

Ref: care.data/Programme Board/Paper 02
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.

For 13th May 2014 Board

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

Overall programme status and delivery confidence

The programme has now stabilised and started to see progress in a number of key areas. Governance has been reviewed and is being strengthened; and a revised plan for the delivery of primary-secondary care linked data is in development and is now supported by a communications plan (which was discussed at the Advisory Group on 2nd May). 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 further in a positive direction over the coming weeks and months as plans, and in particular the critical path (agreed milestones) and dependencies, are fully developed and baselined. In addition to this, gaps in the delivery resource structure are being addressed, with a number of roles expected to be appointed to shortly.

Formal assurance via the Major Projects Authority (MPA) for the programme has commenced with the first step, a Project Validation Review (PVR) having taken place on 29th April – 1st May. The SRO and Programme Director have met with the review team to discuss draft findings and the final report is due (for the attention of the SRO and the Accountable Officer) imminently. Additionally, the Programme Definition Document (PDD), a key next stage for the programme, is now in development and this work includes workstream definition and consolidation of risks across the programme.

In a further refinement of the governance process, it is anticipated that the existing programme board membership will be stood down at the board meeting on 13th May and new membership will be appointed with a revised Terms of Reference for the board in time for the next board meeting within the next month. This was discussed at the last programme board at the end of March and is in line with recommendations from the recent PVR.

2. Workstream Reports	Status	Progress commentary	Next Steps commentary
Phased Extension	Amber/Green	Business Case/ERG Form for the Phased Extension activities still being reviewed by Cabinet Office for additional Marketing and Comms funding. Cabinet Office confirmed they will not be in a position to consider approval of budget until 18 th May so an interim release of funds (£200k) was approved by Cabinet Office to enable early stakeholder	Final approval for Marketing and Comms funding being sought from Cabinet Office on 18 th May.

		<p>engagement to progress.</p> <p>NHS England Programme budget approved and job specifications in key areas now written and awaiting HR approval.</p> <p>Advisory Group met on 2nd May: External stakeholders fed back to care.data programme on areas including the stakeholder letter and the comms plan.</p>	<p>Awaiting approval from the new NHS England Executive HR subcommittee to enable recruitment of remaining engagement and support staff (as approved in NHS England budget).</p> <p>Advisory Group next scheduled to meet on 16th May.</p>
<p>Communications, Stakeholder Engagement and Media</p>	<p>Amber/Green</p>	<p><u>Key Stakeholder Engagement:</u></p> <p>Stakeholder Engagement Position Map & Log: created a regional visual map from the information on the positioning grid (showing the positions of CCGs and Healthwatch in different parts of the country as a presentation device).</p> <p>Engagement continues with recent engagement meetings/events including with CCGs, CSUs, Healthwatch, patient groups, and meetings with the Information Commissioners Office and the Confidentiality Advisory Group (CAG).</p> <p><u>Regional Engagement:</u></p> <p>Progressing with Regional Engagement staff recruitment - approvals being sought.</p> <p>Proposal developed for Pathfinder GP practice selection - discussion document in development.</p> <p><u>Communications & Marketing:</u></p> <p>Official Stakeholder Letter issued from Tim Kelsey, published online and circulated simultaneously via electronic bulletins and direct mail to area teams, CCGs and key stakeholders. Media pick up followed in relation to some of the key points.</p> <p>1st Blog written by Tim Kelsey, covering care.data update, published.</p>	<p><u>Key Stakeholder Engagement:</u></p> <p>Further Develop Stakeholder Engagement Map & Log: continue to plug any gaps in coverage and test/undertake full data analysis to support future engagement approaches and proposals.</p> <p>Continuation of engagement meetings/events.</p> <p><u>Regional Engagement:</u></p> <p>Incorporate feedback on proposals for Pathfinder rollout to GP practices.</p> <p><u>Communications & Marketing:</u></p> <p>Consider and make recommendations for additional comms collateral for events. To support interactive and dialogue-focused attendance at ad hoc events when care.data is being discussed.</p> <p>Awaiting DH/HSCIC feedback on comms materials sign off and review process proposal.</p> <p>Comms timeline to be produced: detailed timeline pulling</p>

