

NHS 24: Tailored Programme Support

Strictly Private and Confidential
Final Report for the Review and Oversight
Committee

26 March 2014
Final Version



Building a better
working world

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26 March 2014

Dear

NHS 24: Tailored Programme Support

Introduction

In accordance with your instructions, we have performed a rapid independent review of the NHS 24 Future Programme, as per our Engagement Agreement dated 21 February 2014. I am pleased to enclose our final report as agreed.

Approach and scope of work

Our assessment is based on inquiries, and discussions with a number of stakeholders, as well as analysis of information provided by NHS 24. Our work does not constitute an audit, a review or other form of assurance in accordance with any generally accepted auditing, review or other assurance standards, and accordingly, we do not express any form of assurance. None of the services provided or any reports constitute a legal opinion. We have not conducted a review to detect fraud or legal acts.

The original scope of this work included an assessment of the technical solution through discussions with the contractors. Due to sensitivities around contractual discussions, it has not been possible to have meetings with the contractors and therefore we have been unable to form an independent view on feasibility of individual options and whether alternative solutions may exist.

Our report

Whilst each part of our report addresses different aspects of the work we have agreed to perform, the entire report should be read for a full understanding of our findings and recommendations.

Our work commenced on 24 February 2014 and was completed on 21 March 2014. Therefore, our report does not take account of events or circumstances arising after that date.

Restrictions on the use of our work product

In carrying out our work and preparing our report, we have worked solely on the instructions of the Review & Oversight Group. Unless required by law, our report should not be provided to any third party without our prior written consent. In no event, regardless of whether consent has been provided, will we assume any liability or responsibility to any third party to which this report is disclosed or otherwise made available. If any other party chooses to rely on the contents of this report, it does so entirely at their own risk.

Please do not hesitate to contact myself or [redacted], if you require any further assistance.

Yours sincerely

For and on behalf of Ernst & Young LLP

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Section 1

Executive Summary

Executive Summary : context and approach

Context	Approach
<p>NHS 24 is the national Telehealth and Telecare organisation, providing a wide range of health information and self care services to people across Scotland, using telephony, web and other technology platforms. To run its contact centres it had for the previous 10 years a front line system contract with BT (data storage) and Clinical Solutions (decision support application). This was originally due to expire in 2012 however, using transitional arrangements, NHS 24 were able to delay procurement of another system and extend the use of the current system for a further year to 2013. At this stage, a decision was then taken to procure a strategic refresh, which would enable NHS 24 to provide a wider range of services. Two lots were procured: the first was won by Capgemini for the front line SAP-based application and the second by BT for hardware/data storage. Capgemini subcontracted - to provide the clinical decision support application linked to SAP. 10 year contracts with BT and Capgemini were signed March 2012 and the Future Programme was subsequently established.</p> <p>Prior to the original Go Live date, a number of critical issues were identified focussing on the functionality and performance of the application. Whilst remedial steps have been taken by Capgemini to resolve some of the issues, the Scottish Government and NHS 24 jointly commissioned an independent review of the Future Programme, to provide an assessment of the level of confidence in the current approach.</p>	<p>The project was coordinated and overseen by the Oversight and Reference Group. The Group was chaired by members drawn from Scottish Government and other Health Boards providing programme, IT and clinical expertise. Key phases of the work included:</p> <ul style="list-style-type: none">• Initiation: definition of scope• Document review• Interviews with NHS 24 staff and other project stakeholders• Presentation of interim findings• Presentation of draft report <p>Limitations:</p> <p><i>High level review</i></p> <p>This report is a high level assessment of the current situation and available options open to NHS 24. It is not intended to be an audit of the programme, nor a detailed technical investigation of the root causes of the performance problems NHS 24 is currently facing with the solution provided by Capgemini.</p>
<p>Scope</p> <p>Scottish Government and NHS 24 engaged EY to undertake a rapid three week independent review of the NHS 24 Future Programme. The key objectives are:</p> <ul style="list-style-type: none">• To obtain an independent assessment of the situation• To provide advice to the SRO/Chief Executive of NHS 24 on possible routes to resolution, and then assist where appropriate• To provide assurance to the Board of NHS 24 and to Scottish Government Health and Social Care that there is appropriate governance in place to address the evolving circumstances to ensure successful implementation and thereafter to deliver a stable environment that will deliver the anticipated benefits (as reflected in a revised business case)	<p>Access to Suppliers</p> <p>This work was carried out as a review of existing documentation and interviews with NHS 24 and</p> <p>Due to the sensitivities around contractual discussions, we were not able to meet directly with Capgemini or within the timescales of the review. Following dialogue, we were able to submit questions to Capgemini in writing and we received a response on 18 March 2014.</p> <p>Summary</p> <p>Due to the targeted nature of this review and the short timescales involved, this report is by exception only and focussed on issues which need to be addressed. This report does not necessarily highlight all the positive elements of the programme, the extent of what has achieved and the hard work and dedication of NHS 24 staff in delivering this programme.</p> <p>We would like to thank all the staff in NHS 24 and other programme stakeholders involved in this review. We appreciate their support and time and greatly value their honesty and openness.</p>

