



Programme Board Highlight Report for:

(P0306/00) care.data

<b>Ref:</b> care.data/Programme Board – Private Session/Paper 01
<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.



## Programme / Project Board Highlight Report for:

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

Reporting Period (Calendar Month):	December 2014	Report Author:	Donna Braisby
Name of SRO:	Tim Kelsey	Job Title:	Programme Manager
Date Approved by SRO:	Not approved	Baselined Against:	TBC

### 1. Points for Escalation

1. A care.data IIGOP report was published on 18 December 2014, which raises recommendations to the programme prior to any extraction of data commencing. The report requires some analysis around how the recommendations are to be met and what effect this will have on the existing baselined timeframes for the pathfinder stage. The Programme Board need to be aware the actions which will be required may cause a delay.

2. Overall Delivery Confidence RAG	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber	Amber	Amber

### Overall Delivery Confidence Commentary

Good progress continues to be made across all aspects of the programme, however, 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 been scheduled for 21 January 2015. Preparation is ongoing throughout the programme team for the SRO.
- The first version of the business case has been developed and will be presented to the Programme Board on 14 January 2015.
- The Workpackage for the programme costs and funding for FY14/15 (including HSCIC resources) is going through the approvals process. Formal agreement is expected January 2015.
- The Ipsos MORI research benchmarking wave completed on 23 December 2014. 2,000 interviews were conducted with members of the public (500 in each Pathfinder CCG).
- National Data Guardian and IIGOP report was published on 18 December 2014. The recommendations made require analysis for actions to be implemented. The timeframes will need to be considered in line with the recommendations.
- Feedback from pathfinder CCGs and other stakeholders on patient and NHS facing materials has now been considered by the editorial review panel. Materials have been updated however in light of the IIGOP report publication, release of updated Communications products and feedback to CCGs/other stakeholders will not be shared until the implications of this report are further understood and impacted on the materials.
- Joint Data Controller Agreement and Privacy Impact Assessment ready for approval by the Programme Board (14 January 2015)

### Next Steps

1. Analyse and respond to the care.data IIGOP report.
2. Re-evaluate the pathfinder timeline based on analysis of IIGOP report.
3. Complete business planning and financial review for FY 2015-2016 with NHS England & HSCIC in line with the business case
4. Finalise Integrated Assurance and Approval Plan (IAAP).
5. Provide support for the SRO for the next Health Select Committee (21 January 2015)
6. Complete Programme Assurance Review (PAR) scheduled from 3 – 5 February 2015.
7. Make amendments and finalise the Programme Business Case made by the Programme Board.



3. Key Programme / Project RAG Areas	RAG Status	Trend	Headlines / RAG Improvement Steps
<b>Gateway Delivery Confidence (Last Gateway Review RAG)</b>	Red	No Change	Programme Assurance Review (rather than Gateway 0) will take place on 14 January 2015 and 3-5 February 2015.
<b>Key Delivery Milestones over Next 3 Months</b>	Amber	No Change	Emphasis is on primary care extract for pathfinder GP practices (stage 1 of first phase of programme).
<b>Current Year Financial Forecast vs. Budget DH</b>	N/A	N/A	
<b>Current Year Financial Forecast vs. Budget HSCIC</b>	Red (Under)	No Change	Budget not agreed at start of 2014/15 FY, however NHS England funding aspects of the Programme.
<b>Current Year Financial Forecast vs. Budget NHS-E</b>	Red (Under)	No Change	15.44% Underspend against budget for 2014/15 FY.
<b>Investment Justification (BC, MoU etc) Forecast Spend Status</b>	Red	No Change	No approved business case, however the programme business case is progressing towards review and endorsement by the programme board in January 2015.
<b>Benefits Realisation Confidence</b>	N/A	N/A	Benefits were initially drafted as part of the programme business case development, which is now in progress. As the programme business case has not yet been fully approved benefits cannot be forecast.
<b>Quality Management against Plan</b>	Amber	No Change	Quality management measures/plan being developed in support of the programme definition (specifically for the Programme Definition Document and revised governance).
<b>Programme / Project End Date</b>	N/A	No Change	The end date will be specified in agreed scope in overall programme business case.
<b>Current Investment Justification Approval Status</b>	Red	No Change	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>Digital and Technology Spend Controls Status (as appropriate)</b>	TBC	No Change	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>	Amber	No Change	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.