		<p>Comms Core Toolkit in use across the programme and for briefings including in regions. Feedback being captured.</p> <p>Comms Plan: Draft shared with Advisory Group on 2nd May. The version shared with them is with the programme board (board paper for 13th May) and feedback is being collated.</p> <p>Website Updates: Work continues to align language and messaging across websites. (NHS England, NHS Choices, HSCIC - including the Fair Processing Portal).</p> <p>Fact Sheet drafted (with planning assumptions, FAQs, deliverables for LMCs (ahead of LMC conference) and being presented to the programme board on 13th May.</p> <p>Research:</p> <p>Procurement: Expression of Interest responses received from Research Agencies. ITT's issued.</p>	<p>together all planned comms, marketing, stakeholder events dates.</p> <p>Comms Plan: Update comms plan to reflect detailed feedback from the Advisory Group and programme board.</p> <p>Initial Thought Paper on GP support materials: A one-pager for the Advisory Group describing initial thoughts for the kind of support materials that may be provided for GPs (subject to funding and research/feedback findings).</p> <p>GP and GP Practice Managers focus groups: agree full scope, timelines and initiate early groups.</p> <p>Research:</p> <p>Procurement: Research Agency to be contracted.</p>
<p>Commissioning Strategy & Policy</p>	<p>Amber</p>	<p>Policy Workshop and development of briefing areas for top policy areas: (i) simplifying the opt-out, ii) pseudonymisation-at-source, iii) expanded GP dataset, and iv) “fume cupboard”/data lab.</p> <p>Policy Proposals Data volumes paper: being drafted on why we need so much data.</p> <p>Asthma UK and Mencap benefits meeting to develop/capture more benefits cases.</p> <p>GP Data Scope Roadmap: first draft for discussion developed. Joint GPIT committee engaged and have indicated positive views to inclusion of some of the proposed additional datasets. Potential new datasets to be categorised within 5 categories of: Already Known; Non-Controversial; Controversial; Irrelevant; IVF to help assess ranking for inclusion or exclusion.</p> <p>Mystery Shopping tests of Patient Contact Centre</p>	<p>Further Policy Workshops and development of briefing areas for top policy areas.</p> <p>Data volumes paper – continue to develop and circulate for review.</p> <p>Circulate results of mystery shopping tests (patient contact centre).</p> <p>Circulate and test out initial draft proposals with appropriate stakeholders. Further develop selection criteria for 100-500 GPs for Pathfinder Roll Out.</p> <p>Adult Social Care Review: develop more detailed analysis/views for consideration.</p> <p>Hospital Data Sets - continue proposals/initial discussions. 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>continue assessing patient contact centre effectiveness and accessibility.</p> <p>Legislation Updates: further clarification obtained from DH that legislation will be split between primary and secondary. Primary (supporting data extraction) is anticipated to be agreed by Parliament in the Autumn. Secondary element (release of data) is not anticipated to complete this year.</p> <p>Commenced work on data set prioritisation, analysis of Hospital Data Sets: Data set prioritisation mechanism – initial meetings taking place to discuss requirements from wider NIB member organisations. Proposals/initial discussions have commenced for hospital data sets.</p>	<p>Further 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 linkages related to these.</p>
<p>Technical Delivery</p>	<p>Amber</p>	<p>HES- Primary Care linkage: NHS England confirmed they support changes to the existing extract specification to further de-risk the possibility of extracting potentially sensitive data.</p> <p>GPES participation meeting to discuss requirements for changes/fixes to GPET-Q participation functionality.</p> <p>GPES transition project and timescales: initial view is Q-Jumper activities should be ready for beginning of August but changes to participation functionality may take longer to implement.</p> <p>Patient Objections: Final planned workshop took place. To be followed by the production of targeted further communications materials.</p> <p>Work taking place to clarify the roles and responsibilities of HSCIC acting as a Data Processor.</p> <p>GPET-E specification for POM extract is under development by GPES business team and expected to be issued in May.</p> <p>Project brief, EMT paper and IT requirements being drafted.</p> <p>Drafted revised descriptions of objections and withdrawal of</p>	<p>HES- Primary Care linkage: Meeting with ROCR to discuss implications of ROCR process for care.data primary care extract.</p> <p>Meeting with SCCI to discuss why primary care extract has been channelled into this route.</p> <p>Work to progress on establishing additional changes to care.data primary care extract to help prevent extraction of potentially sensitive data.</p> <p>Next participation meeting scheduled for 13th May.</p> <p>Meeting to go through actions/plans taking place in relation to internal assurance processes for data extract applications.</p> <p>Patient Objections: Self-Assessment questionnaire to complete review by Project Team.</p> <p>List of IAOs/Project leads agreed for distribution of the questionnaire.</p> <p>Work ongoing to write up IT processing requirements.</p>

