



OFFICIAL

**Department of Health and Social Care - Frontline Productivity
Stage Gate 0**

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About this report

This report is an evidence-based snapshot of the programme's/project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

1. Stage Gate Assessment (DCA)

Delivery Confidence Assessment
Red



Delivery Confidence Assessment: Red

The Review Team (RT) considers that the programme has a compelling and widely supported strategic vision, a well-developed investment case and committed leadership. Interviewees consistently supported the programme's ambition to move beyond digital deployment towards sustained frontline productivity improvement, including the opportunities presented by initiatives such as Ambient Voice Technology (AVT). However, the RT considers that successful delivery is unlikely under the current operating arrangements due to issues with structures and accountabilities.

The initial ambition for the programme was to operate on a decentralised basis - devolving delivery responsibility to NHS regions with the centre playing a funder, coordinator and commissioner role only. This has encountered a number of key challenges including:

- a) significant variability in capacity and capability in regions and ongoing restructuring impacting the quality of engagement and delivery planning
- b) the desire for greater control from the centre resulting in the mandating of certain elements of the funding scope in particular around cybersecurity and AVT
- c) the result of which has been delays in the agreement of regional investment plans, and the resulting distribution of funding to the frontline. It is now quarter 2 and the finalisation of investment proposals is ongoing).

Taken together these issues create material uncertainty among stakeholders on the viability of the roles and responsibilities in the stated operating model, and the ability of the programme to deliver the anticipated year 1 benefits.

The RT does not consider these issues to represent weaknesses in the programme's underlying investment case. Rather, they reflect a situation where the design and approach being taken does not match the current context. The recommendations in this report are therefore intended to support the SRO in pivoting the programme's operating model, governance, investment framework and stakeholder engagement whilst maintaining momentum on Year 1 delivery.

The recommendations in this report should be implemented as a matter of urgency to establish a credible and deliverable basis for future investment and benefits realisation.

2. Summary of concerns, evidence and recommendations



Priority	Recommendation	Risk* and Issue Identified with Evidence	Classification Insert Reference Number	Critical, Essential, Recommended
1	The SRO should urgently update the operating model and develop an integrated programme delivery framework that ensures the operating model reflects current and anticipated requirements.	The issue is that the programme's operating arrangements are not keeping pace with a rapidly evolving delivery context.	Governance	Critical - do now
2	The SRO should rapidly secure a suitably senior Programme Director with clear accountability and authority to coordinate delivery across the programme. Governance arrangements should also be strengthened to support integrated investment decisions, cross-programme prioritisation, oversight of regional readiness and timely intervention where delivery, benefits or dependencies diverge from plan.	There is a risk that the current lack of oversight and blurred lines of accountability will lead to a negative impact on delivery.	Programme and Project Management	Critical - do now
3	The SRO should continue to prioritise accelerating year 1 funding whilst undertaking a strategic review of the year 2 planning and funding process. The review should seek to ensure that regional multi-year	There is a risk that proceeding with Year 2 investment decisions without first strengthening the programme's strategic planning and investment framework will reduce its ability to prioritise investment effectively and maximise the delivery of	Financial Planning and Management	Essential - do by October 2026



	investment plans are developed against clear and transparent criteria, and that the optimal portfolio can be selected.	the productivity benefits described in the approved business case.		
4	The SRO should work with finance to ensure a flexible multi-year approach to funding with the ability to move underspend between years where there's a case for doing so.	There is a risk that the loss of funding at year end would limit the overall amount available and impact of the programme and creates perverse investment incentives.	Financial Planning and Management	Essential - do by October 2026
5	The SRO and Programme Director should take action to strengthen centre-region collaboration and communication. Including developing a mutual understanding of accountabilities, benefits ownership and reporting.	There is an issue with existing levels of communication and engagement with regions. This creates a risk to delivery through the potential for a lack of buy in and protracted engagement process on future plans.	Stakeholder Management	Essential – by October 2026
6	The SRO should commission an assessment of regional, delivery capability and organisational readiness. This supports the operating model, future investment decisions, delivery sequencing and the level of national support provided.	There is a risk that operating model and delivery assumptions regarding levels of regional capability and capacity may be incorrect, leading to delivery issues.	Change Management and Transition	Essential – by January 2027

**Risk denotes risks, issues, concerns and key dependencies*

3. Blockers to delivery



Ref No	Blocker	Describe specific nature of blocker	Consequence if not resolved
1	Lack of viability on the operating model	Ongoing lack of viability of the operating model, governance, resources, benefits ownership, etc. Potentially driven by sources beyond programme control including negotiations with the regions or political preferences.	The absence of a viable operating model to consistently deliver the scale of change will highly likely result in delays to delivery and benefits realisation as well as damage to centre-region relationships.