Executive Summary : Current situation

Current Situation

The application was originally due to Go Live on 27 June 2013. Significant work has taken place over the past nine months seeking to resolve current issues and progress towards a successful Go Live. The following is a summary of the current position:

- **Technical application:** From our discussions with NHS 24 and Capgemini have delivered substantial elements of the programme, including SAP CRM, telephony and infrastructure.

The supplier has, however, been unable to deliver the output based specification and, due to issues with the decision making application it is probable that Capgemini will not be able to deliver the required levels of performance and a new decision support application may therefore be required. It is the view of NHS 24 that they would Go Live, if the was able to achieve the required performance levels. NHS 24 appear to have little confidence left that can ever reach the required levels of performance, however, they do remain committed to achieving a successful Go Live.

Current NHS 24 service: the operation of the current NHS 24 service is not currently at risk. From discussions with BT, the current infrastructure will be at end of its user life and require to be upgraded by October 2015. BT are currently looking at other solutions and options to maintain the current infrastructure beyond this period.

In addition, the ongoing delay to Go Live, may impact the appetite of BT to take on liabilities associated with its' future role of service integrator..

Financial impact: NHS 24 have made significant investment in a solution. It is likely that further investment will be required to achieve resolution and a functional solution. To date, total payments of £26.5m (£18.4m Capgemini, £8.1m BT) have been made. In addition, a further £3.5m contractual payments are outstanding. All outstanding payments to Capgemini (£2.4m) are being withheld, as NHS 24 are disputing delivery of key milestones.

The subsequent delay has had further financial consequences for NHS 24, Capgemini and BT, with costs increasing for all parties since 6 September 2013. At 25 February 2014, this was estimated by NHS 24, to be in the region of £8.4m. In addition, further costs are being incurred in relation to extension of current supplier contracts (BT and Capital) to ensure continuity of the current service in the medium to long term, in lieu of the Future Programme going live.

NHS 24 do recognise that the impact financially has significant short and medium term consequences to both NHS 24 and the wider Scottish Government. As identified in their recent LDP submission, NHS 24 have identified a number of scenarios to consider the knock-on impacts on the ability of NHS 24 to achieve planned future efficiency savings and also the ability to repay the brokerage within the expected timescales.

NHS 24 will be unable to finalise the level of likely investment required, until proper commercial discussions take place, with the supplier.

- **Benefits Realisation:** although a clear vision has been articulated by NHS 24, and subsequently approved within the Full Business Case, it is not evident that the expected level of benefits will be able to be fully achieved, at least within the short to medium term.

Programme governance: although an extensive governance structure has been in place, NHS 24 have put the current programme governance on hold. Although work related to Go Live has halted, there are a number of activities under way (e.g. testing, Plan B and legal activities).

Executive Summary : supplier position and recommendations

Supplier position

It is also important to note that, at the time of undertaking our review, engagement between NHS 24 and Capgemini was engaged to be very sensitive to this, so as not to impact any differing views over contractual obligations. Our engagement with Capgemini was restricted to written dialogue, which has inevitably limited our ability to comment on the technical options proposed.

A summary of the written response we received from Capgemini is provided below:

- Capgemini responded to a number of questions aimed at determining their view as to the current situation, opinions as to the root causes and routes to resolution.

