

Ref: care.data/Programme Board/310314_05
Title: care.data Programme Board Highlight Report
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Programme Board Sponsor: Eve Roodhouse, Programme Director
Purpose: To provide an update for the programme board in relation to delivery against plan/milestones, by workstream as well as an overall position for the programme (delivery confidence).
Background: The Patients and Information (P&I) Directorate of NHS England is supporting the NHS in designing and operating a world-class patient service. The care.data programme will collect and publish detailed clinical data linked across multiple care settings, to include hospital, primary care, community, mental health and social care.
Key Points: The document provides a general update (highlights) for the programme board and is fed by updates from workstreams (weekly reports are currently developed as an input to the SRO Accountability meetings).
Desired outcome(s): That the programme board is provided with an appropriate update for the programme and is able to challenge elements of delivery and assure delivery based upon the information provided.
Circulation: Programme Board attendees.

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For 31st March 2014 Board

1. Overall programme delivery confidence RAG	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
	A/R	A/R	A/R	A	A	A

Overall programme status and delivery confidence

The programme has been reporting Amber/Red overall through the previous period although a number of steps have been taken to stabilise the programme. This has included a review and strengthening of the governance, as well as the development of a revised plan for the delivery of primary-secondary care linked data covering the six month extension to the public awareness campaign. The programme is still however delivering without an approved business case. The programme also remains under intense scrutiny, although the volume of Parliamentary Questions has reduced. It is expected that the programme status will be moving in a positive direction over the coming weeks and months.

As noted above, governance for the programme has been re-evaluated and approval for these changes will be sought from the Programme Board (on 31st March). A care.data Advisory Group has been established and met for the first time on 24th March. Weekly SRO Accountability Meetings, chaired by the SRO, to closely manage and direct overall delivery of the programme, have also been established.

Good progress has been made on the six month extension workstream with a communication pack for GPs in review and plans for the extension period underway (see below). Detailed plans in relation to this period are being submitted to No. 10 as requested.

Ensuring the programme has a solid foundation in terms of funding and programme definition is still a key focus, particularly in the longer term. As long as the programme is without an approved business case or funding stream it means that work, in places, is progressing at risk. The business case for the programme (the Strategic Outline Case or SOC) is still in development with a supporting cost model, although progress on this has been slower than anticipated due to resource constraints. Formal assurance via the Major Projects Authority (MPA) for the programme has commenced with the first step, a Project Validation Review (PVR), being scheduled for late April. Additionally, the Programme Definition Document (PDD), a key next stage for the programme through the delivery framework, is now in development.

2. Workstream Reports	Status	Progress commentary	Next Steps commentary
6 Month Extension	Amber	<p>Planning: Activity and milestone plan developed for the 6 month period – for sharing with No. 10 as requested.</p> <p>RCGP Meeting: Update by Tim Kelsey to the RCGP on care.data, legislation, and formation of Advisory Group.</p>	<p>Advisory Group: Ongoing subject matter, discussion and general briefings on Care.data.</p> <p>NHS England Website Statement: Updates re Advisory Group key messages and actions.</p>

