

# SOUTHERN PARTNERSHIP GROUP

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## Dunedin Hospital Redevelopment

### Indicative Business Case Phase

### Project Brief

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#### Sign Off

<b>This document requires the following approvals:</b>	
Southern Partnership Group	28 June 2016

<b>Author</b>	Kieran Reilly
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<b>Status</b>	Final (approved)

## Version History

Version	Date	Summary of Changes
0.1	9/6/2016	Initial Draft
0.2	13/06/2016	Revised with feedback
0.3	20/06/2016	Revised with feedback
1.0	28/06/2016	Final

## Document Consultation

The following stakeholders (internal or external) have been consulted with regarding the content of this document.

Name	Organisation/ Role	Date
Southern Steering Group	MoH and Southern DHB joint group	17/06/2016
Southern Partnership Group	Governance	28/06/2016

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## 1) Purpose of this Document

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The purpose of this project brief is to provide an overview of the Indicative Business Case (IBC) phase of the project which will run until June 2017 and seeks agreement, at a high level, on how the work will be managed.

In addition to this project brief the communications plan for the project has been updated (Appendix 1). Specific work plans are already developed or in the process of being developed to cover SPG meetings, the Detailed Services Plan (version 2), the development of a financial model framework for Southern DHB and the series of building assessments. The respondents for the two IBC RFPs for Business Case Writer services and Hospital Planner/ Architect services will need to provide proposed programmes that fit within the timeframes outlined in the High-Level Milestones and Deliverables section. After their appointment a workshop will be held in August to prepare an overall detailed master programme.

## 2) Project Overview

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### a) Project objectives

The main objective for the next year is to prepare a long and short list of options as part of the Indicative Business Case and a recommended preferred way forward to take into the Detailed Business Case.

### b) Context and Background

A number of buildings on the Southern District Health Board's<sup>1</sup> Dunedin Hospital Campus site are not considered economically viable for "relifing" including the Children's Pavilion Building (built 1945), the Psychiatric Services Building (built 1935), the Fraser Building (built 1940) and the Clinical Services Building (built 1960s).

The Southern Partnership Group (SPG) has been commissioned to govern the redevelopment of hospital facilities for Dunedin. Southern DHB will not be able to fund any of the capital development. A \$300M potential capital cost has been signalled in the DHB's capital intentions for this project. Based on other rebuilds this project is expected to take 7- 10 years to complete.

A Strategic Assessment is due to be produced by the end of June 2016 and will be reviewed by the Capital Investment Committee in July before going to the Ministers of Health and Finance and Cabinet for approval. In a letter of 22 April 2016 the Ministers of Health and Finance outlined their expectation that a thorough business case process be run in line with Cabinet expectations with target timelines of June 2017 for the Indicative Business Case and June 2018 for the Detailed Business Case. The project timelines will continue to be expedited where possible and work on the Indicative Business Case is commencing in parallel to those approvals of the Strategic Assessment.

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<sup>1</sup> Southern DHB was created in 2010 as the result of a merger of Southland DHB and Otago DHB and employs approximately 4,500 staff. The DHB provides health services to a population of over 313,000 people (2015/16 estimate) who live in their catchment area which includes Invercargill City, Queenstown - Lakes District, Gore, rural Southland, Clutha, Central Otago, Maniototo, Waitaki District and Dunedin City.

Formal consideration of a PPP procurement is also required in the IBC stage. <sup>2</sup>

### 3) Reasons for this Project

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#### a) Mandate

It is mandatory that all major capital projects follow the standards and processes required by the “Better Business Cases” Model<sup>3</sup> (BBC).

The Ministers of Health and Finance have approved the formation of the Southern Partnership Group to oversee the redevelopment of Dunedin Hospital (HR20141648). The health partnership group model has elsewhere proved to be an effective and successful mechanism for ensuring that the business cases developed are robust, the outcomes are appropriate to the needs of the local population and that the options being put forward provide best value for public money.

