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

Ref: care.data/Programme Board – Main Session/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:	
Care.data is a programme of work that aims to increase the range of information that is collected across all NHS-funded services for purposes beyond direct care. The plan is to securely connect information together and make it available to those who plan NHS services, researchers, medical charities and businesses that support the NHS to make services better. The first phase of the care.data programme is to collect and securely connect information from hospitals and GP practices.	
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.	
Date presented to Programme Board:	
11 February 2015	

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

Reporting Period (Calendar Month):	January 2015	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

In order to proceed with fair processing in March the Programme Board is asked to confirm they are content to make that decision at an extraordinary meeting which is expected to occur week commencing 16 February 2015.

2. Overall Delivery Confidence RAG

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber	Amber

Overall Delivery Confidence Commentary	Next Steps
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: • SRO attended Health Select Committee on 21 January to update on the pathfinder stage of the programme. • The first version of the business case was presented to the Programme Board on 14 January 2015. Engagement completed with Programme Board members and assurance process will commence w/c 2 February 2015 with subject matter experts across HSCIC and NHS England. • Following the publication of the IIGOP report a review has taken place with the programme and pathfinder CCGs to understand the impact of the conditions set, and a joint response has been developed and sent to IIGOP on 2 February 2015. • Final feedback from pathfinder CCGs and other stakeholders on patient and NHS facing materials have been requested by 4 February 2015 to proceed through the approvals process. A series of local meetings are taking place week commencing 2 February 2015 to assist in the pathfinder sign off of the materials. • Pathfinder plan has been reconsidered with the CCGs in line with the IIGOP report and will be presented to the Programme Board for baselining. • Programme Board papers for October – December 2014 published on 2 February 2015.	1. Finalise core patient facing and NHS materials and seek approval to proceed with fair processing. 2. Complete business planning and financial review for FY 2015-2016 with NHS England & HSCIC in line with the business case. 3. Finalise Integrated Assurance and Approval Plan (IAAP). 4. Complete Programme Assurance Review (PAR) scheduled from 3 – 5 February 2015. 5. Commence the assurance process for the Programme Business Case. 6. Review and release programme board papers from June – September 2014. 7. Agree arrangements with National Data Guardian for her review of programme readiness before data extraction.

3. Key Programme / Project RAG Areas	RAG Status	Trend	Headlines / RAG Improvement Steps
Gateway Delivery Confidence (Last Gateway Review RAG)	**Red**	**No Change**	Programme Assurance Review (rather than Gateway 0) will take place on 3-5 February 2015.
Key Delivery Milestones over Next 3 Months	**Amber**	**No Change**	Emphasis is on primary care extract for pathfinder GP practices (stage 1 of first phase of programme).
Current Year Financial Forecast vs. Budget DH	**N/A**	**N/A**	N/A
Current Year Financial Forecast vs. Budget HSCIC	**Red (Under)**	**No Change**	0% against budget for 2014/15 FY.
Current Year Financial Forecast vs. Budget NHS-E	**Red (Under)**	**No Change**	0.02% overspend against budget for 2014/15 FY, however programme expected to come in budget by end of financial year.
Investment Justification (BC, MoU etc) Forecast Spend Status	**Red**	**No Change**	No approved business case, however the programme business case has now been reviewed and endorsed by the Programme Board in January 2015. Assurance and SME process now commencing.
Benefits Realisation Confidence	**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.
Quality Management against Plan	**Amber**	**No Change**	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**	**No Change**	The end date has been specified in overall programme business case as 31 March 2020.
Current Investment Justification Approval Status	**Red**	**No Change**	No Spend approval as business case not in place. However care.data is taking a discovery phase approach for pathfinders. Programme business case is in progress. Spend for FY 2015/2016 has been approved in principle through business planning approval process.
Digital and Technology Spend Controls Status (as appropriate)	**TBC**	**No Change**	No Spend approval as business case not in place. However care.data is taking a discovery phase approach for pathfinders. Programme business case is in progress. Spend for FY 2015/2016 has been approved in principle through business planning approval process.
Resourcing Against Plan	**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
- Revised versions of the patient facing materials were sent to the Pathfinders on 20 January 2015. The content of the GP Practice Toolkit, including the GP FAQs were sent to the pathfinders on 27 January 2015. Pathfinders to provide final feedback by 6 February on public facing communication materials.
- The revised versions of the patient facing materials that were shared with the Pathfinders were also sent to the Advisory group on 22 January 2015 and final comments invited by 4 February 2015.
- Programme Board papers for September – November 2014 published on 2 February 2015.
- Media coverage managed with Sky, Guardian and Pharma Times
- Website has been refreshed and a link has been added for the IIGOP Report.
- Suggested changes provided by Independent Information Governance Oversight Panel (IIGOP) on the first versions of the public facing materials were agreed with their team (IIGOP) on 27 January 2015.
- Feedback received from medConfidential, the Department of Health and the British Medical association (BMA) on the revised versions of the public facing materials provided to the Advisory Group being reviewed and changes are being agreed.

