

<b>Ref:</b> care.data/Programme Board/Paper 02
<b>Title:</b> care.data Programme Board Highlight Report
<b>Author:</b> care.data programme team (Donna Braisby)
<b>Programme Board Sponsor:</b> Eve Roodhouse, Programme Director
<b>Purpose:</b> 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.
<b>Background:</b> The care.data programme is to join up patient information to improve health outcomes for all.
<b>Key Points:</b> 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).
<b>Desired outcome(s):</b> 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.
<b>Circulation:</b> Programme Board attendees.
<b>Date presented to Programme Board</b> 15 December 2014

<b>Programme Board Highlight Report:</b>	<b>(P0306/00) care.data</b>
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<b>Reporting period (Calendar Month):</b>	<b>November 2014</b>	<b>Date Approved by SRO:</b>	<b>Not approved</b>
<b>Report produced by:</b>	<b>Donna Braisby</b>	<b>Job Title:</b>	<b>Programme Manager</b>

<b>1. Overall delivery confidence RAG</b>	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15
	A/R	A/R	A/R	A	A	A

Overall delivery confidence commentary	Next steps
<p>Progress continues across all aspects of the programme but 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:</p> <ul style="list-style-type: none"> <li>• The Health Select Committee has advised that they wish to invite the SRO to provide evidence to them during a formal session. A date has been agreed and scheduled for 21 January 2015.</li> <li>• Programme Business Case development continues. Draft strategic and economic cases including cost model developed. Completion of the case for board endorsement now expected for 14 January 2015 Programme Board meeting.</li> <li>• Programme costs and funding for FY14/15 (including HSCIC resources) has now been agreed, a work package between NHS England and the HSCIC is in draft, and formal agreement is expected January 2015.</li> <li>• The pathfinder plan has been re-submitted to the Programme Board for base-lining on 15 December 2014. Fair processing is now anticipated to commence at the end of February 2015. This is a reflection of the complex approvals cycle which must be navigated before materials can go to print.</li> <li>• Significant work has been undertaken across the pathfinder areas, focused on the co-production of communication materials and approach for the pathfinder stage but also on raising awareness and working through concerns. Engagement events (or locality meetings) with local GPs, practice managers and other key stakeholders including the Local Medical Committees (LMCs) have taken place across all pathfinder areas.</li> </ul>	<ol style="list-style-type: none"> <li>1. Core communication materials to be approved by all approval bodies ready for print by 12 January 2015.</li> <li>2. Progress pathfinder plan including ongoing engagement with GPs, Practice Managers and other key stakeholders in the pathfinder CCGs.</li> <li>3. Complete business planning and financial review for FY 2015-2016 with NHS England &amp; HSCIC in line with the business case</li> <li>4. Complete Programme Assurance Review (PAR) with MPA</li> <li>5. Further engagement with DH and Cabinet Office to agree Integrated Assurance and Approval Plan (IAAP) and review of business case content</li> <li>6. Provide support for the SRO for the next Health Select Committee (21 January 2015)</li> <li>7. Programme Business Case endorsement in January 2015</li> <li>8. Complete Programme Assurance Review (PAR) scheduled from 3 – 5 February 2015.</li> </ol>

2. Key Programme / Project RAG areas	RAG status	RAG status 'headline' commentary
<b>Key delivery milestones over the next 3 months</b>	A	Emphasis is on primary care extract for pathfinder GP practices (stage 1 of first phase of programme).
<b>Current year financial forecast vs. budget</b>	A	Funding secured for FY 2014/2015. Business planning is underway for FY 2015/2016 across NHS England and HSCIC. Business case expected January 2015.
<b>Investment justification (BC, MoU etc.) forecast spend status</b>	R	No business case in place, however the programme business case is progressing towards review and endorsement by the programme board in January.
<b>Benefits realisation confidence</b>	A	Benefits were initially drafted as part of the business case development, which is now in progress.
<b>Quality management against plan</b>	A	Quality management measures/plan being developed in support of the

