Programme Board Highlight Report: (P0306/00) care.data

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 is to join up patient information to improve health outcomes for all.
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.
Dates presented to Programme Board 17 November 2014

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Reporting period (Calendar Month):	October 2014	Date Approved by SRO:	Not approved
Report produced by:	Donna Braisby	Job Title:	Programme Manager

1. Overall delivery confidence RAG

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15
	A/R	A/R	A/R	A/R	A	A

Overall delivery confidence commentary	Next steps
Good progress is being made in all aspects of the programme but the programme continues to be under intense scrutiny, operating without an approved business case and managing significant risks. The overall Amber Red status reflects this. Key points to note: • The Health Select Committee has advised that they wish to invite the SRO to provide evidence to them during a formal session. The exact details are to be confirmed, but expected to take place at the end of November/early December. • Work is progressing at pace to deliver the Programme Business Case for Programme Board endorsement at the December 2014 board meeting. Funding of programme costs in FY14/15 (including HSCIC resources) has now been agreed, however awaiting official confirmation. • The pathfinder plan was base-lined at the Programme Board on 15 October 2014. Programme Board approval to commence fair processing and subsequent extraction will be sought from the board in January with communication commencing in February. The HSCIC is actively managing a number of risks in relation to the readiness of the HSCIC data management environment to receive process and store the data. Timelines remain ambitious but achievable. • A number of project launch meetings have taken place within the pathfinder areas. Locality meetings have also started in some areas in order to raise awareness within the CCG areas. An Editorial Review Panel has been developed to capture and consider feedback from CCGs and wider stakeholder audiences on communication materials. • A Programme Assurance Review (PAR) will take place 3 – 5 February 2015.	1. Complete business planning and financial review for FY 2015-2016 with NHS England & HSCIC in line with the business case 2. Complete Programme Assurance Review (PAR) with MPA 3. Continue with the engagement and joined working with the CCGs and pathfinders 4. Further engagement with DH and Cabinet Office to agree Integrated Assurance and Approval Plan (IAAP) and review of business case content 5. Complete detailed economic analysis to confirm preferred option and investigate programme funding / affordability options 6. Provide support for the SRO for the next Health Select Committee (date to be confirmed) 7. Provide support for the future public session hosted by the Advisory Group confirmed for 26 November 2014 in Manchester

2. Key Programme / Project RAG areas

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 care.data is taking a discovery phase approach for pathfinders. Programme business case is in progress.
Investment justification (BC, MoU etc.) forecast spend status	R	No business case in place, however care.data is taking a discovery phase approach for pathfinders. Programme business case is in progress.

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Benefits realisation confidence	A	Benefits were initially drafted as part of the business case development, which is now in progress.
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	N/A	The end date will be specified in agreed scope in overall (programme) business case.
Current Investment Justification approval status	R	No Spend approval as business case not in place. However care.data is taking a discovery phase approach for pathfinders and an ICT spend approval form will be submitted. Programme business case is in progress.
Cabinet Office Spend Approval status [MANDATORY, WHERE ICT, GDS etc. SPEND APPROVAL IS REQUIRED]	**Choose RAG.**	No Spend approval as business case not in place. However care.data is taking a discovery phase approach for pathfinders and an ICT spend approval form will be submitted. Programme business case is in progress.
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	R	Programme Assurance Review (rather than Gateway 0) will take place on 14 January 2015 and 3-5 February 2015.