4. Key Programme / Project Details		Key Programme / Project Contacts	
Primary Funding Organisation	2014/2015 – NHS England 2015/2016 – NHS England	Senior Responsible Owner (SRO)	Tim Kelsey
Commissioning Organisation	NHS England (primary commissioning organisation)	Programme Director	Eve Roodhouse
Portfolio Item Start date	Activity started on the programme in September 2012		
Portfolio Item End date	To be confirmed		

## 5. Progress against Plan (for this Reporting Period)

### Communications, Stakeholder Engagement and Media

#### Communications/marketing

- A new version of the leaflet was circulated to the pathfinders for comment.
- GP and Patient Toolkit were shared with pathfinders, together with GP and patient FAQ documents.
- Tim Kelsey presented to NHS managers on 15 December 2015.
- New animation was briefed in to the creative agency to begin work.
- Work commenced on preparing a brief for the SRO to attend the Health Select Committee (HSC) on 21 January 2015.
- Website refreshed and link to care.data IIGOP report uploaded.
- Feedback from pathfinders on all the public facing communication materials reviewed.
- Revised public and patient facing communication materials presented to the Advisory Group 16 December and comments received.
- Revised public facing communication materials provided to IIGOP and comments received.
- Key elements of GP practice toolkit including FAQs and technical guidance in draft ready to share with pathfinders (circulation scheduled for 12 December 2014, now expected w/c 26<sup>th</sup> January to allow time for materials to be updated to take into account IIGOP comments).
- Proposal for contents and structure of new Programme Board webpage created.

#### Research

- The benchmarking wave commenced Monday 10 November 2014 and was completed on Tuesday 23 December 2014. 2,000 interviews were conducted with members of the public (500 in each Pathfinder CCG). Initial findings are expected to be available by Friday 16 January 2015.

#### Stakeholders & media

- Health Select Committee have requested a formal briefing 21 January 2015.
- Draft materials shared with IIGOP, BMA, RCGP and other key stakeholders.
- IIGOP report published and acknowledged.
- All Party Parliamentary Group (APPG) Patient Voice Report published and acknowledged.
- Stakeholder mapping exercise completed and key relationships identified and Customer Relationship Manger (CRM) assigned.
- Workshops held with CCGs communication leads on look and feel of GP materials.
- Further amendments to the Engagement Summary and Action Plan document (formerly 'You Said, We Did'). Approval to publish being sought from Secretary Of State.



- Workshop set up to share lessons with other arm's length bodies (Medicines and Healthcare products Regulatory Agency (MHRA), Public Health England (PHE), Health Research Authority (HRA), National Institute for Healthcare Excellence (NiCE), Health and Social Care Information Centre (HSCIC), Care Quality Commission (CQC) and Monitor). Led by NHS England Director of Communications.
- New network established with regional communication leads to engage with GPs and join the communicating with GPs NHS England group.

#### **Public & Patient Voice**

- National learning meeting with Healthwatch England to brief local Healthwatch from pathfinder areas on programme and discuss their plans to support public engagement in pathfinders.
- Community engagement toolkit drafted and reviewed by stakeholders from pathfinder areas and voluntary and community sector (VCS).
- Social enterprise Helplines Partnership commissioned to support care.data phone information line especially in relation to potentially excluded groups, and to support engagement of VCS helplines.
- Ability Net commissioned to review and advise on programme approach to accessible communications.
- Carers UK commissioned to produce carers briefing on care.data.
- Detailed engagement with national VCS strategic partners to agree support for pathfinder stage including Faith Action, Age UK, Disability Partnership, Mental Health Providers Forum.

#### **Commissioning Strategy & Policy**

##### **Legislation**

- Final points being clarified on scope of the opt-out - these will inform the drafting of the directions.
- Draft CAG regulations reviewed.
- Brief drafted to support the Health and Social Care (Safety and Quality Bill) debate.

##### **Joint Data Controller Agreement**

- Draft final version signed off. To be presented to the Programme Board for approval on 14 January 2015.

##### **Privacy Impact Assessment (PIA)**

- Draft final version signed off. To be presented to the Programme Board for approval on 14 January 2015.