<b>Programme Board Highlight Report:</b>	<b>(P0306/00) care.data</b>
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		programme definition (specifically for the Programme Definition Document and revised governance).
<b>Programme / Project end date</b>	<b>N/A</b>	The end date will be specified in agreed scope in overall (programme) business case.
<b>Current Investment Justification approval status</b>	<b>R</b>	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.
<b>Cabinet Office Spend Approval status</b> [MANDATORY, WHERE ICT, GDS etc. SPEND APPROVAL IS REQUIRED]	<b>Choose RAG.</b>	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.
<b>Resourcing against plan</b>	<b>A</b>	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.
<b>Latest MPA Gateway Review RAG</b>	<b>R</b>	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 took 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	Project Initiation Document in progress to be submitted		
Primary Funding Organisation	2014/2015 – NHS England 2015/2016 – NHS England		
Commissioning Organisation	NHS England (primary commissioning organisation)		

#### 4. Progress against plan this reporting period

#### Key areas of focus for next 3 periods

<p><b><u>Communications, Stakeholder Engagement and Media</u></b></p> <p><b>Communications/marketing</b></p> <ul style="list-style-type: none"> <li>Content for the leaflet was revised to take in the comments from the Advisory Group members and the new version presented to the pathfinders for comment.</li> <li>Revised versions of the opt-out form and patient letter have been circulated for comment to the pathfinders.</li> <li>The Business Case for the patient mailing has been approved by the NHS England Efficiency Control Committee (ECC) and also Cabinet Office.</li> <li>Tim Kelsey presented to Data conference, Birmingham and is due to present to NHS Managers on 15 December 2014.</li> </ul> <p><b>Research</b></p> <ul style="list-style-type: none"> <li>The benchmarking wave commenced Monday 10 November 2014 and will run until Tuesday 16 December 2014. So far 841 interviews have taken place. Post wave is expected to commence Monday 23 February 2015 and complete on Friday 3 April 2015.</li> </ul> <p><b>Stakeholders &amp; media</b></p> <ul style="list-style-type: none"> <li>Engagement Summary and Next Steps document (formerly 'You Said, We Did') amended following comments from Programme Board and Advisory Group. Awaiting approval to publish.</li> <li>Following written note to Health Select Committee and the offer of an informal briefing, they have requested a formal briefing 21 January 2015.</li> <li>Draft materials shared with IIGOP, BMA, RCGPs and other key stakeholders (comments due 5 December 2014).</li> <li>Media strategy has been drafted.</li> <li>Public Affairs and Engagement strategy drafted which identifies role of regional engagement via a partnership approach with the CCG pathfinders.</li> </ul> <p><b>Public &amp; Patient Voice</b></p> <ul style="list-style-type: none"> <li>Public session hosted by the Advisory Group on 26 November 2014 in Manchester. Presentation by Tim Kelsey and Ciaran Devane.</li> <li>Workshop on 1 December 2014 with Healthwatch England and local Healthwatch from pathfinder areas following grant agreements, to work together on next steps for supporting patients to make informed choice about data sharing</li> <li>Agreement made with Abilitynet to support and advise on accessible communication for pathfinder stage</li> <li>Agreement made with social enterprise Helplines Partnership to support voluntary sector helplines briefing on programme in advance of pathfinders, and to assure quality of commissioned phone helpline, using their quality accreditation framework</li> <li>Community engagement support being developed for pathfinder areas including toolkit for patient groups, charities and Healthwatch, and briefing meetings</li> </ul>	<p><b>Next Period:</b></p> <ul style="list-style-type: none"> <li>Continue engagement with GPs, CCGs, Public and community and voluntary sector stakeholders.</li> <li>Continue working with Ipsos MORI &amp; creative agency, actioning final feedback and findings. The first results from the base lining activity will be available in the w/c 12 January 2015. The first GP research is scheduled to commence between 25 February 2015 and 9 March 2015 dependant on Purdah. Questions will need to be finalised by the first week of January and the post wave questions for the public will be done 19 February to 29 March 2015.</li> <li>Preparation on media handling with the progression of the programme.</li> <li>Public facing communications to be agreed with pathfinders by 12 December 2014.</li> <li>Brief seeking approval from DH for the materials being prepared.</li> <li>Preparation for all materials to be approved with key stakeholders. Process commences 12 December 2014 and final approvals by SofS expected to be received by 16 January 2015.</li> <li>Printing of materials to commence on 14 January 2015.</li> <li>Web chat to be scheduled between Tim Kelsey and HSJ (follow on from round table).</li> <li>Support Tim Kelsey with briefing for session with Health Select Committee and meeting with Secretary Of State and David Davis (21 January 2015).</li> </ul>
<p><b><u>Commissioning Strategy &amp; Policy</u></b></p> <p><b>Legal Directions (primary care and opt out)</b></p> <ul style="list-style-type: none"> <li>Good progress has been made with the support of Martin Severs (Caldicott Guardian, HSCIC) in relation to defining the scope of the opt-out - some final points are being clarified.</li> </ul>	<ul style="list-style-type: none"> <li>Policy input into patient and GP materials</li> <li>Detail of scope of the opt-out.</li> <li>Working with the DH on legal directions (primary care extraction/opt out), expected to be completed February 2015</li> <li>Finalise the Privacy Impact Assessment with input from relevant</li> </ul>

