Programme Board Highlight Report for: care.data programme

For 28th January 2014 Board	Report date: 24/01/2014
Report produced by: David Farrell	

1. Overall delivery confidence RAG	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
	A/R	A/R	A/R	A/R	A	A

Overall delivery confidence commentary

Ensuring the programme has a solid foundation in terms of funding and programme definition is a key focus. As long as the programme is without an approved business case or funding stream work, in places, is progressing at risk, and the delivery confidence status reflects this.

Good progress has been made since the last Board with a Programme Brief completed and now reviewed by the programme board (with changes impacted and now submitted for formal approval) and the programme has been included on the HSCIC portfolio. A Risk Potential Assessment (RPA) has also been approved and submitted and this is now driving the external assurance (Major Projects Authority (MPA)) process; initially this will be via a Programme Validation Review (PVR) which has now been scheduled for late February.

The business case for the programme (the Strategic Outline Case or SOC) has been developed with a supporting cost model and Spend Approval form. This is in the approvals phase and the intention is that this will go to the programme board for approval in February and then be submitted for approval by the (main) ISCG (with review and submission timelines, this is now anticipated to be in March). This has taken longer than anticipated due to resource constraints, a risk factor which is being addressed.

The other major focus of the programme is the delivery of the primary-secondary care linked dataset. Preparations for the planned extraction of primary care data to support this are well underway (Directions having been issued by NHS England to the HSCIC in December). A phased rollout is being readied with full extractions anticipated in May 2014 (first extraction from March).

Public awareness activity has commenced and continues, with a leaflet drop to all households in England having commenced on 6th January supported by a patient information line to align with this activity. The patient line call centre has handled

Next steps

Programme board approval for the Programme Brief is being sought (January board). The programme now has a full presence on the HSCIC work portfolio and formal controls are being applied with resource costs/budget properly assigned. Further detail for the programme will be provided via development of the Programme Definition Document (a key product at the next delivery stage). The PVR (first assurance step) has been scheduled and outputs will be reported to the March board.

The Strategic Outline Case is being refreshed following internal and programme review, and it will then go for programme board review and approval and then to the (main) ISCG for approval (anticipated March).

Readiness for the primary care data extraction delivery will continue alongside key engagement activity. The patient information leaflets are currently being distributed, as of w/c 6th January in the London region; in the Midlands & Eastern region w/c 13th January; in the Northern region w/c 20th January; and in the Southern region w/c 27th January. Evaluation of the leaflet campaign is to be carried out, with the research company conducting face to face research with 1,500 people across all regions. Following this research, a summary evaluation will be available w/c 10th March and a full evaluation report expected w/c 24th March.

In relation to implementing a patient objections process in the HSCIC, a separate Patient Objections Management (POM) extract request through the GPES programme is being progressed. The IAG submission for the Patient Objections Management extract is being re-planned and will either go to the 14th February or 13th March IAG meeting. There are discussions on-going with DH to support this.

The data linkage processing development for the primary care extract has completed and is undergoing volumetrics and performance testing. Preparations for the onsite analysis collaboration with NHS England Analytics continues with the framework agreement for the scope of analysis now ready for baselining, IT preparations are

nearly 3500 calls in the first 2 weeks and around 300 GP queries have been managed by the HSCIC call centre through the same period. There has been significant (national and local) media interest across newspapers, television and radio during the early part of January in relation to this. Digital content has also been refreshed (inc. FAQs) and supporting regional activity is on-going. Work is progressing well in relation to a number of other data sets, including the Maternity and Children's Data Set (MCDS) where funding and the delivery plan for the work have been agreed (approved for baseline by the MCDS Board on 8th January), Corporate Assurance Panel (CAP) approval to start hardware procurement has been received, and work has commenced with provider units in Maternity and Child Health to pilot data collections. Following completion of the recent hospital data consultation and analysis activity the HSCIC programme team has been commissioned to support the next stages of this hospital data expansion work.	continuing for the first two extracts and IG approvals procedures have been agreed. The supporting web pages to be added to the Data Linkage and Extract Service pages on HSCIC website are being developed for launch towards the end of the month. Progress against delivery plan for the Maternity and Children's Data Set (MCDS) with pilot data collections taking place from provider units and the procurement of hardware for staging moving forward. Additionally, submissions will be made to the Standards Committee for Care Information (SCCI, previously the Information Standards Board) for the national flow of Maternity data (February submission) and Child Health data (March submission). The next steps for the hospital data expansion work will be to formalise the delivery (including resource assignment) and to submit a 'Statement of Need' for the SCII in January for guidance and endorsement. Recruitment of key roles within the programme team will commence. Any steps needed to secure temporary resources while the recruitment process is on-going or to support the programme definition stage will be identified and progressed (funding permitting).