##### **Policy engagement with stakeholders**

- A brief for the Secretary of State was sent to the Department of Health (DH). The main focus was on the response to the listening exercise and the publication of the IIGOP report.
- Positive fortnightly meeting held with Healthwatch England.
- Response sent to MedConfidential's letter to Simon Stevens.
- Liaison with the Carers Trust who are working on a brief for carers. We are also working with a range of other stakeholders to proactively distribute information to potentially excluded groups.

#### **Technology platform, extract tools and secure data facility**

- Tolerance Exception Report approved by the HSCIC Programme and Service Delivery Board on 11 December 14, confirming changes to scope, delivery approach and finance.

- The key end to end detailed technical architecture milestone was successfully achieved on 3 December 14.
- ICT projects (data centre migration and SAS analytical tool upgrade) progressing as planned.
- Service and operational model in development, including Use Cases & Specifications.
- Solution Assurance approach agreed. Test strategy and plan in development. Key resources secured.
- Initial draft of the GP extract schedule completed, which is undergoing detailed planning and alignment with the Quality Outcomes Framework extract and other quality and non-quality services extracts.
- Secure Data Facility requirements reviewed and awaiting approval. Room preparation and ICT kit procurement underway.
- The GP Data viewer solution design has been agreed, with build and testing planned for January and February 2015.

#### **HSCIC Strategic Capability Platform (SCP)**

- Project mandate approved by interim Director of Information and Analytics.
- New Work Commission submitted to HSCIC's Portfolio and Service Delivery Board.
- Senior Project Manager has joined the team to lead the Master Patient Index and De-identification project.
- Appointed a programme manager to lead the overall SCP, start date confirmed 19 January 2015.

#### **Data Delivery**

##### **Primary Care – Hospital Episode Statistics Linkage (PCHES)**

- The IIGOP report has been published and a review will take place by the programme and pathfinder CCGs in the early part of January to understand any impact so that a joint response can be drawn up.
- Local Healthwatch planning meetings have been held in all Pathfinder areas.
- Good progress is being made on confirming practice participation in three of the four CCG areas (Somerset, West Hants and Blackburn with Darwen) with 50 practices confirmed as of 31 December 2014. Initial interest has also started to be received from Leeds (specifically Leeds North CCG), with six participating practices confirmed, whereas Leeds West and Leeds South/East have stipulated that they do not wish to send out any practice invitations until the implications of the IIGOP report have been fully assessed.
- In addition to the recruitment of pathfinder practices, focus of the NHS England regional team has been on working closely with pathfinder areas on the co-production of materials, including reviewing and providing comments back from the pathfinders on both the patient and NHS facing materials.
- Local Healthwatch planning meetings have been held in all Pathfinder areas.
- The proposal from the patient line provider (HGS) to support fair processing activity has now been approved, and a contract addendum is being drawn up.
- GP system suppliers have confirmed costs and schedules to be ready to extract data from March; two of the suppliers have now completed all contractual steps to commit to extract.
- Release 3 implemented by ATOS which puts in place the Q-divert and new participation functionality.
- Work has begun to create a backlog of change requests to the extract specification alongside a process for capturing and documenting future requests as they are identified.
- Position agreed with Standardisation Committee for Care Information (SCCI) to commence Pathfinders Primary Care extract as 'none standard' i.e. an Information Standards Notice will not be in place before the expected start of extracting data.
- A revised Burden Assessment and Advice Service (BAAS) application has been submitted.

##### **Patient Objections Management (POM)**

- The four GP suppliers are on track against their schedules to build, test and run the POM extract.



- Work has been ongoing to support development of a paper to HSCIC Board to reach a corporate decision on policy of operating type 2 objections.
- Privacy Impact Assessment conducted to consider risks and issues of collecting and processing patient objections data.