The Ministers of Health and Finance (HR20151391) also approved the urgent interim works including the redevelopment of the Gastroenterology and Audiology facilities, and a programme of deferred maintenance.<sup>4</sup> Redevelopment of the ICU has also recently been endorsed by the Capital Investment Committee and submitted to the Ministers of Health and Finance for approval. The Southern Partnership Group is to be kept updated on any significant issues that arise during its commission with the existing facilities related to the projects for which the group has responsibility for (including issues related to deferred maintenance). This includes (but is not limited to) any facility or equipment upgrades or maintenance which would involve a request for additional capital from the Government

The Ministry of Health will hold legal authority for any contracts funded by the project budget. Subject to SPG’s approval the project budget may be applied to other aspects of the work programme such as the series of building assessments to be undertaken or release of a Southern DHB clinical leaders time to contribute to the project.

#### b) Project Drivers and Rational

Investment Logic Mapping Workshops held with stakeholders on 24 May and 28 June 2016 focused on refreshing the physical capacity of facilities in Dunedin to support the health needs of the Southern Region. That workshop summarised the current problems into three themes related to:

- i) A deteriorating environment.
- ii) Inflexible and inappropriate care facilities
- iii) Care facilities that cannot absorb innovations.

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<sup>2</sup> This requirement is specified in the following Cabinet Office Circular (<http://www.dpmc.govt.nz/cabinet/circulars/co15/5>) and under the government rules of sourcing (<http://www.business.govt.nz/procurement/for-agencies/key-guidance-for-agencies/the-new-government-rules-of-sourcing/6-other-rules-you-need-to-know#rule61>).

<sup>3</sup> BBC guidance is mandatory for all capital expenditure, lease and asset disposal proposal undertaken by Government Departments or Crown entities that require Cabinet approval (Cabinet Office Circular CO (10) 2:Capital Asset Management in Departments and Crown Entities

<sup>4</sup> Gastroenterology - a redevelopment on Level 8 of the south wing of the Ward Block. The Audiology service will relocate to the Wakari campus.

Refer to the Strategic Assessment Business Case Document for the outcome of the workshops.

Through engagement with stakeholders (such as hospital management, clinicians, government officials) a long and short list of options will be established as part of the IBC phase that focus on facility and service configurations, and a recommended preferred way forward to take into the DBC.

The Better Business Case process is focused on being smarter about how we invest for change as well as deliver better services and better outcomes for New Zealanders. It is based on robust planning, analysis, decision making, implementation and review.

### c) Key Benefits

The Investment Logic Map that is produced after the Benefits Workshop on 28 June 2016 is attached to the Strategic Assessment Business Case.

A more detailed benefits realisation plan will be created as part of developing the Indicative Business Case.

## 4) Project Deliverables and Approach

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### a) Project Scope

The following table delineates the scope of this project.

In Scope	Out of Scope (but has linkages to)
<ul style="list-style-type: none"> <li>• Determining a short list of options to address issues with the facilities at the Dunedin Hospital campus.</li> <li>• Progress reports to SPG on the approved urgent interim works at the Dunedin and Wakari campuses and any other relevant capital works</li> <li>• Completing the requirements for Health Capital Approvals (based on the Better Business Case Model) and production of key documentation as part of the IBC phase</li> <li>• Development of the framework for a financial model for Southern DHB that can be used to assess a short list of options</li> <li>• RFPs for undertaking the Indicative Business Case</li> <li>• Project Assurance including Gateway 1</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of the Southern Strategic Health Plan</li> <li>• The University of Otago's master site plan</li> <li>• Health Reports and Cabinet papers (MoH/ Treasury)</li> <li>• Southern DHB operational arrangements for the urgent interim works and ICU redevelopment (e.g. projects and internal steering groups)</li> <li>• Processes related to CIC and the signoff processes required by Cabinet and the Ministers of Health and Finance.</li> <li>• Regional Service Planning</li> </ul>

### b) Project Approach

The project approach is based on the requirements of the Better Business Cases Model. Appendix One summarises how the Better Business Case Model is applied to Health Capital Business Cases.

The approach factors in some flexibility to deal with the logistical issues that arise from having very senior stakeholders with many competing commitments.