4. Comments from the SRO

SRO Comments

I would like to thank the review team for the care they have taken over the review and the mature, thought-provoking conversation we had throughout. I am happy that the recommendations are helpful and that the red rating is warranted given the need to reset the operating model which falls outside of my powers to do. Thanks again.

5. Review Team findings and recommendations

Operating Model and Delivery

The Review Team (RT) found broad and consistent support for the programme's strategic ambition and for its leadership. However, achieving the programme's aims is predicated on a model of region-led delivery that has been overtaken by events, not least the significant reductions in capacity at regional level. As a result, the programme finds itself both trying to accelerate delivery of key digital enablers to productivity, such as Ambient Voice Technology (AVT), while wrestling with an operating model that requires rapid recalibration. Not taking action would mean this uncertainty will continue across national, regional and provider organisations, reducing confidence that the programme can ensure delivery of the demanding productivity benefits set out in the business case on which Treasury approval was based.



The RT found considerable potential in the proposed Centres of Excellence, particularly in providing national technical leadership, standards, specialist capability and commercial leverage. However, their role has expanded beyond that originally envisaged partly because other aspects of the operating model remain insufficiently defined.

The RT also found evidence that the programme has responded pragmatically to changing ministerial and executive priorities. In particular, the acceleration of AVT was seen as a deliberate response to emerging opportunities and wider NHS priorities. The RT considers this strategic responsiveness to be a strength, even though the pace of these changes has outstripped the evolution of the programme's operating model, governance and delivery arrangements.

Interviewees consistently described uncertainty regarding which activities should be undertaken nationally, regionally or locally. Whilst the approved business case envisaged regions exercising significant discretion to create multi-year investment plans within nationally agreed guardrails, regional investment plans mostly focussed on year 1 and fell short of that ambition. Subsequent national decisions to prioritise AVT and cyber investment have further shifted the balance towards central direction without a corresponding update to the operating model or decision-making framework. The RT found that, as a consequence, confidence in the regional delivery model had reduced despite continuing support for the programme's strategic intent.

The RT considers the programme's delivery plan (i.e. the outputs, sequencing, milestones and accountabilities across the investment areas) to be still at a very early stage, in part because it is awaiting indications from the regions as to their future aspirations. At the same time individual investment areas are progressing at different rates. The RT was told, and agrees with this analysis, that what is required is an integrated roadmap, making some assumptions that can be checked when regional plans come in, demonstrating how these components combine to deliver the productivity outcomes described in the business case over the next three to four years.

The RT heard consistent evidence that these uncertainties were compounded by a backdrop of:

- fundamental organisational change across NHS England, regional teams, Integrated Care Boards and providers
- a reduction in digital capability at regional level,
- marked variation in digital maturity at Trust level.

Whilst these wider changes are outside the programme's control, they increase the importance of providing clear operating arrangements that take account of the situation.



The RT also found that several key delivery functions sit outside the SRO's direct management arrangements, limiting the programme's ability to secure delivery commitments and coordinate delivery across the investment portfolio.

The Operating Model places considerable emphasis on continuous improvement and operational learning, however the RT found less clarity regarding how learning from implementation will be captured. Given the programme's intention to evolve through experience rather than detailed prescription, the mechanisms for learning, standardisation and refinement become fundamental to delivery. At present, these arrangements remain insufficiently developed to provide confidence that successful approaches will be consistently adopted across the system.

The RT considers these issues to be both material and capable of resolution. They do not reflect weaknesses in the programme's strategic direction. Rather, they demonstrate that the programme's operating arrangements are not keeping pace with a rapidly evolving delivery context.

The RT considers that the programme is capable (with appropriate support) to put in place a more mature delivery framework ready for Year 2 onwards.

