

Ref: care.data/Programme Board July 14/Paper 04

Title: Business Case Approach

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Purpose: The proposed approach for the development of the care.data business case is presented for discussion and approval by the programme board. This includes a number of outstanding items (mainly concentrated around scope) for consideration.

Background: Development of the business case is recommencing (it was halted in early 2014 due to a lack of available resource) and the approach to this has been reconsidered in line with what is most appropriate for the programme.

Key Points: This paper sets out the proposed approach for business case development for care.data as well as highlighting areas of particular interest for consideration by the board.

Desired outcome(s): That the programme board approves (or otherwise) the proposed approach detailed in this document.

Circulation: Programme Board attendees.

Revised business case approach

Care.data programme board

16 July 2014

Background

- Previously the intention was to follow a standard Strategic Outline Case (SOC) to Outline Business Case (OBC) to Full Business Case (FBC) process and that the scope:
 - Was over 5 year period from FY2013-14 through to end FY2017-18
 - Was set out as 2 phases (with a rough 2 year split)
 - Covered the required uplift in the infrastructure (SCP); and delivery and information services relating to a number of data sets
 - Did not include NHS England 'programme spend' costs/need
 - Through late 2013 a SOC for the care.data programme was developed, however, resourcing issues meant that this work could not be completed as planned
 - Whilst this work has been on hold, an alternative business case approach has been highlighted and following investigation a revised approach to the business case for the care.data programme will now be adopted
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Revised approach

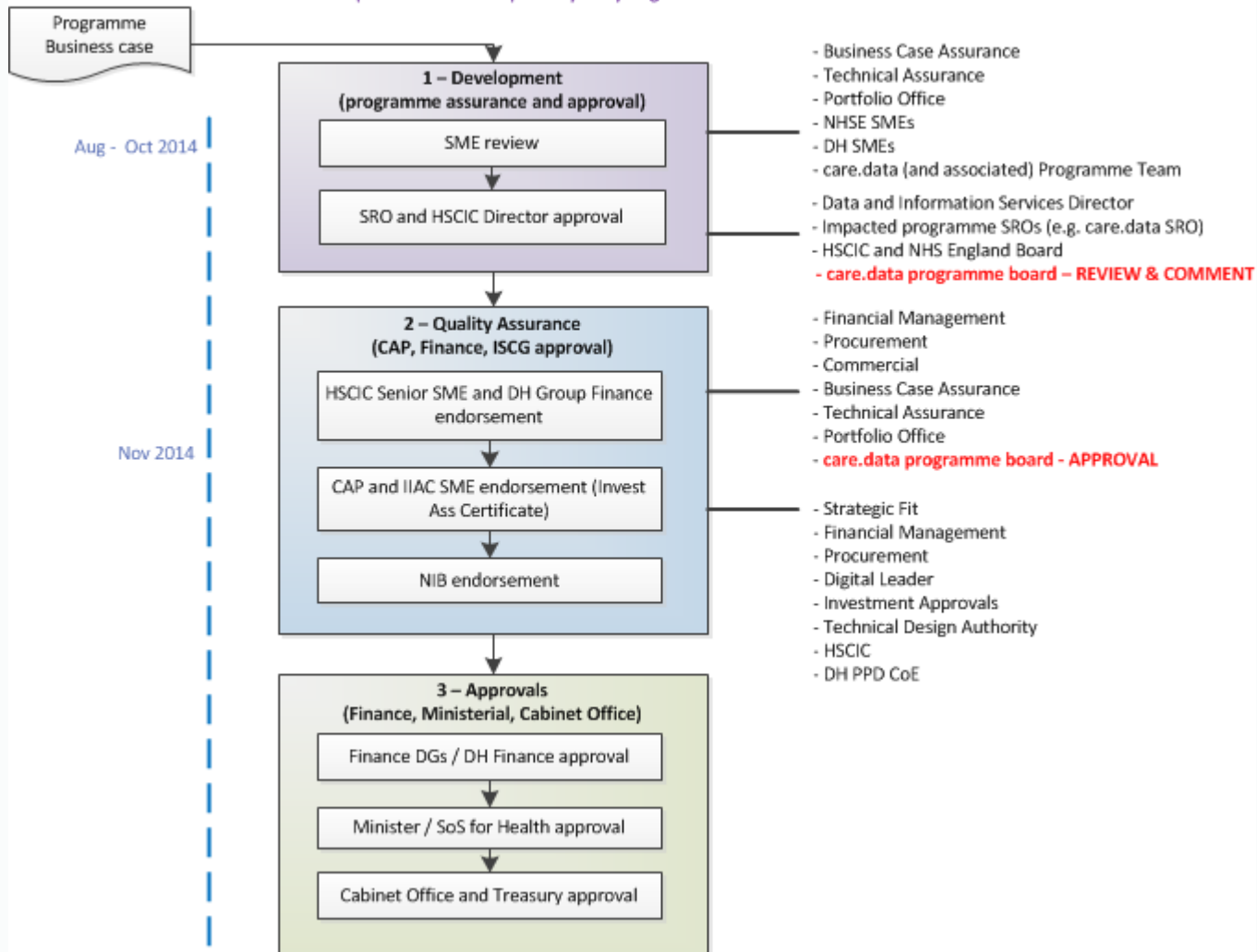
- To follow Treasury and Cabinet Office approach to business case development for programmes which, as a cornerstone, will mean we develop a ***Programme Business Case (PBC)*** – instead of a SOC - for the care.data programme that will:
 - Set out the vision, blueprint, anticipated investment, benefits and strategic risks
 - Describe the likely cost envelope for the programme
 - Contain and/or reference all components of the care.data programme as distinct component business cases
 - Be updated during the course of the programme
 - To develop component business cases that sit within and gain strategic justification from the PBC
 - These components will each be developed from OBC through to FBC and each individually be approved
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Benefits of revised approach