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 (PVR taken place in April/May 2014; discovery phase approach for pathfinders; programme business case in development)		
Current Investment Justification type, stage and approval status	Development (Business case in development)		
Next Investment Justification type, stage	ICT Spend approval in progress to be submitted		
Primary Funding Organisation	2014/2015 – NHS England 2015/2016 – DH		
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** • Content for the leaflet has been presented to stakeholders from the Advisory Group and considerable feedback has been provided. The content is being revised to take in the comments from the Advisory Group members and the new version will be presented to the pathfinders for comment. • Draft versions of the opt-out form and patient letter have been circulated for comment and revised versions are being prepared to be presented to the pathfinders. • Costs for the patient mailing have been estimated and the Business Case for this work has been submitted to the Efficiency Control Committee (ECC) for approval. The proposals for this work will also need to be approved through the Cabinet Office. • Tim Kelsey presented to the all-party parliamentary group on public and patient involvement on the 28 October 2014 • The report from the HSJ roundtable was published on 24 October 2014. **Research** • Approved pre-wave questionnaire and associated plan. **Stakeholders & media** • Engagement Summary and Next Steps document (formerly 'You Said, We Did') amended following comments from Programme Board and Advisory Group. Following written note to Health Select Committee and the offer of an informal briefing, they have requested a formal briefing in late November, exact date to be agreed. • Media strategy has been drafted and approval being sought. • Public Affairs and Engagement strategy drafted which identifies key parliamentary groups to regularly engage. • Further amendments to the Engagement Summary and Action Plan document (formerly 'You Said, We Did'). Letter for stakeholders written to update and share document. Handling plan written to provide context to media and wider publics. • Mapping of MPs in pathfinder areas complete. **Public & Patient Voice** • Future public session hosted by the Advisory Group confirmed on 26 November 2014 in Manchester.	• Continue engagement with GPs, CCGs and Public • Continue working with Ipsos MORI & creative agency actioning feedback and findings. The benchmarking wave is expected to take place from Monday 10 November 2014 to Tuesday 16 December 2014. Post wave is expected to commence Monday 16 February 2015 and complete on Sunday 29 March 2015. • Preparation on media handling with the progression of the programme. • Core pack of communications development with pathfinders to be agreed 28 November 2014. • Engagement and input from pathfinders to further develop the materials • Approval from DH for the materials to be agreed. Advice will be sort from IIGOP. • Review of the information available in the public domain completed; plan developed to remove any 'out of date' information and update according to current position on care.data by mid-November, including posting the Action Plan slide deck. • The proposals for the patient mailing in the Pathfinder areas to be submitted to the Cabinet Office for approval (expected to be submitted on 13 November 2014 and returned with a decision by 24 November 2014). • Web chat planned between Tim Kelsey and HSJ as follow on to round table (26 October 2014) – w/c 17 November 2014 • Support Tim Kelsey with briefing for session with Health Select Committee and meeting with Secretary Of State and David Davis (date to be agreed)
Commissioning Strategy & Policy **Opt-outs** • Programme working as a priority on the detail of the scope of the opt-out for the pathfinder stage with DH, HSCIC and IIGOP. A paper has been drafted for IIGOP. **Legal Directions** • Timescale for drafting, reviewing and publishing directions shared with DH for informal comment and comments being incorporated (dependent on a swift resolution of the scope of the opt-out within HSCIC)	• Detail of scope of the opt-out. • Working with the DH on legal directions (primary care extraction/opt out), expected to be completed 31 December 2014 • Finalise the Privacy Impact Assessment with input from relevant stakeholders (5 December 2014) • Joint data controller agreement (21 January 2015) • Policy input into key communications materials (28 November 2014) • Provide updates to the Health Select Committee (monthly)

Legal view on GPs opting out all their patients
- Legal view being sought on this issue following ICO comments that it is permissible in terms of the DPA and Patient Concern lobbying all GP practices on this point.

Joint Data Controller Agreement
- Comments from HSCIC received and being reviewed by NHSE IG team.
- Proforma for sign off being prepared.

Privacy Impact Assessment
- ICO comments received - no fundamental concerns.

