Ref: care.data/Programme Board/Paper 02
Title: care.data Programme Board Highlight Report
Author: care.data programme team (Donna Braisby)
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) and key risks.
Background: 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 for each workstream in the programme).
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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Reporting period (Calendar Month):	August 2014	Date Approved by SRO:	Not approved
Report produced by:	Donna Braisby	Job Title:	Programme Manager

1. Overall delivery confidence RAG	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
	A	A/R	A/R	A/R	A/R	A

Overall delivery confidence commentary

Further detailed planning with CCGs, Ipsos MORI and our creative agency has given cause to review the plan and an updated critical path. This review is expected to conclude w/e 26th September. A verbal update will be provided to the Programme Board at their meeting on 23 September 2014.

A selection panel met on 27 August 2014 and made a recommendation that four CCGs be taken forward as pathfinder areas. They are Leeds (North, West and South East), Blackburn and Darwin, West Hampshire and Somerset CCG's. Final endorsement is now being sought both locally (from CCG Boards) and nationally (the Programme Board will be asked to endorse the decision at their meeting on 23 September 2014) before any formal announcement.

Ipsos MORI feedback has now been delivered to the care.data programme and the Advisory Group (6 & 13 August and to the Programme Board on 26 August 2014. The consensus is the work here is thoroughly worthwhile and the investment in this will continue throughout the pathfinder stage, with further sessions having taken place in Leeds and Somerset on 15 and 16 September in support of the development of the creative materials.

The programme is still delivering without a business case and remains under intense scrutiny; however specialist resource to assist in this area is expected to be in position no later than 22 September 2014. Funding for large parts of the programme (including HSCIC resources for FY 14-15) remains unconfirmed (neither the source nor the funding). The HSCIC Director of Finance and Corporate Services and the Director of Information and Analytics were presented with a financial report on 7 August 2014 setting out the funding gap. This is being addressed with urgency by the Programme Director.

Resource gaps are still being addressed, with a number of staff joining the team in key roles through the current period. Further recruitment is required urgently in order to deliver the pathfinder stage which was raised as business critical with the Director of Information and Analytics. Authorisation to recruit business critical positions direct onto care.data was received on 16 September 2014.

Recommendations from the recent Major Projects Authority (MPA) Project Validation Review (PVR) are being addressed, with a formal action plan now developed to enable the programme board (and the MPA) to approve and assure progress. The Risk Potential Assessment (RPA) has been authorised by the SRO and the programme team are working with Cabinet Office to schedule a Gateway 0 review.

A decision was taken on 22 August 2014 to not proceed at this stage with new technical platform based the

Next steps

The Programme Board will be presented with the following papers on 23 September 2014:
1. Proposals for analysis of the pathfinder extraction
2. Extended Documentation and evidence to inform decision for extraction (including success criteria)
3. Business Case update
4. Plan on a Page
5. Engagement Presentation (Formally You Said We Did)
6. Updated PVR action plan

Business Case:
1. PSBC Business Case Specialist to officially start on 22 September 2014.
2. Recruitment of Benefits specialist will commence once care.data finances authorised

Resources:
1. Approvals for care.data spend to be agreed once further recommendation agreed by Director of Finance and Corporate Services.
2. Commence business critical recruitment in order to deliver the pathfinder stage.

timescales for procurement and possible implications of fast tracking, and the finance and possible implications of components of the proposed platform not being re-used. The existing technical platform is IL3 and not IL4, HSCIC will eventually move to IL4 and data collected as part of care.data will be part of this process

The Amber Red status for the programme reflects the direction of the programme board, who felt that, despite good progress being made towards the first stage of delivery, with no business case in place for the programme, this was a realistic reflection of the programme as a whole.

