

ICJ Powys Project Quarterly Report September 2020

The purpose of this report is to provide the Programme Manager (where part of a programme), sponsors, relevant governance boards and the PMO with a status update that enables them to understand and interrogate progress, and to take action where required to remove barriers to delivery. It should be informed by monthly updates from the component projects.

Programme Title: Improving the Cancer Journey, Powys	Programme Manager: Cerys Humphreys
Project Sponsor/ SRO*: PCC/PTHB/Macmillan	Programme Governance: ICJ Strategic Programme Board

Summary

Project Description

Meeting the needs of people affected by cancer is a national, strategic priority¹. Cancer has also been identified as one of the ‘Big 4’ priorities within PTHB and the Local Authority’s joint Health and Care Strategy², as well as a partnership priority by the Powys Regional Partnership Board (PRPB) - a strategic commitment to improve clinical outcomes and patient experience, for people affected by cancer. The PRPB has also been legally tasked with identifying integration opportunities between Social Care and Health. In addition, the Parliamentary Review³ into Health and Social Care in Wales recommended that the primary focus for change across the system should be new models of seamless local health and social care, that are co-designed and co-developed with the public and users of care alongside front line health and social care professionals.

In response to national and local strategy, a new Improving the Cancer Journey in Powys programme has been proposed and developed, which is a strategic partnership between PCC, PTHB and Macmillan (the three Executive Programme Sponsors,) as well as collaboration between other organisations, the public, patients and carers. The purpose of the programme is to develop a proactive community response to the needs of people living with cancer in Powys, leading to a proposed integrated model between health and social care.

ICJ is designed to work towards providing the support as set out within health policy i.e. a multi-agency approach to care, aiming to improve the outcomes of people affected by cancer in Powys. Its principles are based around the flagship Improving the Cancer Journey programme in Glasgow, which was launched in 2014. ICJ Glasgow is a community based cancer service supporting people affected by cancer in Glasgow. It does this by providing structured individualised support to all local people diagnosed with cancer. The ICJ in Powys will learn from the more urban model in Glasgow (which also has significant deprivation challenges) and propose a new integrated model within a more rural area (i.e. Powys).

¹ Wales Cancer Network (2016) **Cancer Delivery Plan for Wales 2016-2020**.

² Powys County Council and Powys Teaching Health Board (2017) **The Health and Care Strategy for Powys – a Vision to 2027 and Beyond**.

³ The **Parliamentary Review into Health and Social Care in Wales** (2018) – January 2018, OGL.

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Document Title	ICJ Quarterly Report June – Sept 20	Classification	INTERNAL
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Project Stage:

Stage One – at the end of stage 1, the programme seeks to be able to answer the questions: what is going on now, what needs to change, for whom and why?

RAG Status:

While the Programme Board have discussed the risks around a potential second surge of Covid and agreed Q2 approach and activity, the decision around 3 year employment contracts has not yet been finalised. Therefore the RAG for the programme is currently at AMBER.

Progress highlights from the last quarter:

- Stage One work has commenced with:
 - Conversations with Healthcare providers around existing HNA services: we have met with each Health Board in Wales as well as with Wye Valley Trust, Shrewsbury and Telford and Gloucester. This represents all acute care providers the ICJ had planned to meet with. During the next period, the team will review the findings and plan next steps.
 - Conversations with Powys County Council Providers around service availability for a) delivering HNA and care plans b) potentially participating in tests for change: we have met with PCC Business Manager, Library Services and presented to the Strategic Housing Partnership. The team have also secured an invitation to the Adult Social Care Senior Management Team meeting with whom we will meet during the next period.
 - Conversations with PTHB around service availability for a) delivering care plans b) potentially participating in tests for change: the ICJ team have met with:
 - North, Mid and South Powys Palliative Care Teams. This means the team has met with all of the groups who have experience with using the Macmillan HNA in Powys.
 - The Head of Radiography and the Consultant Nurse for Endoscopy and Gastroenterology. This means the team has met with all the services within PTHB who are involved in delivering care directly related to cancer.
 - The Head of Therapies, OT Lead, Speech & Language.
 - Macmillan Lead Cancer Nurse for Powys.
 - The ICJ Programme team has also been linking in closely with the Wales Cancer Network in order to ensure alignment with national HNA work.
 - In relation to PTHB services, during the next period, the team plan to meet with District Nursing, the Pain and Fatigue Service and Dietetics. Next steps include determining additional services to meet with, reviewing findings and agreeing next steps.
 - Third Sector: regular meetings with partners in the third sector, in particular, PAVO, Macmillan, Bracken Trust and Credu, in order to start scoping potential joint working opportunities. We have also met with numerous third sector organisations such as Marie Curie, ACE, Action in Caerau and Ely, St Davids Hospice. Plans for the next period is to identify further orgs and meet with them.