### c) High-Level Milestones and Deliverables

Within the above scope, the overall milestones for the IBC phase are listed. A more detailed master schedule will be developed after the new contractors commence their work.

	<b>Milestones</b>	<b>Date/s</b>
<b>A</b>	<b>RFP - IBC</b>	
1.	RFPs for Business Case Writer and Hospital Planner posted on GETS and Aconex	3 June 2016
2.	Evaluation Panels convened	11-15 July 2016
3.	Approval to negotiate with preferred respondents (SPG and MOH)	26 July 2016
4.	Contracts commence	8 August 2016
<b>B</b>	<b>Indicative Business Case Planning Phase</b>	
1.	Complete development of a financial model for Southern DHB	29 Sept 2016
2.	Draft Detailed Services Plan: Stage 2 (Deliverable 4 - Sapere) produced for consultation	28 Oct 2016
3.	Final Detailed Services Plan: Stage 2 (Deliverable 4 - Sapere) to SPG	29 Nov 2016
4.	Long list of options to SPG	20 Dec 2016
5.	Market sounding for PPP (if required)	April/ May 2017
6.	Short list of options and draft IBC	Mid April 2017
7.	SPG review	End April 2017
8.	Gateway 1 Review	TBC
9.	Independent Quality Assurance	TBC
10.	Options consultation with SDHB and stakeholders to identify preferred option	May 2017
11.	Final IBC (including draft concept design)	Mid June 2017
12.	SPG Review	End June 2017

The remaining steps of the project have yet to be confirmed but the overall process requires.

- a) Developing the Detailed Business Case - required by June 2018
- b) Developing an Implementation Business Case
- c) The Delivery Phase –Design, Procurement, Construction
- d) Post Implementation Review

## d) Assurance

The Risk Profile Assessment (RPA) completed last year noted this is a high risk project.

The report of the Gateway 0 review<sup>5</sup> held in June 2016 will be discussed between John Hazeldine, MoH as Senior Responsible Official and the Chair of SPG. Its recommendations and outcomes will be discussed with SPG and factored into the work programme, as necessary.

A Gateway 1 review will need to be completed during the Indicative Business Case phase. These reviews are independent and confidential peer review process that examine projects and programmes at key points in their lifecycles to assess their progress and to rate the likelihood of successful delivery of their outcomes.

An Independent Quality Assurance will also need to be scheduled it is a more detailed level review of the processes or practices used in project management than Gateway Peer Review.

When the master programme is prepared in August any internal consultation and quality assurance processes for the MoH and Southern DHB for the draft IBC documents will be factored into the planning within the June 2017 deadline. The Southern Partnership Group will determine if any additional other peer reviews of key documents submitted for their approval are required.

The Capital Investment Committee will review the Indicative Business Case produced by the project. They will provide their independent advice to the Ministers of Health and Finance on these documents as part of the sign-off process.

## 5) Stakeholders, Organisational Implications and Handover

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### a) Key Stakeholders

Refer to the communications plan for the detail on external stakeholder engagement.

Stakeholder	Relationship to Project	Initial Engagement Approach
Cabinet	Will formally sign off on each stage of the Better Business Case Model and any additional capital works	Officials will provide reports and attendance at meetings as required.
Ministers of Health and Finance	Will provide to recommendations to Cabinet on each stage of the Better	Quarterly Reports are required from SPG to the joint Ministers.

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<sup>5</sup> Gateway is Cabinet-mandated for high risk capital projects and programmes. The key decision points (or 'gates') are:

Gate 0: Strategic Assessment

Gate 1: Business Justification & Options - Indicative Business Case

Gate 2: Delivery Strategy - Detailed Business Case

Gate 3: Investment Approach

Gate 4: Readiness for Service

Gate 5: Operational Review & Benefits Realisation

<http://www.treasury.govt.nz/statesector/investmentmanagement/review/gateway/gateway-factsheet.pdf>

	Business Case Model and any additional capital works	Reports and meetings with officials as required.
Capital Investment Committee (CIC)	Will review and provide the Ministers of Health and Finance with independent advice on the key business case documents produced by the project.	This project is a high priority for CIC and the Ministry of Health. <sup>6</sup>  CIC will also need progress reports on any approved capital work funded from the Health Capital Budget. .
Southern Partnership Group (SPG)	Governance role for the project	Monthly SPG meetings and continue to meet with key stakeholders in Dunedin. SPG will also meet in Invercargill.