		<p>HC2014 Presentations: Tim Kelsey plenary speech on data within the NHS. Care.data presentation by Peter Flynn, Geraint Lewis, Tim Carter.</p> <p>Draft GP Communications Starter Pack draft developed: This includes a GP cover note; a Factsheet on Care.data; Key Messages and Benefits of Data Sharing; and FAQ's. This is with DH and HSCIC for initial comments.</p> <p>Research, engagement and marketing proposals: (£5.7m) budget has been approved via the ECC Procurement route – i.e. now have internal go-ahead to take the business case to Cabinet Office for approval.</p> <p>Care.data internal briefing: Highlighting legislation progress, HSCIC announcements, formation of Advisory Group.</p>	<p>Research Work / Surveys: Scoping to be finalised and deployment to be developed.</p> <p>Healthwatch Meeting (plus to be diarised every 2 weeks): Tim Kelsey meeting Katherine Rake, Healthwatch.</p> <p>Additional GP Comms Starter Pack drafting of case studies: of good data sharing evidence/results for patients. 'Humanising' the benefits.</p>
<p>Communication s, Stakeholder Engagement and Media</p>	<p>Amber/Green</p>	<p>Planning and approach: Divided into:</p> <ul style="list-style-type: none"> -Comms Strategy -Overall Stakeholder Engagement <ul style="list-style-type: none"> - Patient and Public Stakeholders - Professional Groups -Media <p>Stakeholder Engagement Map, comms plan and timeline: Work commenced to develop a stakeholder map, comms plan and timeline.</p>	<p>Execution of activity against plan: Working with NIB member organisations to establish coherent activity to deliver against the stakeholder map and comms plan.</p> <p>GP comms toolkit: Finalise and seek stakeholder views.</p>
<p>Commissioning and Policy</p>	<p>Amber/Green</p>	<p>Supporting development of GP Comms Starter Pack draft: Provided comms with materials they have requested and in the relevant format.</p> <p>Further development of 4 briefing areas for top policy areas: i) simplifying the opt out, ii) pseudonymisation-at-source, iii) expanded GP dataset, and iv) "fume cupboard".</p> <p>Draft Flow-chart of FOI and PQs process and issuing of Comms material generally under production. NB: Comms process to be based on material produced by Comms workstream.</p> <p>Commenced work on populating Boston Matrix for Hospital</p>	<p>Continued support to Comms Pack development</p> <p>Workshop (internal Care.data): To develop provisional policy 'way forward/response' on each key policy briefing area (27th March).</p> <p>Working on draft response to Hospital Data Expansion data set paper: On-going activity. Also formalise the delivery approach and move forward to an agreed delivery plan. Likelihood of a number of accelerator projects to be defined to support this activity.</p> <p>Further Boston Matrix Data set prioritisation: Next steps are to complete the matrix to reflect the potential data sets for inclusion, the complexity and benefit strength, as well as potentially beneficial</p>

		<p>Data Sets: Data set prioritisation mechanism, as agreed at programme board in January – initial meetings taking place to discuss requirements from wider NIB member organisations.</p>	<p>linkages related to these.</p> <p>Further gathering of policy concerns from Advisory Group.</p>
<p>Technical Delivery</p>	<p>Amber</p>	<p>Primary Care extract (and subsequent linkage to hospital data): Re-planning of the primary care data extract and subsequent linkage taken place, with phased rollout anticipated to take place from October 2014. There are dependencies on the GPES programme to deliver, being managed through the programme.</p> <p>Maternity and Children’s Data Set (MCDS): Following delay to approval of a Memorandum of Understanding (MoU) between NHS England and HSCIC, the delivery plan has been re-baselined for agreement by MCDS project board.</p> <p>Benefits: Benefits management strategy/approach has been developed (in HSCIC programme team review).</p> <p>Strategic platform/technical infrastructure: Business justification (separate to the care.data business case) is being submitted for the phase 1 strategic capability platform work required to support the primary care extract from October. Separate business justification also being submitted in relation to procuring an Enterprise Wide De-Identification Solution - required to standardise the approach to de-identifying patient data across the HSCIC.</p>	<p>Primary Care extract (and subsequent linkage to hospital data): Readiness work continuing to deliver the primary care extract against agreed delivery plan. This is anticipated to be via a phased approach, going from 1% to 10% to 100% of GP practices over a 3 month period from October 2014. Continued working alongside GPES programme to secure a working hybrid of GPET-Q and in-house developed applications to successfully trigger, receive and process the primary care extracts from GP suppliers to land the data into the DME linkage processing solution.</p> <p>Patient objections: Continued working with HSCIC Comms and Information Governance utilising a series of workshops that have been scheduled through April to take forward the next stages in implementing the objections processes in the HSCIC.</p> <p>Maternity and Children’s Data Set (MCDS): Agreement of the exception report covering re-planning and impact assessment for MCDS.</p> <p>GP pathology: Stakeholder event taking place at NHS England on 27th March and next steps/direction for project being established. Definition of Diagnostics steering group taking place to help support this direction.</p> <p>Benefits: Work continues to identify key benefits and establish a framework for the ongoing realisation of these benefits across the programme – in line with agreed approach. Benefits work is a key part of the development of the Outline Business Case (OBC).</p> <p>Strategic platform/technical infrastructure: Agreement for business justification and delivery of phase 1 of the strategic capability platform, comprising upgrades to the Data Management Environment infrastructure, to support the required storage and processing needs for the primary-secondary care linkage. Work continuing to identify an appropriate Enterprise Wide De-Identification Solution and to progress the procurement exercises to</p>