Project Managers fill in below			
Document Title	ICJ Quarterly Report June – Sept 20	Classification	INTERNAL
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- We are on track to deliver the scope document by 30 March 2021..
- **Communications & Engagement:**
 - The programme was relaunched on 21 September with a virtual event hosted by the PCC SRO and including a variety of speakers from Macmillan, PTHB, Third Sector Providers and People Living with Cancer.
 - A campaign following the launch, including the dissemination of a number of videos and social media posts has been prepared.
 - 15 people who are living with cancer have expressed an interest in being involved with the programme.
 - First stakeholder reference has been arranged for 24 September.
 - A draft survey has been drafted for people living with cancer and the team plans to issue and collate responses to this during the next period.
 - During the next period, the team aims to expand the number of people living with cancer with whom we are engaging and to continue to listen and gather stories and evidence.
 - We are on track to deliver the documented feedback by 30 March 2021.
- **Tests for change:** we are developing proposals for SPB to consider around bringing forward tests to change so as to make a difference for people living with cancer as soon as we can while continuing to gather stories and evidence in parallel.
- The EQIA has been prepared for sign off by the Strategic Programme Board in October.
- Work is continuing regarding mapping cancer pathways for Powys residents, which will include plotting the distance from Powys to cancer providers per tumour site.
- An evaluation sub group is to be established, in order to draft programme outcomes, draft the invitation to tender document and direct the overall evaluation of the programme.
- eHNA: The ICJ team are also co-ordinating discussions around the wider use of Macmillan e-HNA's within PTHB and are in the process of inviting Macmillan colleagues to discuss the e-HNA system with relevant staff members (meeting to be held on the 8th October 20). Discussions will be based around the function of the e-HNA within PTHB, resolving information governance queries and ensuring alignment with PTHB's digital transformation work streams.

Project status breakdown			
Aspect	This month	Previous month	Commentary
Schedule	See comments	See comments	<p>The July Programme Board signed off activity for Q2 and an update against this is provided below:</p> <ul style="list-style-type: none"> ● Establish stakeholder reference group (complete – we have PLWC who are interested in co-developing the programme, first SRG meeting date is being confirmed.) ● Begin engagement with people living with cancer (PLWC) (complete – media release inviting PLWC to make contact issued) ● Develop proposals for the Programme Launch to present to the next programme board

Project Managers fill in below			
Document Title	ICJ Quarterly Report June – Sept 20	Classification	INTERNAL
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Project status breakdown			
Aspect	This month	Previous month	Commentary
			meeting (complete – launch held 21 September) <ul style="list-style-type: none"> • Begin scoping exercise with 3rd sector organisations, PCC, HBs and Trusts (scoping exercise has started – see commentary above) • Hold workshop with stakeholders to progress evaluation requirements (not started – this action has not progressed within agreed timescale, due to a number of factors)
Scope	See comments	See comments	The scope is documented within our Programme Initiation Document which the SPB agreed in principle in March. During September, the programme Initiation Document has been updated as follows: <ul style="list-style-type: none"> • PTHB Sponsor updated • Updated term PLWC to PLWC • The National and Local drivers have been updated to include The Parliamentary Review of Health & Social Care in Wales, the Wales Cancer Network Person Centred Care and Social Services and Wellbeing (Wales) Act 2014 • EQIA updated to reflect that this has now been drafted • The Delivery Stages as agreed by SPB in July • A flag to query whether scope includes GP registered / residents – TBC October SPB • Information Governance & Security • Governance Organogram as agreed by SPB in July • Milestones and Activity Plan Points for discussion at the strategic programme board include: <ul style="list-style-type: none"> • whether scope includes GP registered / residents • Attend Anywhere
Cost	N/A	N/A	Macmillan has invested £571,710 which provides fixed term funding for the Improving Cancer Journey Powys Programme team over three years hosted in Powys Teaching Health Board and Powys County Council to deliver Programme outputs and support engagement activities and an externally commissioned evaluation. Programme is being delivered within budget. No specific actions – work ongoing.