## b) Stakeholder Engagement & Comms Plan

The communications plan has been updated for SPG's review and approval. As per the terms of reference for SPG:

- a) The Southern Partnership Group is to provide the Minister of Health, the Southern DHB and the Ministry with reasonable advance notice and the content of any media statements or reports to be publicly published.
- b) Partnership Group members, including ex officio members and members of advisory committees, and staff supporting the Hospital Redevelopment Partnership Group may not comment on the developments, to external individuals or organisations, including the media, without the prior agreement of the Chair.
- c) The Southern DHB Commissioner (or Board Chair) is the spokesperson for Southern DHB.

A communications plan and protocols for sharing information have been developed by MoH communications staff working with Southern DHB communications staff. Southern DHB will also be appointing a dedicated communications resource to support the Acting Director Projects going forward.

## c) Handover Approach

The IBC's main focus is on options development (referred to as the economic case).

During the period of July 2016 to June 2017 most of the deliverables are documents that will either be inputs into the preparation of the Indicative Business Case or which will be elaborated on as part of the Detailed Business Case. These business cases require a final service plan, models of care, a functional brief, engineering reports, architectural designs and quantity surveyor reports.

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<sup>6</sup> One of the SPG members is also a member of CIC

## 6) Risks

### a) Project Dependencies

The RFPs associated with the Indicative Business Case invite respondents to outline the processes they will run with Southern DHB within the set timeframes. Minimum levels of engagement have been specified.

Once appointed a workshop will be held in August with all new contractors and Sapere to develop an overall master programme.

### b) Other Key Risks

The following risks have been identified as having the potential to delay progress of the project and/or impact on the ability to achieve the deliverables.

Risk Description (If X happens, there is a risk of Y, meaning Z impact)	Risk Rating	Impact	How Risk Will Be Managed
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>
<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>	<p>[REDACTED]</p>

[REDACTED]		[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

## 7) Funding and Resourcing

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### a) Funding Arrangements

The project has been granted \$5.9M from the Health Capital Envelope until 30 June 2018 covering both the Indicative and Detailed Business Case Stages (refer below) .

This budget will be used for contractors, supporting the Southern Partnership Group (including travel and meetings), Ministry of Health staff costs, assurance processes like Gateway Reviews as well as funding for additional project team resources (refer overpage).

<b>Stage 2</b>	<b>Deliverables (June 2016 – Aug 2018)</b>	<b>(\$) 2016/17</b>	<b>(\$) 2017/18</b>
<b>Consultants</b>			
Business case	Indicative Business Case, Detailed Business Case	██████	██████
Health Planner	Finalise service plan	██████	
	Options	██████	
	Models of Care	██████	██████
	Functional brief		██████
Architect	Options	██████	
	Master site plan		██████
	Concept design		██████
Quantity Surveyor	Options	██████	
	Concept	██████	
Building reports		██████	
Legal			██████
Probity		██████	██████
Gateway	Gate 1 (before the IBC complete)	██████	
	Gate 2 (before the DBC complete)		██████
Independent Quality Assurance		██████	██████
<b>Project Support</b>			
Project Manager		██████	██████
Communications		██████	██████
HRPG		██████	██████
Administration		██████	██████
Finance model		██████	██████
Travel		██████	██████

Ministry of Health project staff		██████	██████
Programme consultancy	Construction advice, peer review	██████	██████
<b>Sub total</b>		<b>2,450,250</b>	<b>3,451,250</b>
<b>Total</b>			<b>5,901,500</b>

## b) Resource Requirements

The core project team members for undertaking the IBC are detailed below.