Research
- Ipsos MORI have produced a summary of findings of the interviews (completed between Monday, 10 November 2014 and Friday 19 December 2014) on 27 January 2015.
- The intention is that Ipsos MORI will produce a full, written report (to include the Pathfinder tracking research) after the 'post-wave' (interviews with public during Fair Processing) research has been completed, providing a narrative of all the research they have conducted on our behalf since September 2014.

Stakeholders & media
- Tim Kelsey presented to the Health Select Committee on 21 January 2015 [http://www.parliamentlive.tv/Main/Player.aspx?meetingId=17049]
- An arm's length bodies workshop hosted by the NHS England Director of Communications was held on 23 January 2015. It was attended by Medicines and Healthcare Products Regulatory Agency (MHRSA), Public Health England (PHE), Health Research Authority (HRA), National Institute for Health and Clinical Excellence (NiCE), Health Social Care Information Centre (HSCIC), Care Quality Commission (CQC) and Monitor. This was to discuss how best to share communications, timings and objectives on an ongoing basis.
- Response to IIGOP report prepared for SRO.

- Summary of engagement and action plan document published on 20 January 2015 [http://www.england.nhs.uk/wp-content/uploads/2015/01/care-data-presentation.pdf].
- Engagement with key stakeholder and media.

Public & Patient Voice
- Continuing regular briefing meetings with Healthwatch England.
- Mechanism agreed (via Department of Education) to cascade information about pathfinders to care home managers to support children and young people in care to make an informed choice about sharing data.

<u>**Commissioning Strategy & Policy**</u>

Legislation
- Bullets on scope of the opt-out for the pathfinder stage have been sent to the DH to enable drafting of DH directions to the HSCIC in relation to opt outs to begin.
- Possible solutions in relation to managing existing type 2 objections recorded during the previous public information campaign are being considered by the HSCIC.
- The NHS England IG team have been instructed to proceed with updating The Health and Social Care Information Centre (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions which were published in December 2013.

Data Controller Agreement
- Approved by care.data programme Board.
- The HSCIC approved the agreement on the 28 January 2015 at the HSCIC Board meeting. Arrangements will now be made for the agreement to be signed by the respective organisations.

Privacy Impact Assessment (PIA)
- Approved by care.data programme Board.
- As the PIA is an NHS England document, it is proceeding through the NHS England gateway process and publication is expected at the end of February 2015.

MOU
- MOUs for the GP line and the 2nd line support and service management of the patient line have been finalised. These are currently pending final NHSE sign off before going to HSCIC.

Policy Input
- Letter to Health Select Committee providing corrections and further information following Health Select Committee on 21 January 2015.

<u>**Technology platform, extract system and secure data facility**</u>

- SAS 9.4 (Software analytical tool) installation underway, this is being done in parallel to the infrastructure build. On track for completion by the end of March 2015.
- Overall end-to-end Service/Operational model development on track. Operational use cases complete for all components accept Data Downloader and the Data Management Environment.
- Test strategy issued for final review. High-level test plan in place. Gap analysis on required testing expected 06 February 2015.
- Terms of reference (ToR) have been drafted for the Operations and Service readiness board, which will be the internal (to HSCIC) governance vehicle to get all the systems live.

