

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.

Reporting period (Calendar Month):	September 2014	Date Approved by SRO:		Not approved		
Report produced by:	Donna Braisby	Job Title:		Programme Manager		
1. Overall delivery confidence RAG	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14
	A/R	A/R	A/R	A/R	A/R	A
Overall delivery confidence commentary				Next steps		
<p>Further detailed planning with CCGs, Ipsos MORI and our creative agency has given cause to review the plan and revise the critical path. The fair processing window is now expected to commence 12 January 2014. Approval to commence the fair processing and extraction from pathfinders will be sought from the care.data Programme Board on 15 December 2014. Extraction is scheduled for the end of February with data available through the SDF at the end of March. A verbal update was provided to the Programme Board at their meeting on 23 September 2014, and the updated Pathfinder plan will be presented on 15 October 2014.</p> <p>A selection panel met on 27 August 2014 and 9 September 2014 and made a recommendation that four CCG areas be taken forward as pathfinders. They are Leeds (North, West and South East), Blackburn with Darwen, West Hampshire and Somerset CCGs. Endorsement was received from the Programme Board on 23 September 2014 and we are now expecting formal announcement on 7 October 2014.</p> <p>The programme is still delivering without a business case and remains under intense scrutiny; however specialist resource to assist in this area is now in position from 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.</p> <p>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 and adverts for these posts are expected on NHS jobs week commencing 29 September 2014.</p> <p>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.</p>				<p>The Programme Board will be presented with the following papers on 15 October 2014:</p> <ol style="list-style-type: none"> 1. Highlight Report 2. Pathfinder Plan 3. Assurance, Approval and Evaluation for Pathfinders. 4. Creative Path presentation 5. Updated PVR action plan <ol style="list-style-type: none"> 1. Progress detailed planning for the pathfinder stage with CCGs and across technical solution to ensure plan can be base-lined at the Programme Board on 15 October. 2. Continue business critical recruitment to secure Benefits Lead and deliver pathfinder stage 3. Conclude discussions with NHS England regarding funding gap for HSCIC resources allocated to Care.data in FY14/15. 4. Case conference with DH and Cabinet Office colleagues to agree strategic case for programme business case. 		

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	Choose RAG.	No Spend approval in place due to no business case.

APPROVAL IS REQUIRED]		
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.	Gateway 0 and Assessment meeting date to be scheduled following approval of RPA. PVR follow up meeting took place on 23 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)		

4. Progress against plan this reporting period	Key areas of focus for next 3 periods
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Communications, Stakeholder Engagement and Media

Communications/marketing

- The consensus is the Ipsos MORI work 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 materials presented had a clear front runner. However engagement work with these materials is to take place with the pathfinders which are expected to start week commencing 13 October 2014.
- Intensive work underway, now pathfinders have been 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. The outcome is one material was favoured over the others; this material is now being taken forward.

Research

- Planning ongoing for the research element of Pathfinders.

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.
- Media briefing held with HSJ on 6 October 2014 ahead of press release to formally announce the pathfinders.
- Engagement Summary and Next Steps document (formerly 'You Said, We Did') prepared for publication in October.

Public & Patient Voice

- Advisory Group engagement meeting 6 September 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. It is expected to be scheduled in January 2015 in a pathfinder area.
- Grants process for local Healthwatch to support pathfinder CCGs is being agreed with BSA and finance

- Continue engagement with GPs, CCGs and Public
- Continue working with Ipsos MORI & creative agency actioning feedback and findings
- 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 Engagement Summary and Next Steps document and publish.
- Core pack of communications development
- Engagement and input from Pathfinders to further develop the materials
- Approval from IIGOP and DH for the materials to be agreed
- Complete a review of the information available in the public domain, remove any 'out of date' information and update according to current position on care.data

Commissioning Strategy & Policy

- Objection/Opt-out: Objection wording has now been agreed by No 10 Privacy Impact Assessment (PIA): PIA currently being updated. Comments from HSCIC have been received and the latest version has been sent to the DH for

- Resolve policy areas
- Detailed narrative wording
- Joint Data Controller Agreement approval expected November 2014
- Updated PIA to be completed by 6th November 2014