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Document Title	ICJ Quarterly Report June – Sept 20	Classification	INTERNAL
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Project status breakdown			
Aspect	This month	Previous month	Commentary
Benefit	N/A	N/A	We are revisiting this to be flexible and agile and see how we can support the wider health and social care economy during this changing time?

Project Detail

Milestone Description	Date Due	Owner
Programme Team Established and Fully Inducted	31/03/2020 (Complete)	Dr Jeremy Tuck/ Dylan Owen
Programme Initiation Document developed and agreed	21/03/2020 (Complete)	Cerys Humphreys
Programme Governance developed and agreed	July 2020 (Complete)	Cerys Humphreys
HNA PID	30/03/2020	Cerys Humphreys
Reporting requirements and processes in place	31/05/2020 (Complete)	Cerys Humphreys
Communications and Engagement Plan signed off by Programme Board	July 2020 (Complete)	Sue Ling
EQIA signed off by Programme Board	October 2020	Cerys Humphreys
Scope different pathways that Powys residents access when diagnosed with cancer.	November 2020	Cerys Humphreys
Research and review how HNAs are used for PLWC in Powys	January 2021	Cerys Humphreys
Research and review how HNAs could best be used in Powys	January 2021	Cerys Humphreys
External Evaluation procurement (invitation to tender) documentation	March 2021	Cerys Humphreys
External Evaluator Appointed	May 2021	Cerys Humphreys
PLWC Scope Document	March 2021	Cerys Humphreys
Tests of Change completed	TBC	Cerys Humphreys
Options appraisal developed	TBC	Cerys Humphreys
Proposed Model / Business Case complete	TBC	Cerys Humphreys