Name	Role	Responsibilities
Kieran Reilly	Senior Project Manager, MOH	Secretariat SPG, MoH's Project Manager – refer Section 8(b) and Communications Plan
Cathy Webber	Senior Advisor Capital MOH	OIAs, Health Reports, papers to CIC, weekly reports to Minister, advisor on Health Capital requirements, reviews any documentation submitted to CIC
Emily Leopold	EA, Capital and Operating, MoH	Support for, MoH staff, management of claiming and travel for SPG and contractors, SPG meeting arrangements (in consultation with SDHB)
Rachael Bruce	MoH Comms	Communications Plan, SPG media, MoH communications (in consultation with SDHB)
Sapere	Deliverable 4 – Detailed Services Plan version 2	Refer Sapere project plan
Jemma Adams	Acting Project Director, Southern DHB	Oversight of the urgent and Interim works, the SDHB PMO will manage SDHB's contribution to this project including a monthly report – refer Section 8(b) and Communications Plan
Devorah Sherman	EA, Acting Director, SDHB	Support for the SDHB PMO
Murray Baker	Senior Business Analyst, SDHB	SDHB Financial Model (lead-reporting through SDHB CFO and Acting Director Project)

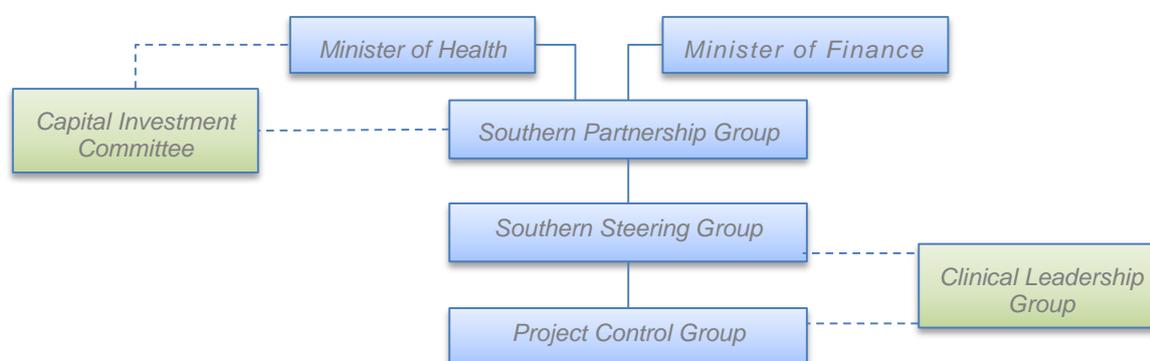
Additional key roles still to be appointed into the project team include

Business Case Writer IBC	RFP posted 3 June 2016 SPG to confirm 26 July 2016
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Hospital Planner and Architect	RFP posted 3 June 2016 SPG to confirm 26 July 2016
TBC	SDHB Project Manager – part of SDHB PMO team
TBC	SDHB Comms Resource – part of SDHB PMO team
Expert resource to support development of a financial model	NB Treasury will assist and contractors may be used to provide peer review. The Business case Writer for the IBC is required to have financial skills
Clinical Leadership Group	SDHB to confirm arrangements

## 8) Project Structure

### a) Project governance



#### a) **Southern Partnership Group**

**Members:** Andrew Blair (Chair)  
Mr Andrew Connolly  
Dr Tony Lanigan  
Richard Thomson  
Dr Margaret Wilsher

**Ex Officio** John Hazeldine (MoH)

**Observer** Davin Hall (Treasury)

**Other attendees** Kathy Grant (Southern DHB Commissioner)  
Carole Heatly (Southern DHB CEO)

**Secretariat** Kieran Reilly (MOH)

Revised terms of reference for the Southern Partnership Group for the IBC were discussed with the Southern Partnership Group on 24 May 2016 and will be submitted to the Ministers of Health and Finance for approval.