2. Key Programme / Project RAG areas	RAG status	RAG status 'headline' commentary
Key delivery milestones over the next 3 months	A	Emphasis is on primary care extract for pathfinder GP practices (stage 1 of first phase of programme).
Current year financial forecast vs. budget	R	No business case in place, however development of this has now recommenced. Funding for large parts of the programme (including HSCIC resources for FY 14-15) is not yet agreed (neither the source nor the funding). Funding for a number of areas is however in place e.g. research activity.
Investment justification (BC, MoU etc.) forecast spend status	R	No business case in place, however development of this has now recommenced. Funding for large parts of the programme (including HSCIC resources for FY 14-15) is not yet agreed (neither the source nor the funding). Funding for a number of areas is however in place e.g. research activity.
Benefits realisation confidence	A	Benefits were initially drafted as part of the business case development, which is now recommencing
Quality management against plan	A	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document and revised governance).
Programme / Project end date	R	The end date will be specified in agreed scope in overall (programme) business case.
Current Investment Justification approval status	R	No business case in place. Business case development will take an agile approach with an overall Programme Business Case and business justifications falling from this (e.g. for primary care extract; for Strategic Capability Platform).
Cabinet Office Spend Approval status [MANDATORY, WHERE ICT, GDS etc. SPEND APPROVAL IS REQUIRED]	**Choose RAG.**	**No Spend approval in place due to no business case.**

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Resourcing against plan	A	Resource gaps are being filled although clarity of working arrangements across organisations is still forming and there is pressure in all workstreams for business critical positions.
Latest MPA Gateway Review RAG	Choose RAG.	**Assessment meeting date to be scheduled following approval of RPA. PVR follow up meeting scheduled for 16 September 2014 with MPA**

3. Key Programme / Project details		Key Programme / Project contacts	
Programme / Project start date	Activity started on the programme in September 2012	Senior Responsible Owner (SRO)	Tim Kelsey NHS England
Programme / Project end date	To be confirmed	Programme Director	Eve Roodhouse
Current Delivery Framework stage	Initiation (Brief approved; programme accepted onto HSCIC work portfolio; PVR taken place at end April; Programme Definition Document (PDD) to follow; business case in development)		
Current Investment Justification type, stage and approval status	Development (business case in development)		
Next Investment Justification type, stage	Quality Assurance then Approval		
Primary Funding Organisation	Funding detail (proposed breakdown) being detailed in business case		
Commissioning Organisation	NHS England (primary commissioning organisation)		

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4. Progress against plan this reporting period	Key areas of focus for next 3 periods
Communications, Stakeholder Engagement and Media **Communications/marketing** • Intensive work underway, now pathfinders almost confirmed, to align timelines for research & creative development • Stimulus materials (basic) to test creative propositions (x3) were presented to the public focus groups on 15 & 16 September. • Products for sharing with pathfinders being finalised to galvanise further discussion on copy **Research** • Good progress being made in planning further research activity to support the pathfinder stage. **Stakeholders & media** • Tim Kelsey participated in an HSJ roundtable on care.data, with other participants from RCGP/BMA, RCN, MedConfidential, Science Media Centre, National Voice and Patients4data. • The report from the roundtable is scheduled to be published on 24 October. • We are developing a revised stakeholder engagement grid as part of our handling plan to announce the pathfinders in early October. **Public & Patient Voice** • Advisory Group engagement meeting 6 Sept in London, which was webcast via http://www.caredata.public-i.tv/core/portal/home. • Future public session hosted by the Advisory Group to be scheduled as soon as the pathfinders are announced. • Grants process for local Healthwatch to support pathfinder CCGs is being agreed with BSA and finance	• Continue engagement with GPs, CCGs and Public • Immerse in Ipsos MORI feedback and findings for production of preliminary proposals • Preparation on media handling with the progression of the programme. • Final details to be agreed with Ipsos MORI for the research to support the pathfinder stage. • Finalise "You said, we did" document.
Commissioning Strategy & Policy **Objections** • Objections briefing prepared and expected to be submitted to SofS on 18 September 2014. **Privacy Impact Assessment** • PIA continues to be updated and a proforma has been developed for sign off. **'Unresolved' policy areas** • Comments received from communications and an update in progress. **Fair Processing Guidance** • Revised plain English version of the ICO guidance circulated for comment. • Consideration being given to whether the guidance can be tested with stakeholders.	• Resolve policy areas • Work towards the objections wording and correct sign off

Directions
- Discussion with the DH and NHS IG team - an initial legal view has been sought from NHSE on potential changes.