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Risks

Date Raised	Raised By	Risk Description (There is a risk that / of...)	Risk cause (As a result of...)	Risk Impact / consequence (Which could result in...)	Likelihood (1-5)	Impact (1-5)	Risk Rating (1-25)	Mitigating Action	Date to be actioned by	Action Owner	Likelihood (1-5)	Impact (1-5)	Risk Rating with mitigating action(1-25)	Date Last Reviewed	Date of Next Review
23/12/2019	Cerys Humphreys	The programme will be unable to identify newly diagnosed patients	The Health Board not owning this data or having mechanisms in place to collect this data in real time.	We will not be able to offer Holistic Needs Analysis to patients who are newly diagnosed with cancer	4	4	16	As part of the scoping phase, map out all parties who do have access to this data and consider working jointly with them. OR consider the benefits of offering the HNA / checking that the HNA has been offered at a different stage of the cancer patient's journey. Consider alternate ways of raising public and patient awareness of HNA availability. Raise the profile with information team in order to access subject matter experts.	March 2021	Cerys Humphreys	4	2	8	17/09/2020	31/10/2020
25/12/2020	Ann Camps	There is a risk that the 3 year programme will not be completed.	Two of the team have been employed for 2 years.	No deliverables, reduced quality, programme staff finding alternative employment, loss of reputation.	5	5	25	To be discussed at programme board	end July	Jeremy Tuck	4	4	16	17/09/2020	31/10/2020
10/03/2020	Cerys Humphreys	Public and third sector organisations focus will need to be diverted from planned programmes of work onto Covid 19	The spread of Covid 19	Delays to programme delivery plan.	3	5	15	To work as responsively as possible so as to progress as much as possible while remaining mindful of the broader picture and external sponsor needs.	end June	Cerys Humphreys	3	4	12	17/09/2020	31/10/2020
26/03/2020	Cerys Humphreys	HNAs may not be offered as they would usually be	Covid 19	The way in which HNAs are currently being offered during the Covid 19 pandemic is not an accurate baseline for the scoping document	5	3	15	Obtain patient stories from patients who completed their treatment or were in treatment before the pandemic started.	end Nov	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
01/04/2020	Ann Camps	ICJ Programme Team being redeployed	Covid 19	No resource / reduced resource to work in ICJ.	5	4	20	To work on ICJ activity when there is a lull in redeployed activity. In as much as possible, to remain redeployed in activities that are relevant to progressing ICJ work.	Ongoing	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
28/05/2020	Cerys Humphreys	We will have to work with new and untested ways of engaging with people affected by cancer	Changes to public, patient and professional behaviour due to Covid 19, including social distancing measures remaining in place.	Because the ways in which we work may be new - the impact is unknown. It is possible we won't get the engagement and views we need to enable a truly co-productive approach. It is possible we may gain more involvement than we'd previously anticipated.	4	4	16	Work closely with other similar programmes to share experiences, learning and best practice. Trial different approaches and evaluate in real time.	Ongoing	Cerys Humphreys	5	2	10	17/09/2020	31/10/2020
06/07/2020	Cerys Humphreys	Second surge of COVID-19 whilst still in Planning and Preparation Stage	COVID-19 pandemic	Delays to programme delivery plan	4	4	16	Agree mitigation with Programme Board	Jul-20	Cerys Humphreys	4	4	16	17/09/2020	31/10/2020
08/07/2020	Cerys Humphreys	ICJ Programme staff find alternative employment before the end of the programme term.	Fixed term contract/Staff turnover	Possible delay to programme plan	4	4	16	Best practice of staff retention. Staff working closely together to understand work activity.	Ongoing	All Managers	3	3	9	17/09/2020	31/10/2020
20/08/2020	Marika Hills	Third sector organisations may not be available to either support in the same way people with cancer or be available at all	Covid -19 pandemic	Patients and the public may ask the ICJ programme for support.	3	3	9	Develop clear messaging and signposting.	31/08/2020	Cerys Humphreys	4	2	8	17/09/2020	31/10/2020

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Issues

Issue Ref #	Date Raised	Raised By	Issue Description (What is going on that is impacting the project / programme right now?)	Issue cause (As a result of...)	Impact (and the impact of the issue is...)	Impact on Programme Cost (0 - 2)	Impact on Programme Timescales (1 - 2)	Impact on Programme Deliverables / Quality (1 - 2)	Issue Priority (Severity) H/ M/ L	Action to be taken	Date to be actioned by	Action Owner	Date last reviewed	Result of action taken	Date closed	Lessons learned from discovering and/or managing issue
1001	08/07/2020	Cerys Humphreys	Partner organisation staff on furlough	COVID-19	Partner staff not having input into programme planning/unable to progress on certain activity without input. Possible delays to programme activity timescales. The appointment of an external evaluator has been delayed.	0	1	1	L	Working closely with senior partners to understand what can/can't be progressed. Agreeing mitigations where possible.	31/07/2020	Cerys Humphreys	17/09/2020			

Assumptions

Assumption Ref #	Date Raised	Raised By	Description (what is it that we are assuming to be true in order to proceed with the project)	Implications (i.e what will happen if the assumption is correct or incorrect?)	Assumption likely to be false (1-5)	Impact if false (1-5)	Assumption Rating (1-25)	Which constraint does the assumption concern? (time, cost, deliverables / quality)	Assumption Owner	Action required to monitor/ manage assumption	With action in place, Assumption likely to be false (1-5)	With action in place, impact if false (1-5)	With action in place, assumption Rating (1-25)	Date last reviewed	Date Closed
A001	24/02/2020	Cerys Humphreys	There are existing suppliers who will want to put forward tenders to do the evaluation.	This could result in a cost pressure upon partner organisations to raise the budget for evaluation or alternatively the programme would have to agree alternative ways of measuring the impact.	3	5	15	Deliverables & Quality	Cerys Humphreys	Understand why learning from other evaluation tenders which did not attract bidders. Work closely with procurement team to understand best practice to increase likelihood of securing high quality bids.	2	5	10	17/09/2020	
A002	08/07/2020	Cerys Humphreys	That there will be sufficient funding available for tests of change work in Stage 2.	Limited tests of change in Stage 2.	3	4	12	Deliverables & Quality	Cerys Humphreys	Develop and costs models and investigate whether funding would be available.	2	5	10	17/09/2020	

