identified as critical to the University. There was some concern expressed that the University may feel it necessary to develop its own facilities on site if the Project did not adequately incorporate their needs.

Recommendation:

R5.	**Ensure ongoing stakeholder engagement through a form of Stakeholder Reference Group, augmented with Iwi, academic and local community representation.**	**Essential – Ongoing**

4.3 Risk Management

The Review Team was provided with a copy of the NDH Risk Management Plan - August 2019. The Plan is managed by the MoH Project Management Office (PMO) which provides a level of confidence over its ongoing management and updating. It follows good practice including short, medium and long-term risk horizons, risk thresholds defined, probability and consequences well defined and specific for project use rather than for an operational environment.

Risks owners are identified in the Risk Register with risk mitigation plans assessed and the residual risks recorded.

The Risk Register was last updated at the Risk Workshop held in May 2019 which is some time ago for this stage of a project of this scale and complexity. Good practice requires that the Risk Register be reviewed and updated more frequently in line with follow up actions of the respective Risk Owners but certainly at a minimum of quarterly.

The Risk Management Plan and Risk Register are complemented by an Issues Management Plan and Issues Register which provides confidence that as Risks gel and become Issues the management and oversight of them is not lost.

The Risk Management Plan includes a Governance Chart and an Accountabilities Matrix – issues associated with these elements of the project have been addressed elsewhere in this report.

The current Risk Management Plan is focussed on the Project, in keeping with recommendations on Governance elsewhere in this document it would be prudent to develop and implement a Programme Risk Management Plan and Register to ensure that all risks are identified, managed and reported to Programme Leadership in a consistent manner.

4.4 Review of Current Phase

For the purposes of this Review, the current phase ends with the submission of the DBC for approval.

Health Infrastructure Unit (HIU)

The HIU was established in Spring 2019. Four projects are currently underway under its auspices. The Review Team understands that the HIU is endeavouring to be proactive in bringing standards to the building of health infrastructure and to ensure that the right things get built in the right places to the right standards. Rather than being continually reactive to events, the HIU is intended to approach infrastructure development in a planned and system-wide manner.

Interviewees are generally supportive of the HIU, viewing it as a good initiative. HIU appears to have the right balance between implementing standards, whilst also recognising the needs of local variations. Being relative early in its establishment, the HIU is still in the process of gaining substantial traction amongst DHBs.

Roles and Responsibilities

Noting the aforementioned discussion surrounding *Programme* and *Project* activities, there is significant variance amongst interviewees about 'who is responsible for what' and Programme/Project terminology is used interchangeably. The Review Team is not being pedantic; there is a critical need for clarity, otherwise there will inevitably be misunderstanding throughout investment decision-making and implementation control.

Several interviewees expressed a desire for a single Programme Director to have oversight across all MoH and DHB activities, including Change and ICT. That desire would be consistent with standard Programme Management practice, so long as it is directed by requisite governance. Many interviewees expressed frustration about the lack of financial delegations in place and the resultant delays in obtaining decisions further fuelling the costs.

Interviewees expressed concern about DHB Change being undertaken by multiple executives as 'business as usual' activities. There will be a need to identify aspects of change that should be 'programmatised' and aspects of change that should 'flow through the veins of the organisation' through Leadership. The Review Team noted some appreciation of structured approaches to Change Management (Prosci ADKAR framework); this is good practice.

Several interviewees praised the appointment of specific individuals and the evident good-co-working of some key colleagues. There remains some confusion amongst interviewees, even amongst core colleagues who should be 'on the same page', about respective roles and responsibilities.

Historically, the Southern Partnership Group (SPG) has, necessarily, had to adopt a 'long screwdriver' approach, becoming involved in functions of delivery and control. The

appointment of some experienced individuals has enabled the SPG to move back to a function more aligned to governance, rather than delivery.

As governance maturity grows further across the MoH and DHB, there is the potential for the SPG to further revert to its intended advisory function as delegations and empowerment are embedded across the *Programme*.

Governance

Almost without exception, interviewees cited Governance as one of their most prominent concerns. Governance was variously described as '"a struggle", "a mess", "lacking delegation", having "contested accountabilities", "suffering from a lack of trust". Those observations apply across the governance landscape rather than at specific failures.