<p><b>Guidance for GPs on their legal responsibilities</b></p> <ul style="list-style-type: none"> <li>The legal view on bulk opt outs and a short document for stakeholders has been shared with Programme Director for review and will be incorporated into the GP Toolkit.</li> </ul> <p><b>Joint Data Controller Agreement</b></p> <ul style="list-style-type: none"> <li>HSCIC comments reviewed by NHS IG team and NHS England workstream lead.</li> <li>Final changes are being incorporated ready for approval. Currently with the HSCIC for review.</li> </ul> <p><b>Privacy Impact Assessment (PIA)</b></p> <ul style="list-style-type: none"> <li>PIA being updated following feedback from ICO.</li> </ul> <p><b>Policy engagement with stakeholders</b></p> <ul style="list-style-type: none"> <li>Monthly Health Select Committee update has been sent.</li> <li>Secretary of State Brief has been delayed, awaiting DH comments on documentation.</li> </ul>	<p>stakeholders, scheduled for 9 February 2015</p> <ul style="list-style-type: none"> <li>Joint data controller agreement due to be finalised by 21 January 2015</li> <li>Provide updates to the Health Select Committee (monthly)</li> <li>Provide updates to the SofS (monthly)</li> </ul>
<p><b><u>Technology platform, extract tools and secure data facility</u></b></p> <ul style="list-style-type: none"> <li>Tolerance Exception Report submitted to the HSCIC Programme and Service Delivery Board for approval on 11 December 14. This will confirm changes to scope, delivery approach and finance. ICT Digital Spend Form in development.</li> <li>The key end to end detailed technical architecture milestone was successfully achieved on 3 December 14.</li> <li>ICT projects (data centre migration and SAS analytical tool upgrade) progressing as planned.</li> <li>Service/Operational model in development, including Use Cases &amp; Specifications.</li> <li>Solution Assurance approach agreed. Test strategy and plan in development.</li> <li>Initial draft of the GP extract schedule completed, which is undergoing detailed planning and alignment with the Quality Outcomes Framework extract.</li> <li>Secure Data Facility requirements reviewed. Expected to be sent to Programme Director's approval week commencing 15 December 2015. ICT kit procurement underway.</li> </ul> <p><b>HSCIC Strategic Capability Platform (SCP)</b></p> <ul style="list-style-type: none"> <li>Project mandate drafted and reviewed with interim Director of Information and Analytics.</li> </ul>	<p><b><u>Technology platform, extract tools and secure data facility</u></b></p> <ul style="list-style-type: none"> <li>GP Data Viewer system detailed planning to be completed 19 December 2014</li> <li>Tolerance Exception Report approval 11 December 2014.</li> <li>Secure Data Facility requirements approved 12 December 2014.</li> <li>Testing Strategy and Plan approved 19 December 2014.</li> <li>ICT Data Centre Migration project complete 31 December 2014.</li> <li>Overall Service/Operational model developed and agreed by 31 December 2014.</li> <li>GP extract schedule mapped out and agreed by key stakeholders 31 December 2014.</li> </ul> <p><b>HSCIC Strategic Capability Platform (SCP)</b></p> <ul style="list-style-type: none"> <li>New work commission and Project Brief drafted 31 December 2015.</li> <li>Master Patient Index and De-identification project reviewed and roadmap produced 31 January 2015.</li> </ul>
<p><b><u>Data Delivery</u></b></p> <p><b>Primary Care – Hospital Episode Statistics Linkage (PCHES)</b></p> <ul style="list-style-type: none"> <li>Engagement events including Locality and Local Medical Committee (LMC) meetings have continued in the pathfinder areas in order to raise awareness and to investigate and work through concerns.</li> <li>Pathfinder CCGs have also been raising awareness of the programme in their areas, for example by including information in GP bulletins.</li> <li>Draft communication materials have been shared with the pathfinder teams and feedback from reference groups in the pathfinder areas is currently being reviewed by the programme's Editorial Review Panel. Feedback has also been provided by wider stakeholders including Royal Colleges, Professional Associations, HSCIC, NHS England, the Information Commissioning Office (ICO), and the Programme Board and Advisory Group.</li> <li>A number of additional meetings focussing on specific areas such as the 'opt out' process have been held</li> </ul>	<p><b>Primary Care – Hospital Episode Statistics Linkage (PCHES)</b></p> <ul style="list-style-type: none"> <li>Practices actively participating in the pathfinder stage will be confirmed in December.</li> <li>MoUs outlining roles and responsibilities and governance arrangements will be agreed with each CCG.</li> <li>The decision to move into Fair Processing will be tabled at the care.data Programme Board on 13 January 2015. This will be informed by a report provided by IIGOP in December 2014.</li> <li>Options for the future roll-out together with supporting resourcing and costings will be developed in May - June 2015.</li> <li>The outline approach for the Evaluation of the pathfinder stage will be</li> </ul>