Recommendation 1 (Critical - do now): *The SRO should urgently update the operating model and develop an integrated programme delivery framework that ensures the operating model reflects current and anticipated requirements.*

Determining the Appropriate Level for Delivery

The RT heard from many stakeholders about the impact of the changing operating model. Those interviewed also indicated an acceptance of and an openness to centralised delivery where it made sense to do so from a benefits, cost or strategic point of view, or where it would avoid the perverse incentives that seem to apply under the current model. In particular AVT was cited because it was recognised that, amongst other things, centrally managed and funded delivery would have several potential benefits including:

- Removing an existing cost barrier for regions (as currently they are required to fund licences which may act as a disincentive to uptake)
- Enabling the centre to ensure greater levels of supplier and delivery assurance, to achieve economies of scale.
- Making sense of the existing model by ensuring those things DHSC wants greater central control over, such as AVT, are centrally delivered.
- Rationalising the existing model by putting activities in areas where they are best managed (e.g. delivering change management locally and purchasing centrally - something which is currently the other way around).



The conclusion from this consistent feedback is that as part of an operating model refresh the programme should consider and advocate for a more interventionist role for the centre where there is clear evidence that doing so would improve value for money, reduce risk, increase consistency or accelerate delivery. This should be underpinned by clear principles defining when activities are best undertaken nationally, regionally or locally.

Governance and decision making

The programme has established an appropriate governance framework in principle, supported by an Operating Model describing governance arrangements, roles and accountabilities. However, the RT found that governance has not kept pace with the changes in the way the programme now operates. As responsibilities have expanded and delivery arrangements changed, governance has become increasingly dependent on informal arrangements.

The programme operates in a complex and evolving context with a diverse and growing range of stakeholders. The original governance model outlined a single Programme Director with supporting capabilities and governance arrangements to deliver the work. The RT heard however that this has not been implemented. For example, the RT observed that constituent workstreams retained significant independence over investment, planning and resourcing decisions. As a consequence, the RT was told that there were critical internal dependencies and no single person below the SRO with sufficient authority and levers to manage them for the programme. The RT understands that SRO is taking steps to resolve this situation and supports his approach.

The RT heard that key bodies within the programme had not yet been fully mobilised or integrated with existing structures. Examples of this included for the Centre of Excellence communities which are not live and the programme board which has met once. As a result, delivery oversight and decision making lack coordination across the interconnected portfolio and within the programme.

The RT heard that future governance arrangements would also benefit from a stronger evidence base for investment decisions. In particular, a more systematic understanding of the digital maturity, delivery capability and organisational readiness of Trusts and regions would enable governance bodies to make better-informed decisions about investment sequencing, prioritisation and the level of national support required. Without this, there is a risk that governance becomes focused on allocating funding rather than actively optimising delivery and benefits across the portfolio.

There is a risk that the current lack of oversight and blurred lines of accountability will lead to a negative impact on delivery. The programme needs to establish a clear



governance structure (including across other areas of the in-scope portfolio it relies on such as Cyber), ensuring there is individual accountability for the success of its operation and implementation.

As the programme moves beyond mobilisation, governance will need to provide stronger challenge, clearer prioritisation and more timely intervention where delivery, benefits or regional readiness diverge from expectations. This will be particularly important given the programme's dependence on multiple delivery partners outside the SRO's direct management arrangements.

RECOMMENDATION 2 (Critical - do now): The SRO should rapidly establish a suitably senior Programme Director with clear accountability and authority to coordinate delivery across the programme. Governance arrangements should also be strengthened to support integrated investment decisions, cross-programme prioritisation, oversight of regional readiness and timely intervention where delivery, benefits or dependencies diverge from plan.

Aligning benefits and investments to the business case

The business case for the programme is ambitious and involves a series of interlined, sometimes sequential, investments. However, the RT observed and heard that there is no clear articulation of how the activities within scope fit together and will result in the intended benefits. For example, within the business case there is no integrated theory of change and benefits framework for the programme with the result that there is potential for duplication of effort, conflicting priorities and double counting of benefits amongst other things.