The NDH has suffered from successive delays in decision making in recent years, resulting in increased costs and an ever-more pressing need to make progress. That progress needs to be made in a controlled manner. Many interviewees observed that the historical vacuum of authority and Governance 'grip' had led necessarily to the SPG driving the Project perhaps to a greater degree than is covered by its remit. With the increased focus now from the MoH on improving performance and the establishment of the HIU, the opportunity now exists to 'normalise' the Governance arrangements and ensure that the right accountabilities and delegations are vested in the right places.

Many interviewees stated that the accountabilities of the SPG and Steering Group are ambiguous. Furthermore, there are varying opinions as to 'who is in charge' and 'who makes the decisions'. Many interviewees recognise that governance is not working, and what risks this presents, but a strong opinion was voiced that so far little action has been taken to address those concerns.

A strength of the governance thus far has been the prominent inclusion of Dunedin community factors, which could potentially have been diluted if the Programme had been taken forward from a purely 'Health inc.' national perspective. The path thus far resulted in a 'Dunedin inc.' perspective. The Review Team believes that these two perspectives need not be mutually exclusive.

Nonetheless, now is the time to embrace a more structured, and aligned, recognition of normal governance arrangements which recognise both the national drive and the local needs. MoH policy alignment, DHB benefits realisation, and HIU delivery efficiency ought to all co-exist in concert through the adoption of recognised global best practice governance principles.

Standard P3M3 (Portfolio, Programme, Project Management Maturity Model) parlance indicates that Ministry of Health and DHBs might usefully identify different levels of governance and be presented (as an example) with their associated Senior Responsible Owners (SROs) as:

Portfolio	MoH	Sponsor	(Portfolio-level SRO)	MOH DDG
Programme	DHB	SRO	(Programme-level SRO)	DHB CE
Project	MoH	Project Executive	(Project-level SRO)	MOH DDG Rep

If the above tabular model (or a variant thereof) is to be effective, then the key roles and responsibilities need to be clear to all stakeholders.

The *Portfolio* Sponsor would act as the key performance monitor for the achievement of Health Outcomes and drive Policy Alignment, and would hold the DHB Programme SRO to account.

The *Programme* SRO would be accountable for the delivery of SDHB Health Outcomes and the realisation of the benefits arising from the totality of investment and change. The Programme would therefore include the integration of the new hospital build with the ICT and the changes to Models of Care in both Hospital and Primary/Community settings. The Programme SRO would chair a Programme Board.

The *Project* Executive (Project SRO) would be held accountable for the successful delivery of the hospital build. The Project Executive would be the Chair of the Project Board and a key Senior participant and supplier of its component on the Programme Board.

If these governance principles were to be adopted, the SPG could revert to acting in a Ministerial Oversight role. In this way, the SPG would not formally be in the chain of decision-making (as it is an advisory body, not a governance body) but it is critical to guiding (not deciding) for decision-makers at Ministerial, Programme and Project levels.

Recommendation:

R6.	**Re-structure the Governance arrangements, with clarity of accountabilities at Portfolio, Programme and Project level; along with appropriate financial delegations and empowerment.**	**Critical – Do Now**

4.5 Readiness for Next Phase

For the purposes of this Review, the next phase runs from submission of the DBC to submission of the Implementation Business Case.

ICT Integration

The aspiration is for NDH to be a digitally enabled hospital. As discussed, the ICT investment will be covered by a separate business case. Interviewees recognise that ICT cannot be retro-fitted into the build if due consideration is not given during the design phase.

Although ICT was cited throughout this Gateway Review, it is not clear how it will be integrated in a way that supports clinical service design and innovative practice changes in the future. Clearly, it is not possible to predict all technological eventualities of the future, but it is important to ensure that known intentions are catered for and that unknown potential is not blocked by locking in constraints unnecessarily at the outset.

The Review Team is of the view that adoption of a Programme approach is critical to ensuring that ICT is an integral part of the build Project. That Programme ownership should sit with the DHB. The Review Team understands that DHB resources are unlikely to be available to commence work on the ICT elements until December 2020 and that the associated costs of that resource provision are currently unknown. This limitation further supports the two-step approach to the build, in order to give more time for ICT considerations to influence the design for the ASB.

Models of Care

The need to achieve Service Transformation in the DHB is well recognised. The DHB needs to transform the provision of healthcare across Hospital and Primary/Community settings. There is a desire to ensure that 'old ways of doing things' do not get locked into the design. In a similar vein to the ICT integration, this issue underlines the need for a Programme approach.

Change management requires clear ownership. That ownership can only sit with the DHB. Change cannot be 'done to', it can only be 'done by', so strong Executive accountability and empowered clinical leadership needs to be in place, along with realistic progress targets. It is essential that there is a shared vision and an aligned process to ensure an integrated approach.