2. Key Programme RAG areas	RAG status	RAG status 'headline' commentary
Key delivery milestones over the next 3 months	**A**	A number of data set delivery areas continue to move forward against plan. Regarding primary care data extraction and subsequent linkage, a key delivery item, a phased rollout is being readied with full extractions anticipated in May 2014 (first extraction from March). Public awareness activity in support of this is taking place through January via a national leaflet drop to all households in England and the implementation of a patient information line to deal with patient queries (see headline commentary above). It is anticipated that there will be considerable media interest associated with the campaign through January. The business case for the programme (the Strategic Outline Case or SOC) has now been developed with a supporting cost model and Spend Approval. This is in the approvals phase and the intention is that this will go to the care.data programme board (which, to note, is an ISCG sub-group) for approval and then submitted for approval at the ISCG. A Programme Brief has been completed and submitted for board approval (end of January). An approved Risk Potential Assessment (RPA) is in place and the external assurance (Major Projects Authority (MPA)) process has started with a Project Validation Review (PVR) now scheduled to take place in late February 2014. Additionally, the programme aims to address a number of NHS England public commitments and these are reflected as key delivery milestones in this report. A detailed

		delivery plan is still being established for the programme and it is anticipated that the RAG status will improve when this is in place with associated resources to enable delivery across all areas.
Current year financial forecast vs. budget	**R**	Programme is delivering without a clear current budget line or spend plan for the overall programme (i.e. budget is not being managed against forecast currently). Programme is utilising existing GIA (resource) budget in HSCIC – the status of this will now be clearer following formal acceptance onto the HSCIC work portfolio - and some NHS England care.data budget. The funding approval overall for care.data is being addressed via development of the business case with the Strategic Outline Case, supported by a cost model, currently in the approvals phase. This shows costs as fully broken down (by supply option) over a period to end FY17-18 as well as showing the proposed funding streams.
Investment justification (BC, MoU etc) forecast spend status	**A**	Investment justification in development (via the Strategic Outline Case). A more detailed cost breakdown and detailed benefits will follow in the Outline Business Case that will follow, in development, through the early part of 2014. The (anticipated to be umbrella) MoU between NHS England and HSCIC to agree commissioned delivery and responsibilities is still in development although separate agreements are being developed for specific agreed activity (e.g. MCDS) or services provided (e.g. HSCIC contact centre service for care.data).
Benefits realisation confidence	**A**	Benefits (high level) have been stated in the Strategic Outline Case and a benefits lead has now been appointed for the programme to identify key benefits and establish a framework for the ongoing realisation of these benefits across the programme. This benefits work is a key part of the development of the Outline Business Case (OBC). Delivery confidence rating reflects the need for these benefits to be developed given the public commitment.
Quality management against plan	**A**	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document).
Programme end date	**G**	The Strategic Outline Case outlines a clear delivery (investment) time period for the programme, that being from Q4 FY13-14 to end of FY17-18 (with a phased approach – first to end FY15-16; second to end FY17-18).
Current Investment Justification approval status	**A**	The Strategic Outline Case is in the approvals process and is anticipated to go for programme board approval and subsequently to the (main) ISCG for approval (with Finance and CAP endorsement as part of this process). Likely to be followed initially by an Outline Business Case for phase 1 of delivery (to end FY15-16).

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ICT Spend Approval status	**G**	ICT Spend Approval developed to accompany the Strategic Outline Case – this is in approvals stage (see above).
Resourcing against plan	**R**	Resources in place in a number of areas to take forward where emphasis currently is (e.g. Primary Care data extract) however large gaps against proposed structure exist on the HSCIC delivery. The profiling/resource need is being urgently addressed to help ensure the appropriate resource is in place as soon as possible.