Summary Recommendations:

- **Reinvigorate the programme:** begin to refresh the Programme, so that NHS 24 are ready to mobilise as required, considering also appropriate interim options. Reconsider the expected benefits within the business case.
- **Governance and financial management:** review programme and technical support and continue to finalise the potential year-end provision and subsequent financial impact of Go Live delay.
- A further summary of the findings and recommendations is contained within Appendix B.

Next Steps

Recommended steps to progress with the resolution of the present situation:

- Refocus the programme governance
- Continue with end to end testing and the proposed market assessment
- Review and prioritise decision criteria, against which to consider options
- Reassess technical options, including potential short-term interim options, in light of the outcome of the discussion on prioritised decision criteria
- Consider external advice to support development of commercial strategy and, in line with this, incorporate and balance the current legal approach.
- Negotiate with contractor

Section 2

Current Situation

Current Situation

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- Solution**
- Capgemini/... delivered a Second Application Instance ("Keystone Optimisation") as a further enhancement to ... This aimed to improve performance by changing the way the application used data. Although this second instance worked within the small scale Capgemini environment, the BT testing has noted significant performance issues on the NHS 24 environment.
 - SAP has been deployed and is part of the current end to end testing of the solution.
 - Lot 2 infrastructure (telephony, networking and end user computing) continues to be deployed.

Contractors
Capgemini (Lot 1)

- Communication with the contractor is mainly through legal representation and through regular, informal dialogue between the NHS 24 CEO and Capgemini COO.
- BT continues to work with NHS 24 and is responsible for performance testing. The deployment of the infrastructure is continuing.
- On Go-live, the management of the application solution provided by Capgemini will become the responsibility of BT, as the prime contractor.
- BT are working through options to make use of elements of the new infrastructure to replace aging components of the existing infrastructure.

- Testing**
- NHS 24 is currently carrying out comprehensive end to end regression testing of the system functionality and performance
 - At 14 March 2014, there were eleven Severity 5 defects, of which eight were defects associated with clinical functionality which would prevent a Go live.
 - New defects are being found, though overall system usability has improved since the Keystone Optimisation. Three of these "showstoppers" relate to the BT technical environment
 - Performance testing is currently limited by Capgemini's lack of involvement. There are certain tests which cannot be carried out without their assistance
 - While there have been some changes in performance, testing results seem to indicate that performance has not improved significantly (and is anecdotally similar to that of June 2013).
 - Anecdotally, there appears to be little confidence left in NHS 24 that ... can ever reach the required levels of performance.

- Performance Metrics**
- NHS 24 acceptance criteria is that the response rate is sub 1 second, with the ability to run with 600 concurrent users in an 'N' configuration (i.e. non-resilient).
 - Results from February 2014 performance tests indicate:
 - Performance for single users is poor: some steps can take up to 6.5 seconds, and over 20 seconds for some steps with 200 users.
 - Response times deteriorate as the number of users increase (peak times go from 7 to 11 seconds as users increase from 200 to 400).
 - Stability is an issue: users are dropped from the system, with some screens not allowing users to proceed. Response times for elements of the system (i.e. SAP and not ... are acceptable

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Ongoing work

Further work is ongoing to understand the market and available technical options

"Plan B" Options

NHS 24 commissioned¹ through NHS 24 legal advisers, to investigate alternative technical options, termed "Plan B" options.

A review of the Plan B options is expected at the NHS 24 Board meeting at the end of March and will be informed by results from:

- Testing
- Market Assessment
- Legal/commercial opinion

Details of the options are provided in the following section

Supplier position

We invited Capgemini to meet with us to discuss the technical issues facing the solution. Due to sensitivities in relation to contractual obligations, we were instead requested to provide questions in writing. Questions aimed at determining Capgemini's view as to the current situation, opinions as to the root causes and routes to resolution.