#### **Maternity Children Data Set (MCDS)**

- Provision of repository and analytics - the issue regarding use of the Oracle Super Cluster (OSC) has been discussed with the HSCIC Head of Infrastructure Security, Technical Architects and a paper has been submitted to Rob Shaw as Senior Information Risk Owner (SIRO) for approval.
- Landing of data - engagement has now occurred with the Secondary User Service (SUS) transition programme to explore re-use of the OSC, to date we have established that this solution would be a good technical fit and discussion to commence environment set-up have commenced.
- The supporting OSC Operating Model remains a concern as currently there is no visibility of how this would work for MCDS. The existing team is fully utilised on SUS and the re-use of the platform by other services is not a priority.
- All required test resources have been recruited; however vacancies for permanent and fixed term oracle developers are still unfilled. Resolution includes increased advertising and formal request to recruit contract resource.
- The technical output specification for the CYPHS dataset has been formally submitted for approval to the SCCI Board.

#### **Primary Care Pathology Project (PCPP)**

- PCPP benefits have been submitted for inclusion on the care.data Programme Business Case.
- A meeting was held between PCPP Project Manager and Laura Sato, Programme Manager for the Pathology Informatics Programme to discuss the interdependencies between the two. Agreement to take part in the monthly Pathology Informatics Programme touch-point sessions.
- Stakeholder/Communications planning session held.

#### **Data Access and Accelerators**

##### **Data Access**

- Discovery work underway to assess potential for a federated access, specific to other networks and organisations delivering secure facilities.
- Expert Reference Group (ERG) due to meet again on 27 January 2015.

##### **Accelerators**

- New work commission drafted, outlining scope of accelerator activity.

#### **Business Case**

- The first version of the business case has been developed and will be presented to the Programme Board on 14 January 2015.
- Detailed assurance of the Programme Business Case will now commence with subject matter experts and feedback from PB members.
- Expected to have benefits lead specialists in position between February and March 2015.

#### **Programme Office / Controls**

##### **Programme Board**

Programme Board scheduled for 11 February 2015 from 14:00 – 16:00.

##### **Assurance: Project Validation Review (PVR) recommendations**

Programme Assurance Review (PAR) planning meeting is scheduled for 14 January 2015. The actual PAR will commence from 3-5 February 2015.





### **NHS England Internal Audit**

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 is expected to be finalised for 16 January 2015.

### **Funding**

Programme costs and funding for FY14/15 (including HSCIC resources) has now been agreed, a work package written by HSCIC will be sent to NHS England with formal agreement expected by 31 January 2015.

### **Advisory Group Meeting**

The Advisory Group is scheduled for 27 January 2015 from 09:00-10:30.

### **Resourcing**

Business critical resources have been recruited and are expected to be in position by March 2015. A clinical engagement lead is scheduled to start working on care.data no later than 31 January 2015.

### **Programme Documentation**

The Risk and Issue strategy has been sent to the Programme Director for comments. Expected to be approved by SRO and in place by 31 January 2015.

An overarching governance document has been drafted, to be issued to Programme Director week commencing 11 January 2015 for comments.

Quality Management Plan being drafted by the programme controls team.

IAAP has been amended to reflect further comments from the Cabinet Office. Once approved by Programme Director, SRO approval will be required.

## **6. Key Activities / Milestones (Next 3 Months) [include NHS England Public Commitments and SoS Priorities]**

<b>Key Activity / Milestone Description</b>	<b>RAG</b>	<b>Milestone Type</b>	<b>Original Baseline Date</b>	<b>Current Baseline Date</b>	<b>Current Forecast / Actual</b>	<b>Commentary (with Explanations for Delays)</b>
Programme Business Case (PBC) Programme Board Approval	<b>Amber</b>	<b>Approvals</b>	15/12/2014	14/01/2015	14/01/2015	Due to the complexities of business case writing and a delay in securing business critical resources, an overall delay of 1 month.
PAR Assessment meeting	<b>Green</b>	<b>Assurance</b>	14/01/2015	14/01/2015	14/01/2015	
care.data Programme Board approval Fair Processing	<b>Green</b>	<b>Approvals</b>	14/01/2015	14/01/2015	14/01/2015	
PAR Review	<b>Green</b>	<b>Assurance</b>	05/02/2015	05/02/2015	05/02/2015	
IPMB Sub Group	<b>Green</b>	<b>Approvals</b>	25/02/2015	25/02/2015	25/02/2015	
IAO	<b>Green</b>	<b>Approvals</b>	06/03/2015	06/03/2015	06/03/2015	
Minister	<b>Green</b>	<b>Approvals</b>	27/03/2015	27/03/2015	27/03/2015	
Cabinet Office	<b>Green</b>	<b>Approvals</b>	17/04/2015	17/04/2015	17/04/2015	