- with pathfinder project teams, and other groups such as Patient Participation Groups (PPGs).
- Local Healthwatch Grants have been approved and planning meetings are being held to further manage/understand expectations and to prioritise engagement.
  - A number of practices in 3 of the 4 CCG areas have already confirmed their intention to participate in the programme as pathfinder practices.
  - A proposal from the patient line provider (HGS) to support fair processing activity has been reviewed and is progressing through final approvals.
  - Discussions with National Health Authority Information Systems (NHAIS) have continued in order to agree arrangements for the service to provide mailing lists for all patients registered at practices which participate in the programme. This is needed by the programme's contracted mailing house to enable them to send out personalised individual letters.
  - The programme has continued to work closely with the Summary Care Record team in order to inform engagement and communications in the pathfinder areas. The programme is also engaging with other programmes including 'patient online', to ensure that where possible a co-ordinated and joined up approach is taken for engagement with patients and the public.
  - GP system suppliers have confirmed costs and schedules to be ready to extract data from March.

**Patient Objections Management (POM)**

- Delivery schedules for each of the 4 GP suppliers have been agreed
- POM Data Asset Register is complete
- Work is ongoing to support HSCIC in reaching a corporate decision on policy of operating type 2 objections

**Maternity Children Data Set (MCDS)**

- The CYPHS dataset Technical Output Specification has been submitted to the Data Dictionary for review, but as a consequence of a small delay in submission the NHS Data Model and Dictionary Service, the CYPHS Final Specification will not go for SCCI Approval until January. The approval by SCCI has a dependency on the completion of the data dictionary work.
- Resources are being recruited with a view to commencing development and testing elaboration work in January, with completion of the maternity data set as priority, followed by CYPHS.
- Following technical architectural approval for the re-use of the oracle super cluster, the programme is seeking to engage with the OSC team to inform design requirements and supporting service model. A critical dependency remains for the delivery of SUS and subsequent availability of OSC resource, which has now moved back to end of February 2015
- The dependency on repository functionality at BIL4 will not occur in the timescales required. An interim design solution needs approval by Rob Shaw (HSCIC) as SIRO followed by submission to the HCIC Architecture Advisory Group (AGG) in time to process maternity data in July 2015. A paper has been drafted and is currently with James Wood (HSCIC Information Security) for review prior to submission.

**Primary Care Pathology Project (PCPP)**

- The potential benefits of flowing PCP data have been circulated to clinical stakeholders for final review before submission into the care.data business case.
- Work has started to review the steps for the completion of the stand-alone PCPP business case.

**Data Access and Accelerators**

- reviewed by the Programme Board (February 2015)
- Arrangements for the patient line to support the pathfinder stage will be formalised.
  - The programme will work through processes required to handle the mailing list data, and the mailing lists will be provided to the mailing house.
  - Meetings will continue to discuss the application and impact of patient objections in the pathfinder areas.
  - A Security Risk Assessment will be conducted to assess all security risks.

**Patient Objections Management (POM)**

- Track GP supplier schedules for POM data to be extracted in February for In Practice Systems (INPS), MicroTest and EMIS and March for POM data extracts to start.
- PIA & risk assessment meeting will take place to review security arrangements for the data.

**Maternity Children Data Set (MCDS)**

- The programme will clarify the timeline for delivery from the date that the oracle super cluster is available for re-use and the build of the production environment and service management for the maternity dataset. Currently there is a substantive risk that the period March and April 2015 will not be sufficient with the consequence of notifying ministers of a slippage in dates.
- Continuation of recruitment to support the development and testing required for the datasets.
- Completion of the overarching specification which has been out for first line review. The overarching specification will be used during the elaboration stage to estimate development days.

**Primary Care Pathology Project (PCPP)**

- The options for landing and anonymising DTS messages will be developed and refined.
- The project plan and stakeholder engagement plans will be updated and put into action to ensure a robust PCPP business case can be completed.
- Resource requests will be made to re-engage the project team.

- Scope out next steps to assess customers' needs and challenges relating to secure data access, which will include how CCGs will access data