In summary Capgemini stated:

- Opinions in NHS 24 vary on the suitability of different Plan B options presented by ... There is a sense, however, that there has been considerable investment in the current solution and a great deal has already been delivered in terms of the SAP CRM, telephony and infrastructure.
- It is felt that the relationship with Capgemini is salvageable
- There is currently no confidence within NHS 24 that ... will be able to deliver the required performance, and a new decision support application is therefore likely to be required

NHS 24 Preferred Technical Options

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- It is felt that the relationship with Capgemini is salvageable
- There is currently no confidence within NHS 24 that ... will be able to deliver the required performance, and a new decision support application is therefore likely to be required

Available Technical Options

EY Summary of Potential "Plan B" Options

Summary of shortlisted "Plan B" Options

*Identified options by
problems associated with
and NHS 24 highlight that there are potential technical solutions to resolve
These have still to be validated with Capgemini*

Prime	Decision Support	Description	Benefits	Challenges
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Section 4

Recommendations

Recommendations (1 of 3)

To implement these recommendations, joint responsibility needs to be taken by both NHS 24 and Scottish Government. Further, any changes to the service and process requires a review of the key accountabilities for both parties and consideration of the commercial and contractual implications.

Future focus

Recommendation

Est. Change Effort

Change effort to implement:

Low - < 1 month

Medium - 3 months

High - > 3 months

Recommendations

To implement these recommendations, joint responsibility needs to be taken by both NHS 24 and Scottish Government. Further, any changes to the service and process requires a review of the key accountabilities for both parties and consideration of the commercial and contractual implications.

Future focus
Recommendation

Est. Change Effort:

Change effort to implement:
Low ~ 1 month
Medium ~ 3 months
High > 3 months

Recommendations (3 of 3)

To implement these recommendations, joint responsibility needs to be taken by both NHS 24 and Scottish Government. Further, any changes to the service and process requires a review of the key accountabilities for both parties and consideration of the commercial and contractual implications.

Future focus

Recommendation

Est. Change Effort

Change effort to implement:
Low < 1 month
Medium = 3 months
High > 3 months

Section 5

Summary of next steps

Immediate next steps – within the next 30 days

Appendices

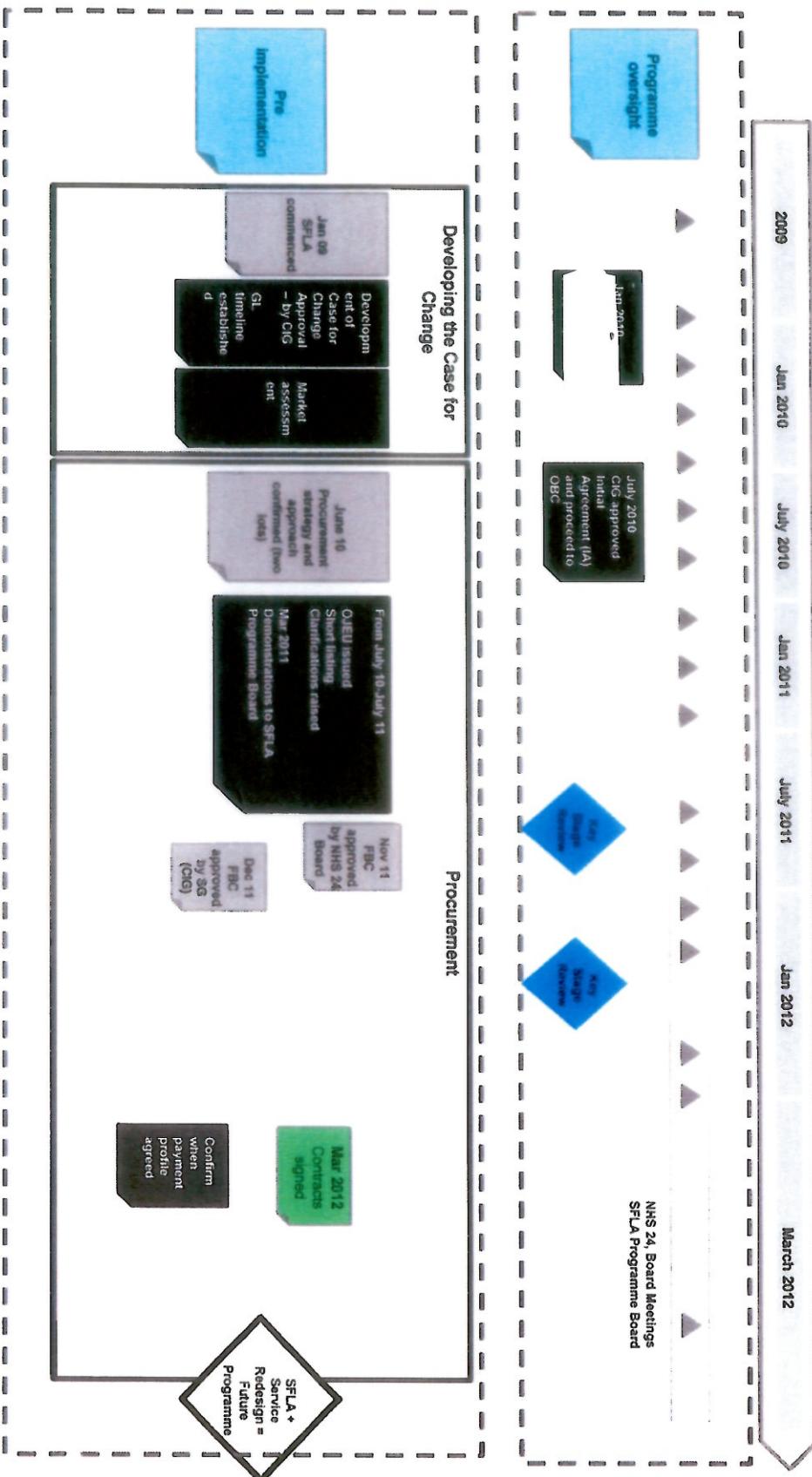
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Appendix A