Joint Data Controller
- HSCIC has agreed the Information Asset Owner for the primary care data set and for the linked primary-secondary care data asset. The IAO is currently seeking clarification within HSCIC and with lawyers regards HSCIC legal/statutory position in relation to publications and dealing with FOIs/PQs which may affect how we need to handle the data and how it is used. This will then need to then be reflected in the Data Controller Agreement (DCA). DCA is still with HSCIC to provide QA response, NHS England have been kept informed of the developments.

SCP - Phase 1 / Interim platform to support care.data pathfinders **Interim platform to support care.data pathfinders** - A paper describing the proposed next steps to HSCIC's Strategic Capability Platform (SCP) was presented to the HSCIC Board on 03 September 2014. Forming part of the overarching proposal, was the investment objective of utilising HSCIC's Data Management Environment (DME) for the landing and processing of care.data pathfinders data, ensuring fit for purpose security measures. - In support of this change to the delivery approach, the team have been working through the impact assessment and re-planning activity to ensure the solution can be delivered in time to meet the data extractions timeframe. - The Secure Data Facility (SDF) design, service management requirements and overall costs have now been confirmed. - A sub-project has been initiated to ensure that design, build and test of the solution to extract the data from the GP practices, which will in part use the GP Extraction Service (GPES) but mainly via a separate extraction method (due to the sizing of care.data data). **HSCIC Strategic Capability Platform (SCP)** - Development of the scope and vision of the strategic capability platform for HSCIC is currently being worked through, ensuring alignment with the care.data business case, National Information Board Data Strategy, Data Services for Commissioners future model and strategic aims of the HSCIC. - An appointment has been made to the SCP project team to lead on the Index and De-identification project. A review of the project brief and project progress is underway that will be fully aligned with the business case approach for the overall programme. **HSCIC Operating Model project** - Following a presentation of the outputs and recommended next steps of the Customer Needs Analysis project to the Director of Informatics and Analytics, the project has now been brought to a close. The aim of this project was to understand HSCIC's customers' current and future information needs and challenges in order to help shape HSCIC's services. - A piece of work is now underway to build on the outputs of the initial work that will look at HSCIC's data landscape and AS-IS services structure, data maturity model, target operating model and secure access	- Complete revised technical design - Engagement with internal stakeholders impacted by the change to identify tasks and resource requirements - Complete re-planning activity - Impact assess commercial implications - Progress changes to the business case including scope, costs and approvals process. - Purchasing of SDF kit and required build activities will commence over the next reporting period. - Design and build of the 'Q-Jumper' data extraction method will commence over the next reporting period, along with the delivery of a robust plan and clarity on risks and issues.