<p><b>Data Access</b></p> <ul style="list-style-type: none"> <li>HSCIC EMT approval to proceed with the secure data facility (SDF) for care.data pathfinder stage and to progress with future discovery.</li> <li>Discovery work underway to assess potential for a federated access, specific to other networks and organisations delivering secure facilities.</li> <li>Approach for the SDF presented to the care.data Advisory Group on 19 November 2014</li> </ul> <p><b>Accelerators</b></p> <ul style="list-style-type: none"> <li>New work commission drafted, outlining scope of accelerator activity.</li> </ul>	<p>during pathfinder stage.</p> <ul style="list-style-type: none"> <li>Develop roadmap for data access, taking in: 1) secure data facilities, 2) federated access, 3) secure remote access, and 4) open data. In the first instance these solutions will be developed to support care.data.</li> <li>Care.data Pathfinder Analysis Workshop (HSCIC/NHS England/Public Health England/Care Quality Commission) on 12 December 2014</li> <li>Operational delivery of the SDF due February 2015</li> <li>Agree new work commission for accelerator activity and to develop scope further to ensure that this delivers tangible outputs.</li> </ul>
<p><b><u>Business Case</u></b></p> <ul style="list-style-type: none"> <li>Programme Business Case development continues. Draft strategic and economic cases including cost model developed. Completion of the case for board endorsement now expected for 14 January 2015 Programme Board meeting. The delay is due to further engagement with subject matter experts and key stakeholders.</li> <li>Programme Board agreement to revert back to standard business case assurance approach following limited support for 'new ways of working'. Approval of programme business case ahead of purdah is now highly unlikely.</li> <li>Engagement with stakeholders to clarify data requirements and benefits is underway.</li> <li>Benefits resource recruited, to commence role in January 2015 working on detailed benefits to support detailed outline business case for primary care roll out.</li> </ul>	<ul style="list-style-type: none"> <li>Update Integrated Assurance and Approvals Plan to describe revised approach</li> <li>Complete full economic case and undertake review</li> <li>Complete drafting of commercial, financial and management cases</li> <li>Endorsement of business base by Programme Board on 14 January 2015</li> </ul>
<p><b><u>Programme Office / Controls</u></b></p> <p><b><u>Programme Board</u></b> Programme Board scheduled for 15 December 2014 from 13:00 – 15:00.</p> <p><b><u>Assurance: Project Validation Review (PVR) recommendations</u></b> Planning for the Programme Assurance Review (PAR) scheduled for 14 January 2015 &amp; 3-5 February 2015 underway.</p> <p><b><u>NHS England Internal Audit</u></b> The audit report for Communications, Stakeholder Engagement and Media workstream and the implementation status relating to PVR action plan has been received. Factual inaccuracies have been reported via NHS England. Action plan to be developed once revised report received.</p> <p><b><u>Funding</u></b> Programme costs and funding for FY14/15 (including HSCIC resources) has now been agreed, a work package between NHS England and the HSCIC is in draft, and formal agreement is expected January 2015.</p> <p><b><u>Advisory Group Meeting</u></b> The Advisory Group is scheduled for 19 November 2014 from 10:00 – 12:00.