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Dependencies

Dependency Ref #	Date Raised	Raised By	Dependency level (Critical, Important, Minor)	Dependency type (inbound/outbound)	Dependency description - what is it you need to receive or give (include whether you are dependent on project, programme or other activity)	What will be the impact if the dependency is not met? Specify timelines and milestones that are at risk.	RAG status	Dependency Owner	Actions to manage dependency	Date last reviewed	Date Closed
D001	03/02/2020	Cerys Humphreys	Important	Internal	Commissioning information to demonstrate patient pathways	This will impact on the HNA scope document which seeks to describe what is currently happening along patient pathways - i.e. where they go and at what points HNAs are offered to them		Cerys Humphreys	Meeting with commissioners and performance analysts to understand datasets and availability of data.	17/09/2020	
D002	03/02/2020	Cerys Humphreys	Important	Inbound	The national strategic direction around the use of eHNAs and associated information sharing agreements	This will impact programme recommendations around use of eHNA and potential ways of sharing data. It will also impact extent to which it is possible to produce automated reports and analyse the HNA responses.		Cerys Humphreys	Meeting arranged across all three partners to understand current position and agree actions to take forward.	17/09/2020	
D005	08/07/2020	Cerys Humphreys	Important	Inbound	Agreed / designated support from personnel outside of core programme team (e.g. Macmillan Evidence Advisor, PTHB Research, Innovation and Improvement Hub Manager, PTHB Information Services etc.)	Delay in programme activity		Cerys Humphreys	Agreement from relevant Senior Managers that staff within their departments can support the ICJ as and when required. Estimate what support will be needed and in what format.	17/09/2020	

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Control & sign off

Role	Name of individual *	Report completed / approved yes/ no	Date
Programme Manager	Cerys Humphreys		
Project SRO/Sponsors	Dylan Owen, Dr Paul Buss, Richard Pugh		

Project Managers fill in below			
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Appendix A: Project Status RAG Definitions