Procurement Strategy

At Gateway 2, the Review Team would normally expect to see a detailed Procurement Strategy. In this case, that document has not been witnessed and the Review Team is unable to comment. Given the more fundamental issues highlighted in this Gateway report, the critique of the Procurement Strategy is somewhat of secondary importance.

Programme & Project Skills

The foregoing discussion has highlighted the need to operate at both Programme and Project levels. These require quite specific skills profiles. Additionally, a building Project of this scale, value and complexity is a challenge to resource. The availability of Suitably Qualified and Experienced Personnel (SQEP) will be critical to all stages of the Programme and Project; will change over time; and will need constant management.

Recommendation:

R7.	**Develop a skills profile and resource requirement and recruit as appropriate in order to address the need to manage the:** • **Programme (including change management); and** • **Project (including Contract delivery),** **simultaneously and in a co-dependent manner.**	**Critical – Do Now**

Cumulative Risk Exposure

It is well documented that the most common causes of project failure are:

- Lack of clear links between the project and the organisation's key strategic priorities (including agreed measures of success);
- Lack of clear senior management and ministerial ownership and leadership;
- Lack of effective engagement with stakeholders;
- Lack of skills and a proven approach to project management and risk management.
- Too little attention to breaking development and implementation into manageable steps;
- Evaluation of proposals driven by initial price rather than long-term value for money (especially securing delivery of business benefits);
- Lack of understanding of, and contact with, the supply industry at senior levels in the organisation;
- Lack of effective project team integration between clients, the supplier team and the supply chain.

The Review Team has discussed many themes throughout this report that resonate with the above list. It is clear that rectification actions will be needed if the NDH is to be delivered successfully.

Additionally, when forming a view on Delivery Confidence, a number of indicators suggest that:

- Aim & Scope - This is not well bounded.
- Governance - This is the major issue.
- Skills and Capabilities - This will be a challenge.
- Key Processes - These are variably mature.
- Dependencies - These are not adequately controlled.
- Business Readiness to Change - This is not yet fully integrated.

In summary, the NDH Programme has many areas to address if it is to be ready for the next phase.

5 Next Review

The next Gateway Review should be a **Gate 3: Investment Decision** It should be held ***prior to*** submission of the Implementation Business Case.

In advance of that Gate 3, the programme should undertake an **Assurance of Action Plan (AAP), around August 2020**, triggered by the Red/Amber status of this Gateway Review.

Ministry of Health 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 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 project is ready to progress successfully to the next stage.

Overview of Review 2 – Delivery Strategy

Following *Review 1 – Indicative Business Case,* the Senior Responsible Owner will have determined whether the project is feasible and has a robust high-level business case.

Review 2 – Delivery Strategy focuses on evaluating the procurement strategy to provide assurance to the Senior Responsible Owner that the selected procurement approach is appropriate for the proposed acquisition and that it establishes a clear definition of the project, establishes a plan for its implementation, and has made an assessment of the project's potential for success. It also provides assurance that the project is ready to invite proposals or tenders from the market

At Review 2, the Gateway Review Team is expected to:

- Confirm the Detailed (Stage 2) Business Case now the project is fully defined
- Confirm that the objectives and desired outputs of the project are still aligned with the programme to which it contributes
- Ensure that the delivery strategy is robust and appropriate
- Ensure that the project's plan through to completion is appropriately detailed and realistic, including any contract management strategy
- Ensure that the project controls and organisation are defined, financial controls are in place and the resources are available
- Confirm funding availability for the whole project
- Confirm that the development and delivery approach and mechanisms are still appropriate and manageable

- If appropriate, check that the supplier market capability and track record are fully understood (or existing supplier's capability and performance) and there will be an adequate competitive response from the market to the requirement
- Confirm that the project will facilitate good client/supplier relationships
- For a procurement project, confirm that there is an appropriate procurement plan in place that will ensure compliance with legal requirements and all applicable Ministry of Economic Development and Treasury rules, while meeting the project's objectives and keeping procurement timescales to a minimum
- Confirm that appropriate project performance measures and tools are being used
- Confirm that there are plans for risk management, issue management (business and technical) and that these plans will be shared with suppliers and/or delivery partners
- Confirm that quality procedures have been applied consistently since the previous Review
- For IT-enabled projects, confirm compliance with IT and information security requirements and IT standards
- For construction projects, confirm compliance with health and safety and sustainability requirements
- Confirm that internal organisational resouces and capabilities will be available as required for future phases of the project
- Confirm that the stakeholders support the project and are committed to its success
- Evaluation of actions taken to implement recommendations made in any earlier assessment of deliverability.