</p> <p><b><u>Resourcing</u></b> Interviews have been completed for the business critical positions to ensure the successful delivery of pathfinders. Resources are expected to be in position between December 2014 &amp; March 2015.</p>	<ul style="list-style-type: none"> <li>Complete business planning and financial planning for FY 2015-2016</li> <li>Produce action plan based on NHS England audit</li> <li>Baseline risks and issues with Programme Board (15 December 2014)</li> <li>Risk and issue policy to be finalised</li> <li>Recruit Business Critical vacancies into care.data (resources expected to be in position December 2014 – March 2015)</li> <li>Prepare and commence Programme Assurance Review (PAR) which is scheduled for 14 January 2015 &amp; 3-5 February 2015</li> </ul>

**Office Requirements**

HSCIC care.data team have now co-located into Bridgewater House, Leeds. Hot-desking is available for NHS England colleagues to work in partnership.

**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	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	→	Eve Roodhouse	21/01/2015	<ol style="list-style-type: none"> <li>1. Publish relevant documents in a timely fashion</li> <li>2. Provide accessible web pages to publish approved documents and Programme Board papers, demonstrating commitment to transparency</li> <li>3. Provide regular updates to the Health Select Committee &amp; SofS</li> <li>4. Continue to engage with the Advisory Group</li> <li>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</li> </ol>
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	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	<ol style="list-style-type: none"> <li>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 &amp; Practice manager and public events have taken place. (Ongoing)</li> <li>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</li> </ol>



			a risk that GPs/clinicians will not 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.	extraction. Reduced confidence in HSCIC & NHS England to achieve project objectives.							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.
15949	<b>Issue</b>	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).	<p>TIME: The pathfinder extraction may be delayed</p> <p>COST: Lack of certainty around the programme and lack of clarity around funding for the FY 2015/16 (full primary care roll out).</p> <p>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).</p>	5	4	R	→	Eve Roodhouse	23/12/2014	<p>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.</p> <p>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. Preferred candidate for benefits lead position is expected in position January 2015.</p> <p>3. Resolve issues regarding the positioning of the care.data programme and the HSCIC response to that programme and other initiatives.</p> <p>4. Work with DH and other stakeholders to develop an IAAP that supports approval in a timely fashion.</p> <p>5. Engage early with stakeholders to gain input and buy in to the Business Case content.</p>
15979	<b>Risk</b>	Technical solution delivery timescales	HSCIC may not be able to deliver technical solution in the timescales	TIME: Delivery timescales may not be achieved within programme expectations.	5	4	R	→	Eve Roodhouse	27/03/2014	<p>1. Attend ICT project meetings and offer support to help mitigate the risk of further data centre migration project and analytical</p>