consent to make them clearer and more understandable for patients and the public. The draft sent to the objection working group and has also been reviewed by the Programme Director.

Platform and Technology:

Project Brief and Strategic Justification approved by the HSCIC Portfolio Board and considered by the SCP project board on 8th May (ToR for the project board itself also reviewed).

Infrastructure requirements being developed and reviewed by procurement with procurement options.

EDS (De-ID Solution) & Index:

Project Brief & Strategic Justification reviewed by SCP Project Board (on 8th May).

Service Delivery and Target Operating Model

Customer needs analysis progressing - 1-2-1 meetings taken place with Steering Group members to discuss Persona Templates for the Customer Profiles and the Community map template. Contract still outstanding but agreement is imminent. Stakeholder contacts for Patient/Public Groups and NHS Providers have been identified and interviews scheduled.

HSCIC Patient Information Line:

Top patient FAQs /feedback in period:
 I'm not happy about this.
 How do I object?
 How long have I got to object?
 Information Governance – security of data / 3rd party access

Fair Processing Portal:

Fair processing portal workshop held to discuss scope and requirements for the portal and content is being developed.

MCDS:

HSCIC and NHS England colleagues have been working together to establish a formal agreement (Memorandum of Understanding) between the two organisations in order to provide formal financial cover for the MCDS project. This is a

Platform and Technology:

Development of OBJ (business justification), develop requirements and feed into pan-programme plan to cover all areas of the strategic platform.

EDS (De-ID Solution) & Index:

Project Brief submitted to portfolio office for approval at HSCIC Portfolio Board.

Service Delivery and Target Operating Model

Interviews with patient/public groups. Detailed planning of engagement with the other stakeholder groups (Commissioners, PHE, Regulatory, Research and Pharma). Technical planning and discussions (tech and data architecture) - review of current services usage and technology.

HSCIC Patient Information Line:

Plan for AFC submission and recruitment of permanent contact centre service manager.

MCDS:

Finalise MoU between NHS England and HSCIC, complete review of technical design and procurement options.