HMT	<b>Green</b>	<b>Approvals</b>	24/04/2015	24/04/2015	24/04/2015	
Letter Issued	<b>Green</b>	<b>Delivery</b>	30/04/2015	30/04/2015	30/04/2015	

## 7. Top 5 Risks and Issues

Risk / Issue ID	Type (Risk / Issue)	Risk / Issue Title	Risk / Issue Description	Impact Description	Impact	Likelihood	RAG Status	Trend	Risk Owner
15884	<b>Risk</b>	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.	<p>TIME: Significant delays whilst the care.data programme team respond to media coverage</p> <p>COST: Additional programme costs would be incurred as a result of further delays</p> <p>REPUTATION: Perception that care.data has not addressed the initial concerns raised following the Health Select Committee in February 2014.</p>	<b>5 (Very High)</b>	<b>3 (Possible 33-67%)</b>	<b>Amber/Red</b>	→	Eve Roodhouse
15873	<b>Risk</b>	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 with care.data, or may not have confidence in care.data, which will negatively impact the realisation of benefits as the programme progresses.	<p>TIME: Impact through delays – need to make further efforts via professional bodies and on the ground in regions (CCGs) – to secure engagement</p> <p>COST: Impact on cost through wider, more intense engagement / communications strategy</p> <p>BENEFITS: Potential impact on benefits further down line if not engaged early</p> <p>REPUTATIONAL: Perception that GP Data Controllers have to defend patient data against HSCIC extraction. Reduced confidence in HSCIC &amp; NHS England to achieve project objectives.</p>	<b>4 (High)</b>	<b>4 (Likely 68-90%)</b>	<b>Amber</b>	→	Eve Roodhouse
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>	<b>5 (Very High)</b>	<b>4 (Likely 68-90%)</b>	<b>Red</b>	↑	Eve Roodhouse

15979	<b>Risk</b>	Technical solution delivery timescales	HSCIC may not be able to deliver technical solution in the timescales required by the care.data programme	<p>TIME: Delivery timescales may not be achieved within programme expectations.</p> <p>BENEFITS: Delays in delivery will impact on when benefits can be realised.</p> <p>REPUTATION: Reputational damage to the HSCIC and NHS England</p>	<b>5 (Very High)</b>	<b>4 (Likely 68-90%)</b>	<b>Red</b>	→	Eve Roodhouse
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>TIME: If the complex approvals process is not managed effectively this could cause a time delay in the pathfinder extraction.</p> <p>COST: A delay would result in further cost for the programme team.</p> <p>REPUTATION: Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.</p>	<b>4 (High)</b>	<b>3 (Possible 33-67%)</b>	<b>Amber/Red</b>	→	Eve Roodhouse
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>TIME: If recommendations from the IIGOP report are made this could cause a time delay in the plan.</p> <p>COST: A delay would result in further cost for the programme team.</p> <p>REPUTATION: Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.</p>	<b>4 (High)</b>	<b>3 (Possible 33-67%)</b>	<b>Amber/Red</b>	→	David Corbett

### 8. Current Year Financial Forecast versus Budget as at 30/11/2014 (NB +ve = underspend, -ve = overspend)

RAG	Capital / Revenue	Full Year Budget (£K)	Actual Spend (£K)	Full Year Forecast (£K)	Full Year Variance(£K) (FY budget – Forecast) (£k)	Full Year Variance % (FY budget – Forecast as a %)
N/A	DH Revenue					
N/A	DH Capital					
	<b>Total DH</b>					
<b>Amber</b>	NHS England Programme Revenue – Non Staff Costs	2,300	177.56	2,221	79	3.43%
<b>Red (Under)</b>	NHS England Programme Revenue – Admin Expenditure	1,670	674.92	1,135.96	534.04	31.98%
N/A	NHS England Capital					
	<b>Total NHS E</b>	<b>3,970</b>	<b>852.49</b>	<b>3,356.96</b>	<b>613.04</b>	<b>15.44%</b>