	"BELIEVE IS NOT OK" RED	"WORRIED, BUT BELIEVE IS OK" AMBER	"BELIEVE IS OK" GREEN
OVERALL	<p>One or more aspects of project viability (schedule/scope/cost/benefits) is rated red and there are critical issues with the project which requires corrective action.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>An issue(s) is having a negative effect on project performance but is within agreed tolerances AND/OR there is a significant risk to one or more aspects of project viability (schedule/scope/cost/benefits).</p> <p><i>The problem is being dealt with by the project team, but the situation requires monitoring.</i></p>	<p>The project is on track. All aspects of project viability are on track with no significant risks to delivery identified.</p> <p><i>The project is on target. No further action needed at present.</i></p>
SCHEDULE	<p>Plan is not baselined OR one or more level 1 (critical deliverable), level 2 (key decision point/gateway) milestones or level 3 milestones (critical path) are significantly behind schedule (as a guide this is 4 weeks behind planned schedule, but depending on the specific project situation it may be less and the project manager must use their judgement when applying a rating) AND/OR the delay will have a significant impact on dependencies.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Plan is baselined and one or more level 1 (critical deliverables), level 2 (key decision points/gateways) or level 3 milestones (critical path) are at risk of being missed (by > 5 days and < 4 weeks as a guide), and remedial/mitigating action is being taken by the project.</p> <p><i>The problem is being dealt with by the project team, the situation requires monitoring.</i></p>	<p>Plan is baselined, and all level 1, level 2 and level 3 milestones are on track to be met (+/- 5 days or tolerance agreed with PMO).</p> <p><i>No further action needed at present.</i></p>
SCOPE	<p>Changes to scope are required OR changes are happening which will critically impact other aspects of the project and agreed tolerances.</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Changes to scope are required but will not have a critical impact on other aspects of project viability OR there is a significant risk that a major change to scope will be required.</p> <p><i>The problem is being dealt; the situation requires monitoring.</i></p>	<p>Scope is in line with agreed business/ investment case (negligible changes).</p> <p><i>No further action needed at present.</i></p>
COST	<p>Actual or projected spend is >+/-10% against forecast (or £50k whichever is the greater) AND/OR there is an issue that will require expenditure beyond agreed total budget and new approval will be sought.</p> <p><i>The project team need help to resolve the issue.</i></p>	<p>Actual and projected spend is no more than +/-10% against forecast and corrective action is being taken to manage the variance within total budget AND/OR there is a significant risk that expenditure will be required beyond agreed total budget.</p> <p><i>The problem is being dealt with; the situation requires monitoring.</i></p>	<p>Actual and projected spend are on track against forecasts and in line with total budget.</p> <p><i>No further action needed at present.</i></p>
BENEFITS	<p>No baselined & quantified benefits realisation plan in place (required by Gate 2) OR benefits realisation plan is significantly off track (20%+ impact).</p> <p><i>The project team need help to resolve the issue OR are working to resolve the issue but haven't done so yet.</i></p>	<p>Benefits realisation plan requires further work to quantify and baseline benefits AND/OR benefits realisation plan is off track (10%-19% variance) AND/OR there is a significant risk that projected benefits will be missed by a significant margin (20%+)</p>	<p>Baselined & quantified benefits realisation plan in place and on track to deliver expected benefits (+/- 10%).</p> <p><i>No further action needed at present.</i></p>

Project Managers fill in below			
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		<i>The problem is being dealt with; the situation requires monitoring.</i>	
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Appendix B: Project Milestone Level Definitions

LEVEL 1 MILESTONE	LEVEL 2 MILESTONE	LEVEL 3 MILESTONE	LEVEL 4 MILESTONE
Critical deliverables (deliverables in the organisational plan) [Where the project is not in the Corporate Change Portfolio, Critical Deliverables will be in the Directorate Plan]	Life Cycle Stage gates (Control milestones – including go/no gate)	Milestones on critical path within the next gate - Including important controls, decision points, dependencies on other projects for example	Project level detailed schedule milestones

Appendix C: Project Milestones RAG Definitions

	"BELIEVE IS NOT OK" RED	"WORRIED, BUT BELIEVE IS OK" AMBER	"BELIEVE IS OK" GREEN
MILESTONE	The milestone is significantly behind schedule (as a guide this is 4 weeks behind planned schedule, but depending on the specific project situation it may be less and the project manager must use their judgement when applying a rating) AND/OR the delay will have a significant impact on other milestones or dependencies and requires immediate remedial/mitigating action.	The milestone is baselined and is at risk of being missed (by > 5 days and < 4 weeks), and remedial/mitigating action is being taken by the project.	The milestone has been met or is on track to be met (+/- 5 days unless other tolerance agreed at Project Board/with PMO).

Appendix D: Dependency Level Definitions

CRITICAL	IMPORTANT	MINOR
While my project is dependent on this project, my project can't be completed without major adjustments if the other project is delayed, cancelled, or significantly altered	My project will experience detrimental effects (delay, reduction in scope or quality) if this project is delayed, cancelled, or significantly altered.	While my project is dependent on this project, my project can be completed without major adjustments if the other project is delayed, cancelled, or significantly altered.

Appendix E: Dependency RAG Definitions

	RED	AMBER	GREEN
DEPENDENCY	The dependency has not been met OR is significantly behind schedule and is impacting either the project delivery (inbound) or delivery of dependent activity (outbound) and requires immediate remedial/mitigating action.	The dependency is at risk of not being met and remedial mitigation action is required/being taken by the project team.	The dependency has been met or is on track to be met.

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