3. Key Programme details		Key Programme contacts	
Programme start date	Activity started in September 2012 (SOC - not yet approved - start date for programme for investment purposes is Q4 13-14)	Senior Responsible Owner (SRO)	Christine Outram, NHS England
Programme end date	SOC – not yet approved - end date for programme is end of FY 17-18	HSCIC Programme Director	Eve Roodhouse
Current Delivery Framework stage	Definition (New Work Mandate approved; programme accepted onto HSCIC work portfolio; Programme Brief developed and awaiting formal board approval; Risk Potential Assessment submitted and Project Validation Review scheduled for late February 2014; Programme Definition Document (PDD) to be developed in early 2014; business case (SOC) in development)		
Current Investment Justification type, stage and approval status	Development (SOC and ICT Spend Approval in development)		
Next Investment Justification type, stage	Quality Assurance then Approval (SOC and ICT Spend Approval - anticipated for submission for approval at ISCG then required to go for SoS and Treasury (as over £50M) approval)		

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Primary Funding Organisation	Funding detail (proposed breakdown) being detailed in SOC	
Commissioning Organisation	NHS England (primary commissioning organisation on behalf of the ISCG); care.data programme board is a sub-group of the ISCG	

4. Progress against plan this reporting period

- **Primary care data extract and linkage** (to hospital data): A phased rollout is being readied to start in March with full extractions anticipated in May 2014 (the phased approach going from 1% to 10% to 100% of GP practices over the 3 months). This will allow sufficient time to assess the quality of the data and the linkage, as well as ensure the extraction and processing of the data is working as expected.
  The extractions are reliant on the GPET-E suppliers developing and implementing the extract process for each of their systems and the GPET-Q system being able to receive and process the anticipated volume of data. GPET-E timescales have been established and the individual contracts are being finalised. Additional testing of GPET-Q is being planned to commence in January. It is anticipated that the interim IT platform comprising upgrades to the DME infrastructure will be implemented by May 2014 to support the required storage and processing needs for the primary-secondary care linkage.
  Public awareness activity has commenced and continues, with a leaflet drop to all households in England having commenced on 6th January supported by a patient information line to align with this activity. The patient line call centre has handled nearly 3500 calls in the first 2 weeks and around 300 GP queries have been managed by the HSCIC call centre through the same period.
  Top 5 patient FAQs have been: 'Can I change my mind?'; 'I can't get to my GP practice to object, what should I do?'; 'How long have I got to decide if I want to object?'; 'What is the secure environment mentioned in the leaflet?'; 'Do I need to do anything if I am happy for my information to be used?'
  Top 3 GP practice queries have been: 'Can I have care.data leaflets and posters?'; 'What Read Codes do I use for patients who want to opt out?'; 'Is there an Opt Out form?'
  There has been significant (national and local) media interest across newspapers, television and radio during the early part of January in relation to this. Digital content has also been refreshed (inc. FAQs) and supporting regional activity is on-going.

Key areas of focus for next 3 periods

- **Primary care data extract and linkage** (to hospital data): Continue to phased rollout (from March) including the public awareness activity (through January), other supporting activity in GP practices, and contact centre/patient line support for handling GP and patient queries. Evaluation of the national leaflet campaign is to be carried out, with a full evaluation report expected w/c 24th March.
  For HES – Primary Care linkage, the revised rollout schedule has been notified to suppliers with further supplier technical meetings taken place in support of the delivery.
  Work is on-going to take the care.data addendum request (i.e. the request to open up applications for access to primary care linked data for purposes other than commissioning) to the 13th March Independent Advisory Group (IAG).
- **Patient objections:** Clarity agreed/timescales clear as regards the objections process this in place across the HSCIC. Also progress the separate Patient Objections Management (POM) extract request through the GPES programme. The IAG submission for the Patient Objections Management extract is being re-planned and will either go to the 14th February or 13th March IAG meeting.
- **GP pathology**: Formal directions are being developed for GP pathology data set as well as updated solution design documents and reporting requirements (for BT) in place.
- **Maternity and Children's Data Set (MCDS):** Progress against delivery plan for the Maternity and Children's Data Set (MCDS) with pilot data collections taking place from provider units and the procurement of hardware for staging. Additionally, submissions will be made to the Standards Committee for Care Information (SCCI, previously the Information Standards Board) for the national flow of Maternity data (February submission) and Child Health data (March submission).
- **Hospital data expansion**: The next steps for the hospital data expansion

Directions from NHS England for the collection and analysis of primary care data were formally received (and acknowledged) by the HSCIC.
HES – Primary Care linkage work is progressing (including linking with the GPES programme and supplier meetings).

