

24 Cathedral Road / 24 Heol y Gadeirlan  
Cardiff / Caerdydd  
CF11 9LJ  
Tel / Ffôn: 029 2032 0500  
Fax / Ffacs: 029 2032 0600  
Textphone / Ffôn testun: 029 2032 0660  
[info@audit.wales](mailto:info@audit.wales) / [post@archwilio.cymru](mailto:post@archwilio.cymru)  
[www.audit.wales](http://www.audit.wales) / [www.archwilio.cymru](http://www.archwilio.cymru)

Mr Mark Isherwood MS  
Committee Chair  
Public Accounts and Public Administration

Sent via email to:  
[SeneddPAPA@senedd.wales](mailto:SeneddPAPA@senedd.wales)

**Reference:** AC/309/caf  
**Date issued:** 1 July 2022

Dear Mark

## The Welsh Community Care Information System

I published my [report](#) on the Welsh Community Care Information System (WCCIS) in October 2020. WCCIS has been developed as a single system and a shared electronic record for use across a wide range of adult and children's services. The intention being that all 22 local authorities and seven health boards would implement it.

My report found that implementation and roll-out of WCCIS was taking much longer and proving more costly than expected. Despite efforts to accelerate the process, the prospects for full take-up and benefits realisation remained uncertain. Some important issues around the functionality of the system, data standards and benefits reporting were still to be fully resolved.

At the time of my report, 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit. Of the 19 organisations, 13 local authorities and two health boards had gone live. However, 'live' meant different things. Differences in how organisations were choosing to deploy WCCIS limited opportunities for integrated working and raised other value for money issues.

I noted in my report that the potential benefits of a shared electronic record across health and social care were clear to see; even more so given some of the challenges presented by the COVID-19 pandemic. However, the Welsh Government's ambitious vision for WCCIS was still a long way from being realised. I emphasised that the

Welsh Government needed to work with the various organisations involved to take stock of expectations for the remainder of the contract term and resources and wider commitment to support progress.

The previous Public Accounts Committee (PAC) did not have time to undertake any detailed inquiry work on WCCIS. However, the Welsh Government provided a response to my recommendations, all of which were accepted as part of correspondence with the PAC in February 2021. The PAC had requested a wider update on matters arising from its November 2018 report on Informatics Systems in NHS Wales and my predecessor's January 2018 report on the same topic.

Since my report, the functions previously undertaken by the NHS Wales Informatics Service (NWIS) have moved from its previous structure, as part of Velindre University NHS Trust, to the new 'Special Health Authority' – Digital Health and Care Wales (DHCW). DHCW plays a key role in national programme management for WCCIS, although since my report staff turnover has seen two changes in previous temporary appointments to the role of WCCIS programme director. From early 2022, the role of WCCIS programme director has become a permanent position.

The WCCIS programme is now at a critical juncture. The Welsh Government has taken several actions in response to my recommendations, most notably an independent 'Strategic Review' which reported in February 2022. The review found that while support for the vision of an integrated health and social care system remained, there was also widespread frustration.

Many of the issues highlighted by my report were mirrored in the Strategic Review findings. The Strategic Review has recommended a series of actions to 'reset' and 'course correct' the programme. The Welsh Government has also recently announced further funding for national programme management to take this work forward. It will also provide further financial support to health boards and local authorities to support implementation.

The Annex to this letter provides a more detailed update on the main actions so far in response to my recommendations and on progress generally against key issues raised by my report. By way of summary:

- Relevant to my specific recommendations, the Welsh Government commissioned research to gather views from users and others about the performance and functionality of the system. The survey findings in June 2021 highlighted the system was having a more negative than positive impact on most users' ability to do their work. Preceding the Strategic Review mentioned above, there was also a programme assurance review which concluded in November 2021 and a further one scheduled for November 2022. DHCW also completed an exercise to learn lessons from the contracting approach for WCCIS.