APPENDIX B – List of Interviewees

Name	Role/Position	Interview Date
John Hazeldine	Chief Advisor, DHB Performance Support & Infrastructure Senior Responsible Owner, NDH Project	08/06/2020
Michelle Arrowsmith	Deputy Director-General, DHB Performance Support & Infrastructure Chair, NDH Steering Group	08/06/2020
Stephen Willis	Chief Operating Officer, University of Otago Appointed member of SPG	08/06/2020
Karl Wilkinson	Director, Health Infrastructure Unit Deputy Chair, NDH Steering Group	08/06/2020
Hamish Brown	Programme Director, NDH Project, Southern DHB	08/06/2020
Hon Dr David Clark	Minister of Health	08/06/2020
Mike Barns	Programme Director, NDH Project	08/06/2020
Adam Feeley	Project Director, NDH Project	08/06/2020
Chris Fleming	Chief Executive, Southern DHB Project Sponsor, NDH Steering Group	09/06/2020
Dave Cull	Chair, Southern DHB	09/06/2020
Nigel Millar	Chief Medical Officer, Southern DHB Member of NDH Steering Group	09/06/2020
David Moore	Business Case Writer, Sapere (MOH Consultant)	09/06/2020
Dr Margaret Wilsher	Chief Medical Officer, Auckland DHB Appointed member of Southern Partnership Group, Capital Investment Committee and Hospital Redevelopment Partnership Group	09/06/2020
Karen Mitchell	Infrastructure Commission	09/06/2020
Pete Hodgson	Appointed Chair, Southern Partnership Group Chair, Local Advisory Group	09/06/2020
Dr Andrew Connolly	General Surgeon, Counties Manukau DHB Deputy Commissioner, Waikato DHB Appointed member, Southern Partnership Group	09/06/2020
Mike Collins	Executive Director People, Culture and Technology, Southern DHB	10/06/2020

Name	Role/Position	Interview Date
Marcus Read	Director Design Management, RCP (MOH Consultant)	10/06/2020
Bruce Goodger	Senior Project Manager, RCP (MOH Consultant) - *Covering Director Project Management, Matt Allen*	10/06/2020
Filipo Katavake-McGrath	Principal Advisor, Health, Treasury	10/06/2020
Lisa King	Investment Management and Asset Performance, Treasury	10/06/2020
Sebastian Doelle	Team Leader, Health & ACC, Treasury	10/06/2020
Richard Thomson	Appointed member of Southern Partnership Group Former Deputy Commissioner, Southern DHB	10/06/2020
Peter Neven	Chair, Technical Reference Group (MOH) Member of the Disputes Advisory Board (MOH) Strategic Advisor, NDH Project	10/06/2020
Waren Warfield	Member, Technical Reference Group (MOH) Strategic Advisor, NDH Project	10/06/2020
Dr John Adams	Chair, Clinical Leadership Group, Southern DHB	10/06/2020
Evan Davies	Appointed Chair, Capital Investment Committee	11/06/2020

APPENDIX C – List of Documents Reviewed

No.	Document Title	Version and/or Date
1.	Detailed Business Case - Strategic Case - Economic Case - Commercial Case - Financial Case - Management Case	Draft for Consultation – 14/05/2020
2.	Updated Master Programme	Draft Version A1– 14/05/2020
3.	Schedule of Accommodation	Draft V1 – 05/05/2020
4.	Block & Stack	V5.3 – 05/05/2020
5.	Project Execution Plan	Draft Version 0.2 – 18/05/2020
6.	NDH Project Team Org Chart	Draft – 20/05/2020
7.	Risk Register	14/05/2020
8.	Issues Register	14/05/2020
9.	Master Site Plan Report	Final – 20/12/2019
10.	Market Engagement Information Memorandum	Final – 08/07/2019
11.	Market Engagement Report	Final – 14/08/2019
12.	Probity Plan	Final – 21/02/2019
13.	Risk Management Plan	Final – 12/09/2019
14.	Assurance Plan	Final – 12/09/2019
15.	Steering Group Terms of Reference	Final – 15/08/2019