solutions, to develop a data services roadmap and change plan	
Data Delivery **PCHES** • The Selection panel met on 27 August and has now agreed the CCGs it would like to see go forward for the pathfinder stage. These are Leeds (North, West and South East), Blackburn and Darwin, West Hampshire and Somerset CCG's. • Further detailed planning with CCGs, Ipsos MORI and our creative agency has given cause to review the plan and an updated critical path. This review is expected to conclude w/e 26th September. A verbal update will be provided to the Programme Board at their meeting on 23 September 2014.The Statement of Need for the primary care extract was agreed by the Standardisation Committee for Care Information (SCCI) board with some caveats – the programme is awaiting further instruction from SCCI to enable the Project team to move on to the requirements stage. **CAMHS** • The MCDS Programme Board has confirmed that it is content that CAMHS v1.0 (Jan 2015) should be stalled in favour of a more beneficial version 2.0 to include IAPTS data items to dove-tail with the end of the (non-MCDS) national IAPTS pilot. **Planning** • Following a meeting with the SSD and the business team the current expectation is that Maternity will be available in May 2015. This is dependent on a) a development platform by mid-November and b) recruitment of testers and Oracle developers. Oracle developers will need to be recruited through a PSBC to start in December/January. CAP Secretariat has been contacted to commence the development of the PSBC. • An outline plan for a modular approach to the CYPHS and CAMHS v2.0 datasets is being developed. This would allow more efficient development and, potentially, support delivery in August and October 2015 (one month later than current expectations but the data could be back-flowed). Again this is subject to recruitment and hardware, and is dependent on SCCI requirements (need for pilot operation prior to dataset mandate could be challenging). **Technical Design** • A paper has been approved by the project board outlining the technical design for the interactive reporting solution. This will go to Architectural Governance Group to support that element of the design. • Urgent engagement needed with the solutions architects in order to understand how a coherent MCDS design is going to be produced. • The dependency on P1-SCP to provide repository functionality is looking less likely. We will need a solution a) to get the design signed off by AGG in time to receive Maternity data in July 2015. **Infrastructure** • The Tender process for the non-production hardware has commenced. A corresponding CAP paper will go to 22nd Sept CAP meeting. The paper has been reviewed by IG, SSD, Finance, Procurement and is currently with	• Official confirmation of CCGs • Start official engagement with Pathfinders • Work towards pathfinders plan • Establish implications of POM • Re-load pathology DVD and de-identify data

Head of Technical Architects. **Project Board** • MCDS SRO to write to SRO of the SCP project to advise that the project had exhausted all of the options for technical architecture .This being reviewed by the care.data Programme Director and will be discussed by the PD, and by the Data Delivery Programme Head.	
Business Case • Business case approach approved by programme board • PSBC for a specialist resource to support business case development has been fully approved and a preferred candidate will commence work on 22 September 2014. • Designated programme manager now allocated in order to progress the business case. • Vision and Scope session with Programme Board members scheduled for 17 September.	• Work with Programme Board to agree vision and scope • PSBC Business Case specialist to agree start date • Approval to recruit benefits lead • Endorsement of Business Case by Programme Board
Programme Office / Controls **Programme Board** There is a further scheduled Programme Board – Vision and Scope of Business Case Group on 17 September 2014 **Assurance: Project Validation Review (PVR) recommendations** Assessment review meeting for Gateway 0 being scheduled (expected to be October 2014). Risk Potential Assessment drafted, awaiting approval. **Funding** Funding for large parts of the programme (including HSCIC resources for FY 14-15) is not yet agreed (neither the source nor the funding). This is being addressed with urgency by the Programme Director. **Advisory Group Meeting** The next meeting is scheduled for 17 October 2014. The data delivery Programme Head presented an update on the programme at the Advisory Group open meeting in London on 5 September 2014 **Resourcing** Business critical positions for the successful delivery of pathfinders have been authorised by Director of Information and Analytics on 16 September 2014. Once recruited these will provide a more controlled and stable delivery of the programme.	• Assessment meeting and Gateway 0 to be scheduled. • Agree funding route for all aspects of care.data • Recruit Business Critical vacancies in care.data • Review risks and issues

5. Key delivery milestones (including business plan milestones) in the next 3 months [**MANDATORY**]
(This section should also include all NHS England Public commitments and SoS Priorities)