- Ongoing rollout has seen two more local authorities 'go live' with the system since my report while one further health board has now signed a 'deployment order'. However, it remains the case that patchwork approaches to implementation mean that even where the system is live, it is not being used to its full potential or on a consistent basis. We have updated our interactive [data tool](#) which provides further detail on the overall roll-out position across the 29 organisations.
- Central support costs for the period to 31 March 2022 – excluding local costs to individual organisations and other opportunity costs – remain at around the £30 million expected at the time of my report, although the profile of those costs has changed. The Welsh Government has now committed a further £8.31 million for national programme support and support for health board and local authorities in accelerating implementation for 2022-23 to 2024-25. The Welsh Government has agreed that this figure may increase to up to £12 million if required. The overall business case for WCCIS has not yet been updated, something that I recommended should happen in advance of committing more funding. The Strategic Review has also now recommended that the business case be updated.
- Key aspects of functionality continue to be delayed. Areas where work continues to be needed include Welsh-language requirements, mobile functionality and interfaces with other NHS Wales systems. As of June 2022, all these areas of functionality remain outstanding although mobile functionality is due to be piloted later this calendar year and most of the interfaces are also now expected by the end of 2022. When I reported previously, it had been estimated that the remaining updates would be delivered through to the end of 2021.
- System performance issues became particularly acute during Autumn 2021 but overall system performance has since stabilised. Several organisations have identified specific risks to service delivery around the stability of the system at different points. Significant performance issues during a planned upgrade to the underlying platform for the system resulted in the system being unavailable altogether for certain periods during October and November 2021. These issues continued to some extent into early 2022 before being resolved in February 2022. Since this time, both the system suppliers and the National Programme Team have reported the system performance and stability has been good.
- National data standards work has continued but is still not complete. Development of these standards is key to realising some of the benefits of WCCIS.

- The overall arrangements for reporting the benefits from WCCIS implementation, which have been the subject of discussion and review from the outset, have still not been resolved. Work is still ongoing to develop a suitable reporting framework. Annual reporting on the progress of the WCCIS programme has also not been completed as expected to date, although the Welsh Government has been receiving quarterly updates from the National Programme Team. The National Programme Team produced a benefits realisation report in November 2021, although its key findings largely mirrored my own, that the 'patchwork' nature of implementation has resulted in difficulties realising some of the key information sharing and integrated benefits that the system was expected to support.

Following considerable diagnosis of the difficulties that have affected the WCCIS programme, strong leadership is now required to ensure value for money from the £30 million investment to date and future spending and to determine the overall future of the programme in partnership with those organisations currently using the system and those who are not. As part of this, a decision will be needed on the future contracting strategy and whether to retain the commitment to a single system solution or allow for different 'interoperable' systems using the same standards and ensure the development of those standards moves at a quicker pace than it has to date.

Time is now of the essence, with the strategic review identifying that at least two local authorities that had signed deployment orders have been reviewing whether to stay with the current system and some key contractual milestones not far ahead. There is added complexity from the fact that those organisations currently using the system have moved to it at different times, meaning their deployment orders will also expire at different times. My report set out details about the contractual framework. This included a Master Services Agreement (MSA), which expires in March 2023, but can be extended on a 1+1+1+1 basis until March 2027. Local deployment orders may run beyond March 2027 but must end by March 2030. Again, these deployment orders include opportunity for extension on a 1+1+1+1 basis but the first deployment order, signed by Bridgend County Borough Council, comes to the end of its initial 8-year period at the same as the MSA in March 2023.

The National Programme Team has pointed to various factors that have impacted on overall progress of the WCCIS programme since my report. These have included the ongoing impact of the pandemic, the transition from NWIS to DHCW and the significant attention that needed to be given to addressing performance issues that emerged in Autumn 2021. However, they have also emphasised their view that with stability to the system and clearer direction following the Strategic Review, the programme is in a better place to progress other key actions.

The Committee has signalled interest in returning to consider wider issues around digital health and care in the autumn. Any such scrutiny would provide an opportunity to explore matters arising from this letter and my previous report in more detail.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Adrian Crompton', with a horizontal line underneath.