<p>comment</p> <ul style="list-style-type: none"> • Fair Processing: Revised plain English version of the ICO guidance circulated for comment. • Commercial Uses of data: This review process with Wellcome Trust is complete and the document is now ready for communications. The paper is not for publication, but for use as a resource for materials being drafted by communications • Directions: NHS England lawyers have reviewed a draft of the Data Services for Commissioners directions. The wording on transformation of the data for lawful dissemination will be included in the primary care directions – this will replace the sections around pseudonymisation. A revised section on objections will be included pending the DH issuing separate directions. Research will be added as a purpose. 	<ul style="list-style-type: none"> • Legal Directions • ICO guidance to be shared with pathfinders for feedback.
<p><u>SCP & DME / Interim platform to support care.data pathfinders</u></p> <p>Interim platform to support care.data pathfinders</p> <ul style="list-style-type: none"> • In support of the 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. • Following the full requirements and design work for the delivery of a Secure Data Facility (SDF), the project team are now working through a revised set of specific requirements and options appraisal to meet the needs care.data pathfinders. • 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). <p>HSCIC Strategic Capability Platform (SCP)</p> <ul style="list-style-type: none"> • 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. But due to the complexities of delivering the extract solution (QJumper and Data Viewer), this individual has been re-prioritised to oversee the delivery of the data extract workstream. 	<ul style="list-style-type: none"> • End-to-end technical design due for completion end of October/early November. • Engagement with internal stakeholders impacted by the change to identify tasks and resource requirements • 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.

Data Delivery

Primary Care – Hospital Episode Statistics Linkage (PCHES)

- A selection panel met on 27 August 2014 and 9 September 2014 and made a recommendation that four CCG areas be taken forward as pathfinders. They are Leeds (North, West and South East), Blackburn with Darwen, West Hampshire and Somerset CCG's. Endorsement was received from the Programme Board on 23 September 2014 and we are now expecting formal announcement on 7 October 2014.
- Further detailed planning with CCGs, Ipsos MORI and our creative agency has given cause to review the plan and an updated critical path. The fair processing window is now expected to commence 12 January 2014. Approval to commence the fair processing and extraction from pathfinders will be sought from the care.data Programme Board on 15 December 2014. Extraction is scheduled for the end of February with data available through the SDF at the end of March. A verbal update was provided to the Programme Board at their meeting on 23 September 2014, and the updated Pathfinder plan will be presented on 15 October 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.
- The HSCIC Executive Management Team endorsed the recommendations made by the GPES Independent Advisory Group in response to the care.data addendum paper that was submitted to IAG on 11th September.

Patient Objections Management (POM)

- Work is ongoing to confirm GP supplier schedules which will be subject to a further clarification going out to suppliers to confirm the extent of the extract in terms of GP locations, initial schedule responses suggested the data should be available by December 2014
- Work is continuing ensure readiness for implementing objections in line with agreed policy approach for the pathfinders
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Maternity Children Data Set (MCDS)

- Follow a review of projected spend, the project has alerted NHS England that £441k of contingency is no longer required
- All project risks and issues reviewed and updated

Technical Design

- Official confirmation of participating GP practices expected mid November 2014.
- Start official engagement with Pathfinders
- Work towards pathfinders plan
- Finalising the delivery dates for POM
- Re-load pathology DVD and de-identify data
- MCDS is planning for the delivery of the development infrastructure, taking the CYSHS (Children and Young People Health Service) dataset through the SCCI (Standards Committee for Care Information) and determining the solution for repository provision.

<ul style="list-style-type: none"> • 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 not occurring. Therefore a solution is needed a) to get the design signed off by AGG in time to receive maternity data in July 2015. 	
<p><u>Data Access and Accelerators</u></p> <p>Data Access</p> <ul style="list-style-type: none"> • HSCIC Secure Data Labs draft report released internally on 26 September 2014 • Work progressing with Secure Data Labs activity to ensure this is consistent with initial work for the SDF and the potential roadmap for care.data access. <p>Accelerators</p> <ul style="list-style-type: none"> • New work commission drafted, outlining scope of accelerator activity. 	<ul style="list-style-type: none"> • Further discussions with colleagues across HSCIC, NHS Choices and NHS England regarding future delivery of open data to ensure that organisationally we are taking a strategic approach to data access, including meeting with Digital Products Round Table group • Operational delivery of the SDF due 5 January 2015 • Develop the approach to initiating accelerator projects. • To further develop scope to ensure that accelerator work is focussed and delivers tangible outputs. • HSCIC Secure Data Labs report to be released in November 2014
<p><u>Business Case</u></p> <ul style="list-style-type: none"> • PSBC for a specialist resource to support business case development has been fully approved and commenced work on 22 September 2014. • Vision and Scope session with Programme Board members held on 17 September 2014. Update given to Programme board on 23 September 2014. It was agreed two board members to be approached to support development of the strategic case. Date is currently being scheduled. 	<ul style="list-style-type: none"> • Agree and develop vision and scope • Recruit benefits lead • DH / CO case conference to be scheduled to review the strategic case, scheduled 9 October 2014. • Endorsement of Business Case by Programme Board on 15 December 2014
<p><u>Programme Office / Controls</u></p> <p><u>Programme Board</u></p> <p>Programme Board occurred on 23 September 2014. Next one is scheduled on 15 October (15:00 – 17:00). A Programme Board sub group is being scheduled to discuss the analysis of the Pathfinder data.</p> <p><u>Assurance: Project Validation Review (PVR) recommendations</u></p> <p>Assessment review meeting for Gateway 0 was scheduled for 4 November 2014. Due to a diary clash the team are again working with CO to reschedule. Risk Potential Assessment approved by SRO and submitted to the Cabinet Office. Gateway 0 to be provisionally</p>	<ul style="list-style-type: none"> • 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 • Complete internal audit and take action on any recommendations made.