Policy engagement with stakeholders
- Drafted response to the Health Select Committee and a brief for Simon Stevens in preparation for his attendance at the Committee.
- Brief drafted for the SofS providing an update on pathfinders
- Brief and attendance at APPG - long conversation with Rosie Cooper MP following meeting.
- Letters to Parliamentarians drafted
- Briefed the Medical Protection Society.
- Response drafted to address concerns of the Friends, Families and Travellers Community Base

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Technology platform, extract tools and secure data facility

- Continued business case (OBJ) development, currently awaiting finalised end to end design and project costs.
- Business case approvals process agreed with Portfolio Office.
- Re-baselined plan completed following change of project approach and secure data facility change of scope.
- Engagement with solution assurance team and technical architects to determine approach for full end to end testing and assurance. Assurance Approach document is in development.
- Analytical tool licencing confirmed and funding approach agreed.
- Primary Care Data Extract System requirements captured and system design underway. Technical options in development. Testing requirements, test and assurance approach under development.
- Secure Data Facility options appraisal paper approved following change of scope.
- Meeting held with Andy Williams, Max Jones, Eve Roodhouse and others (on 28 October 14) to discuss risks and mitigating actions.

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.
- A blueprint has been developed for the SCP that was discussed at HSCIC Executive Management Team on 23 October 2014, and separately with Andy Williams and Max Jones on 28 October 2014.

(right column)
- End-to-end technical design due for completion and approval 10 November 2014.
- Extract request specification received back (expected w/c 10th November 2014) from GP suppliers providing confirmation of delivery timescales.
- Extract tool and data downloader build will commence following technical design approval
- Overall testing solution assurance approach determined and agreed with key stakeholders
- Delivery of the risk mitigation plan surrounding the availability of the Data Management Environment.
- Detailed Secure Data Facility design and requirements completed.
- Engage with Gateway review team to provide feedback on progress actions recommendations and change of delivery approach.

Data Delivery

Primary Care – Hospital Episode Statistics Linkage (PCHES)
- A number of project launch meetings & locality meetings have taken place within the CCG areas. The

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Primary Care – Hospital Episode Statistics Linkage (PCHES)
- Practices actively participating in the pathfinder stage will be confirmed in

central programme team and Regional NHS England team colleagues have engaged with CCG project teams in order to raise awareness and develop and agree local delivery plans and agreements on communication approaches to be implemented during the pathfinder stage.
- The NHS England Regional teams supporting the pathfinders were bolstered with the appointments of engagement leads for Somerset, Blackburn with Darwen and Leeds CCGs, and a Senior Project Manager was appointed to the central team.
- An Editorial Review Panel has been developed which will receive and consider feedback from all stakeholders on communication materials, ahead of local and national sign off has been agreed.
- Detailed planning work has continued with subject matter experts working across the programme. Further work is taking place to confirm the date for data to be extracted from pathfinder practices, and for data to be made available through the SDF.
- The programme has worked closely with the Summary Care Record team in order to capture lessons and to use these to inform engagement and communications in the pathfinder areas.

Patient Objections Management (POM)
- Work is continuing to ensure readiness for implementing objections in line with agreed policy approach for the pathfinders. The project team have produced and are currently reviewing a guidance document which will support HSCIC teams in implementing objections and are finalising the POM data asset register which identifies all HSCIC assets affected by objections, specifying type of objection, nature of data held, and any applicable exemptions or exceptions.

Maternity Children Data Set (MCDS)
- Agreement has now been reached with external stakeholders to combine CAMHS & IAPT into one dataset
- Revised dates for delivery are as follows: Maternity Dataset: May 2015, CYPHS Dataset: October 2015, CAMHS & IAPT Dataset: January 2016
- The proposed approach for the Technical Design is due to be presented at AGG in November.
- There is a dependency on access to the Oracle Super Cluster and Service Management as the datacentre for Maternity to flow.
- The dependency on repository functionality at BIL4 will not occur in timescales required. An interim design solution needs approval by the AGG in time to process maternity data in July 2015.

Primary Care Pathology Project (PCPP)
- The data discovery work has not progressed as expected due to issues in accessing the data. A request to extend Caldicott Guardian approval to hold and access the data beyond 31 October has been submitted.