**b) Southern Steering Group**

Sponsors: Mhairi McHugh, Manager Capital and Operating, MoH (or delegate)  
Carole Heatly, CEO, SDHB (or delegate)

Other attendees Sandra Boardman, Executive Director Planning and Funding, SDHB  
Jemma Adams, Acting Project Director, SDHB  
Clive Smith, CFO, SDHB  
Nigel Millar, CMO, SDHB  
Lexie O’Shea, Deputy CEO, SDHB  
Leanne Samuel, Executive Director, Nursing, SDHB  
Cathy Webber (Ministry of Health)  
Kieran Reilly (Ministry of Health)  
Davin Hall (Treasury)

The role of the steering group is to support the project team and to ensure the Southern Partnership Group receives timely and appropriate information. Its terms of reference dated 10 Nov 2015) were approved by the Southern Partnership Group.

**Project Control Group**

The Project Control Group will provide a monitoring and catch-up forum for key members of the project team including some members of the core team, Business Case Writers, Hospital Planner and Sapere who continue to work on Deliverable 4 from the first phase of the project – a Detailed Service Plan version II. Weekly reporting will be required from each workstream and monthly progress reports will need to be prepared in time for the Control group to review prior to their submission to the Southern Steering Group and Southern Partnership Group. The MoH Project Manager will use those meetings and monthly reports as the basis of his reporting to the SPG via Steering Group. Terms of reference will need to be prepared.

**Clinical Leadership Group**

Southern DHB is setting up a clinical leadership group for the project team and contractors to work with. Its Terms of Reference will need to be approved by the Southern Partnership Group. A leader from that group will be invited to join the Control Group and Southern Steering Group.

**b) Reporting Requirements**

The main reporting requirements are listed below. Refer to the Communications Plan (Appendix 1) for more detail:

Who reports	To whom	What is reported	When
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SPG	Ministers of Health and Finance Cabinet	1) Written Progress Report (Secretariat to prepare) 2) Indicative Business Case	1) Quarterly From February 2016 2) July 2017
Southern DHB	SPG	1) Copy of updates to Commissioners on the approved urgent interim works and any other requests to CIC (if additional capital funds are sought) 2) Progress reports to SPG on the development of a financial model framework, the series of building assessments and any other DHB led work for this project	Ongoing as per SPG's meeting schedule
Southern DHB	CIC	Updates on the approved urgent interim works and any other required reporting or requests for capital from central government.	Copy to SPG
MoH Project Manager	SPG (via Steering Group)	Progress Report	Ongoing as per SPG's meeting schedule
Work stream leaders and contractors	Project Manager, MoH Acting Project Director, SDHB	Contractors provide weekly updates to MoH Project Manager (where MoH holds contracts) or Acting Director, SDHB for DHB led work.  Fortnightly meetings via a Control Group  Additional reports on request or as specified in contractual agreements  Contractors may be asked to attend Steering Group and SPG.	Ongoing
MoH	CIC	Monthly reports to CIC	Ongoing

**Appendix 1 COMMUNICATIONS PLAN**  
**IBC Phase**  
**Southern DHB – Redevelopment of Dunedin Hospital**  
**(\*living document)**

**Objectives**

- To keep internal and external stakeholders informed throughout the redevelopment process for Dunedin Hospital.
- To encourage community and stakeholder engagement in the redevelopment process.
- To maintain momentum and transparency in the redevelopment process.
- To support the Southern Partnership Group.

**Key Messages**

- The Ministry of Health is working closely with the Southern Partnership Group and Southern District Health Board to review options for the redevelopment of Dunedin Hospital.
- The project is the result of a number of buildings on the hospital campus nearing the end of their economic life, including the Clinical Services Building built in 1960.
- No decisions have been made and all options are being considered.
- The first stages of planning for the redevelopment project are well underway. Sapere Research Group is preparing a Strategic Assessment to help us understand the issues and expected health needs of Southern communities in order to help shape what future health services and the future hospital might need to look like. Following this an Indicative Business Case will be developed establishing a short list of options for the redevelopment by mid-2017.
- The preferred option will then be developed into a Detailed Business Case by mid-2018, which will then be implemented.
- Treasury's Better Business Case Model is a proven approach to major capital works in New Zealand.
- The redevelopment is a once-in-a-generation opportunity to build modern and sustainable healthcare services and facilities to meet the needs of the Southern community.
- While this work is underway, Southern DHB is progressing a programme of re-fits and upgrades to ensure clinical services can continue while the longer term redevelopment is carried out.
- While no targeted completion date has been set, experience from other major hospital redevelopments indicate a 7-10 year timeframe.
- A number of workshops will be held to facilitate staff involvement and the public will have the opportunity to be involved during the design phase of the project.
- While a \$300 million cost has been provisionally signalled for this project, the final cost depends on the size and scale of the redevelopment work undertaken. This will be determined over the next two to three years.