scheduled for January 2015.

NHS England Internal Audit

This will commence on 6 October 2014 and due to be completed by 23 October 2014 concentrating on two elements of care.data:

1. Communications, Stakeholder Engagement and Media workstream
2. Implementation status relating to PVR action plan

Meetings will be held with the SRO, Programme Director and all workstreams leads.

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 Advisory Group meeting is scheduled for 17 October 2014 from 09:00 – 11:00. A sub group focusing on the communications materials has also been scheduled for 17 October 2014 from 15:00 – 16:30.

The following papers have been published after being considered and approved by the care.data Programme Board:

- Care.data Pathfinder Proposal
- Care.data Planning Principles
- Care.data Roadmap to extend the primary care dataset

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. Adverts are expected to be live on NHS jobs week commencing 6 October 2014.

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
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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 Low 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	Trend	Make sure the Action Plan is SMART - number the actions, add an Action Owner , a due date and completion status for each
1	Risk	Purdah/Election	Due to the critical timing of the pathfinder stage there is a risk that due to the election 'purdah' will effect essential decisions for the programme to progress	TIME: Timescales for delivery may be impacted by 6 weeks or more depending on the outcome of the election COST: Impact on cost through timescales for delivery moving out and also could mean uncontrolled cost and budget setting/tracking REPUTATION: Public perception of the care.data project, HSCIC and NHS England	5	3	A	New Risk	<ol style="list-style-type: none"> 1. Business case to be endorsed by Programme Board by (15 December 2014) and go through approvals process prior to Purdah. 2. Ensure that fair processing and public polling for the pathfinder stage are concluded before purdah commences 3. Monitor progress of business case and pathfinder stage using critical path / milestones (Ongoing) 4. Engage with the GPES team regularly to ensure that extraction dates / deadlines are on track (Ongoing)
2	Risk	Lack of clinical engagement for programme	Due to the pace of rollout of the GPES 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	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	4	2	A	→	<ol style="list-style-type: none"> 1. Concentrated engagement activity in progress (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 and public events have taken place. (Ongoing) 2. The pathfinder approach means that the risk is mitigated in that materials and engagement can be tested and areas of concern can be

			be fully engaged with care.data, or may not have confidence in care.data, which will negatively impact the realisation of benefits as the programme progresses.	down line if not engaged early REPUTATIONAL: Perception that GP Data Controllers have to defend patient data against HSCIC extraction. Reduced confidence in HSCIC & NHS England to achieve project objectives.					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. This engagement does not have an end date and will continue throughout the pathfinder stage.
3	Issue	No approved business case for the programme	Though development of the business case for care.data began in late 2013 it was placed on hold due to resource constraints. This has resulted in an issue that means that a number of areas of the programme effectively working at risk as without a business case there is no clear scope or strategic direction after the pathfinder delivery and the potential of not having sufficient funding to support the development of the business case is increased.	TIME: Impact on business case approval 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).	5	4	R	→	1. Business case approach options developed and approved by the programme board (will 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) on 16/07/2014. 2. PSBC for business case specialist support has now been fully approved and resource commenced work on 22 September 2014. Programme management resource is now in place to lead the development. Benefits lead is being recruited by 15 December 2014.
4	Issue	No approved funding for large parts of the programme	Due to 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) there is an issue that has resulted in these areas working at risk of being halted and therefore will not be	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	5	6	R	→	1. Finance briefing issued 7 August 2014. 2. Programme director in discussions with HSCIC Finance and Exec director, SRO & CEO HSCIC to secure funding for FY 2014/2015. 3. Further planning is also being completed alongside NHS England and HSCIC financial experts to discuss funding should there be any further delay in the business case post April 2015.