Data Access and Accelerators

Data Access
- HSCIC EMT approval to proceed with the secure data facility (SDF) for care.data pathfinder stage and to progress with future discovery.
- Discovery work underway to assess potential for a federated access, specific to other networks and organisations delivering secure facilities.
- Approach for the SDF presented to the care.data AG – 17 October 2015
- care.data Pathfinder Expert Reference Group held 23 October 2014

December.
- The pathfinder plan will be updated with confirmation of the dates for data to be extracted from pathfinder practices and data to be made available through the secure data facility.
- A MoU outlining roles and responsibilities, governance arrangements, and an outline project timeframe will be agreed with each CCG.
- Programme Board will confirm its decision to move into Fair Processing on 14 January 2015. This will be informed by a report provided by IIGOP in December 2014.
- Options for the future roll-out together with supporting resourcing and costings will be developed.
- The costings and mechanics to produce and distribute communication materials to practices and patients will be agreed.

Patient Objections Management (POM)
- Delivery dates for POM to be agreed.

Maternity Children Data Set (MCDS)
- CYPHS Final Specification for SCCI Approval
- Baseline Plan for all Data Sets following revised dates
- Recruitment of development/tester resources
- Commencement of CAMHS:IAPT specification

Primary Care Pathology Project (PCPP)
- The data discovery work for the Primary Care Pathology Project will be completed.
- Re-engage project team and kick start next phase.

- 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.
- Scope out next steps to assess our customers' needs and challenges relating to secure data access, which will include how CCGs will access data during pathfinder stage.
- Develop roadmap for data access, taking in: 1) secure data facilities, 2) federated access, 3) secure remote access, and 4) open data. This will be included in the HSCIC's response to the Partridge Report (HSCIC Public Board on 26 November 2014)

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Accelerators • New work commission drafted, outlining scope of accelerator activity.	• Care.data Pathfinder Analysis Workshop (HSCIC/NHS England/PHE/CQC) – 12 December 2014 • Operational delivery of the SDF due 31 January 2015 • Agree new work commission for accelerator activity and to develop scope further to ensure that this delivers tangible outputs.
<u>**Business Case**</u> • HSCIC EMT endorsed the establishment of a new HSCIC programme to respond to care.data requirements (previously known as the Strategic Capability Platform) as well as the requirements of other programme including NTS and Data Service for Commissioners. • Programme Business Case development continues. Draft strategic case under review, economic case development underway.	• Schedule further DH/CO engagement to review progress and approach • Agree Integrated Assurance and Approval Plan with DH and CO • Recruit benefits lead and commence more detailed benefits discussions with partners and potential customers • Complete full economic case and undertake review • Draft and review commercial, financial and management cases • Provide update on key elements of the business case to programme board on 17 November 2014 • Endorsement of business base by Programme Board on 15 December 2014

<u>**Programme Office / Controls**</u>
 	
<u>**Programme Board**</u>
Programme Board scheduled for 17 November 2014 from 13:30 – 15:30.
 	
<u>**Assurance: Project Validation Review (PVR) recommendations**</u>
Assessment review meeting for Gateway 0 occurred on 27 October 2014. Programme Assurance Review (PAR) will occur instead of a Gateway 0 review which will allow a more specific review for the programme. This is scheduled for 14 January 2015 & 3-5 February 2015
 	
<u>**NHS England Internal Audit**</u>
The audit has now completed and a report is due in November. The audit concentrated on two elements of care.data:
  1. Communications, Stakeholder Engagement and Media workstream
  2. Implementation status relating to PVR action plan
An action plan will be developed once the report is received from the audit team.
 	
<u>**Funding**</u>
Funding for 2014-2015 has now been resolved, however waiting for official correspondence to confirm.
 	
<u>**Advisory Group Meeting**</u>
The Advisory Group and an Advisory sub group (focusing on the communications materials) occurred on 17 October. The next one is scheduled for 19 November 2014 from 10:00 – 12:00.
 	