**ADRIAN CROMPTON**  
**Auditor General for Wales**

## Annex:

### My previous recommendations and action taken in response

- 1 In my October 2020 report I recommended that:
  - Before committing any further central funding, the Welsh Government works with the WCCIS National Programme Team, health boards, local authorities and the supplier to:
    - produce an updated business case that takes account of local, regional and national costs and sets out expectations for further roll-out of the system, its use over the remainder of the contract term, the development of national data standards and planning for any successor arrangements;
    - ensure the organisations involved have the necessary capacity to support implementation and are giving enough priority to the programme against a clearly agreed plan; and
    - pull together a clear national picture on feedback from front-line users about the performance and general functionality of the system.
  - The Welsh Government works with the National Programme Team to consider:
    - how the WCCIS contract might have been strengthened to support and incentivise delivery and manage risk; and
    - how relevant lessons can be applied to any successor contracting arrangements and wider public procurement.
- 2 The Welsh Government accepted the recommendations. Progress towards addressing them has included a programme assurance review which concluded in November 2021. There has also been a 'Strategic Review' carried out by external independent consultants. The consultants began their work in November 2021 and produced their final report in February 2022. The Strategic Review raised

several recommendations, all of which have been accepted by the Senior Responsible Officers (SROs) for the programme<sup>1</sup>.

- 3 The Welsh Government also commissioned independent researchers to carry out surveys and workshops with users and non-users of the system in June 2021. The purpose was to gather genuine and independently assessed views of the performance and functionality of the system.
- 4 Meanwhile, DHCW completed an internal Lessons Learned review in October 2021 that considered how the WCCIS contracting framework could have been strengthened.
- 5 An updated business case for WCCIS has not yet been produced but the Welsh Government has nevertheless committed some further central funding. The Strategic Review has also now recommended that the business case be updated. The National Programme Team has noted that further work is now needed following the Strategic Review to set out the technical and commercial strategy and associated costs and benefits to inform a revision of the business case.
- 6 The remainder of this update provides further detail about the actions set out above.

## General update on progress since my report

### Strategy and contracting

#### DHCW Lessons Learned review – the WCCIS contracting framework

- 7 The key lessons learned identified by DHCW's review were:
  - a phased approach should have been built into the contract at the outset as a default aspect for health boards to allow them flexibility for them to implement at their own pace.
  - a clear plan should have set out the approach to service and contract management arrangements during the procurement

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<sup>1</sup> The SROs are the Chief Executive of Powys Teaching Health Board and the Director of Social Services and Housing at Caerphilly County Borough Council.

along with a review process built in. This would have ensured roles and responsibilities were clearly understood across the programme.

- national standards could have been agreed at the contract specification stage.
- all organisations with contractual obligations should have had access to the contractual agreement and documentation.
- an overview of the contract and training should have been provided to all key stakeholders so that the key terms, obligations and relationships set out in the contract were understood.
- all parties should have had read access to contractual documentation in a central location. There should have been a flow of information between the National Programme Team and local organisations to ensure consistency and transparency to support management of contract delivery and supplier relationships.
- although a financial discount had been achieved on the large-scale purchase of licences to use the system, delays in implementing the system mean that the full benefit of that discount has not been achieved to date. This reflects some of my own observations about value for money risks in the contractual framework, which I noted had also needed to evolve over time for various reasons.

### **The programme assurance review**

- 8 The programme assurance review found that while the overall objective of the original March 2015 business case for WCCIS remained valid – to achieve a shared electronic record across health and social care – it was unclear how the objective would be realised. The review recognised that much of the challenge facing successful delivery of the programme’s overall objective was drawn out by my own report in October 2020. The review recommended that the SROs should consider a formal review and ‘reset’ for the programme.

## The Strategic Review

- 9 The Strategic Review's recommendations, which the programme SROs have accepted and that reflect many of the challenges set out in my report, concerned:
- stabilising the system so that performance and user experience is improved.
  - 'descoping' some areas of the current programme such as the work on national data standards and considering transferring responsibility for its delivery to other programmes within Digital Health and Care Wales.
  - simplifying the programme by transitioning the operational service management of the system away from the National Programme Team to other DHCW functions.
  - 'course correcting' the programme to enable it to focus on its key aim. This will include reviewing contractual and commercial arrangements and updating the business case.
  - resetting the programme so that all documentation, ways of working and governance are reviewed and refreshed.
  - creating a 'technology road map' that supports standards based inter-operability between WCCIS and other systems within health and social care.
  - standardising the approach to the roadmap by signing up to an agreed set out governing design principles so all work has a common objective and design correlates with relevant national digital architectures and standards.
  - improving collaboration between stakeholders.
- 10 A programme of work is now underway to deliver on the recommendations. The programme SROs have also initiated a further programme review process scheduled for November 2022.