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Key milestone description	RAG	Original baseline date	Current baseline date	Current forecast / actual	Commentary
Assurance, Approvals and Controls Milestones					
Programme governance fully established including board re-establishment and sign-off/approvals	C	31/07/2014	31/07/2014	31/07/2014	Description: Programme board re-established with revised ToR and reviewed governing structure beneath, although some elements still to be introduced (e.g. operational board). Advisory Group fully working. Programme board will provide oversight/approvals and internal approval processes being introduced. Progress: Advisory Group and programme board established and working with agreed ToRs.
Assurance of pathfinder stage complete	A	30/09/2014	30/09/2014	30/09/2014	Description: Assurance including independent advice from IIGOP & Ipsos MORI amongst others
Programme Business Case with Programme Board for review	A	31/10/2014	22/12/2014	22/12/2014	Description: Programme business case developed and ready to be endorsed by the Programme Board, then through approval process. The achievement of this milestone has a dependency on resources.
Delivery Milestones (Business Change Outcomes) Inc. Public Commitments					
Marketing, research and stakeholder events launched	C	31/07/2014	31/07/2014	31/07/2014	Description: Funded marketing supported by regional stakeholder events. Research activity commenced to support engagement campaign. Progress: Deliberative research events and GP Practice Manager workshops have taken place and plan of engagement/stakeholder events now in place.
Pathfinder CCGs selected	A	29/08/2014	30/09/2014	30/09/2014	Description: CCGs selected i.e. to have been identified by the selection panel and contacted for them to formally confirm the offer for them to become a pathfinder area. Progress: The original intention was to write to all CCGs inviting them to

					express an interest in becoming a pathfinder area. Following advice, it was felt that a targeted approach to CCGs was more appropriate. The selection panel has been held and 4 CCG's have been selected. Awaiting official acceptance and approval.
Pathfinder stage success criteria agreed	A	29/08/2014	23/09/2014	23/09/2014	Description: Agreement and documentation of the success criteria to be met (baselined for measure where appropriate) to enable the success of the forthcoming pathfinder stage to be evaluated. Dependencies: • Pathfinder stage success criteria approved Programme Board. • Pathfinder plans including pre-requisites for data extract baselined • IIGOP consultation • Advisory Group consultation. Will be informed by research work (for engagement effectiveness elements of evaluation). Progress: Success criteria and pre-requisites' to enable decision produced for programme board. Success criteria to be included in documentation and evidence and presented to the programme board on 23/09/2014
Decision made to proceed to pathfinder data extraction	R	22/12/2014	22/12/2014	22/12/2014	Description: The decision to proceed (to launch) to data extraction from the pathfinder practices will be made by the Programme Board and will be based upon a number of dependencies being met, including: • Primary Care Directions • Privacy Impact Assessment • Data Controllership Agreement (HSCIC & NHS England) • Marketing Communication materials produced and made available. Progress: • Papers being produced in order to inform the board of progress in order to inform the decision for extraction.
Primary Care pathfinder data extraction	R	30/01/2015	30/01/2015	30/01/2015	Description: Data extract commenced for pathfinder GP practices with linkage to HES. Progress:

					As per date confirmed following Board decision *(see milestone above)*.
Decision and definition in relation to future implementation stages	**Choose RAG.**	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	Description: Following the pathfinder stage, decisions and further definition will follow regarding next steps and future stages (including potentially to national rollout, if deemed successful)
Benefits Realisation Milestones					
No milestones for Benefits Realisation until business case has been approved	**Choose RAG.**	Click here to enter a date.	Click here to enter a date.	Click here to enter a date.	

6. Top 5 risks and issues (impacting current plan/deliverables) [**MANDATORY**]

Risk / Issue ID	Type (Risk / Issue)	Risk/Issue Title	Risk/Issue Description	Impact Description	Impact	Likelihood	RAG Status	Trend	Mitigation Plan
1	**Risk**	Lack of clinical engagement for programme	Due to the pace of rollout of the primary care extract (including communications and engagement), limited time to meet fair processing requirements (GP role as Data Controller), limited funding or resource to help GP Practices to manage patient communications and GP Practice users potentially 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 and on the ground in regions (CCGs) – to secure engagement COST: Impact on cost through wider, more intense engagement/communications 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	2	A	**New Risk**	Now being addressed through concentrated engagement activity (with focused communications and engagement plan) and a wider Stakeholder and Communications workstream providing overall framework and strategy for the programme (i.e. stakeholder mapping, stakeholder engagement strategy, communications plan), working across organisations, including regionally. For example recent GP & Practice manager events have taken place. The pathfinder approach means that the risk is mitigated in that areas of concern can be addressed quickly before any further rollout (judged by success criteria) and also is ensuring concentrated engagement efforts at a regional level. This is being supported by research activity and engagement with professional groups.
2	**Issue**	No approved business case	Development of the business case for	TIME: Impact on business case approval	5	4	R	**New Risk**	Business case approach options developed and approved by the programme board (will

		for the programme	care.data did begin in late 2013 but was placed on hold due to resource constraints. This means that, in a number of areas, the programme is effectively working at risk. Without a business case there is no clear scope or strategic direction after the pathfinder delivery.	will lead to impact upon delivery timescales