			able to progress to completion until these funding issues are resolved. This could also impact the completion of other work areas that rely on these at risk areas. Funding for a number of other areas is however in place e.g research activity and initial platform development	costs					
5	Risk	Impact assessment including re-planning of the technical platform not yet complete.	Following the technical platform change of approach there is a risk that not yet fully knowing if the solution can be delivered in time for the data extractions may lead to delays to delivery and to reduced confidence in the care.data project.	<p>TIME: Re-planning may highlight that the technical solution may not be able to be delivered within required timeframe.</p> <p>COST: In order to mitigate any delivery timeframe concerns, additional costs may occur. Delays may also cause costs to increase.</p>	4	2	A	→	<p>1. Continued engagement with HSCIC internal stakeholders impacted by the change to identify tasks and resource requirements.</p> <p>2. End-to-end technical design due for completion end of October/early November.</p>
6	Risk	Timeframe for primary to secondary care extraction	Due to delays to approvals and/or the pathfinder there is a risk that it may not be possible to meet the schedule for the launch of the national linked primary – secondary care extract that has been agreed with care.data and GPES. This may result in additional payments to suppliers being required to facilitate a second extract	Time: The schedule is dependent upon the 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. Any delays to the business case approvals and/or the pathfinder will most likely cause reciprocal delays to the data	5	4	R	→	<p>1. The Atos work to support the preferred viewer solution is scheduled in for a November release.</p> <p>2. New participation in release 2.2.11 now rescheduled towards end of November continued work in this area</p>

				extraction process. Cost: The additional value of any additional payments to suppliers to facilitate a second extract					
7	Issue	Lack of resources across programme	Due to recent budget and resource constraints and issue has arisen that existing 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 while recruitment processes are followed.	4	6	R	→	1. Authorisation has now been received from the HSCIC Director of Information and Analytics to recruit to business critical posts. 2. Recruitment process commenced and expected to be advertised w/c 6 October 2014

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 (FY14/15) (£000)	Actual as at period above (FY14/15) (£000)	Full Year Forecast (FY14/15) <i>Expenditure: +ve Income: -ve</i>	Full Year Variance (FY budget - Forecast) (£000) <i>Expenditure: +ve Income: -ve</i>	Full Year Variance % (FY budget - Forecast as a %) <i>Underspend: +ve Overspend: -ve</i>
G	Programme Revenue					
R	Programme Capital					
	Total Programme					
	Admin Revenue Expenditure					
	Admin Revenue Income					

	Admin Capital					
A	Total Admin					
TBC	TOTAL					
Commentary					Next steps	
<p>Care.data - No business case in place – funding through GIA source, NHS England and care.data programme funding (and separate business case in place for research activity to support awareness extension).</p> <p>HSCIC - 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.</p> <p>Budget had been agreed in NHS England for FY 13/14 for £4.27 million. A reduction of 7% was then enforced leaving a budget of £3.97 million. Currently NHS England costs are under budget; however work is ongoing between the financial experts in both organisations to ensure all costs have been accounted for.</p>					<ol style="list-style-type: none"> 1. HSCIC work with NHS England to agree an accountability and tracking system across the care.data programme (budget v's spend) 2. Ensure all work that has been commissioned is accounted for in the NHS England budget 3. Final agreement to be communicated for the HSCIC programme funds. 	

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) <small>(i.e. excludes local costs e.g. NHS) as per the combined Business Case or MoU</small>	Total organisational spend to date (£M) <small>(i.e. excludes local costs e.g. NHS)</small>	Total forecast, organisational Whole Life Cost (£M) <small>(i.e. excludes local costs e.g. NHS)</small>	Total organisational variance (£M) <small>(Baseline – Forecast) (+ve = underspend, -ve = overspend)</small>
Choose RAG.	Total baselined local / NHS Whole Life Cost (£M) <small>as per the combined Business Case or MoU</small>	Total actual local / NHS spend to date (£M)	Total forecast, local / NHS Whole Life Cost (£M)	Total local / NHS variance (£M) <small>(Baseline – Forecast) (+ve = underspend, -ve = overspend)</small>
TOTAL				
Commentary				Next steps
<p>No business case in place – funding through GIA source, NHS England and care.data programme funding (and separate business case in place for research activity to support awareness extension).</p>				[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 <u>to date</u>) (£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
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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
Refer to PVR Action Plan	Refer to PVR Action Plan	Refer to PVR Action Plan	Refer to PVR Action Plan	Refer to PVR Action Plan
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 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