		<p>pre-requisite to HSCIC being able to proceed with critical path activities, including the procurement of hardware.</p> <p>A Tolerance Exception Report was approved by the MCDS project board in March which outlined the earliest delivery dates, assuming inter-organisational agreement by the end of April 2014. This date was not achieved so we are currently reviewing options/dates.</p> <p>The Maternity dataset was approved by the Standardisation Committee for Care Information on April 30th. This dataset has now been mandated for national flow (collection to start in May 2015).</p> <p>Primary Care Pathology (PCPP): Progressed with revising document bundle in preparation for review/Board and further planning inc financial and technical solutions.</p>	<p>Primary Care Pathology (PCPP): Continue compiling range of documents to take to the Board & work with Comms team to produce Comms Briefing Paper & FAQ for PCPP.</p>
<p>Programme Office / Controls</p>	<p>Amber/Red</p>	<p>L1 'Reason for Being' and L2 Critical Path Plan drafted. Plan created and initial review undertaken. Awaiting workstream leads review.</p> <p>PVR – Taken place at end of April and initial findings discussed between review team and SRO.</p> <p>Resources - Review of requirement for a business case specialist with HR stated that internal recruitment was required to determine if any internal staff are interested in this work given the length of the role. Shortlisting for 4 Programme Director direct reports completed.</p> <p>Risk management: discussions held on moving risk register to corporate database and to ensuring a co-ordinated risk management process cross-organisation, cross-programme.</p> <p>Business Case and funding:</p>	<p>L1 'Reason for Being' and L2 Critical Path Plan to be reviewed and baselined: Also To be translated into Microsoft project plan. L3 Planned Activities development can then be 'mapped' to this plan and any gaps highlighted.</p> <p>PVR – Final report with recommendations to action quickly.</p> <p>Technical delivery governance - TOR in place (agreed) based on new programme structure requirements</p> <p>Resources – complete recruitment of direct reports for Programme Director and for other key roles as requested including business case specialist, benefits lead, risk manager/planner.</p> <p>Programme Definition Document (PDD) – development of PDD including workstream definition.</p> <p>Risk management: one programme log for baseline and via the Tracking Database (with set-up and training).</p> <p>Business Case and funding: SOC with a supporting cost model to</p>

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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, development of which is currently on hold due to resource constraints (a risk factor which is being addressed).

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.

3. Key delivery milestones and commitments

Workstream	Key milestone description	RAG	Original baseline date	Current forecast / actual	Commentary	Dependencies
Phased Extension	Phased Extension Business Case Approved by Cabinet Office	A	Early April	Early May	£350k previously approved. Additional £200k released to support immediate engagement activities. Awaiting Cabinet Office approval for remainder – anticipated 18 th May.	
Comms, Engagement, Media	Comms Strategy Issued	A	Early April	Early May	Comms Plan shared with Advisory Group. Yet to be approved. Comms Strategy under development	
Comms, Engagement, Media	Regional Comms Key Messages Pack	A	Early April	Early May	Regions progressing using standard Comms Toolkit. Initial discussions continue for feedback on Regional tailoring.	Baselined Comms Toolkit
Comms, Engagement, Media	Fair Processing Portal Strategy	A/R	Early April	Mid May	Initial investigations have commenced.	
Tech Delivery	Public Announcement Historical Data Release	C	Early April	Early April	Public Report released. Minimum feedback or public questions as a result. Low press interest.	Complete.
NHSE	Programme Budget Approval	G	Mid April	Mid April	Deadline Met. Draw-down approvals to spend funding now to commence.	
Programme Office / Controls	Planning / Workstream Definitions Baselined	A	Mid Apr	Late May	Plan on a Page produced. First draft Critical Path Plan developed for comment. Plan re-focuses categorisation of plan from L1 to L3 and now allows highlighting critical path activities.	