Linked to this the RT also heard that as a result there was a related inability to make a fully integrated and optimised investment decision. For example, without clear and prioritised investment criteria and a view of regional capabilities decisions could not be made which optimised investments between regions over time and as a result there was a reliance on a 'fair share' allocation method (i.e. pro-rata methods were favoured over more granular assessments of regional needs and ability to implement change and realise benefits). Albeit that some of this was impacted by the level of information available as a result of the design of the year 1 funding process.

The RT also heard that future investment decisions should be informed by a more systematic assessment of digital maturity and organisational readiness across Trusts and regions. Several interviewees considered that a clearer understanding of existing digital capability, change maturity and implementation capacity would enable investment to be better targeted, improve sequencing and increase confidence that benefits could be realised. The RT agrees that such an assessment would provide a



stronger evidence base for future prioritisation than a predominantly formula-driven allocation approach.

The RT heard repeatedly that there would be significant benefit in using the period before Year 2 investment decisions to strengthen the programme's strategic planning and investment approach. This should not come at the expense of continuing to prioritise Year 1 funding and delivery. Rather, the two activities should proceed in parallel, allowing the programme to build on early learning whilst developing a more mature basis for future investment decisions, including:

- Developing an integrated delivery & benefits framework: defining a cross-cutting approach to delivery and benefits monitoring which de-duplicates existing activity (e.g. with Cyber) and ensures there is a consistent end-to-end view of scope and benefits. This steers all subsequent design activity.
- Developing effective medium-term regional strategies aligned to the 10 year plan: educating regions on DHSC priorities, the approach to selecting investments and to support them in developing multi-year funding proposals aligned to the 10 year plan. This would raise the quality of bids whilst reducing the overall volume of lines.
- Baselining regional capability and capacity: better understanding of regional structures, resource constraints and digital as well as change delivery maturity. This would feed into the investment portfolio selection criteria to ensure that regions are not expected to run before they can walk but that those who can are supported in going faster.
- Revising the funding application and allocation model: refresh the investment making process to ensure it is maximising the intended outcomes. This is supported by the integrated benefits and delivery framework, understanding of regional capability and improved bids. This would support designing a proportionate, streamlined, process which transparently assesses a wider range of relevant considerations.

Similarly to its predecessor, Frontline Digitisation, the RT heard that demonstrating and sustaining productivity benefits monitoring is likely to be a challenge unless they are embedded within the normal management of NHS organisations. Several interviewees suggested that, wherever possible, the programme should align benefits with the operational and financial KPIs already used to manage Trust performance, rather than creating parallel “digital productivity reporting”. This will ensure a consistent, senior, focus on monitoring the success of the investments and may help incentive resourcing or automation of benefits reporting.

There is a risk that proceeding with Year 2 investment decisions without first strengthening the programme's strategic planning and investment framework will reduce its ability to prioritise investment effectively and maximise the delivery of the



productivity benefits described in the approved business case, and the following recommendation is intended to address this.

RECOMMENDATION 3 (Essential - do by October 2026): The SRO should continue to prioritise accelerating year 1 funding whilst undertaking a strategic review of the year 2 planning and funding process. The review should seek to ensure that regional multi-year investment are made against clear and transparent criteria, and that the optimal portfolio can be selected.

Effective region-level multi-year transformations, which is the core delivery mechanism for the delivery of the 10-Year plan, relies on a system-wide ability to make stable plans over the medium term. The RT heard how current financial rules, particularly a 'use it or lose it' approach to funds in-year, was a key behavioural and decision driver and risked having a detrimental impact on overall deliverability. For example, in-year spend can drive decisions towards near-term safer and potentially lower impact uses where underspend is less of a risk as the loss of funding at year end would limit the overall amount available and impact of the programme.

RECOMMENDATION 4 (Essential - do by October 2026): The SRO should work with finance to ensure a flexible multi-year approach to funding with the ability to move underspend between years where there's a case for doing so.

Delivery Partnership and Stakeholder Confidence

The RT heard a strong appetite and broad commitment for the programme's objectives, the scale of investment and the potential for digital technology to unlock frontline productivity. Stakeholders recognised the strategic importance of the programme in moving beyond Electronic Patient Records towards productivity improvement. There was also consistently positive feedback on the calibre and commitment of the programme team, the emerging commercial approach, the potential for stronger national procurement support and the opportunities presented by AVT, which appears to enjoy both frontline enthusiasm and senior sponsorship.