- The PBC will:
 - Cater for a vision that has varying degrees of certainty through use of phasing/tranches
 - Will reflect programme definition and blueprint
 - Hold programme benefits at programme level and be referenced by component cases as required
 - Provide a financial envelope to support financial planning
 - Re-use elements of the previously developed SOC
 - Provide flexibility and the ability to set out a framework for the programme that can be used to test the ongoing viability of the programme
 - The component cases will:
 - Provide necessary, sufficient and timely detail to inform decision making and approvals
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PBC approvals timeline

TIMELINE – this assumes initial development of a care.data Programme Business Case only – i.e. for Nov board approval
 - and assuming specialist resource (via PSBC) and benefits development resource in place by early Aug 14



Programme board discussion areas

1. Programme vision
 2. Programme scope
 3. Funding assumptions and expectations
 4. Alignment with PVR recommendations
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Programme vision

QU: Does this adequately and accurately describe the aims and objectives of the programme?

QU: Should the vision also be described and included in the PBC?

- **From the current SOC:**
 - ‘The care.data programme has been commissioned by NHS England on behalf of the ISCG. The objective is to supply timely, accurate information to citizens, clinicians and commissioners about NHS care (i.e., a modern data service).
 - The six aims of care.data are:
 1. to support patients’ in making choices about the care they receive;
 2. to advance customer services to modern standards;
 3. to promote greater transparency – and, in particular, to reveal instances of unwarranted variation in the care received;
 4. to improve outcomes for patients;
 5. to increase the accountability of the commissioners and providers of NHS care;
 6. to drive economic growth by making England the default location for health services research.’
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Programme scope

- **From the current SOC:**
- ‘This SOC ... is focussed on the development of a capability foundation layer. This includes the enhancement of the infrastructure, the set of common tools and services and the associated capability and resourcing to extract, receive, manipulate, analyse, report and publish data and information and definition and preparation of the foundations of services that will subsequently evolve, such as the data linkage service and information services to support specific reporting requirements.
- This uplift in capability will enable the HSCIC to deliver a number of new data sets per year together with associated maintenance and enhancements’

QU: Should SCP be included as a component business case within the care.data PBC or stand alone as an HSCIC investment that refers to care.data, NTS and DSC programme business cases for it's strategic case and benefits?

If included, how does this impact SRO-ship/accountability for all delivery?

Funding

- **From the current SOC:**

- There are two sources of funding

- For capital: DH Grant-in-aid (either through DH or NHS England)
- For revenue: through NHS England for programme-specific items or through GIA for core HSCIC capability.

QU: What is our level of confidence that funding of the order of magnitude described in the SOC (c£40m GIA and c£45m programme funds over 5 years) will be forthcoming?

QU: Is there a different way to approach this?

Activity	Funding source
Data collection	Programme
Information services	Programme
Common services and tool set	Grant-in-aid
Infrastructure	Grant-in-aid
SIAM and support	Grant-in-aid
Programme, Approvals and Contact Centre staff	Programme

Alignment with PVR

QU: Is the board content the PVR recommendations are being adequately addressed?

This approach is aligned with 2 key PVR recommendations, and associated actions:

- **Recommendation 1:**
“Clarify, agree and communicate the programme scope to all stakeholders. Also consider separating the strategic investment requirements of HSCIC from the care.data programme”
- (Action 1-3) Agree the approach to business case development based upon proposals made by the programme team.
- (1-4) Recommence development of the business case for care.data with appropriate resources in place to enable this.
- (1-5) Undertake - including HSCIC reps - scope impact assessment of strategic investment requirements (the infrastructure uplift in the HSCIC, or Strategic Capability Platform (SCP)) work being included within business case scope - with particular emphasis on impact on approvals and SRO accountability and provide recommendation to be taken to programme board.
- (1-6) Agree whether the strategic investment requirements (the infrastructure uplift in the HSCIC, or Strategic Capability Platform (SCP)) should be included in the overall scope of the programme and therefore the business case and provide reasoning for this either way that can be effectively communicated, including dependent programmes.
- **Recommendation 5:**
“Programme finances be agreed and clarified. Consideration of the appointment of a programme accountant to validate all spends and budget requests”
- (5-3) Ensure clear spending approach - aligned with organisational business planning and funding allocation processes - is in place to cover the life of care.data as defined in the business case.

Next steps

1. Agree scope of over-arching PBC, starting with Programme board initial discussion today, specifically:
 - Consideration of SCP and impact on accountability
 - All elements of HSCIC and NHS England spend relating to this programme
 - Funding assumptions and expectations
 - Alignment with PVR recommendations
 1. Ratify this approach with wider stakeholders including DH, Cabinet Office and MPA
 2. Assign resource and commence PBC development
 3. Agree detailed timeline for approvals including programme board (aligned with pathfinder)
 4. Seek approval of these elements at the next programme board (August)
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