## Roll out

- 11 I reported previously that estimated dates from the March 2015 business case, which were also reflected in the original contractual documents, suggested all 22 local authorities and 7 health boards would be using the system by December 2018. At the time of my report, 19 organisations were using WCCIS or had signed deployment orders, with four in active negotiation and six yet to commit. Of the 19 organisations, 13 local authorities and two health boards had gone live.
- 12 Deployment orders for individual organisations include common elements but can be tailored and with organisations having been able to commission additional functionality beyond that provided for in the original contract. However, even within the common elements, it remains the case that 'live' can mean different things as organisations can choose which elements of the available functionality they use and how widely they deploy the system. My report emphasised that the different approaches to implementation mean that it is difficult to realise some of the information sharing and integrated working benefits that the system was expected to support.
- 13 As of 31 May 2022, a further two local authorities that had signed deployment orders at the time of my report have gone live – Swansea Council and Conwy County Borough Council. We have updated our [interactive data tool](#) which provides further detail on the roll-out position across all 29 organisations. However, the Strategic Review highlighted that there are also at least two local authorities that are actively seeking to end their WCCIS contracts.
- 14 No further health boards have gone live since my report, although Cwm Taf Morgannwg University Health Board signed a deployment order in November 2021. The estimated go-live date now that the deployment order has been signed is yet to be agreed. While not yet live, some health board staff are accessing the system via local authority user licenses. As at the time of my report, the Health Board intends to implement the system in mental health services first.

- 15 At the time of my report, two health boards had signed deployment orders but were still working towards go live dates.
- Aneurin Bevan University Health Board signed a deployment order in March 2018. The first phase of implementation in mental health services was scheduled for June 2019 but this date was not met. A revised date for mental health services, along with the addition of learning disabilities, was scheduled for November 2021. This date was not met due to ongoing stability issues with the system. A further revised date for mental health services and learning disabilities, which was also expected to include mobile functionality, was scheduled for the end of March 2022. However, this date was also not met. The current target for first phase implementation is August 2022, but this will not include mobile functionality at that point.
  - After signing a deployment order in March 2016, Betsi Cadwaladr University Health Board had an initial go-live date of April 2017 for a phased implementation starting with mental health services. The date was not met, and the health board then discussed with the supplier an initial small-scale prototype implementation in its community nursing and therapies teams with a planned start date in November 2021, but this has now been delayed until September 2022.

## Costs

### The overall picture

- 16 My report provided an overview of the £30.16 million in central support costs spent or committed through to March 2022. This figure comprised of:
- £8.41 million – capital costs for software development, licenses, hardware and network infrastructure.
  - £8.62 million – national programme management support.
  - £13.13 million – support for health boards and local authorities for implementation and roll-out and related service transformation.

- 17 The final outturn figure to March 2022 has remained at around £30 million, but with some changes in the profile of these costs and some of the software development costs rolling forward beyond March 2022. The Welsh Government has also now committed at least a further £8.31 million in total for national programme support (£7.15 million) and support for health board and local authorities (£1.16 million) to accelerate implementation for 2022-23 to 2024-25. The Welsh Government has agreed that this figure may increase to up to £12 million if required.
- 18 The central support costs figure excluded local implementation costs and service charges met from organisations' own budgets and wider opportunity costs associated with the overall governance arrangements for WCCIS implementation and roll-out. We had been unable to arrive at a reliable overall estimate of local implementation costs met from organisations' own budgets, although it was apparent that these ran into several millions of pounds.
- 19 To the end of June 2020, those organisations that had progressed with implementation to the point of paying service charges had paid a total of £2.56 million to the system supplier. The overall extent to which this was new expenditure compared with the cost of previous systems was not clear. However, some organisations were realising modest savings compared with the cost of previous systems. By the end of March 2022, overall service charge payments had increased to £4.82 million.

### **Capital costs**

- 20 My report set out that the capital costs included the Welsh Government's approval, in December 2019 of additional capital grant funding from its Digital Priorities Investment Fund. The Welsh Government allocated £1.0 million for a planned central hardware refresh and £0.8 million for software development. The final cost for the central hardware refresh was £1.93 million, which the Welsh Government met from the Digital Priorities Investment Fund.
- 21 The £0.8 million approved for software development included £0.47 million to cover development costs within the original scope of the business case and contract. The remainder was for enhancements that were not within the original scope. At the time of my report, the latest estimate of those costs following commercial negotiation was £1.12 million. My report set out the expectation that deploying organisations would need to decide on the affordability and value for

money of the remaining enhancements not covered by the Welsh Government funding.