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			procure/develop a solution capable of delivering a standardised pseudonymisation approach.
<p>Programme Office / Controls</p>	<p>Amber/Red</p>	<p>Governance: The care.data Advisory Group established and the first meeting took place on 24th March. SRO Accountability meetings also taking place weekly. Governance reviewed and redefined within the governance structure (now reflected in this report and including a dedicated workstream to deliver upon the agreed engagement and communications plan through the next six month period) – for programme board approval.</p> <p>Delivery Framework: The Programme Brief was approved in January. First draft of Plan on Page for the programme developed.</p> <p>Assurance: A Project Validation Review (PVR) is being scheduled for late April. The planning for this has taken place.</p> <p>Business Case and funding: 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 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 development (this has taken longer than anticipated due to resource constraints, a risk factor which is being addressed).</p>	<p>Governance: Approval for revised governance sought from programme board (31st March). Ongoing Advisory Group meetings to support programme direction. The change of SRO (to Tim Kelsey) also to be formalised (via the programme board).</p> <p>Delivery Framework: Programme Definition Document (PDD) will be developed and including full workstream definition (objectives and activities to achieve these objectives). Detailed planning will also take place in relation to each workstream and this will be captured in an overall programme plan (MSP) as well as high level Plan on a Page.</p> <p>Assurance: Project Validation Review (PVR) to take place with appropriate invitees and agreed ToR/structure.</p> <p>Business Case and funding: Business case for the programme (the Strategic Outline Case or SOC) with a supporting cost model to be completed and go through the approvals phase. The SOC will go to the programme board for approval and then be submitted for approval by the HSCIC Board and National Information Board before going for Cabinet Office and HM Treasury approval. The outcome (delivery confidence assessment) from the PVR will support progression of the SOC. This will be followed by the development of the Outline Business Case (OBC).</p> <p>MoU/Directions/Ways of Working: 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).</p>

3. Key delivery milestones in the next 4 months

Workstream	Key milestone description	RAG	Original baseline date	Current forecast / actual	Commentary	Dependencies
Communications, Stakeholder Engagement and Media	Patient line continuation assured (funding and resourcing)	Yellow	31/03/14	07/04/14	Funding position being resolved (awaiting approvals)	Approval of funding
Technical Delivery	Benefits management strategy in place	Yellow	25/04/14	25/04/14	Draft benefits strategy written and in review in HSCIC programme team.	Benefits Lead resource being confirmed (current resource leaves at end March). To fit with known benefits (case studies). To feed into business case.
Technical Delivery	HSCIC CAP approved EDS & Index	Green	28/04/14	28/04/14	On critical path. Project Brief and Business Justification developed and going through internal approvals.	Number of inputs (e.g. Brief, BJ)
Technical Delivery	Impacted, redrawn MCDS plan approved by project board	Green	28/04/14	28/04/14	In development (being impacted).	Clarification of funding.
Technical Delivery	HSCIC Board approval for phase 1 of Strategic Platform	Green	26/05/14	26/05/14	On critical path. Project Brief and Business Justification developed and going through internal approvals.	Number of inputs (e.g. Brief, BJ)
Technical Delivery	Volume tested complete end to end Data linkage Solution for PC-SC	Green	09/06/14	09/06/14	Ongoing - primary care processing has been volume tested	Existing DME platform
Programme Office / Controls	Care.data Advisory Group established	Green	31/03/14	24/03/14	First meeting scheduled for 24 th March; meeting invites gone out from Chair (good response).	
Programme Office / Controls	Baselined plan established for the programme	Yellow	11/04/14	11/04/14	Anticipated to be MSP plan (overall programme plan) with supporting Plan on Page and workstream/project level plans	Individual workstream plans. Planning resource.

