

Programme Title: NHS Care Records Service: Local Service Provider – North East Cluster.

OGC Gateway™ Number: OGC451.

Privacy Marking: UNCLASSIFIED

OGC Gateway™ Review 4 – Readiness for service

Version number: Final

Date of issue to SRO: 23 June 2005

Department: DoH

Agency or NDPB: Connecting for Health (CfH)

OGC Gateway™ Review dates: 13 – 17 June 2005.

OGC Gateway™ Review Team Leader: <Text Redacted>

OGC Gateway™ Review Team Members:

<Text Redacted>

This report was written by <Text Redacted>



Office of Government Commerce

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Background

The aims of the project:

The National Programme for IT (NPfIT) is a long term (ten year) programme for the development of IT in the NHS to improve patient care and services. NHS Connecting for Health (CfH) has been established as the single national IT provider for the NHS, delivering NPfIT for the future and ensuring the maintenance, development and effective delivery of the IT products and services delivered by the former NHS Information Authority while these products and services are still required.

NPfIT consists of many elements, which are evolving at a rapid pace. They include:

- The NHS Care Records Service (NCRS);
- Choose and Book (CAB)
- Electronic Transmission of Prescriptions (ETP)
- The infrastructure to support the New National Network (N3)
- National Applications Service Provision (NASP, generally referred to as SPINE)
- Picture Archiving and Communication System

The exploitation of information and communications technology is an essential component of delivering the NHS Plan and the development of new patient focused services. The benefits from implementing information systems and technology should include underpinning and enabling the achievements required in the Delivery Plan Priority areas and supporting the achievement of the following:

- Patient Choice
- Integrated care
- Co-ordination and collaboration planning
- Informed service users
- Accessible services
- Evidenced based care
- Quality assured services
- Efficient service

Delivery of the NPfIT programme for England is being achieved through five Clusters. The concept of Clusters is a unique structure not replicated

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elsewhere in DH/NHS management structures. Statutory accountability runs from the DH to the SHAs. Clusters are groupings of SHAs that come together to act as one for the purposes of NPfIT.

The North East Cluster comprises 5 SHAs stretching from Northumberland southwards through Yorkshire into North Lincolnshire.

The North East Cluster shares the same Local Service Provider (LSP) and the same technical solution as the Eastern and East Midlands Cluster. Although there are two contracts, the LSP is providing one solution across the two clusters. A review of the Eastern and East Midlands Cluster has been undertaken concurrently with this review.

The procurement status:

The LSP Contract for the North East Cluster was awarded to Accenture in December 2003. In January 2004 Accenture were also awarded the contract for the Eastern and East Midlands (EEM) Cluster.

Current position regarding OGC Gateway™ Reviews:

Gate 3 reviews were carried out of all Clusters in October 2003, followed by Gate 3b reviews in April 2004 to assess progress in the period following Contract Award.

Purposes and conduct of the OGC Gateway™ Review

The primary purposes of an OGC Gateway Review 4 are to confirm that contractual arrangements are up to date, that necessary testing has been done to the client's satisfaction and that the client is ready to approve implementation.

Appendix A gives the full purposes statement for an OGC Gateway Review 4.

Conduct of the OGC Gateway™ Review

This OGC Gateway Review 4 was carried out from 13 to 17 June 2005 at Leeds and Hatfield. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The Review Team would like to thank all those interviewed for their support and openness, which contributed greatly to our understanding of the Project and the outcome of this review. In particular we would like to thank <Text Redacted>

of the NE Cluster for making the detailed arrangements for the review and ensuring that all the administration ran smoothly.

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Conclusion

Considerable progress has been made during the 14 months since the last Gateway review, and the programme has made the very real transition from essentially a start-up phase to being on the cusp of a major and wide-ranging implementation. Systems have been rolled out to a number of Early Adopters, and although there have been some painful teething problems the roll-out process has been proven and lessons are being learned. The scale of this progress reflects great credit on all parties, from the National Programme and Cluster teams to the SHAs, Trusts and other customer organisations, and to the LSP team. The customer-supplier relationship appears mature and robust and we believe it represents a sound foundation for the future.

Equally significant is the change we sensed in the attitude of practitioners, where any earlier cynicism or reluctance to engage has been replaced by a strong desire to see systems delivered as soon as possible in order that the benefits can start to be realised.

Running counter to these positive indicators is the reality that, due largely to delays in national elements of the programme (particularly the SPINE) the Cluster programme itself has slipped significantly (by some 9 – 12 months) and many of the roll-outs planned during 2005 will be of limited functionality. These delays have caused significant perturbations in the management of the programme by SHAs and the Trusts and there is a danger that confidence and goodwill, so carefully established, may seriously be undermined. It is also disappointing to note that progress on benefits realisation planning has been slower than intended, although the reasons for this are well recognised and – gradually – work is being set in hand.