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					1 st draft workstream definitions however need significant re-work. Resource constrained currently.	
Programme Office / Controls	Risk Re-evaluation / Rework	A/R	Mid Apr	Late May	Risks updated for NHSE but missing HSCIC risks due to lack of resource. High level risks being raised through SRO but full risk management process not yet finalised.	
Programme Office / Controls	Delivery Governance Established	A/G	Mid Apr	Early Apr	Governance structure & escalation bodies set up. Meetings have been run in accordance with agreed structure. Includes external Advisory Grp. Some queries outstanding on membership of care.data board and delegated authorities for sign off in NHSE governance bodies	
Phased Extension	Research Agency Procured	A/R	Late April	Early May	Research Agency funding approved w/c 23/4. Anticipate agency to be chosen imminently.	Phased Extension Business Case Approved by Cabinet Office
Phased Extension	Listen & Engage Phase Completed	G	Late April	Late April	Successful listen & engage phase completed (indicated by low levels of FOIs, PQs, adverse press coverage and CDO mailbox queries by end of April).	
Phased Extension	Research Agency Procured	A/R	Early May	Early June	Expressions of Interest from Research Agencies sought by 6 th May. ITT to be issued 7 th May. Review of responses thereafter.	Legal requirements of NHSE procurement processes.
Programme Office / Controls	Project Validation Review	G	End Apr	End Apr	PVR completed and awaiting final report with recommendations and delivery confidence assessment.	Report from PVR review team
Tech Delivery	PC Pathology project brief reviewed by care.data Board	A/G	Early May	Mid May	Project Brief developed – awaiting review through internal governance.	Establishment of Operational Board
Tech Delivery	Phase 1 Strategic Platform Capability Business Justification Approved	A	Early May	Mid May	Brief developed and going through internal approvals	Approval including Portfolio Board
Tech Delivery	EDS and Index	A	Early May	Mid May	Brief developed and going through internal	Approval including Portfolio Board

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	Business Justification Approved				approvals	
Commissioning & Policy	1 st Pass Policy Refinements Available	A	Mid May	Mid May	Future workshops set up for every 2 to 4 weeks throughout spring.	
Commissioning & Policy	Primary Care Directions Developed	A	Mid May	tbc	Need to be in place by the Autumn.	
Programme Office / Controls	Delivery Resources in Place	R	Mid May	Jun	HSCIC job adverts on the board. Recruitment process being undertaken (interviews in next 2 weeks). NHSE job adverts not yet released as awaiting budget funding draw-down approval.	Programme Budget Approval.
Programme Office / Controls	Draft PDD Issued	A	End May	End Jun	Part-time resource identified and PDD template available.	

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>

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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	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document).
Programme end date	A	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).
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>
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
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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)	Now being addressed through specific Phased 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. Supporting stakeholder events now scheduled and to be supported by a marketing campaign (funding request submitted, awaiting Cabinet Office approval).
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	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	TIME: Impact on approvals will lead to impact upon delivery timescales COST: Impact on cost through timescales for delivery moving out BENEFITS: Potential	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. Assurance process now in place (Project Validation Review now taken place).

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		stream.	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.	impact on benefits (not realised till later)				2. SOC development is now on hold due to resource constraints however a PSBC for resource has been raised and it is hoped that this will alleviate the issue.
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 and close)	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. The result of this re-planning (agreement by MCDS project board) will be communicated to care.data board.
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	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)	Milestone planning now taken place to ensure that the programme is ready (including technical readiness) to deliver when the date has been set (following the awareness extension). The milestone roadmap now includes 'Go – No Go' points based upon agreed criteria. Readiness of the technical

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			<p>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>platform continuing (being progressed via a separate business justification within HSCIC).</p>
CDR8	Risk	Transparent data release controls	<p>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>	<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	<p>Amber/Red</p> <p>The HSCIC has published a report detailing all data released under the HSCIC, 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.</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</p>

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									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.
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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.</p> <p>This is being addressed via the Strategic Outline Case (development currently on hold, anticipated to recommence as soon as resource is secured) 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

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RAG	(£) Total, baselined, organisational Whole Life Cost (i.e. excludes local costs e.g. NHS) as per the combined Business Case or MoU	(£) 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)
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
<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.</p> <p>This is being addressed via the Strategic Outline Case (development currently on hold, anticipated to recommence as soon as resource is secured) which, when approved, will provide way to approved funding route and split going forward.</p>	<p>Forecast spend status will be presented upon approval of the SOC.</p>

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	Next steps

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 business case. 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 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