No.	Document Title	Version and/or Date
16.	Monthly Progress Report to Steering Group	19/05/2020 21/04/2020 24/04/2020 19/02/2020 21/01/2020 10/12/2019
17.	Steering Group Minutes	Draft - 05/05/2020 21/04/2020 19/02/2020 21/01/2020 10/12/2019
18.	Southern Partnership Group Terms of Reference	Final – 08/03/2018
19.	Southern Partnership Group Minutes	Draft – 28/04/2020 31/03/2020 25/02/2020 28/01/2020 17/12/2019
20.	Gateway Review 0 – Final Signed Report	Final – 17/06/2016
21.	Gateway Review 1 – Final Signed Report	Final – 06/06/2017
22.	NDH Governance Structure	Draft – 21/05/2020
23.	Copy of SRO Presentation Slides from Planning Workshop (25 May)	25/05/2020
24.	FF&E Update to Steering Group (memo)	19/05/2020
25.	Technical Reference Group Terms of Reference *(note these are in the process of being updated)*	Final 12/09/2020
26.	Project and Stakeholder Directory	02/06/2020
27.	Southern DHB Digital Blueprint	V1.1 March 2020

No.	Document Title	Version and/or Date
28.	Southern DHB Change Management Programme and Benefits Realisation Plan - Appendix 1: SDHB Change Management Programme Preparation document - Appendix 2: Synopsis of SDHB Change Management Programme - Appendix 3: Programme overview (Gantt Chart) - Appendix 4: Indicative Benefits Profile for Benefits Realisation Plan	May 2020 February 2020
29.	Consolidated Bed and Treatment Space Report (Destravis)	Final – December 2019
30.	Detailed Business Case – Management Case (updated)	Draft – 8 June 2020

APPENDIX D – Sample Action Plan

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 project should take action immediately.
- **Essential (Do By)** – To increase the likelihood of a successful outcome the project should take action in the near future.
- **Consider (Good Practice)** – The project should benefit from the uptake of this recommendation.

Ref.	Recommendation	Priority	Action Plan	Status
R1.	Develop a detailed procurement plan evaluating the procurement options for the build, which could provide the opportunity for lessons learnt from the early stage of delivery to inform final design and delivery of the later stage.	Critical – Do Now		
R2.	Formalise the build Project as one component of an overarching Programme, which also includes ICT Integration and the Service Change activities in both Hospital and Primary/Community settings.	Critical – Do Now		

R3.	Develop an Executive Summary that clearly articulates what approval is being sought for the *Project*, what additional approvals will be needed for further related business cases (e.g. ICT) and the extent of business change activities that will be required if the totality of the aspirational benefits are to be achieved, by the *Programme*, through this enabling investment in a new building.	Essential – Do By Business Case submission		
R4.	Maintain and strengthen Clinical Leadership input to, and ownership of, the healthcare re-design (wider models of care) and patient flow aspects of the building design.	Essential - Ongoing		
R5.	Ensure ongoing stakeholder engagement through a form of Stakeholder Reference Group, augmented with Iwi, academic and local community representation.	Essential – Ongoing		
R6.	Re-structure the Governance arrangements, with clarity of accountabilities at Portfolio, Programme and Project level; along with appropriate financial delegations and empowerment.	Critical – Do Now		
R7.	Develop a skills profile and resource requirement and recruit as appropriate in order to address the need to manage the: • Programme (including change management); and • Project (including Contract delivery), simultaneously and in a co-dependent manner.	Critical – Do Now		

APPENDIX E – Previous Findings and Recommendations

The table below contains the significant recommendations made in the previous Gateway Review for this project **Review 1 – Business Justifications and Options: Indicative Business Case (June 2017)** and action taken, including actions that varied from recommendations made in the review.

Recommendation	Action Taken	Gateway Review Team Comment
Undertake the Strategic Model of Care for Southern DHB with urgency to inform a clinical services profile for Dunedin Hospital.	MoH/Southern DHB Part of Functional Brief – delayed till 13 April 2018	Remains a theme
Ensure a process is developed, documented and endorsed that details how the Strategic Model of Care and the clinical services profile will be developed and utilised to inform the requirement for the final design of the Dunedin Hospital.	**MoH/Southern DHB** As per R1	Remains a theme
Ensure that the final version of the Indicative Business Case incorporates central agency clinic feedback and recommendations of Gateway Review 1, and develop a feedback document showing consideration of the recommendations, if accepted and identifies any consequent changes made in the Indicative Business Case.	**MoH** Document prepared and emailed to Treasury 19 June 2017	Actioned
Document in the Indicative Business Case any items that will be deferred into the Detailed Business Case Phase and explain the rationale.	**MoH** Section 1.7 of IBC	Actioned
Implement a structured team building exercise to ensure that the next stage of the Project and the delivery of the Detailed Business Case	The project involves key people based throughout New Zealand with some contractors are resident in Australia. Project Team	Not Evidenced