Background and timeline

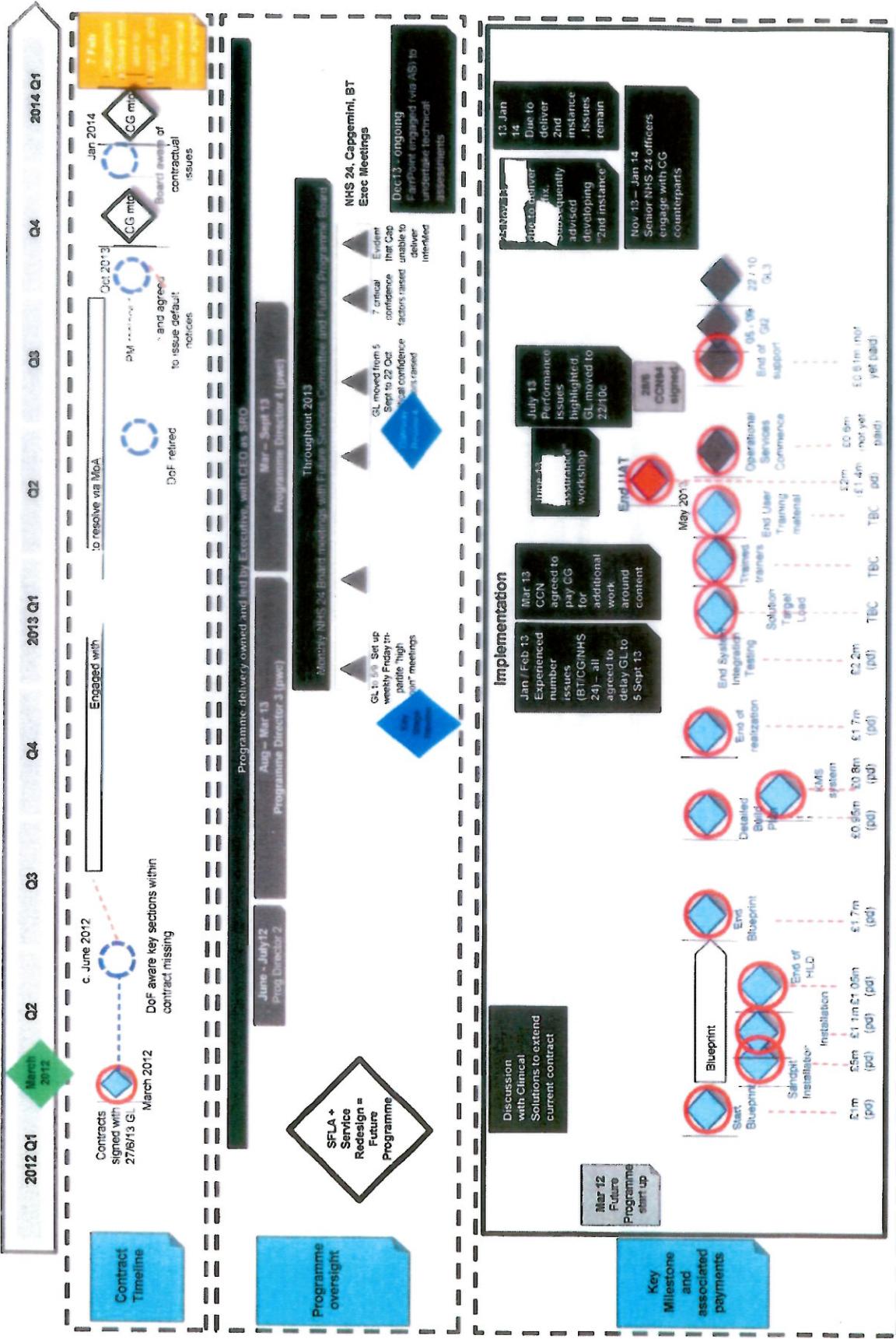
Summary timeline – pre implementation

A summary timeline is set out over the next two pages. Although it is recognised that this review was not intended as an audit of the programme, it was important to understand the key elements that have taken place over the lifecycle of this programme, to support the identification of possible routes to resolution.



Note: this timeline aims to highlight key programme elements. It is not intended to capture all procurement and implementation activities

Summary timeline – implementation phase



Note: this timeline aims to highlight key programme elements. It is not intended to capture all procurement and implementation activities

More detailed chronology

Appendix B Key findings

Key issues arising from our review

Scale of ambition and appetite for risk	<ul style="list-style-type: none">NHS 24 are to be commended for the clarity and scale of ambition for their transformation programme. The programme aimed to bring about transformation within, and beyond, NHS 24. With ambition also comes increased risk. The scale of what was being attempted seems to have been underestimated by the suppliers and to an extent by NHS 24. While individual elements of the solution are tried and tested in the market, the combination of all the elements was new and untested. In addition, Capgemini did not appear to have previous experience of working withThe scale of the programme might have warranted a more cautious approach, with additional safeguards to ensure successful programme delivery. Although a clear case was provided for developing a strategic front line application, the longer term benefits would be unlocked through wider use of the application by other NHS Boards, for example, the requirement for 600 concurrent users is partly to enable future use of the application by other Health Board partners. It was noted within the Gateway Readiness 4 report that a further review of the benefits within the business case should be revisited.