## Stakeholders and communication channels

Stakeholder	Relationship to project	Communication method	Responsibility
<b>Cabinet</b>	Signs off each stage of business case and any additional capital works.	Officials will provide reports and attend meetings as required.	MOH
<b>Treasury</b>	Will oversee assurance requirements and provide advice to Ministers.	Treasury Officials will attend SPG and Steering Group meetings.	MOH
<b>Ministry of Health</b>	Project manager of redevelopment. Will oversee service planning consultancy, contract and communication arrangements, support SPG and CIC and provide advice to Ministers.	Principle of no surprises between MOH, SPG and SDHB. MOH comms to draft monthly SPG media statements with help from SDHB and provide comms support to Southern DHB and SPG on the redevelopment.	MOH
<b>DHB Staff (including Executive, Clinical Council and clinical leaders)</b>	End users of any new buildings, will continue to deliver services during redevelopment process, clinical leadership critical to business case development, and extensive staff input expected in design phase of any new buildings.	Southern DHB internal comms channels including dedicated intranet site, CE's weekly newsletter, monthly redevelopment newsletter Commissioner's newsletter, posters, TV screens etc.	SDHB
<b>Patients</b>	Primary stakeholder as consumers of services and any new facilities	Information on redevelopment on Southern DHB and MOH website. Physical hoardings/posters when work underway, public notices in Otago Daily Times/local papers etc.	SDHB
<b>Dunedin City Council</b>	Significant local asset. DCC will be providing details of their transport plan.	Council reps and Southern Partnership Group representatives will maintain contact during the business case development, design and build phases	SPG

		of redevelopment.	
<b>NZTA</b>	Campus site constrained by State Highway 1 on Cumberland Street.	As part of the work to develop options the NZTA will be approached. Meetings with Southern Partnership Group representatives will be set up if necessary.	Project Team, IBC Business Case Writer, SPG
<b>Otago Regional Council</b>	Transport planning	As part of the work to develop options the ORC will be approached. The SPG Chair will offer to meet with representatives of the ORC during the IBC phase	Project Team, SPG
<b>Communities in the Southern District</b>	Users of DHB services/facilities.	Information on redevelopment on Southern DHB and MOH website. Physical hoardings when work underway, public notices in Otago Daily Times etc.	SDHB
<b>Iwi Governance Group including</b> <ul style="list-style-type: none"> <li>• Te Rūnanga o Awarua (Bluff)</li> <li>• Waihōpai Rūnaka (Invercargill)</li> <li>• Ōraka Aparima Rūnaka (Colac Bay)</li> <li>• Hokonui Rūnanga (Gore)</li> <li>• Te Rūnanga o Ōtākou (Dunedin)</li> <li>• Kāti Huirapa Rūnaka ki Puketeraki (Karitane)</li> <li>• Te Rūnanga o Moeraki (Moeraki).</li> </ul>	Under Te Haurua o Murihiku me Araiteuru, Southern DHB and Ngai Tahu are committed to working together in good faith to safeguard and improve the health status of Māori living in the Southern district.	Joanne Fannin, PA to Pania Coote, Southern DHB Executive Director of Maori Health will distribute all communications.	SDHB to circulate brief on project to Governance Group
<b>DHB Board/Commissioner</b>	Partner to project.	Monthly meetings with SPG Chair and attendance at SPG meetings. Heads-up under no-surprises.	SPG/SDHB
<b>Ministers of Health and Finance</b>	Will provide recommendations	SPG will provide quarterly reports to	MOH