- 22 Since my report, the National Programme Team has advised that some of the software requirements from the original scope are no longer needed/or have been overtaken by other developments or cannot be delivered. Work is still ongoing to finalise what the final cost for delivery of the remaining developments costs and additional enhancements will be. The work was due to be completed by end of March 2022 but will now be incorporated into the programme of work flowing from the Strategic Review.
- 23 As of February 2022, £0.72 million of the £0.80 million previously approved for software development had been spent, mostly covering enhancements outside of the original contract scope.
- 24 Due to the additional cost associated with the central hardware refresh, the Welsh Government had committed a total of £9.34 million of capital grant funding to the end of March 2022. While this is still within the original March 2015 business case estimate of £9.89 million, the total costs have not yet been finalised. There is no further Welsh Government capital funding currently planned between 2022-23 and 2024-25.

#### **National programme support costs**

- 25 The £8.62 allocated for national programme management support to March 2022 came from a mix of direct Welsh Government funding and existing budgets for NWIS (and now Digital Health and Care Wales). This figure was around £1.7 million higher than estimated in the March 2015 business case for the same period.
- 26 Actual reported expenditure to March 2022 was £8.27 million, although as noted above the Welsh Government has committed at least a further £7.15 million for the period 2022-23 to 2024-25.

#### **Support to health boards and local authorities**

- 27 My report set out the sorts of costs organisations might incur to support local implementation including, for example: data cleansing, testing and migration; tablets/laptops to support mobile working; additional/upgraded hardware and software; local support desks and staff costs. My report noted that the March 2015 business case had estimated that these costs would total £2.58 million, compared with the £13.13 million that the Welsh Government had committed at the

time of my report<sup>2</sup> to support local implementation and roll-out and related service transformation<sup>3</sup>.

- 28 In February 2021, the Welsh Government allocated a further £2 million from its Digital Priorities Investment Fund to support local authority implementation during 2021-22. As at March 2022, a total of £12.44 million had been spent by local authorities and health boards. Despite the additional £2 million, this figure has come in below the £13.13 million commitment I reported previously because of an underspend by health boards.
- 29 As noted above, the Welsh Government has also committed at least a further £1.16 million for health boards and local authorities for the period 2022-23 to 2024-25 for health boards and local authorities.

### **Outstanding functionality**

- 30 My report highlighted that, under the contract, full system functionality was expected to have been delivered before the end of 2015 but that key aspects of the expected functionality had been significantly delayed. This included certain enhancements to the original contractual requirements. The estimate at the time of my report was that the remaining updates would be delivered on a phased basis through to the end of 2021. Areas where work was still needed included Welsh-language requirements, mobile functionality and interfaces with other NHS Wales systems.
- 31 A pilot for mobile functionality was scheduled before the end of 2020. Following the publication of my report, the Welsh Government reported to the Public Accounts Committee that the pilot had been delayed by the ongoing impact of the COVID-19 pandemic and would be available by March 2021. However, due to issues with the stability of the system, the pilot was cancelled. There was then a revised plan to rollout mobile functionality as a national product by the end of

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<sup>2</sup> This included committed funding for health boards to March 2022 but for local authorities only up to March 2021.

<sup>3</sup> My report noted that the National Programme Team had emphasised that the activity that this funding supports extends beyond the scope of the original business case, including wider service transformation work related to WCCIS. The funding has been distributed through Regional Partnership Boards.

February 2022, but this date was also not met. Testing is underway and the plan is now for a staggered release, starting with a pilot phase in Hywel Dda University Health Board and Aneurin Bevan University Health Board in October 2022 before the mobile functionality is made more widely available. The staggered release is intended to help manage the additional load on the system and prevent further performance issues. We now understand that only 11 out of 29 organisations intend to use the mobile functionality when it is available.