Looking ahead the programme undoubtedly faces some major challenges, particularly the rapid increase in the rate of planned deliveries (which will put immense pressure on all parties) and the need to manage the intensive schedule in the face of continuing uncertainty surrounding some of the national elements. The degree to which the next period is successful will depend very much on the ability of the overall organisation to address these two key areas.

A summary of recommendations is at Appendix C.

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Status

Given the scale of the challenges facing the programme and the actions which need to be carried out over the coming months we assess the overall status of the programme as Amber as defined below.

Red – To achieve success the project should take action immediately.

Amber – The project should go forward with actions on recommendations to be carried out before the next OGC Gateway Review of the project or by an earlier specified date, if the time to OGC Gateway Review 5 is protracted.

Green – The project is on target to succeed but may benefit from the uptake of recommendations.

All the recommendations of the previous review have been implemented except where discussed further in this report.

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Findings and recommendations

1: Business case and stakeholders

Since the last Gateway review the Cluster has successfully commenced deployment of a range of technology products including Choose and Book, PAS, SAP and GP systems. These implementations have demonstrated a capability to introduce change on a wider and larger scale.

However, there have been delays caused by technical problems, notably the timeliness, reliability and capability of the SPINE. As a result, progress to date has in some instances been achieved tactically rather than strategically through the replacement of obsolete and ageing systems and meeting contract closure deadlines with essentially like for like systems which offer only limited additional functionality.

In our review and discussions with the Cluster team and the user community we were reassured by the general feeling of readiness and the desire to implement the systems. The team and the LSP have established good working relationships with the user community and have put in place a clear process for deployment.

At the previous Gateway review (3b) concern was expressed about the degree of clinician engagement. In the course of this review, we have been impressed by the willingness and support of the clinicians who clearly want the programme to happen, and the creation of the clinical lead role for the Cluster should help to maintain this level of interest. It is apparent that lack of clinician enthusiasm and engagement is no longer an issue. The challenge of training clinical staff on the new systems and preparing them for the new procedures remains however, and the current position will need to be nurtured and managed. Enthusiasm for the programme has been blunted by delays in deployment and this too will need to be carefully managed.

2: Review of current phase

Programme management

Our overall impression of the Cluster organisation was of a team that is well led and, subject to the constraints covered below, performing very creditably in managing a complex programme in a complex environment. The strength of the top team is indicated by the fact that, with the RID (Martin Forrest) temporarily covering the London Cluster, the Deputy (Claire Pacey) has stepped up as Acting RID without major disruption.

Although the Programme Board is scheduled to meet every two months, we understand that sometimes meetings have been missed or postponed. As the pace of the programme picks up we would strongly encourage the Board to ensure it meets at least every two months – and more frequently if circumstances demand.

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Governance

The matter of governance was raised several times during our discussions with stakeholders across the Cluster and with the Cluster team themselves. There were two main points made: the clarity of respective roles and the authority of the Cluster team.

We understand that the role and structure of all five Clusters has been reviewed, with the aim of deriving a common structure which is more appropriately geared to the needs of the programme and which reflects the scale of the operation that now needs to be directed at Cluster level. Whilst the outcome of that review is unlikely to change the SHA-centric nature of the delivery programme, it is likely to mark a shift of some management responsibilities from the national level to the Cluster. At the same time the resources of the Clusters are planned to be strengthened considerably to handle this increased functionality. We strongly support this initiative. At the same time we would encourage the governance arrangements at national and cluster level to be revised to reflect the following objectives:

- Giving the Cluster the authority, expertise and resources to direct the LSP in day-to-day issues and in its management of the forward programme
- Ensuring proper coordination and integration, across the Cluster, of the implementation of the LSP's programme alongside the various components of the national projects such as Choose and Book and Electronic Transmission of Prescriptions
- Maintaining the integrity of the overall technical design across NPfIT and the coherence of the various workstreams
- Providing a strong communications focus so that all stakeholders across the Cluster are fully informed about the programme and the role they need to play in it

Recommendation 1. We recommend that, as the plans for the revised Cluster structure are taken forward, the opportunity is taken to adjust the governance arrangements at national and Cluster level to reflect the current stage of the programme and the nature of the challenges ahead.