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Programme Office / Controls	Single, comprehensive risk log for programme in place working across organisations		11/04/14	11/04/14	Already exists with key risks being managed. Review of Technical Delivery areas just taken place as regards risks and these are to be added to the risk log.	Risk & Assurance resource (to proactively manage the risks).
Programme Office / Controls	Roadmap (first version) for the programme in place		25/04/14	25/04/14	No real progress (some original work did commence late last year).	Baselined programme plan. To fit with commissioning strategy.
Programme Office / Controls	PVR for programme taken place and Delivery Confidence assessment		02/05/14	02/05/14	PVR being scheduled for very late April and planning meeting taken place (awaiting documented structure/ToR).	Inputs for PVR (Risk Potential Assessment, Approvals and Assurance Plan)
Programme Office / Controls	(Priority) Delivery resources in place within agreed delivery structure		02/05/14	02/05/14	Programme Director direct reports to be advertised. Resource requests raised for priority programme resources.	
Programme Office / Controls	Strategic Outline Case approved by NIB		31/05/14	31/05/14	Continuation of SOC development currently halted due to lack of resources; anticipated to pick up again after end March.	Resource in place to manage the development Programme team, programme board, HSCIC Board and HSCIC Corporate Assurance Panel approval in advance Positive Delivery Confidence Assessment in place
Programme Office / Controls	Programme Definition Document approved (by programme board)		31/05/14	31/05/14	Development to fit with workstream definition – commencing immediately	
Programme Office / Controls	Outline Business case (Phase 1) approved by NIB		31/07/14	31/07/14	Will not commence until SOC in stable state.	SOC approved Data prioritisation exercise taken place

4. Key Programme areas	RAG status	RAG status 'headline' commentary
Current year financial forecast vs. budget	R	<p>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 become clearer following formal acceptance onto the HSCIC work portfolio and implications of formal resource allocation and staff funding for FY2014/15 - and some NHS England care.data budget.</p> <p>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 development. This shows costs as fully broken down (by supply option) over a period from FY14-15 through to end FY17-18 as well as showing the proposed funding streams.</p>
Investment justification (BC, MoU etc) forecast spend status	R	<p>Investment justification in development (via the Strategic Outline Case). A more detailed cost breakdown and detailed benefits will follow in the Outline Business Case(s) that will follow the SOC. Without this approved investment justification in place, the programme will continue to deliver at risk.</p> <p>Separate business justification is being completed to support immediate identified activity in relation to HSCIC infrastructure development need.</p> <p>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).</p>
Benefits realisation confidence	A	<p>Benefits (high level) have been stated in the Strategic Outline Case and work continues to identify key benefits and establish a framework for the ongoing realisation of these benefits across the programme. This is progressing with a benefits management strategy for the programme having been drafted and currently being agreed.</p> <p>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, elaborated and allocated, given the public commitment.</p>
Quality management against plan	A	<p>Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document).</p>
Programme end date	A	<p>The Strategic Outline Case is not yet approved however it will outline a clear delivery (investment) time period for the programme, that currently being from FY14-15 to end of FY17-18 (with a phased approach – first to end FY15-16; second to end FY17-18).</p>
Current Investment Justification approval status	R	<p>The Strategic Outline Case (SOC) is in development and, as part of the approvals process (next stage), it will go to the care.data programme board for approval and then be submitted for approval by the HSCIC Board and (main) National Information Board before going for Cabinet Office and HM Treasury approval.</p> <p>The Project Validation Review (PVR) outcome (delivery confidence assessment) will support progression of the SOC. The SOC is likely to be followed initially by an Outline Business Case for phase 1 of delivery (to end FY15-16).</p>

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ICT Spend Approval status	R	ICT Spend Approval developed to accompany the Strategic Outline Case (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.

5. Top 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
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	<p>TIME: Impact through delays – need to make further efforts – via professional bodies – to secure engagement</p> <p>COST: Impact on cost through wider, more intense engagement/comms strategy</p> <p>BENEFITS: Potential impact on benefits further down line if not engaged early</p> <p>REPUTATIONAL: Perception that GP Data Controllers have to defend patient data against HSCIC extraction</p>	4	3	Amber (moving Amber/Green)	Now being addressed through specific 6 Month Extension workstream activity (with focused comms plan) and a wider Stakeholder and Comms workstream providing overall framework and strategy for the programme (i.e. stakeholder mapping, stakeholder engagement strategy, comms plan), working across organisations.
CDI1 (prog ref)	Issue	Realisation of risk CDR2: The care.data programme itself is working at risk in some areas without an	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	<p>TIME: Impact on approvals will lead to impact upon delivery timescales</p> <p>COST: Impact on cost through timescales for</p>	5	6	Red (moving Amber/Red)	1. Programme Brief has been approved. This will be followed by a Programme Definition Document. Governance arrangements have been reviewed with approval being sought by programme board.