Stakeholders consistently described a programme that is still developing a single, coherent narrative, with insufficient clarity regarding roles, decision rights, approval routes and benefits proposition. Several interviewees indicated that regions and providers were being asked to respond to national priorities without always understanding the underlying assumptions, expected outcomes or how those priorities aligned with local delivery realities. This uncertainty also contributed to limited confidence that Year 1 benefits would be fully realised and, consequently, confidence in the programme's ability to achieve the benefits profile over the full four years. The RT found that these views reflected uncertainty about how the programme would operate rather than disagreement with what it was seeking to achieve.



The RT also heard from some of those interviewed that the relationship between the centre and regions could at times appear more directive than collaborative. Whilst recognising and endorsing the efforts being made by the programme leadership to strengthen engagement and work directly with stakeholders, the RT considers that greater clarity over roles, responsibilities and mutual accountabilities will be essential if the programme is to maintain the confidence of its delivery partners.

Finally, stakeholders questioned whether the programme currently has sufficient levers to influence trust and regional priorities where digital transformation is not embedded within existing operational or executive performance objectives. The RT considers that stronger alignment between programme objectives, organisational incentives and routine performance management will be important if digital transformation is to become part of mainstream delivery rather than an additional programme requirement.

Recommendation 5 (Essential – by October 2026): *The SRO and Programme Director should take action to strengthen centre-region collaboration and communication. Including developing a mutual understanding of accountabilities, benefits ownership and reporting.*

Capability, Capacity and Delivery Readiness

The RT heard that there are pockets of strong capability and examples of successful regional and provider delivery. There was evidence that some local areas have led procurement effectively and that some teams are actively considering digital maturity, capability and capacity. Stakeholders recognised the opportunity to unlock greater productivity if national capabilities such as digital adoption support, procurement support and benefits assurance could be more consistently integrated with local delivery.

However, the RT did not consider these examples to be representative of the wider system. The RT heard repeated concern that the overall delivery system does not yet have the capability, capacity or maturity required to implement the programme consistently across England. Examples were cited of reduced capacity and small digital teams undertaking multiple responsibilities, making sustained delivery increasingly difficult. In addition, stakeholders questioned who was responsible for adapting local processes and workflows to embed digital technology successfully. The RT considers this to indicate a wider weakness in assuring business readiness, adoption and organisational change.

The RT also heard that these capability challenges are compounded by the complexity of the delivery landscape. Whilst some providers are already considering advanced technologies such as Artificial Intelligence and AVT, others continue to lack



fundamental digital foundations, including mature Electronic Patient Records, cyber capability, resilient infrastructure or a clear understanding of their digital maturity. Interviewees consistently described significant variation between Trusts and regions and considered that the pace of digital adoption would inevitably vary as a consequence. The RT therefore considers that the programme cannot assume a single delivery approach will be appropriate across all organisations.

More generally, the RT considers that a more systematic understanding of organisational readiness would enable the programme to target investment more effectively, sequence delivery more intelligently and provide proportionate support where it is most needed. This would increase confidence that investments are being directed towards organisations capable of delivering the intended benefits, whilst providing additional support to those requiring further development.

Recommendation 6 (Essential – by January 2027): *The SRO should commission an assessment of regional, delivery capability and organisational readiness. This supports the operating model, future investment decisions, delivery sequencing and the level of national support provided.*

6. Areas of good practice

Commending delivery of	Describe specific details of successful delivery
Stakeholder management	Centres of Excellence: as the gaps in capacity and capability have become clear the CoE approach and central team have actively adapted their thinking and support offer to ensure it is able to provide adequate coverage and maintain consistency.
Stakeholder management	Proactive individual communication: notwithstanding the gaps in formal communication individuals within the programme were commended for their personal availability and support.



7. Acknowledgement

Review Team Acknowledgement

The RT would like to thank the SRO, project team and stakeholders who participated in the review. In particular thanks go to Katherine Penny for her support and efforts during the review itself.

8. Next Assurance Review

Next Assurance Review

The next review should take place before the end of calendar year 2026 by which time the operating model, regional capability assessments and approach to year 2 funding should be known.