NE/EEM Coordination

In discussing with the Cluster team and stakeholders the many activities involved in planning the programme, overseeing the development, accepting work from the contractor and supporting roll-out and subsequent operations, we formed the view that there will be many instances where there would be benefit in staff from the two Clusters working together, given that they share a common LSP. Our sense is that much of the cooperation today happens on an ad hoc basis and is probably limited in extent. We suggest that the NE

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Cluster team explore with their EEM colleagues the range of possibilities where such opportunities might present themselves, which would include for example:

- Sharing lessons learned from go-live experiences
- Exchanging ideas on best practice
- Carrying out some functions once rather than twice
- Being able to present a united position in the event of a dispute with the contractor.

Whilst the potential for such opportunities seems readily apparent when viewed dispassionately and from a distance, we recognise there may well be local factors which would reduce their benefit in practice. We therefore suggest that such an initiative should be approached incrementally, building on instances where there is a clear case for action.

Recommendation 2. We recommend that the NE Cluster team examine, with their EEM colleagues, opportunities where there would be mutual benefit in sharing experiences and working together in order that full advantage is drawn from their joint role as customers of the common LSP.

Commercial management

In talking to members of the Cluster team and stakeholders we formed the view that the relationship with the LSP is generally strong and healthy. The programme is undoubtedly proving challenging for all parties and we understand that there have – inevitably – been some difficult moments for the supplier. Overall, the clear message which came through was that Accenture have made a genuine effort to adopt a partnering-based relationship with the customer and have been professional in their approach. We believe that this relationship, which both sides have worked hard to build and sustain, represents a good foundation for the future, although it is one that will no doubt be further tested as new challenges materialise.

Implementation planning and management

A comprehensive and effective process has been introduced for controlling the development, testing and deployment of LSP solutions across the Cluster, with an Approval to Proceed (ATP) certificate being granted only when strict criteria have been met. Our view is that this process is bedding down well and is recognised as providing the necessary discipline to a complex environment.

One point raised was that some Trusts can feel unsighted on the detailed scope of implementations planned for their area, and we would encourage the Cluster and SHA teams to ensure that communications with Trusts are as comprehensive as necessary.

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Based on the limited sample we were able to review, the discipline of completing detailed checklists itemising all the tasks required for each stage seems to be similarly effective. It enables progress to be monitored, outstanding issues addressed on a prioritised basis, services to go live only when appropriate authority has been given, and provides a clear audit trail. This approach is proving to give good control over the overall sequence of activities and high confidence at the subsequent go-live point. We would see this as a good example of best practice.

Now that the ATP process itself has been proven and all parties are gaining confidence in its operation, we believe there would be merit in reviewing the process in the light of experience. Given the very rapid escalation there will be shortly in the pace of roll-out across the Cluster, there is a need to find the optimum balance for an approach that facilitates greater throughput yet does not compromise operational capability, safety or commercial prudence.

Recommendation 3. We recommend that, given the expected considerable expansion of roll-out volume across the sector, the ATP process is reviewed to examine any opportunities for streamlining, subject to ensuring that standards of operational capability, safety or commercial prudence are not compromised.

3: Risk management

The deployment is a huge and complex operation across a large geographic area. There are in addition dependencies, particularly on the National Programme, which will have an impact on the success of the deployment. Risk management, particularly identifying the optimum response to risks identified, is therefore a key component of the Cluster's operation.

The PEG reviews risks at its regular meetings but it is not evident that the Cluster Programme Board actively reviews the risks and mitigating actions. Given the significance of some of the risks, and the need to exercise senior level ownership, we believe it would be sensible to raise the profile of this topic and for the Board to review the top programme risks and issues as a standing agenda item.

Recommendation 4. In order to ensure appropriate ownership and control, we recommend that the Programme Board reviews the top risks and issues as a standing agenda item.

Impact of National Factors

SPINE

The delays to the SPINE have had a significant knock-on effect to the programme and have delayed the roll out both of P1R1 and P1R2. Overall, for example, the main programme is currently judged by the Cluster to be running some 9 – 12 months late. Some GP systems are simply being replaced with no additional functionality. The position has been complicated

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by the large number of releases of the SPINE software to the LSP (up to 6 in a year). In an attempt to stabilise the development environment and the Cluster release programme it has been agreed that the release strategy for the SPINE will revert to two releases per year. We support this strategy and agree that this should provide a more stable environment for the LSP development and deployment.

GP Choice

The Ministerial announcement giving greater system choice for GPs has introduced a new set of risks and created uncertainty. This has resulted in a degree of planning blight in the forward programme, with many GPs who had been ready to commit now reviewing their options.

We understand that a project has been established to assess the impact of GP choice, in particular its effect on the programme and potential commercial implications.