- **Patient objections:** Clarification being sought (from SRO and sponsor (DH)) on legal and policy position to support the detailed implementation of patient objections.
- **Maternity and Children's Data Set (MCDS):** Funding and the delivery plan for the work have been agreed (approved for baseline by the MCDS Board) and work has commenced with provider units in Maternity and Child Health to pilot data collections.
- **Hospital data expansion**: The hospital data expansion analysis has taken place - an activity that has been led by NHS England to date - with roadmap and next steps being finalised and involvement of HSCIC (including engagement with standards group (SCCI)) going forward being agreed.
- **Funding and business case:** Development of the business case for the care.data programme (includes an infrastructure uplift/enhancement for the HSCIC to ensure delivery capacity and capability as well as data set delivery and associated linkage and information services) is continuing. The Strategic Outline Case (or SOC) is in the approvals phase (with NHS England care.data team and HSCIC Subject Matter Experts for review; other stakeholders such as DH Finance) being engaged) and the intention is that this will go to the care.data programme board (ISCG sub-group) for review and subsequent approval and then be submitted for approval by the (main) ISCG (likely March). Secretary of State, Cabinet Office and Treasury approval will follow this.
- **Benefits:** Benefits Lead for the programme now in place; a benefits management approach has been developed (in internal review) and workshops scheduled to move forward.
- **Programme assurance, governance and controls:** care.data has now been formally accepted onto the HSCIC work portfolio. The Programme Brief has been developed (approved by SRO subject to programme board approval). A Risk Potential Assessment has been carried out and submitted to drive the external assurance process (via Major Projects Authority (MPA)). As regards the first stage of assurance, a Programme Validation Review (PVR) has been scheduled to take place in late February.
- **Index and Pseudonymisation services:** Pseudonymisation & De-Identification requirements were sent out 23rd December with comments now received and being evaluated.

work will be to formalise the delivery and to submit a 'Statement of Need' for the SCII in January for guidance and endorsement. Likelihood of a number of accelerator projects to be defined to support this activity.

- **Other data linkage**: Implementation of HES A&E – HES Admitted patient Care (was anticipated very early 2014 however current delay due to a (standard HES) processing issue, now being addressed).
- **Funding and business case:** Progress the business case (SOC) through the approvals process (SME, programme board and ISCG approval and then on to Secretary of State, Cabinet Office and Treasury for approval). Development of the Outline Business Case will follow this, with development of this starting early 2014.
- **Benefits:** Identify and detail benefits for the programme (through agreed framework) in support of the business case development (OBC) and agree approach for realisation of these (including allocating ownership). Benefits Realisation Strategy being developed (anticipated for March programme board review).
- **Programme assurance, governance and controls:** Programme Brief programme board approval; ensure programme established with reporting and controls in place in line across all parts of the programme; develop a Programme Definition Document; complete a Programme Validation Review (PVR); and establish a stakeholder engagement approach/plan (alongside PDD development).
- **Platform:** Build approach (including procurement) agreed. Plan for delivery in place and funding timeline need identified (i.e. funding required in advance of likely business case approval). Dependencies with (to/from) the NTS programme identified and impacted.
- **Index and Pseudonymisation services:** Work to progress the procurement exercises to procure/develop a solution capable of delivering a standardised pseudonymisation approach to both HSCIC data extract services and external Health and Social Care customers. Procurement evaluation is to run from 27th January to 24th February.

5. Key delivery milestones (including business plan milestones) in the next 3 months (This section should also include all NHS England Public commitments)

Key milestone description	RAG	Original baseline date	Current baseline date	Current forecast / actual	Commentary
(Public Commitment) Outcomes data for 10 surgical specialties "published on care.data"	**R**	30/06/2013	30/06/2013	tbc	Currently seeking clarity required as to exactly how this public commitment impact the care.data programme – i.e. what steps are required to deliver against and realising this commitment.
(Public Commitment) Outcomes data for all major services "published on care.data" (Everyone Counts)	**R**	31/03/2015	31/03/2015	tbc	Currently seeking clarity required as to exactly how this public commitment impacts the care.data programme – i.e. what steps are required to deliver against and realising this commitment.
(Public Commitment) 75% of GP Practice data extracts available (9.3)	**A**	30/09/2013	30/09/2013	31/05/2014	***See progress narrative above*** Currently seeking clarity as to reporting on/realising this commitment following the launch of the primary care extract (full extract in May 2014) although benefits work will pick up on this too. Marked as Amber as, although current forecast is late versus original commitment, work is progressing well to agreed plan to meet the May 14 delivery.
(Public Commitment) 75% of Hospital Trusts prescribing data available (9.3)	**A**	31/12/2015	31/12/2015	tbc	Currently seeking clarity as to precisely what is required through the care.data programme i.e. what steps are required to deliver against and realising this commitment. This is linked to the hospital data expansion work that is now moving forward with requirements being established.
(Public Commitment) Core set of clinical data collected from GP Practices (9.4)	**A**	30/04/2014	30/04/2014	31/05/2014	***See progress narrative above*** Currently seeking clarity as to reporting on/realising this commitment following the launch of the primary care extract (full extract in May 2014) although benefits work will pick up on this too. Marked as Amber as, although current forecast is late versus original commitment, work is progressing well to agreed plan to meet the May 14 delivery.