Milestone payments	<p>Output Based Specification (OBS) to transfer deployment risks to the contractor by linking payment with delivery and acceptance. Making milestone payments before solution delivery significantly increases the risk to the contracting authority and reduces leverage with the contractor.</p> <p>It is common practice within IT contracts (particularly those with an</p> <ul style="list-style-type: none">The system chosen by NHS 24 is recognised as very developmental.
Procurement Strategy	<ul style="list-style-type: none">The procurement was split into two lots, which would be brought in under single management on Go Live. This strategy, while having some benefits, delivered a System Integrator for each lot and left NHS 24 playing the role of system integrator between the two lots.Current Cabinet Office guidance encourages the use of Tower-based procurements for IT where best of breed suppliers are procured to deliver best value, with an over-arching Service Integration layer to bring the all the contractors together delivering an end to end solution and service.Although external legal expertise was commissioned, it is not clear what specific support the organisation received in relation to development of its commercial strategy, particularly the pricing and supplier negotiation. It is also noted that material elements of the contract (in relation to performance criteria) were omitted from the final signed version. This is of relevance when taking into account that the key issue, technically, relates to the performance of the solution.
Programme Governance	<ul style="list-style-type: none">An extensive governance structure was in place until September 2013, with regular reporting and oversight to NHS Board, Future Service Committee and the CEO-chartered Future Programme Board. Senior leadership has also taken a leading part in the implementation and the resolution of the current contractual situation.Since September 2013, the programme has moved into a different phase and, although there are specific workstreams continuing with individual Executive Directors leading and significant oversight from the NHS 24 CEO, the previous programme governance has gone on hold.
User Acceptance Testing	