	to Cabinet on each stage of business case and any additional capital works.	Ministers. Minister of Health will also be given heads-up under no surprises and vice versa when Ministry/SPG leading announcements.	
<b>Professional Associations</b>	Representing DHB staff	Regular updates provided through existing forums - JCC etc.	SPG/SDHB
<b>Rural hospital trusts, PHO and Alliance South and GPs</b>	Needs to be involved in strategic planning phase	A list of key contacts will be created, meetings to be set up by Health Planners being appointed. Ongoing communication same as public/community.	Health planners/SDHB
<b>Media</b>	Local interest in DHB matters	Monthly updates from SPG, interviews/comments with SPG chair and/or Ministry of Health, proactively released information on SDHB and MOH websites.	SDHB and MOH Comms
<b>Otago University</b>	Occupies 20% of Dunedin campus, shares staff and students, Dunedin School of Medicine has offices on Hospital Campus and its own Master Site Plan	An initial meeting was held between the SPG Chair, SDHB Commissioner and SDHB CEO with University of Otago representatives. The University will be writing to the SPG and a further meeting will be arranged	SPG
<b>Dunedin Polytechnic and Southern Institute of Technology</b>	Provides clinical training	An initial meeting between SPG Chair and Polytechnic Chair was held. Communications will now be covered as part of the regular media	SPG

### **External communications and public statements (as per terms of reference for SPG)**

- SPG releases a short progress statement after each monthly meetings with SDHB and MOH logos. Drafting support provided by MOH and SDHB, distributed by Southern DHB. PRs also available on SDHB website, with MOH linking to it.
- All groups provide each other with a heads-up to media statements under no surprises.
- The Southern Partnership Group provide the Minister of Health (through MOH comms), Southern DHB Board and Commissioner (through SDHB comms) and the

Ministry of Health (MOH comms) with reasonable advance notice and content of any media statements or reports to be publicly published.

- The Chair of the SPG is the media spokesperson for SPG. Partnership group members, including ex officio members and members of the advisory committees, and staff supporting the redevelopment partnerships group may not comment on the project, to external individuals or organisations, including the media, without the agreement of the SPG Chair.
- The Southern DHB Commissioner (or Board Chair) is the spokesperson for Southern DHB.
- John Hazeldine (Acting Director, DHB Performance) or Michael Hundleby (Director of Critical Projects) are the media spokespeople for MOH
- Ministry OIAs will be signed out by Acting Director, DHB Performance John Hazeldine or Director of Critical Projects Michael Hundleby.
- Information related to the redevelopment is proactively released where possible on the SDHB/MOH website e.g. meeting minutes, business cases, expenses.
- Monthly media clippings to be compiled by SDHB and attached to SPG board papers.

### Risks /mitigations

Risk	Mitigation
Lack of communication with stakeholders	Each stakeholder group's communication needs are identified and managed as per table above.
Misinformation about the redevelopment	Webpages, regular communication with stakeholders, media and the community.

### Communication channels

- Face-to-face meetings with SPG, health planners, steering group.
- Dedicated web page linked to off home page of Southern DHB website and Ministry of Health page on Dunedin Hospital Redevelopment. <http://www.health.govt.nz/our-work/hospital-redevelopment-projects/dunedin-hospital-redevelopment-project>. This page includes FAQs on the redevelopment, maps, minutes from SPG meetings (published after minutes agreed to at following board meeting), business cases, key health reports, business case materials, copies of media releases from SPG Chair/Minister for major milestones/announcements.
- Southern DHB utilise internal communication channels for regular staff updates on redevelopment (e.g. weekly CE updates for staff, monthly redevelopment newsletter, intranet).

**Timetable (dates for 2016)**

<b>Date</b>	<b>Activity</b>	<b>Comms required</b>	<b>Responsibility</b>
28 June 2016	SPG PR on Detailed Services Plan and Strategic Assessment Business Case.	PR from SPG after meeting	MOH drafted, SDHB circulated
26 July 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated
30 August 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated
19 September 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated
25 October 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated
29 November 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated
20 December 2016	SPG PR on TBC	PR from SPG after meeting	MOH drafted, SDHB circulated