(Public Commitment) Mental health dataset fully completed by all Mental Health Trusts	**C**	30/04/2014	Complete	Complete	This is now complete
(Public Commitment) Key indicators published by Mental Health Trusts	**C**	30/04/2014	Complete	Complete	All secondary care key indicators now published
(Public Commitment) Advice on high quality data set issued (Commitment - Everyone Counts)	**C**	31/03/2013	Complete	Complete	NHS England 'Good Data Guide' (web page, covering letter, links) reviewed and published (Nov 13)
90% of GP Practices providing data extracts to care.data by June 2014 (SoS Priority)	**G**	30/06/2014	30/06/2014	01/06/2014	***See progress narrative above*** On target to deliver with work progressing well to agreed plan to meet the May 14 delivery date.
Publication of a plan for the phased implementation of the expanded hospital data set (SoS Priority)	**A**	28/02/2014	28/02/2014	28/02/2014	NHS England led consultation exercise now completed, analysis of (required) data items through this consultation and ongoing plan being completed. Roadmap being developed, pilot projects (accelerator projects) being identified and requirements being submitted via a Statement of Need to the 'Standards ISCG sub-group' (SCII) in January. Resource constraints may mean slight delay in agreement of fully resourced delivery plan (hence Amber rating currently).

6. Top 5 risks and issues (impacting current plan/deliverables)

Risk / Issue ID	Type (Risk / Issue)	Risk/Issue Title	Risk/Issue Description	Impact Description	Impact	Likelihood	RAG Status	Mitigation Plan

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TDb Id No	*Issue - is it something that having an impact now?* *Risk - is it something that could have an impact in the future?*	*Be clear but concise e.g. for a risk - 'Potential lack of team resource' Issue - 'Business case not approved'.*	*Try to use the Management of Risk standard: As a result of <CAUSE>, there is a risk that <RISK-EVENT> / an issue has emerged <ISSUE-EVENT>. that could result in <EFFECT>.*	*Quantify the Impact, against TIME, COST and BENEFITS as a minimum. You can add REPUTATION or SERVICE etc as needed.*	*1=Very Low* *2=Low* *3=Medium* *4=High* *5=Very High*	*1 Rare (<10%)* *2 Unlikely (<33%)* *3 Possible (33-67%)* *4 Likely (68-90%)* *5 Almost certain (>90%)* *6 Certain (100%)*	*Red* *Amber/Red* *Amber* *Amber/Green* *Green*	*Make sure the Action Plan is SMART - number the actions, add an Action Owner and a due date*
CDR1 (prog ref)	**Risk**	Potential lack of clinical engagement (support for programme from clinicians) or confidence in what is being delivered	Due to the pace of rollout of the Primary Care extract (including comms and engagement), limited time to meet fair processing requirements (GP role as Data Controller), no funding or resource to help GP Practices to manage patient communications and GP Practice users being unfamiliar with GPES, there is a risk that GPs/clinicians will not be fully engaged with care.data, may not have confidence in care.data, and that will impact the realisation of benefits as the programme progresses	TIME: Impact through delays – need to make further efforts – via professional bodies – to secure engagement COST: Impact on cost through wider, more intense engagement/comms strategy BENEFITS: Potential impact on benefits further down line if not engaged early REPUTATIONAL: Perception that GP Data Controllers have to defend patient data against HSCIC extraction	**4**	**3**	**Amber (moving Amber/Green)**	1. Ensure training and communications to GP Practices is stepped up to support the programme *(GP comms and FAQs developed in support of primary care extract. Contact Centre extended (for GPs); Patient Line operating to support Patient queries).* 2. Complementary HSCIC webpages linking to NHS England webpages *(information and comms made available via web).* 3. Regional teams to deliver local awareness campaign activities and support GP practices through CCGs *(regional awareness sessions taken place for primary care extract)*. 4. Joined up with BMA and RCGP (*taking place; ongoing)* 5. Regular meetings with the ICO to ensure that they are content with our communications and engagement plans with GPs and Patients/Public *(regular meetings and updates taking place).* 6. Robust website for patients and practices *(patient FAQs and patient line in place to handle patient queries in relation to primary care extract/leaflet campaign).* 7. Detailed Communications and