PACS

The Authority has been unable to proceed with awarding PACS contract for the NE and EEM Clusters because of a judicial review instigated by an unsuccessful bidder. We understand that this dispute has recently been resolved and procurement action is now able to continue. Until this contract is let and a deployment timetable agreed there will be a continuing state of uncertainty around the PACS product, and these delays will inevitably have an impact on benefits realisation.

The original deployment target for PACS was 100% completion by March 2007 with 80% deployed by March 2006, although we understand that some relaxation may be sought.

4: Readiness for next phase

We had discussions with a number of key stakeholders from the user community and it is apparent that there is general enthusiasm for the roll-out and demand for deployment across the Cluster. Everyone appears to be ready and waiting for their deployment to happen.

Benefits Realisation

The management of benefits realisation for NPfIT has suffered from a number of well publicised setbacks, in particular discontinuity in top level leadership, which have compounded the challenge of establishing an effective approach to the topic. There has also been some disruption caused by staff changes within the Cluster. As a result benefits management is lagging behind the overall project and programme development. National guidance is available

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but there is a perception that this can sometimes be too detailed and theoretical. The picture is complicated by the fact that in some cases the new system deployment simply replaces existing systems, with the result that benefits will either not be realisable or will be straightforward IT operational cost savings.

In our discussions we met several individuals with a keen and well informed understanding of this subject and we sensed an enthusiasm to build on the informal network which is already established to help move this forward. We believe the Cluster should adopt an approach based on the Centre of Excellence model, whereby it would provide the three functions of:

- Overall management, including benefits tracking and reporting, across the Cluster
- Expertise to guide practitioners (and their managers) on the optimum application of models and techniques, so that users know when to adopt a sophisticated approach (such as the Cranfield model) and when a more pragmatic approach is appropriate
- Liaison and coordination with other bodies and the national team.

Recommendation 5. We recommend the Cluster team actively pursues the establishment of a Benefits Management network, setting a clear lead across the Cluster, identifying pockets of expertise, and enabling best practice to be shared.

Consequences of Delays

Trusts and GPs have created their own operational or resource plans so that they align with the Cluster deployment plan. The delays and changes to the deployment plan have caused pressures on the deployment sequence and consequent problems for the intended early adopters. As a result of the delays some Trusts with ageing systems now face cost pressures resulting from the need to renew existing systems licences and maintenance agreements. Other Trusts who had been about to procure systems prior to the launch of the National Programme have had to continue with manual systems.

In both of these cases benefits are being delayed and costs incurred. In addition, in some Trusts staff have been trained and the systems have not been rolled-out. The training is therefore largely ineffective as staff will need to be retrained. Funds were made available to meet the costs of the original training but we understand there is as yet no agreed position on meeting the costs of retraining or any other pre-implementation costs.

The delays also cause a loss of motivation and enthusiasm and a degree of cynicism about the future roll-out plans.

All of these factors must inevitably degrade confidence in the forward programme, and their effects will call for careful management.

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Risks of Parallelism

As in any major development programme, those managing NPfIT have to make carefully balanced decisions from time to time when considering whether a test which is only partially successful should hold up subsequent phases or whether the advantage lies in letting the programme continue and the outstanding work be completed in parallel with the new. In the face of extreme high level pressure or expectation there can be a temptation to allow the degree of parallelism to grow, to the extent where it becomes unmanageable. It can also result in costly re-working if some downstream activities have to be repeated or re-designed when an 'earlier' design point is finally endorsed.

We do not have a view about the extent to which this factor may now be a serious risk to the programme but it was clear to us that a degree of parallelism is already (and understandably) being introduced. We suggest that the Cluster team keeps this issue under careful review, including the degree to which risks and potential additional costs are building up, in order that the Programme Board can maintain a clear perspective of the optimum balance.

Implementation Experience

The early implementations experienced problems with the robustness of the software and with the migration of data from legacy systems. One of the main problems with data migration was the length of time taken to transfer data. As a result data migration is now started earlier to allow for the time taken to migrate data. This appears to have eased the problem but data migration remains a significant – and well appreciated – risk and it will need to be monitored. The importance of learning lessons from the early implementations is well recognised by the Cluster and processes are being put in place to ensure that this is achieved.

Rate of Deployment

The programme is about to enter a phase where the rate of deployment increases dramatically, and there are inevitably a number of questions about the ability of the customer and supplier organisations to scale up their efforts in order to achieve this. Those we met were generally optimistic that this could be achieved, and the planned increase in Cluster resources will clearly be an essential factor here.