occur in a more collaborative manner consistent with a partnership approach.	members working or visiting Dunedin have been holding regular planning sessions and social events together (at least monthly) and will continue to do so throughout the DBC.	
Document the assumptions used in the Finance Case and clarify any items/services that have been excluded.	The assumptions have been documented but will expect to be reviewed again by February.	Actioned
Consideration should be given to the risk of "locking in" a budget at this IBC stage and ensure that the Lower bound level is low enough to ensure that proposed efficiencies that could be found through the Strategic Model of Care process will subsequently translate into a lower GFA are factored within any figure.	**MoH** No budget figure was locked in - a budget range figure of $1.2- $1.4B was used in the IBC as there were a number of uncertainties including site selection that were yet to be resolved. The Budget will be locked in as part of the Detailed Business Case.	Actioned
Investigate, document and approve a hospital facilities and infrastructure status document which addresses the condition, risk and mitigation costs relating to the existing hospital and the timeframe for replacement.	**Southern DHB** SDHB has undertaken an exercise to review all building reports against the hospital redevelopment preferred option in partnership with MoH. SDHB will develop an asset management plan that will inform hospital planning, to be led by the Executive Director Finance, Procurement & Facilities.	Actioned
Develop a Stakeholder Engagement and Communications Plan to a standard commensurate with a Project of this complexity , scale and risk	**MoH/Southern DHB** Draft communications plan prepared.	Actioned
Review the Investment Logic Map and update as necessary to ensure it reflects the current project.	**MoH** Discussed the ILM as part of a MoH / DHB workshop on 6 October 2017	Actioned

Develop and implement a comprehensive Risk Management Plan consistent with a project of this scale, complexity and risk	**MoH/Southern DHB** Combined risk management plan and risk register developed by MoH and SDHB PMO – submitted for approval to 15 Sept Steering Group	Actioned
Review the completeness of the Risk Register to ensure it captures the current risks and implement a process for updating it in accordance with the Risk Management Plan	**MoH/Southern DHB** Reviewed monthly. Top risks covered in progress reports.	Actioned
Develop a Project Plan that encompasses both the deliverables for the Detailed Business and the ongoing management of the Project.	**MoH** • Project Brief approved by SPG in August • Risk Register and Masterplan Gannt prepared and being maintained with Southern DHB PMO A RACI diagram (Responsible, Accountable, Consulted and Informed) will be prepared once SPG ToR and Comms Plan are confirmed	Remains a theme
Review the Project Management functions on the project to ensure adequate project management resources for all parties.	**MoH/Southern DHB** Procurement specialist interviews held. EY to undertake peer review.	Remains a theme
Review the Terms of Reference for the SPG, document outcomes and seek endorsement from both the SPG and Southern DHB and ultimately the Ministers	**MoH** Approved March 2018 by Ministers	Remains a theme
Review the Project Resource Plan, to establish adequate delivery expertise and consider the need for a fulltime Project Director.	**MoH** • Additional expertise is being brought on board - covered in R14	Remains a theme

	MoH will advise on Project Director Role	
Southern DHB to identify the quantum of change required as identified in the Strategic Model of Care and develop a Change Management Plan identifying the resources, processes and duration to implement these changes	**Southern DHB** Work to develop a SDHB change management programme has been initiated. SDHB will provide a description of the wider plan for inclusion in the Detailed Business Case (DBC) Management Case, which builds on the blueprints of the new models of care outlined in the DBC's Functional Brief and other initiatives across the system. A phased approach to the plan is proposed, which builds upon strategic priorities already delivered and those shortly to be initiated (e.g. Primary and Community Care Strategy and Action Plan and the "Keeping the Lights On" programme) and, working with SDHB's ELT members, will identify other important projects and activities required to deliver the required change. Responsibility for leading change across SDHB will be collectively owned by SDHB's Executive Leadership Team, with SDHB providing a stewardship role to wider system-changes. It is proposed that a dashboard reporting structure be prepared to describe progress in delivery of the Change Management Plan and in the realisation of its associated benefits.	Remains a theme