A more detailed set of findings is included in Appendix B

Key findings (1 of 3)

From our review of the NHS 24 Future Programme and identification of key issues we have highlighted five key themes

Although it is recognised that this review was not intended as an audit of the programme, it was necessary to understand the key elements that have taken place over the lifecycle of this programme to draw conclusions which would then support the identification of possible routes to resolution. This section summarised the key findings, drawing out the pertinent points, which then form the basis of our recommendations within Section 4.

Key issues	Findings	Impact on current situation
Background - contract value and components		
1.0 Commercial management	<ul style="list-style-type: none">Payments in advance of implementation: It is noted through the Transitional Key Milestones (TKM) within the contract, that over 80% of payments were due to be made before system go live. From our experience of other Government contracts across the UK, and following clarification from Scottish Government Procurement & Commercial Directorate, it is extremely unusual to make any significant payments prior to implementation.	<ul style="list-style-type: none">Legal / contractual: It is noted that NHS 24 are currently taking legal advice on material elements of the contract which were omitted (relating to performance criteria). This is of relevance when taking into account that the key issue, technically, relates to the performance of the solution.

Key findings (2 of 3)

From our review of the NHS 24 Future Programme and identification of key issues, we have highlighted five key themes:

Key issues	Findings	Impact on current situation
2.0 Appetite for risk	<ul style="list-style-type: none"> The establishment of the SFLA programme was the subject of a paper and discussion at the Executive Team Meeting on 27 January 2009. The requirement to invest in a new front line application, or at least an integrated portfolio of applications, had been identified as essential to supporting the future direction of NHS 24. <p>Level of inherent risk. At the outset of the NHS 24 programme, the strategic direction was outlined clearly. In taking the ambitious decision to progress towards the strategic refresh (what commenced as the "Strategic Front Line Application" Programme), rather than replacement of existing systems on a like for like basis, it was recognised that this was a high risk project, with NHS 24 at the vanguard of innovation. In addition, the OBC recognised that the integrated solution of SAP and had a higher risk profile due to the inherent risk in a first time implementation. Furthermore, the clinical decision making tool has not been implemented before at this level of scale. This level of appetite followed through into the commercial approach to payment profile, ambitious development of the programme timeline (driven by contract deadline) or the implementation approach taken.</p>	<p>At the point of updating the programme plan, NHS 24 may wish to consider whether a phased and/or interim solution may be an option to reduce the high risk nature of this programme.</p> <p>The approach to the updated programme plan will also be impacted by any outcome on the discussion of the prioritised decision criteria (see Appendix C).</p>
3.0 Governance and oversight	<p>There has been significant oversight and governance in place during the term of the Future Programme, with regular reporting and oversight to NHS Board, Future Service Committee and the CEO-chartered Future Programme Board. Programme reviews generally provided assurance to SG and NHS 24, indeed highlighted areas of good practice.</p>	<p>Confirming distinct responsibilities between the SRO, CEO and Programme Director will enable appropriate focus and direction at the different levels within the programme.</p> <p>For example, re-establishing the Programme Board and appointing a separate Programme Director (internal or external) will allow the SRO to focus on the key direction of travel and planning and driving negotiation with suppliers. At the same time, the Programme Director will be able to focus on co-ordinating activities within the programme and critically enable NHS 24 to continue in its' role of service integrator across the programme.</p>
Delegated authority for change control	<p>There does not appear to be specific limits, within the Scheme of Delegated Authority for changes to contract, although this was identified as an issue within the December 2011 Key Stage Review. This may have provided earlier identification of the Minute of Amendment process to rectify the issues within the supplier contracts.</p>	

Key findings (3 of 3)

From our review of the NHS 24 Future Programme and identification of key issues we have highlighted five key themes