The actual ability of the SHAs and Trusts to cope with this challenge is hard to judge but it will certainly be significant given the extent of the Authority's obligations identified in the commercial documentation. One approach which would help is for opportunities to be identified that enable the Authority to make best use of expertise. This will apply particularly in the case of training

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and supporting operators and other users, where the 'expert users' can play an invaluable role in supporting the immediate post-go-live situation. There may be merit in considering the degree to which these experts might be re-deployed once the peak of their immediate task had passed in order that their skills were used to best effect. This might run counter to some customary Trust management practices, but if it were possible to create a pool of such experts we believe it would significantly reduce the risks.

Recommendation 6. We recommend that every encouragement be given to the establishment of a pool of expert users in order that their expertise is deployed to best effect and some of the risks of implementation are mitigated.

Realism of forward programme

In discussing the status of the programme with various stakeholders, it became clear that whilst the delays have had a number of adverse consequences, as discussed earlier, equally damaging has been the way in which such delays have been introduced, generally as a sequence rather than a single one-off change. The result has been a significant loss of confidence in the forward programme, which has reduced in turn the willingness of organisations to commit and become fully engaged until greater certainty emerges. We see this as an important factor for the future success of the programme. We would therefore strongly encourage those planning the programme to ensure that, notwithstanding the inevitable pressures to take an optimistic view about what is achievable, adequate contingency is included in the forward plan. This should help to ensure that the dates set are as credible and realistic as possible and that a much greater degree of stability is achieved.

Recommendation 7. We recommend that, in setting the future programme, every effort is made to ensure that it is as realistic as possible in order to achieve a greater degree of stability and so sustain the commitment of stakeholders.

Next Gateway Review

We suggest that the next OGC Gateway Review be planned for approximately 18-24 months time, ie the first half of 2007. This should provide an opportunity to demonstrate the benefits actually being delivered as well as an assessment of overall progress.

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APPENDIX A

Purpose of OGC Gateway™ Review 4: Readiness for Service

- Check that the current phase of the contract is properly completed and documentation completed.
- Ensure that the contractual arrangements are up-to-date.
- Check that the business case is still valid and unaffected by internal and external events or changes.
- Check that the original projected business benefit is likely to be achieved.
- Ensure that there are processes and procedures to ensure long-term success of the project.
- Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation.
- Check that there are feasible and tested contingency and reversion arrangements.
- Ensure that all ongoing risks and issues are being managed effectively and do not threaten implementation.
- Evaluate the risk of proceeding with the implementation where there are any unresolved issues.
- Confirm the business has the necessary resources and that it is ready to implement the services and the business change.
- Confirm that the client and supplier implementation plans are still achievable.
- Confirm that there are management and organisational controls to manage the project through implementation and operation.
- Confirm that all parties have agreed plans for training, communication, roll-out, production release and support as required.
- Confirm that all parties have agreed plans for managing risk.
- Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side.
- Confirm information assurance accreditation/certification.
- Confirm that defects or incomplete works are identified and recorded.
- Check that lessons for future projects are identified and recorded.

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APPENDIX B

Interviewees

<Text Redacted>

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APPENDIX C

Summary of recommendations

Red – Take action immediately.

Amber – Take action by the next OGC Gateway Review.

Green – Take action as required.

		Status
Ref. No.	Recommendation	R/A/G
1.	We recommend that, as the plans for the revised Cluster structure are taken forward, the opportunity is taken to adjust the governance arrangements at national and Cluster level to reflect the current stage of the programme and the nature of the challenges ahead.	A
2.	We recommend that the NE Cluster team examine, with their EEM colleagues, opportunities where there would be mutual benefit in sharing experiences and working together in order that full advantage is drawn from their joint role as customers of the common LSP.	G
3.	We recommend that, given the expected considerable expansion of roll-out volume across the sector, the ATP process is reviewed to examine any opportunities for streamlining, subject to ensuring that standards of operational capability, safety or commercial prudence are not compromised.	G
4.	In order to ensure appropriate ownership and control, we recommend that the Programme Board reviews the top risks and issues as a standing agenda item.	A
5.	We recommend the Cluster team actively pursues the establishment of a Benefits Management network, setting a clear lead across the Cluster, identifying pockets of expertise, and enabling best practice to be shared.	A
6.	We recommend that every encouragement be given to the establishment of a pool of expert users in order that their expertise is deployed to best effect and some of the risks of implementation are mitigated.	G
7.	We recommend that, in setting the future programme, every effort is made to ensure that it is as realistic as possible in order to achieve a greater degree of stability and so sustain the commitment of stakeholders.	A

NB: Full R/A/G definitions can be found in the status section.