ANNEX A – Stage Gate Assessment (SGA) Descriptions

From 1 April 2021, the IPA moved to a 3 coloured assessment (Red, Amber, Green) which the DHSC has also adopted. The SGA will be based on the following definitions:

Colour	Criteria Description
Green	Successful delivery of the programme/project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber	Successful delivery of the programme/project to time, cost and quality appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Red	Successful delivery of the programme/project to time, cost and quality appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The programme/project may need re-baselining and/or its overall viability re-assessed.



ANNEX B - Terms of Reference for Hybrid Review

This is a Gate 0 Review.



ANNEX C - Background

Question	Answer
Describe the aims of the project/ programme	Frontline Productivity is a national transformation programme led by NHS England on behalf of the Department of Health and Social Care. It builds on the previous Frontline Digitisation programme, but shifts the emphasis from technology deployment to measurable productivity, operational value and sustained benefits across frontline NHS services. The programme aims to help NHS organisations make better use of digital tools, data, infrastructure and change capability to improve efficiency, safety and service delivery. Its success depends not only on national investment, but on adoption, supplier performance, cyber resilience, regional delivery capacity and local provider readiness.
Reasons for the project/ programme's existence, by type and description	The programme exists because significant digital investment has been made across the NHS, but the next phase must demonstrate stronger evidence of productivity, optimisation and value. Frontline Productivity is intended to ensure that foundation translates into measurable operational benefit. The previous Frontline Digitisation Gate 5 review was rated Amber and identified issues that remain relevant, including the need for a clear "North Star", tail management, go-live decision-making, supplier concentration risk, cyber security requirements and benefits realisation. Frontline Productivity therefore exists to address these lessons and move the system from digital delivery activity to benefits-led transformation.
The impact if the project/programme fails to deliver e.g. any risks to or any material impact on civilians/citizens:	If Frontline Productivity fails to deliver, the NHS risks continuing to invest in digital capability without securing the expected productivity, operational or benefits outcomes. This would weaken confidence that national digital investment is translating into measurable value for frontline services. Failure would also increase the risk of inconsistent adoption, variable digital maturity, limited optimisation of systems already deployed and an



	inability to demonstrate value for money. At system level, it would represent a missed opportunity to use digital transformation as a lever for improving operational performance, staff experience and care delivery.
Project/programme link to departmental or government strategies or policies:	Frontline Productivity is directly aligned to the 10 Year Health Plan for England, particularly the three national shifts: hospital to community, analogue to digital, and sickness to prevention. The programme supports these shifts by helping frontline NHS organisations modernise digital foundations, optimise existing technology, improve productivity, and enable care to be delivered in the right setting including community, neighbourhood, primary care, mental health, ambulance and other non-acute services where appropriate. 10 Year Health Plan for England - GOV.UK
Projects/programme interdependencies [if applicable]:	Frontline Productivity has significant interdependencies across the wider NHSE portfolio. These include Frontline Digitisation closure and legacy obligations, Investment categories, adoption and change management, benefits and assurance, finance, regional delivery teams, provider organisations and supplier delivery. The programme is also dependent on a delivery partner to provide key services and support to the frontline, including the capability required to help organisations translate national investment into practical implementation, adoption and benefits realisation.
Has the SRO's Osmotherley letter (letter of appointment) been approved at the appropriate levels?	Yes
The procurement / delivery status:	In delivery.
Funding / Business Case:	The FP PBC was approved by HM Treasury in May '26. This has confirmed the RDEL and CDEL envelope up to 29/30.
Integrated Assurance and Approval Plan (IAAP):	An IAAP exists.
Programme/Project plan:	Does the project / programme have an appropriate plan in place?



	Yes - The programme has a mobilisation plan and high-level plan for year 1. We do not yet have a fully baselined four-year delivery plan because the programme is in mobilisation and investment allocation phase. Producing a detailed multi-year plan before funding decisions, provider commitments and delivery assumptions are confirmed would create false precision. Instead, we have established the governance, controls, delivery model and planning processes required to progressively mature the programme, with Year 2-4 plans being developed and baselined following completion of the current funding and prioritisation activity during the winter period Has the plan been baselined? No December 2026
Current position regarding previous assurance reviews:	Following the Frontline Digitisation Stage Gate 5 Assessment held between 16th – 19th March 2026, a summary of recommendations, progress and status from the previous assurance review can be found in Annex D.