**Programme Board Highlight Report:**

**(P0306/00) care.data**

			required by the care.data programme	<p><b>BENEFITS:</b> Delays in delivery will impact on when benefits can be realised.</p> <p><b>REPUTATION:</b> Reputational damage to the HSCIC and NHS England</p>							<p>tool upgrade project delays. Specifically to help address the resourcing gap.</p> <p>2. Complete feasibility study to determine alternative infrastructure options to remove the dependency on both the data centre migration and analytical tool upgrade projects.</p> <p>3. Closely manage the dependencies, activities and risks associated with the GP Extraction System service.</p>
15996	<b>Risk</b>	Complex approval process	Due to the complex approval process there is a risk that delays could occur in the proposed plans for pathfinder extraction	<p><b>TIME:</b> If the complex approvals process is not managed effectively this could cause a time delay in the pathfinder extraction.</p> <p><b>COST:</b> A delay would result in further cost for the programme team.</p> <p><b>REPUTATION:</b> Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.</p>	4	3	<b>A/R</b>	New	Eve Roodhouse	27/03/2015	<p>1. Ensure key stakeholders are involved throughout the processes (where approvals are required) to prevent delay.</p> <p>2. Escalate any unnecessary approvals process through the Programme Director.</p> <p>3. Assurance, Approvals &amp; Evaluation document to be presented to Programme Board on 15/12/2014 to outline the complexity of the approvals process.</p>
16061	<b>Risk</b>	IIGOP Report Recommendations	There is a risk that the IIGOP Report may introduce a number of additional requirements on the programme and pathfinder areas which will need to be addressed ahead of the data extraction therefore causing delays.	<p><b>TIME:</b> If recommendations from the IIGOP report are made this could cause a time delay in the plan.</p> <p><b>COST:</b> A delay would result in further cost for the programme team.</p> <p><b>REPUTATION:</b> Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.</p>	4	3	<b>A/R</b>	New	David Corbett	08/03/2015	<p>1. Early feedback being sought from the IIGOP team.</p> <p>2. Weekly discussions held with IIGOP to address any early issues and to informally anticipate their likely findings to begin to tackle them through the approaches and materials being developed with the pathfinders</p> <p>3. IIGOP representative (Alan Hassey) is attending the Programme Board on 15/12/2014 to discuss the report.</p>

**7. Current Year Financial Forecast vs. Budget [\*\*MANDATORY\*\*]**

**Figures as at:**

**30 November 2014**

Notes on completion: All negative figures to be bracketed.

**Programme Board Highlight Report:**

**(P0306/00) care.data**

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	Non Staff Costs					
	NHS England HSCIC	£2,300,000 £0	£177,564 £111,000	£2,221,000 £897,485		
	<b>Total Programme</b>	£2,300,000	£288,564	£3,118,485		
G	Admin Expenditure					
	NHS England HSCIC	£1,670,000 £0	£674,921 £794,574	£1,135,960 £1,533,919		
G	<b>Total Admin</b>	£1,670,000	£1,469,495	£2,669,879		
A	<b>TOTAL</b>	£3,970,000	£1,758,059	£5,788,364		

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>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 funding has been agreed from NHS England to cover specific programme costs in HSCIC.</p>	<ol style="list-style-type: none"> <li>HSCIC work with NHS England have agreed a accountability and tracking system across the care.data programme (budget v's spend)</li> <li>Work packages to be agreed for 2014/2015 spend</li> </ol>