								Engagement plans in place *(ongoing stakeholder engagement plan being developed and working with a number of research charities to strengthen the patient/public awareness).*
CDI1 (prog ref)	**Issue**	Realisation of risk CDR2: The care.data programme itself is working at risk in some areas without an approved business case and funding stream.	The business case for the delivery of 'care.data' is in development (SOC is being reviewed by NHS England and HSCIC SMEs and review comments addressed), and as such funding for the programme is uncertain. Some aspects of the programme were already funded through other routes for FY13/14 so work can continue but planning for FY14/15 may be hampered if the business case is not finalised and approved in the coming months. The potential impact is delays in delivering the care.data platform (and subsequent data set landing on it) and means that the programme is effectively working at risk.	TIME: Impact on approvals will lead to impact upon delivery timescales COST: Impact on cost through timescales for delivery moving out BENEFITS: Potential impact on benefits (not realised till later)	**5**	**6**	**Red (moving Amber/Red)**	1. Programme Brief has been developed, is currently in programme board review (for approval in January). HSCIC Portfolio Board accepted care.data onto the portfolio (in December) with formal closure requests for ODP, NIRS and data linkage to follow. This will be followed by a Programme Definition Document. Governance arrangements are already established (programme board also acts as a sub-group of the ISCG) and Chris Outram (NHS England) is SRO and assurance process now in place (Project Validation Review taking place with MPA in early 2014. 2. The SOC has been developed and is currently in the approvals process with the intention to submit it to the (main) ISCG (likely March) for approval to secure funding approval. OBC to follow.
CDI2 (prog ref)	**Issue**	Delay in progress of Maternity and Children's data set (MCDS) due to capital funding not in place and also clear benefits vs requirements	Maternity and Children's Data Set. There is a risk that Maternity and Children's Data Set (MCDS) delivery will be delayed if funding is not resolved quickly (this was raised as an Issue but is now resolved and funding is available). There is now an outstanding issue in relation to this that it (the data being delivered via	TIME: Impact against stated delivery timelines and expectations COST: No real cost impact unless review (gap analysis) as proposed for mitigation results in additional scope BENEFITS: Delay on	**4**	**6**	**Amber/Green (issue on way to full resolution – anticipate close in early 2014)**	*(Was escalated and discussed at programme board and route to resolution agreed, as described here).* Funding issue now resolved and just awaiting final move of funds (capital funding in NHS England and funding cover agreed in HSCIC in advance of this move of funds).

			the Maternity data set) does not meet the needs of NHS England - a number of concerns have been raised in relation to the cost versus what benefits the data set provides in relation to clinical outcomes.	benefits realisation REPUTATIONAL: Project has been established since 2004				Gap analysis/review carried out in relation data set needs/requirements and concerns raised by the clinical representatives in NHS England. Following this, the agreed way outcome was to deliver as per the Full Business Case. Plan for delivery and supporting MoU being agreed to enable to move forward to delivery.
CDR4	**Risk**	Care.data primary care extract - may not deliver on time to original expectations	There is a risk that the project will slip its current project timetable for delivering full rollout approval for the care data primary care extract, a key delivery item. The risk is due to the unknown amount and complexity of defects that may occur during certification and first of type activities based on progress to date. Limited Authority, and resources also increase the risk, as well as need for clarity as regards public awareness campaign needs and approach to this (including consideration of ICO guidance) (a number of other risks have previously been raised in relation to this Primary Care Extract - *see also risk CDR1 above*)	TIME: Delay to key programme timescales COST: No real cost impact on delays but approach to particular elements (e.g. public awareness campaign) could impact cost BENEFITS: No real impact on benefits at this stage	**4**	**3**	**Amber (moving Amber/Green)**	Plan in place to ensure delivery of full extract for May 14 as agreed (phased delivery from March with comms and awareness in place in support). *(see also mitigation in relation to CDR1).* In relation to mitigation to link up with GPES programme and hold regular meetings with suppliers taking place to ensure readied: GPES team have supplied a set of dates that the GPET-E suppliers will be contracted to work to in order to deliver the care.data extracts from their GP practices; the key milestones will be monitored via GPES. Perusal of further GPET-Q testing continues and alternate approaches to address concerns with messaging restrictions and GPET-Q processing are continuing to be explored to determine costs and timescales for different options.
CDR5	**Risk**	Changes to HSCIC data linkage commercial model	External factors enforce changes to the Data Linkage Service's commercial model. There is a risk that a charging model will be developed for the linked	TIME: No real impact upon time (may change if dependency on model impacts delivery timescales)	**4**	**3**	**Amber (remaining stable)**	Work taken place with Open Data and Commercial leads in the HSCIC to understand the existing and potential changes in legislation and to understand the implications in terms of which