<b>Red (Under)</b>	HSCIC Revenue Income	-1,670	-674.92	-1,135.96	534.04	-31.98%
<b>Green</b>	HSCIC Revenue Cost – Non Staff Costs	897.48	111	897.48	0	0.00%
<b>Green</b>	HSCIC Revenue Cost – Admin Expenditure	1,533.91	794.57	1,533.91	0	0.00%
<b>N/A</b>	HSCIC Capital					
	<b>Total HSCIC</b>	761.40	230.65	1,295.44	534.04	70.14%
<b>Red (Under)</b>	<b>TOTAL</b>	4,731.40	1,083.14	4,652.40	1,147.08	24.24%

Commentary					Next Steps	
<p>Finance figures as at 31 December 2014 will be available on 15 January 2014; therefore the figures in the table above are as at 30 November 2014.</p> <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 finalised for 2014/2015 spend</li> </ol>	

### 9. Investment Justification Forecast Spend Status (NB all negative figures to be bracketed, +ve = underspend, -ve = overspend)

RAG	Funding Org'n	Total Baselined Org'l WLC (£M) (as per combined BC or MoU)	Total Org'l Spend To-date (£M)	Total Forecast, Org'l WLC (£M)	Total Org'l Variance (£M) (Baseline – Forecast)
<b>N/A</b>	DH				
	NHS England				
	HSCIC				
	NHS Local				
	Other				
<b>TOTAL</b>		<b>TBC</b>	<b>TBC</b>	<b>TBC</b>	<b>TBC</b>

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).					

### 10. Benefits Realisation Confidence as at (insert date) (NB +ve = underachievement, -ve = overachievement)

Variance should report the difference between original baselined benefits and currently forecast total benefits for project duration.

RAG	Benefit Type	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)
N/A	Cash Releasing Benefits				
	Non-Cash Releasing Benefits				
	Societal Benefits				
	<b>Total</b>				
<b>Commentary</b>					<b>Next steps</b>
Benefits were initially drafted as part of the programme business case development, which is now in progress. As the programme business case has not yet been fully approved benefits cannot be forecast.					

**Notes on completion:** For sections 8, 9 and 10 all negative figures to be bracketed.




### 11. Programme / Project Gateway Review or Health Check Recommendations Progress

Rec. No.	Recommendation	Action Plan to Address Recommendation	Action Progress against Plan	Action Priority	Current Status	Baseline Date	Forecast Date
1	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]
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**Notes on completion:** the baseline date should be the date agreed with the assurance body and should not be amended without their agreement.

# 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 has been delivered.	<b>C</b>

Key Activities / Delivery Milestones Over The Next 3 Months	
Delivery of the key activity or 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 activity or milestone is behind the current baseline plan but has realistic plans to recover.	<b>A</b>
Delivery of the key activity or milestone is on or ahead of current baseline plan.	<b>G</b>
Activity or milestone completed.	<b>C</b>

Current Year Financial Forecast vs Budget	
Programme / project is currently forecasting >0.5% overspend against budget.	<b>R (O)</b>
Programme / project is currently forecasting >5% underspend against budget.	<b>R (U)</b>
Programme / project is currently forecasting 3% to 5% underspend against budget.	<b>A</b>
Programme / project is currently forecasting <0.5% overspend to <3% underspend against budget.	<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 (post-FBC/FBJs only)	
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>

Current Investment Justification Approval Status	
The current Investment Justification type and stage is not appropriate for the current P3S Framework stage and is approved to the appropriate level.	<b>R</b>
The current Investment Justification type and stage is appropriate for the current P3S Framework stage and is undergoing approval.	<b>A</b>
The current Investment Justification type and stage is appropriate for the current P3S Framework stage and is approved to the appropriate level.	<b>G</b>

Digital and Technology Spend Controls Status	
Digital and Technology Spend Approval not given for current investment justification or item is in exception.	<b>R</b>
Digital and Technology Spend Approval not given for current Investment Justification but is progressing through the approvals process.	<b>A</b>
Digital and Technology Spend Approval given for current investment justification.	<b>G</b>

Resourcing Against Plan	
No resource plan in place OR there is a significant shortfall in resources with staffing at <70% of resource plan OR two or more key roles are missing.	<b>R</b>
Material shortfall in resources with staffing at >70% but <90% of resource plan OR one key role is missing.	<b>A</b>
Adequate resources in place with staffing at >90% of resource plan AND all key roles are in place.	<b>G</b>