<u>**Resourcing**</u>
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 all now closed, sifting and interviewing is expected to be completed by 30 November 2014 with new resources in position between December 2014 & March 2015.
	• Complete business planning and financial planning for FY 2015-2016
	• Produce action plan based on NHS England audit
	• Baseline risks and issues with Programme Board (17 November 2014)
	• HSCIC care.data team co-locating into Bridgewater House, Leeds (28-30 November 2014). Hot-desking will be available for NHS England colleagues to work in partnership.
	• Recruit Business Critical vacancies into care.data (resources expected to be in position December 2014 – March 2015)
	• Prepare and commence Programme Assurance Review (PAR) which is scheduled for 14 January 2015 & 3-5 February 2015

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	Likeli-hood	RAG Status	Trend	Risk Owner	Critical Date	Mitigation Plan
15884	**Risk**	Reputation of care.data viewed in a negative light by media coverage	There is a potential for the media to have a negative reflection of the Pathfinder stage of care.data which could result in significant delays and costs along with reputational damage to the programme.	TIME: Significant delays whilst the care.data programme team respond to media coverage COST: Additional programme costs would be incurred as a result of further delays REPUTATION: Perception that care.data has not addressed the initial concerns raised following the Health Select Committee in February 2014.	5	3	A/R	New	Eve Roodhouse	21/01/2015	1. Publish relevant documents in a timely fashion 2. Provide accessible web pages to publish approved documents and Programme Board papers, demonstrating commitment to transparency 3. Provide regular updates to the Health Select Committee & SofS 4. Continue to engage with the Advisory Group 5. Share media strategy, refreshed stakeholder strategy and updated grid to support better planned stakeholder engagement activity, especially with CCG pilot areas and regional media
15873	**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 be fully engaged	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	4	2	A	……….	Eve Roodhouse	21/01/2015	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 addressed quickly before any further rollout (judged by

ID	Type	Title	Description	Impact					Owner	Date	Actions
			with care.data, or may not have confidence in care.data, which will negatively impact the realisation of benefits as the programme progresses.	extraction. Reduced confidence in HSCIC & NHS England to achieve project objectives.							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.
15949	**Issue**	No approved business case for the programme	There is a risk that the Business Case will not be endorsed in time for the Pathfinder stage and approved before the General Election (purdah).	TIME: The pathfinder extraction may be delayed COST: Lack of certainty around the programme and lack of clarity around funding for the FY 2015/16 (full primary care roll out). 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	…………	Eve Roodhouse	23/12/2014	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. 3. Resolve issues regarding the positioning of the care.data programme and the HSCIC response to that programme and other initiatives. 4. Work with DH and other stakeholders to develop an IAAP that supports approval ahead of purdah. 5. Engage early with stakeholders to gain input and buy in to the Business Case content.
15979	**Risk**	Technical solution delivery timescales	HSCIC may not be able to deliver technical solution in the timescales required by the care.data	TIME: Delivery timescales may not be achieved within programme expectations. BENEFITS: Delays in	5	4	R	New	Eve Roodhouse	27/03/2014	1. Attend ICT project meetings and offer support to help mitigate the risk of further data centre migration project and analytical tool upgrade project delays. Specifically to help

| | | | programme | delivery will impact on when benefits can be realised.

REPUTATION: Reputational damage to the HSCIC and NHS England | | | | | | | address the resourcing gap.
2. Complete feasibility study to determine alternative infrastructure options to remove the dependency on both the data centre migration and analytical tool upgrade projects.
3. Closely manage the dependencies, activities and risks associated with the GP Extraction System service. |

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) *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*
G	Programme Revenue					
R	Programme Capital					
	Total Programme					
	Admin Revenue Expenditure					
	Admin Revenue Income					
	Admin Capital					
A	**Total Admin**					
TBC	**TOTAL**					

Commentary	Next steps
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). Budget had been agreed in NHS England for FY 14/15 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.	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) (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, NHS England 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
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**		

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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