			extracts that the HSCIC plans to use to fund the operational services. However Care. Data or the Government's Open Data initiative may impose restrictions which mean the HSCIC cannot charge for some linked extracts.	COST: Impact on cost dependent on direction for charging model going forward BENEFITS: No impact on benefits quantified as yet REPUTATIONAL: Could impact how some organisations see their relationship with HSCIC versus how it is currently set up (commercially)				linked data assets may need to be provided free of charge under Open Data guidelines. HSCIC Programme Director progressing way forward with SRO and number of activities underway including options paper for discussion at board to drive recommendations for ISCG.
CDI3	**Issue**	Detailed implementation of Objections	For the extraction of data from GP systems in support of the care.data programme, the HSCIC is in a position where decisions must be taken on the details regarding the implementation of citizens' right to object so that this process can be implemented. These decisions are related to both policy decisions and law and therefore require the explicit support of the SRO and the HSCIC's sponsor.	TIME: Potential impact on time if it is deemed that any inability to explain to patients and the public, GPs and the media the detail of how a citizens' right to object will be implemented. COST: Potential impact on cost should the lack of a clear strategic approach mean workarounds are required. REPUTATIONAL: Reputational impact related to the fact that the national leaflet drop has commenced and the programme (and potentially the HSCIC, DH (as policy owners) and NHS England (as lead commissioners)) must be in a position to explain how a citizens' right to object will be implemented.	**4**	**6**	**Red (moving Amber/Red)**	Briefing paper (written by Programme Director) sent to SRO with recommendation that the SRO and the sponsor provide confirmation to the HSCIC that the proposals the HSCIC is setting out for the implementation of the citizens' right to object are in line with policy and are appropriate. A decision is required to confirm the interpretation of both objection Type 1 (objection to the extraction of PCD from the primary cared record) and objection Type 2 (objection to the HSCIC providing PCD to customer organisations) and how they should apply in terms of release of PCD where there is S251 or specific patient consent in place. To progress the request to extract Patient Objections information through GPES it is necessary to understand exactly what information will need to be extracted with each objection type in order for it to be acted upon appropriately. Until there is

								agreement between DH, NHS England and HSCIC on how Type 1 and Type 2 objections are to be handled the HSCIC cannot develop and implement the business processes required.

7. Current Year Financial Forecast vs. Budget as at DD/MM/YYYY

RAG	Capital / Revenue	Full Year Budget YY/YY	Actual as at DD/MM/YYYY	Full Year Forecast YY/YY	Full Year Variance YY/YY (+ OR -)
Choose RAG.	Programme Revenue				
	Programme Capital				
	Total Programme				
	Admin Revenue				
	Admin Capital				
	Total Admin				
	TOTAL				

Commentary	Next steps
Programme is delivering (in many areas) without a clear budget line or spend plan for the overall programme (i.e. budget is not being managed against forecast currently). Programme is utilising existing GIA (resource) budget in HSCIC and some NHS England P&I care.data budget. This is being addressed via the Strategic Outline Case (in development) which, when approved, will provide way to approved funding route and split going forward.	Programme team to look at existing spend (collating position).

8. Investment justification forecast spend status

RAG	(£) Total, baselined, organisational Whole Life Cost (i.e. excludes local costs e.g.	(£) Total organisational spend to date (i.e. excludes local costs e.g. NHS)	(£) Total forecast, organisational Whole Life Cost (i.e. excludes local costs e.g. NHS)	(£) Total organisational cost variance (Baseline vs. Forecast)

	NHS) as per the combined Business Case or MoU			
Choose RAG.				
	(£) Total, baselined, local / NHS Whole Life Cost as per the combined Business Case or MoU	**(£) Total actual local / NHS spend to date**	**(£) Total forecast, local / NHS Whole Life Cost**	**(£) Total local / NHS variance (Baseline vs. Forecast)**
TOTAL				

Commentary	**Next steps**
The Strategic Outline Case is in the approvals process and is anticipated to go for programme board approval and subsequently to the ISCG for approval (with Finance and CAP endorsement as part of this process). To be followed initially by an Outline Business Case for phase 1 of delivery (to end FY15-16).	Forecast spend status will be presented upon approval of the SOC.