COST: Impact on cost through timescales for delivery moving out and also could mean uncontrolled cost and budget setting/tracking

BENEFITS: Potential impact on benefits in that there could be difficulty in defining benefits against the delivery taking place (should all be defined in one place). | | | | | follow a Cabinet Office approach utilising a Programme Business Case and justifications falling from this as opposed to via a SOC as per original development).

PSBC for business case specialist support has now been fully approved and recruited (start date 22 September 2014). Programme management resource is now in place to lead the development. |
| 3 | **Issue** | No approved funding for large parts of the programme | Funding for large parts of the programme (including HSCIC resources and GPES supplier costs for FY 14-15) is not yet agreed (neither the source nor the funding). Funding for a number of areas is however in place e.g research activity and initial platform development | TIME: Potential impact on delivery timescale where any lack of funding would halt progress.

COST: Direct cost implication of lack of funding.

REPUTATIONAL: Internally with delivering programme at risk. Externally with supplier costs | 5 | 6 | R | **New Risk** | Finance briefing issued

Programme director in discussions with HSCIC Finance and Exec director, SRO & CEO HSCIC. |
| 4 | **Risk** | Impact assessment including re-planning of the technical platform not yet complete. | Following the technical platform change of approach, it is not yet fully known that the solution can be delivered in time for the data extractions. | TIME: Re-planning may highlight that he technical solution may not be able to be delivered within required timeframe.

COST: In order to mitigate any delivery timeframe concerns, additional costs may occur. | 4 | 2 | A | **New Risk** | Revised technical design underway

Continued engagement with HSCIC internal stakeholders impacted by the change to identify tasks and resource requirements.

Complete re-planning activity. |
| 5 | **Risk** | Timeframe for primary to | It may not be possible to meet the schedule for | The schedule is dependent upon the | 5 | 4 | R | **New Risk** | The Atos work to support the preferred viewer solution is scheduled in for a |

		secondary care extraction	the launch of the national linked primary – secondary care extract that has been agreed with care.data.	national care.data extract being delivered to the timescales agreed by GPES and that each supplier delivers their extracts in exact accordance with the GPES specification.					November release. New participation in release 2.2.11 now rescheduled towards end of November continued work in this area
6	**Issue**	Lack of resources across programme	Resources are becoming overstretched as there is an increasing amount of work to support both the pathfinder stage of the programme and future developments.	TIME: Due to the length of time recruitment takes, there is a risk to the pathfinder stage delivery timeframes. COST: Direct cost implication to fund the extra resources required	4	6	R	**New Issue**	Authorisation has now been received from the HSCIC Director of Information and Analytics to recruit to business critical posts. Recruitment process to commence

7. Current Year Financial Forecast vs. Budget [**MANDATORY**]   Figures as at:

Notes on completion: All negative figures to be bracketed.

RAG	Capital / Revenue	Full Year Budget (FY13/14) (£000)	Actual as at period above (FY13/14) (£000)	Full Year Forecast (FY13/14) Expenditure: +ve Income: -ve	Full Year Variance (FY budget –Forecast) (£000) Expenditure: +ve Income: -ve	Full Year Variance % (FY budget – Forecast as a %) Underspend: +ve Overspend: -ve
TBC	Programme Revenue					
TBC	Programme Capital					
	Total Programme					
	Admin Revenue Expenditure					
	Admin Revenue Income					
	Admin Capital					
A	**Total Admin**					

TBC	TOTAL					

Commentary	Next steps
No business case in place – funding through GIA source, NHSE and care.data programme funding (and separate business case in place for research activity to support awareness extension).	[Next steps to address RAG / commentary]

8. Investment justification forecast spend status [**MANDATORY FOR ALL ITEMS JUSTIFIED BY BUSINESS CASES**]

Notes on completion: All negative figures to be bracketed.