Key issues	Findings	Impact on current situation
4.0 Financial impact	<ul style="list-style-type: none">As highlighted previously, the agreed financial payment profile was structured to incentivise Capgemini on delivery of component elements of the application, rather than payment on the output required. It is accepted by NHS 24 that Capgemini have delivered on the majority of the stated milestones.	<p>Depending on the outcome of negotiations with suppliers, and dependent on which technical option is pursued, there is a likelihood further costs will be incurred.</p> <p>The delay also impacts on NHS 24's ability to repay the brokerage received from Scottish Government.</p>
5.0 Business case	<ul style="list-style-type: none">The subsequent delay has had further financial consequences for NHS 24, Capgemini and BT, with costs increasing for all parties since 6 September 2013. At 25 February 2014, this was estimated by NHS 24, to be in the region of £8.4m.Our work did not attempt to validate these costs, however, we would concur that, taking into account the agreed contract commercials, NHS 24 will require to make provision within both year-end accounting treatment and within future financial planning. NHS 24 will be unable to finalise the level of likely investment required, until proper commercial discussions take place, with the supplier.In addition, further costs are being incurred in relation to extension of current supplier contracts (BT and Capita) to ensure continuity of the current service in the medium to long term, in lieu of the Future Programme going live. <p>As stated in the approved Business Case, the Programme Vision is that the Future Programme will deliver a new technology platform, which will "allow us [NHS 24] to expand the range of health services available to the people of Scotland... in addition, we will take the opportunity to redesign our services to ensure that the patient journey is the best that it can be".</p> <p>This vision is commendable and there is clearly a case for developing a strategic front line application, with identified benefits for NHS 24 and wider NHS partners. It is not clear that relevant Health Board partners have been engaged, or signed up, to the expected benefits in the business case. For example, the requirement for 600 concurrent users is partly to enable future use of the application by other Health Board partners. It was noted within the Gateway Readiness 4 report that a further review of the benefits within the business case should be revisited.</p> <p>The business case was signed off by the Scottish Government Health and Social Care Directorate's Capital Investment Group. Given the stated wider anticipated benefits for NHSScotland, the business case could have benefited from wider review by other senior governance groups such as the eHealth Strategy Board.</p>	<p>In addition to the financial impact of the delay itself, there will also be a consequential impact on delivery of expected future efficiency savings. The business case indicated efficiency savings of around £9m would be realised and this has been included within future financial plans.</p> <p>In revising the benefits within the business case, and including a wider group within this exercise, will provide more visibility of this strategic application to wider stakeholders, who could, in the future, benefit from the implementation of this strategic application</p> <p>Any review of the business case, and associated benefits, will be impacted by any outcome on the discussion of the prioritised decision criteria (see Appendix C)</p>

Appendix C Suggested decision criteria

Draft evaluation considerations

Key dimensions by considerations by which to evaluate potential options

Before undertaking any review of available options, it is important to gain consensus on and confirm the key principles (criteria) against which to evaluate the available options. The weighting or prioritisation should then reflect the overarching principles.

The table below sets out an indicative list of potential criteria and key questions to be considered, ahead of any decision on approach.

	Description	Weighting / Priority
Timescales	Original Go Live dates has slipped: <ul style="list-style-type: none">• How important is it that a solution is implemented quickly?• Is it preferable to have an interim solution quickly then the full solution later?	
Reputation/Supplier Relationships	Relations with the current contractors were previously good but have now reached an impasse. Going back to the market will impact on the reputation of NHS 24: <ul style="list-style-type: none">• How important is the existing relationship with the supplier?• What would be the impact on the reputation of NHS 24, and likely change in suppliers' attitude to risk, of going back to the market?	
Quality of solution – Clinical	The full clinical functionality as specified in the OBS is not currently available: <ul style="list-style-type: none">• How important is getting the full set of clinical functionality?• Are there compromises that could be made to deliver a solution more quickly?	
Quality of solution – operational	The full operational functionality as specified in the OBS is not currently available: <ul style="list-style-type: none">• How important is getting the full set of operational functionality?• Are there compromises that could be made to deliver a solution more quickly?	
Technical deliverability	Performance is a key issue with the current solution. <ul style="list-style-type: none">• How important is it that the solution meets the full performance criteria set out in the OBS?	

Appendix D

List of stakeholders and key documentation reviewed

Key Stakeholders interviewed

As part of the review, the following interviews were held with identified stakeholders

Interviewee	Company	Date
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