9. Benefits realisation confidence as at end MM/YYYY

RAG		**(£) Total baselined benefits as per approved BC**	**(£) Total forecast benefits**	**(£) Total actual benefits**	**(£) Variance**
Choose RAG.	Cash Releasing Benefits				
	Non-Cash Releasing Benefits				
	Societal Benefits				
	Total				

Commentary	**Next steps**
Benefits (high level) have been stated in the Strategic Outline Case and a benefits lead has now been appointed for the programme to identify key benefits and establish a framework for the ongoing realisation of these benefits across the programme. This benefits work is a key part of the development of the Outline Business Case (OBC). Delivery confidence rating reflects the need for these benefits to be developed given the public commitment.	Identify and detail benefits for the programme (through agreed framework) in support of the business case development (OBC) and agree approach for realisation of these (including allocating ownership).

Programme Board Highlight Report for:	care.data programme

10. Quality management against plan

RAG	Commentary	Next steps
Choose RAG.	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document).	Programme Definition Document will be developed in early 2014.

RAG status definitions

Overall delivery confidence	
Successful delivery of the project / programme appears to be unachievable. There are major issues on project / programme definition, schedule, budget required quality or benefits delivery, which at this stage do not appear to be manageable or resolvable. The project/programme may need re-baselining and/or overall viability re-assessed	R
Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and whether resolution is feasible	A/R
Successful delivery 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	A
Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery	A/G
Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery significantly	G
Programme / Project is delivered	C

Key delivery milestones over the next 3 months	
Delivery of the key milestone is behind the current baseline plan and is likely to be delivered late. Milestone is likely to require re-baselining	R
Delivery of the key milestone is behind the current baseline plan but has realistic plans to recover	A
Delivery of the key milestone is on or ahead of current baseline plan	G
Milestone completed	C

Key penetration milestones overall	
Delivery of the key milestone is behind the current baseline plan and is likely to be delivered late. Milestone is likely to require re-baselining	R
Delivery of the key milestone is behind the current baseline plan but has realistic plans to recover	A
Delivery of the key milestone is on or ahead of current baseline plan	G
Milestone completed	C

Current year financial forecast vs. budget	
Current year forecast spend is more than 5% above or below budget	R
Current year forecast spend is less than 5% above or below budget	A
Current year forecast spend is less than 2% above or below budget	G

Investment justification forecast spend status	
Total Whole Life Cost is forecast to exceed / has exceeded the approved Investment Justification baseline (tolerance, where available) such that rebaselining will be required	R
Total Whole Life Cost is forecast to exceed the approved Investment Justification baseline (tolerance, where available) but there are realistic plans to recover	A
Total Whole Life Cost is forecast is within the approved Investment Justification baseline (tolerance, where available)	G

Benefits realisation confidence	
Benefits, as forecast in the business case, cannot be realised such that re-baselining will be required	R
Programme is experiencing some issues in its ability to realise benefits as forecast in the business case but has realistic plans to recover	A
Programme is confident of realising benefits as forecast in the business case	G

Quality management against plan	
Project deliverables are not currently to the required quality to meet stakeholder requirements as per the Quality Plan and will result in rebaselining the plan	R
Project deliverables are not currently to the required quality to meet stakeholder requirements as per the Quality Plan but there are realistic plans to recover	A
Project deliverables are to the required quality to meet stakeholder requirements as per the Quality Plan	G

Programme / Project end date	
Current baselined end date cannot be met and as such re-baselining will be required	R
There are some issues in its ability to meet current baselined end date	A
Programme / Project is confident of current baselined end date	G

Resourcing against plan	
Available resources do not align to current baselined resource plan, with no control over resolution and rebaselining of overall plan must take place	R
Available resources do not align to current baselined plan but is under control and can be resolved	A
Available resources align to current baselined resource plan	G

ICT Spend Approval status	
ICT Spend Approval not given for current investment justification or item is in exception	R
ICT Spend Approval not given for current Investment Justification but is progressing through the approvals process	A
ICT Spend Approval given for current investment justification	G

Current Investment Justification approval status	
The current Investment Justification type and stage is appropriate for the current Delivery Framework stage and is approved to the appropriate level	R
The current Investment Justification type and stage is appropriate for the current Delivery Framework stage and is undergoing approval	A
The current Investment Justification type and stage is appropriate for the current Delivery Framework stage and is approved to the appropriate level	G