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		approved business case and funding stream.	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.	delivery moving out BENEFITS: Potential impact on benefits (not realised till later)				Assurance process now in place (Project Validation Review being scheduled with MPA for late April 2014). 2. The SOC is in development.
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).	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 benefits realisation REPUTATIONAL: Project has been established since 2004	4	6	Amber/Green (issue on way to full resolution – anticipate close in early 2014)	Funding issue was resolved and final move of funds was awaiting an agreement via MoU (NHS England – HSCIC) although delay to this has meant re-planning required. Re-planning has taken place and agreement of this will resolve the issue and mean the work can progress.
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	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	4	3	Amber (moving Amber/Green)	Plan reviewed and agreed to ensure delivery of full extract for Oct 14 (phased delivery). 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

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			<p>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)</p>	<p>BENEFITS: No real impact on benefits at this stage</p>				<p>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.</p> <p>Readiness of the technical platform continuing (being progressed via a separate business justification within HSCIC).</p>
CDI3	Issue	Detailed implementation of Objections	<p>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.</p> <p>These decisions are related to both policy decisions and law and therefore require the explicit support of the SRO and the HSCIC's sponsor.</p>	<p>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.</p> <p>COST: Potential impact on cost should the lack of a clear strategic approach mean workarounds are required.</p> <p>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</p>	4	6	Red (moving Amber/Red)	<p>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.</p> <p>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.</p>

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				explain how a citizens' right to object will be implemented.				
CDR8	Risk	Transparent data release controls	Unless the controls around data release are fully transparent there is a risk that healthcare professionals and the public will not support the programme	<p>TIME: Potential impact on delivery timescale where any lack of confidence/support would halt progress.</p> <p>COST: Cost implications in relation to any delay/additional work required to restore support/confidence.</p> <p>REPUTATIONAL: Reputational impact as a wider organisation and for the programme itself.</p>	4	4	Amber/Red	<p>The HSCIC will publish a report detailing all data released under the HSCIC on April 2/3, including the legal basis on which data was released and the purpose to which the data is being put. This report will be updated on a quarterly basis and is intended to encourage public scrutiny of HSCIC decisions.</p> <p>Sir Nick Partridge, has agreed to conduct an audit of all the data releases made by the predecessor organisation, NHS Information Centre, and report on this to the HSCIC Board by the end of April.</p> <p>SofS brought forward amendments to the Care Bill intended to increase public confidence (see separate Board paper).</p> <p>The HSCIC has established a Transparency and Information Assurance Programme which will be responsible for ensuring the effective implementation of changes resulting from SofS measures within the HSCIC.</p> <p>The programme team is working with HSCIC colleagues, NHS England and departmental colleagues to develop a straightforward overview of the target governance for communication purposes which will be tested with the care.data advisory group.</p>

6. Current Year Financial Forecast vs. Budget

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
<p>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.</p>	<p>Programme team to look at existing spend (collating position).</p>

7. Investment justification forecast spend status

RAG	(£) Total, baselined, organisational Whole Life Cost <small>(i.e. excludes local costs e.g. NHS) as per the combined Business Case or MoU</small>	(£) Total organisational spend to date <small>(i.e. excludes local costs e.g. NHS)</small>	(£) Total forecast, organisational Whole Life Cost <small>(i.e. excludes local costs e.g. NHS)</small>	(£) Total organisational cost variance (Baseline vs. Forecast)
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

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The Strategic Outline Case is in the approvals process and is anticipated to go for programme board approval and subsequently to the NIB 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).

Forecast spend status will be presented upon approval of the SOC.

8. 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

Benefits (high level) have been stated in the Strategic Outline Case and identification of key benefits taking place and establishing 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.

Next steps

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).

9. 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).	Development of the Programme Definition Document.

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 to be 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