- 32 Some of the required interfaces with other NHS Wales systems were identified in the original scope of the contract, while others were agreed in 2019 as enhancements to the 2015 contract. In October 2020, of the 16 interfaces agreed, only two were live. It was estimated that the remaining interfaces would be delivered on a phased basis by the end of December 2021.
- 33 The latest position is that 12 of the 14 remaining national interfaces are currently being developed with Aneurin Bevan University Health Board. Some are scheduled for implementation in October 2022 and others by the end of December 2022. Once they have been successfully implemented in the Health Board, they will be available for all other organisations to use. Discussions on timescales for the remaining two interfaces have not yet begun.
- 34 Some key aspects of the functionality expected to meet Welsh-language requirements set out in the original contract that were not available when I reported also continue to remain unavailable. Currently there is no timescale for when this will be delivered, and it has not been a recent priority for the programme ahead of other issues.

## System performance

- 35 My report outlined that there had been significant ongoing performance issues with the system. Concerns due to system performance issues, including risks to staff and service users, had also been raised in some local reporting by Care Inspectorate Wales and Healthcare Inspectorate Wales.
- 36 I recommended that the Welsh Government should pull together a clear national picture on feedback from front-line users about the performance and general functionality of the system. In response, the Welsh Government commissioned a user survey, a non-user survey<sup>4</sup> and held a national workshop in June 2021.
- 37 Although the response rate for the user survey was not as high as the Welsh Government would have liked, it accepted that the findings were broadly representative of the WCCIS user base<sup>5</sup> and recognised there were some serious performance issues that needed to be addressed.
- 38 Overall, the system was found to be having a more negative, rather than a positive, impact on most users' ability to do their work. For a large proportion of users, the system was not able to support integrated working between health and social care and realise its intended benefits.
- 39 There were further significant performance and stability problems following planned migration to a new version of the underlying platform for the system, resulting in the system being unavailable altogether for certain periods during October and November 2021. These issues continued to some extent into early 2022 before being resolved in February 2022. We understand that since this time the system has stabilised and there have not been any significant performance issues or outages. The National Programme Team plans regular user surveys as part of future programme engagement work but no dates for this have yet been set.

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<sup>4</sup> The Welsh Government also commissioned a separate non-user survey but received only 20 responses.

<sup>5</sup> 1,252 people completed the user survey based on a total population of 13,803 potential users in May 2021.

## **Data standards**

- 40 My report highlighted how changes to programme governance structures, including a new national Information Management Board, had been intended to accelerate progress on national data standards which are key to realising some of the benefits of WCCIS. Work on developing national data standards has continued but is still not complete. As noted above, DHCW's contracting lessons learned review, suggested that local authorities and health boards could have agreed a set of common data standards before the contracting tendering process. This may have strengthened support for the programme and incentivised adoption.
- 41 Recognising the complexity of developing national data standards, the Strategic Review recommended that the data standards work is 'descoped' from the WCCIS programme. Discussions are currently ongoing with Digital Health and Care Wales to decide where this work would best sit.

## **Benefits realisation and reporting**

- 42 The arrangements for reporting the benefits from WCCIS roll-out have been the subject of discussion and review from the start of the WCCIS programme. At the time of my report, work was still ongoing to develop a suitable reporting framework. This remains the case.
- 43 As part of the expectations that went with some of its funding support, the Welsh Government was expecting the National Programme Team to produce a comprehensive annual report on the progress of the programme, starting with the period to the end of March 2020. The first report had been due by the end of April 2020, but at the time of writing my report completion was delayed by the impact of COVID-19. To date no annual reports have been produced, although the Welsh Government has been receiving quarterly updates from the National Programme Team. The Welsh Government has now commissioned the consultants who completed the Strategic Review to prepare broader annual reports, but for 2020-21 and 2021-22 only.
- 44 In November 2021, the National Programme Team finalised a benefits realisation report. The report recognised that to date the organisations that had commissioned WCCIS had done so largely to replace older systems that were reaching their contract end dates. It noted that while this has provided benefits of efficiency in procurement costs and timescales and laid the foundation to enable

integration as other organisations deploy WCCIS, the ‘patchwork’ implementation means that realisation of benefits from integration across service and organisational boundaries has been slower than anticipated. This largely corresponds with the conclusions in my own report.

- 45 The benefits realisation report made several recommendations. In summary, they included ensuring that the benefits of the programme align with any refreshed vision or purpose for the programme following the Strategic Review. It also recommended that a review and updating of the benefits roadmap, definitions, metrics and baselines be undertaken in the context of the outcomes of the Strategic Review along with the establishment of a Benefits Management Community of Interest.