**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.	<b>Total baselined local / NHS Whole Life Cost (£M)</b> <small>as per the combined Business Case or MoU</small>	<b>Total actual local / NHS spend to date (£M)</b>	<b>Total forecast, local / NHS Whole Life Cost (£M)</b>	<b>Total local / NHS variance (£M)</b> <small>(Baseline – Forecast) (+ve = underspend, -ve = overspend)</small>
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		<b>Baselined Total Benefits</b> (as per approved BC) <b>(£M)</b>	<b>Forecast Total Benefits</b> (whole life) <b>(£M)</b>	<b>Actual benefits</b> (realised <u>to date</u> ) <b>(£M)</b>	<b>Total Variance (£M)</b> (Forecast - Baseline) (+ve = forecast over achievement, -ve = forecast under achievement)
Choose RAG.	Cash Releasing Benefits				
	Non-Cash Releasing Benefits				
	Societal Benefits				
	<b>Total</b>				
	<b>Baselined Qualitative Benefits</b>	<b>Forecast Qualitative Benefits Commentary</b>			
	[as per business case and/or brief]	[comment on the delivery of baselined qualitative benefits]			
<b>Commentary</b>					<b>Next steps</b>
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]

# 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	<b>R</b>
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	<b>A/R</b>
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	<b>A</b>
Successful delivery appears probable however constant attention will be needed to ensure risks do not materialise into major issues threatening delivery	<b>A/G</b>
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	<b>G</b>
Programme / Project is delivered	<b>C</b>

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	<b>R</b>
Delivery of the key milestone is behind the current baseline plan but has realistic plans to recover	<b>A</b>
Delivery of the key milestone is on or ahead of current baseline plan	<b>G</b>
Milestone completed	<b>C</b>

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	<b>R</b>
Delivery of the key milestone is behind the current baseline plan but has realistic plans to recover	<b>A</b>
Delivery of the key milestone is on or ahead of current baseline plan	<b>G</b>
Milestone completed	<b>C</b>

Current year financial forecast vs. budget	
>0.5% overspend OR >5% underspend	<b>R</b>
3% to 5% underspend Amber	<b>A</b>
<0.5% overspend to <3% underspend	<b>G</b>

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	<b>R</b>
Total Whole Life Cost is forecast to exceed the approved Investment Justification baseline (tolerance, where available) but there are realistic plans to recover	<b>A</b>
Total Whole Life Cost is forecast is within the approved Investment Justification baseline (tolerance, where available)	<b>G</b>

Benefits realisation confidence	
Benefits, as forecast in the business case, cannot be realised such that re-baselining will be required	<b>R</b>
Programme is experiencing some issues in its ability to realise benefits as forecast in the business case but has realistic plans to recover	<b>A</b>
Programme is confident of realising benefits as forecast in the business case	<b>G</b>

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	<b>R</b>
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	<b>A</b>
Project deliverables are to the required quality to meet stakeholder requirements as per the Quality Plan	<b>G</b>

Programme / Project end date	
Current baselined end date cannot be met and as such re-baselining will be required	<b>R</b>
There are some issues in its ability to meet current baselined end date	<b>A</b>
Programme / Project is confident of current baselined end date	<b>G</b>

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	<b>R</b>
Available resources do not align to current baselined plan but is under control and can be resolved	<b>A</b>
Available resources align to current baselined resource plan	<b>G</b>

ICT Spend Approval status	
ICT Spend Approval not given for current investment justification or item is in exception	<b>R</b>
ICT Spend Approval not given for current Investment Justification but is progressing through the approvals process	<b>A</b>
ICT Spend Approval given for current investment justification	<b>G</b>

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	<b>R</b>
The current Investment Justification type and stage is appropriate for the current Delivery Framework stage and is undergoing approval	<b>A</b>
The current Investment Justification type and stage is appropriate for the current Delivery Framework stage and is approved to the appropriate level	<b>G</b>