RAG	Total baselined organisational Whole Life Cost (£M) (i.e. excludes local costs e.g. NHS) as per the combined Business Case or MoU	Total organisational spend to date (£M) (i.e. excludes local costs e.g. NHS)	Total forecast, organisational Whole Life Cost (£M) (i.e. excludes local costs e.g. NHS)	Total organisational variance (£M) (Baseline – Forecast) (+ve = underspend, -ve = overspend)
Choose RAG.	Total baselined local / NHS Whole Life Cost (£M) as per the combined Business Case or MoU	Total actual local / NHS spend to date (£M)	Total forecast, local / NHS Whole Life Cost (£M)	Total local / NHS variance (£M) (Baseline – Forecast) (+ve = underspend, -ve = overspend)
TOTAL				

Commentary	Next steps
No business case in place – funding through GIA source, NHSE and care.data programme funding (and separate business case in place for research activity to support awareness extension).	[Next steps to address RAG / commentary]

9. Benefits realisation confidence as at:
[**MANDATORY FOR PROGRAMMES AND PROJECTS ONLY**]

Notes on completion: All negative figures to be bracketed.
Variance should report the difference between original baselined benefits and currently forecast total benefits for project duration.

RAG		Baselined Total Benefits (as per approved BC) (£M)	Forecast Total Benefits (whole life) (£M)	Actual benefits (realised to date) (£M)	Total Variance (£M) (Forecast - Baseline) (+ve = forecast over achievement, -ve = forecast under achievement)

Choose RAG.	Cash Releasing Benefits				
	Non-Cash Releasing Benefits				
	Societal Benefits				
	Total				
	Baselined Qualitative Benefits			**Forecast Qualitative Benefits Commentary**	
	[as per business case and/or brief]			[comment on the delivery of baselined qualitative benefits]	

Commentary	**Next steps**
Benefits were initially drafted as part of business case development, will be picked up again as part of the business case.	[Actions required to address commentary]

10. Quality management against plan [**MANDATORY FOR PROGRAMMES AND PROJECTS**]

RAG	Commentary	Next steps
Choose RAG.	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document).	[Actions required to address commentary]

11. Project Summary [**MANDATORY within a Programme**] / Workpackage summary [**OPTIONAL**]

(P0306/00) Project / Workpackage name]	**[Insert Project Manager name / Workpackage owner**
Project / Workpackage start date: [DD/MM/YYYY]	Project / Workpackage end date: [DD/MM/YYYY]
Key Project / Workpackage deliverables (i.e. the products, assets, services to be delivered): 1.	
(P0306/00) and Project / Workpackage name]	**[Insert Project Manager name / Workpackage owner**
Project / Workpackage start date: [DD/MM/YYYY]	Project / Workpackage end date: [DD/MM/YYYY]
Key Project / Workpackage deliverables (i.e. the products, assets, services to be delivered): 1.	

Other optional information

12. Programme / Project Gateway Review or Health Check recommendations progress [**OPTIONAL**]

Recommendation / number	Action plan to address recommendation	Action progress against plan	Action Priority	Current Status
[Must match Portfolio Database]	[Must match Portfolio Database]	[Must match Portfolio Database]	[Must match Portfolio Database]	[Must match Portfolio Database]
Date of last review		**RAG status given at last review**		

13. Resourcing against plan [**OPTIONAL**]

RAG	Commentary	Next steps
Choose RAG.	[Add commentary if Red or Amber]	[Next steps to address RAG / commentary]

14. Key Programme / Project / Live service metrics [**OPTIONAL**]

Commentary

[Add any commentary / specify live service metrics]

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

>0.5% overspend OR >5% underspend	R
3% to 5% underspend Amber	A
<0.5% overspend to <3% underspend	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