ANNEX D – Progress against previous assurance review

Progress Against Previous Review			
Previous Review Date: [Insert dates dd/mm/yyyy]			
Priority	Summary of risks, issues and related recommendations from the original recommendation	Critical/ Essential/ Recommended	Current status - has the risk / issue been mitigated
1	Opportunity framing and establishing a clear 'North Star': The SRO to work with NISTA to convene an opportunity framing workshop for the successor programme, Frontline Productivity (FP), to be held following the planned 18–19 May 2026 lessons-learned event (<i>FD-closure dependency</i>)	Lack of a clear transformation vision risks FP defaulting to "FD 2.0", with confused scope, unclear accountability, and inconsistent expectations across national, regional and trust levels	Essential
2	Tail management: The Programme must put in place a formal, trust-by-trust handover of all remaining delivery scope, risks, and benefits obligations to FP (<i>FD-closure dependency</i>)	6% of trusts will remain without EPRs at Programme close without a clear path to implementations without formal handover	Critical
3	Programme Director to lead a reset of Tiger Teams, so they operate as a rapid, targeted	Trusts have had mixed experience and utilisation of Tiger Teams which have often had limited experience	Essential



	expert pool - with clear call-off and funding arrangements, vendor-specific and clinical 'how-to' capability, and deployment aligned to key assurance/SSRM signals and post-go-live optimisation needs	of the tooling solution and of the Trusts' unique challenges	
4	SRO should clarify a concise, clear, standardised, transparent go-live decision making framework that clearly defines roles, accountabilities, and readiness criteria across all levels of the Programme	Go-live decisions have been late and unclear, with opaque escalation routes and inconsistent criteria across programme, region and trust - creating avoidable rework and nugatory cost	Critical
5	SRO to engage with the National Protective Security Authority to assess whether EPRs should be treated within Critical National Infrastructure guidance	EPRs and their hosting/supplier dependencies present concentration and cyber risks that may warrant Critical National Infrastructure treatment but are not currently assessed at that level	Recommended
6	SRO to conduct a supplier concentration risk assessment and identify appropriate mitigation actions	Delivery relies on a small number of vendors with known capacity constraints, regional lock-in, and a future 10–15-year re-procurement cliff that is not formally risk-assessed	Essential



7	SRO to publish minimum cyber security requirements for EPRs and clarify cyber risk ownership	Cyber responsibilities across the Programme, suppliers, regions and trusts are fragmented, with no consistent minimum baseline - leaving material uncertainty at go-live	Essential
8	SRO to consider how they are going to prove PBC 4th Addendum benefits, over length of the Programme investment period	Actual benefits reporting remains weak and incomplete, creating a risk that FD cannot evidence delivery against PBC 4th Addendum commitments over the investment period	Recommended
9	The SRO to consider leading a paradigm shift in EPR benefits reporting, by working with industry to determine the feasibility and potential for using vendor provided data as a proxy for value creation by the investment	Reliance on manual trust returns is unsustainable; benefits data is incomplete, inconsistent and late, limiting confidence in benefits realisation and long-term value tracking	Recommended
10	The SRO to consider how an enhanced SSRM framework, as well as complimentary Contract Management framework and standard, could support the desired outcomes, be	Trust-side contract-management capability is highly variable, and SSRM is under-used for in-life performance and innovation - risking value attrition and unmanaged supplier risk. The market shows fragility: vendor delivery	Essential



	deployed and resourced Merged - Previously 11) The SRO to consider how supply chain resilience, and the benefits of ensuring a healthy UK supply market, can be built into SSRM, Contract Management and future procurement approaches	capacity constraints, cyber exposure, overseas dependencies, and limited UK capability - threatening resilience and long-term sustainability	
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ANNEX E – List of Interviewees

The following stakeholders were interviewed during the review:

Name	Role	Organisation
Rob Thompson	Chief Digital, Data and Technology Officer	DHSC / NHS England – Digital Data and Technology
Jacob Cronin	Portfolio Lead (across Transformation)	NHS England
Derm Ryan	SRO Frontline Productivity	NHS England
Minal Patel	Programme Delivery Director and EPR investment category lead	NHS England
Phil Huggins	Investment Category SRO: Cyber	NHS England
Rahul Singal	Investment Category SRO: Digital Medicines	NHS England
Atif Ahmed	Investment Category: Ambient Voice Technology	NHS England
Patrick Clark	Investment Category SRO: Infrastructure Centre of Excellence Lead: Frontline Productivity	NHS England
Lee Rucker	National Programme: Digital Adoption and Change Management	NHS England



Jo Carberry	National Programme SME: Benefits and Assurance	NHS England
Ed Barber	National Programme SME: Finance	NHS England
Su Wilkinson	National Programme SME: Clinical	NHS England
Nicky Murphy	Regional Director Digital Transformation	NHS England
Hannah Witty	Regional CFO	NHS England-London
Bev Bryant	Chief Digital Officer	University Hospitals Dorset
Bob Silverman	EPR Director - Acute	RNOH
Shane Tickell	Vendor Voice: Chair of TechUK	Temple Black
Mohammed Mayet	Delivery and Policy Lead for Non-Acute Funding	NHS England



ANNEX F – Recommendation Classifications and Priority Order

There are 13 classifications in the classification set, Review Teams are asked to record the classification reference number of each recommendation as per the table below.

#	Classification	Definition
1	Governance	Recommendations related to the oversight, structure and decision making of a project/ programme. This theme also includes recommendations relating to alignment with pan-government priorities, strategies and controls.
2	Stakeholder Management	Recommendations related to relationships with all parties with an interest in the outcome of the project/programme, whether internal to the agency, internal to government or external.
3	Programme and Project Management	Recommendations related to all aspects of project, programme and portfolio management, but excludes recommendations on Risk, Issues and Dependency Management (Theme 9) and Resource Management (Theme 10)
4	Change Management & Transition	Recommendations related to the Management of Business Change – all the work required with and in the business and with the customer to make ready for the initiative, in terms of changes to business processes including: business continuity planning, changes to work processes and resourcing, changes to organisational structures and staffing to support transformational or process changes to business delivery to ensure a smooth transition to BAU It does not include Technology Readiness for Service (Theme 12).
5	Financial Planning and Management	Recommendations related to financial planning, organising, directing and controlling of financial activities.
6	Benefits Management &	Recommendations related to the identification, ownership, measurement and realisation of benefits and dis-benefits. Benefits can



	Realisation	be either financial or non-financial.
7	Commercial Strategy & Management	Recommendations related to the end-to-end procurement process including: Procurement strategy and planning, Approaches to the market, Contract negotiation and Contract management.
8	Context, Aim & Scope	Recommendations that are aimed at the clarity of the change to be implemented. It covers alignment to vision, strategy and policy; the purpose, objectives, justification and description of the change; and the determination of success and the necessary environment to ensure success.
9	Risk, Issues & Dependency Management	Recommendations related to the identification, analysis, impact assessment, response and the on-going review and management of Risks, Issues and Dependencies (i.e. outputs that are required by a project to succeed, but which will be delivered by parties not under the direct control of the project).
10	Resource & Skills Management	Recommendations related to all aspects of the identification, supply, optimisation, prioritisation and maintenance of resources and appropriate skills.
11	Knowledge Management	Recommendations related to the process of capturing, developing, sharing, and effectively using organizational knowledge. It includes sharing knowledge and experiences or Lessons Learnt.
12	Technology	Recommendations related to all technology issues, including the alignment of the technology solution to the technology and business strategy, the integration of one or more technology solutions, the operational readiness of the solution (including testing of the solution), and all aspects of security relating to the technology solution.
13	Other	To be used only when other classifications do not apply.

Each risk-based recommendation will be recorded as Critical / Essential or Recommended:



- **Critical (Do Now):** To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.
- **Essential (Do By):** To increase the likelihood of a successful outcome the programme/project should take action in the near future. [Note to review teams – whenever possible Essential risk-based recommendations should be linked to programme/project milestones e.g. before contract signature and/or a specified timeframe e.g. within the next three months.]
- **Recommended:** The programme/project should benefit from the uptake of this recommendation. [Note to review teams – if possible Recommended risk-based recommendations should be linked to programme/project milestones e.g. before contract signature and/or a specified timeframe e.g. within the next three months.]