- The delivery of the Secure Data Facility is on plan. Additional security measures are being assessed by HSCIC's Information Governance and Security teams. Recruitment of the security officer role is underway.
- Security concerns have been raised regarding the GP Data Viewer proposed design. These are being worked through by the programme team.

HSCIC's Data Services Platform

- Key internal stakeholder meetings held to start to draft the Programme vision, scope and delivery strategy.
- Project brief and strategic justification draft document in development.
- Shadow programme board to meet 2 February 2015 to agree Programme vision, scope and next steps.
- Full review of the Master Patient Index and De-identification project documentation produced originally to assess fitness for future and what needs to be updated. Now validating requirements and identifying key risks and issues.

Data Delivery

Primary Care – Hospital Episode Statistics Linkage (PCHES)
- Following the publication of the IIGOP report a review has taken place with the programme and pathfinder CCGs to understand the impact of the conditions set, and a joint response has been developed and sent to IIGOP.
- Progress continues to be made in confirming practice participation in the CCG areas. Approximately 80 practices have confirmed participation as of 31 January 2015.
- Focus of the central programme and NHS England regional team has remained on working closely with pathfinder areas on the co-production of materials. Review meetings to consider final comments on materials and to obtain local sign off are being held week commencing 2 February 2015, ahead of progressing through to final central review and sign off.
- Further planning has taken place with the programme team and pathfinders to develop a refined delivery plan. This will be presented to the board on 11 February 2015.
- MoU outlining roles and responsibilities, governance arrangements, and an outline project timeframe with the CCGs in the four pathfinder areas are being finalised ahead of final sign off.
- Options for the future roll-out together with supporting resourcing and costings have been developed as part of the development of the business case.
- Work to develop the evaluation approach is progressing with a draft proposal submitted to the programme board for review. Once feedback has been received the updated proposal will be discussed with the pathfinder areas.
- The costings and mechanics to produce and distribute communication materials to practices and patients have been agreed.
- 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.
- The standards application continues to be progressed with Standardisation Committee for Care Information (SCCI), albeit slowly due to availability of the SCCI team.
- The Burden Assessment and Advice Service (BAAS) application is being progressed.

Maternity Children Data Set (MCDS)
- The HSCIC Senior Information Risk Owner (SIRO) approved the proposed approach to pseudonymise the data in the Il4 environment and then export de-identified data to the HSCIC IL3 environment for analysis.
- As a consequence of the dependency on key resources supporting the SUS transition, there has been limited engagement on how the re-use of the oracle super cluster (OSC) and service management would work for MCDS. The engagement so far has identified key concerns in the use of the OSC arising from different technologies and lack of service management to support re-use. The impact of these concerns and proposed options to address the arising issues have been discussed, however there is little confidence that the proposed options can be implemented in time to allow maternity data to flow in May 2015.

- A contingency option to allow progression to a May 2015 flow data for the maternity dataset has been identified and approved by the MCDS project board. The contingency would be to land the data in HSCIC IL3 datacentre (this is the current environment for other mental health datasets). The contingency option requires further internal EMT/HSCIC Board approval.
- The technical output specification for the CYPHS dataset has been formally submitted for approval to the SCCI Board. .
- The PSBC to recruit Oracle Developers has received approval and progression on remaining development for the maternity dataset can commence

Data Access and Accelerators

Data Access
- Planning activity for pathfinder analysis evaluation stage
- Planning activity for consultation to expand the GP dataset beyond care.data pathfinder stage
- Design and development of content for pathfinder stage data quality experimental publication, planned for September 2015
- Expert Reference Group meeting took place on 27 January 2015
- Operational delivery of the Secure Data Facility due March 2015.
- Development of secure data access options beyond care.data pathfinder stage.

Business Case

- The first version of the business case was presented to the Programme Board on 14 January 2015. The case has been updated in readiness for SME assurance to commence week commencing 2 February 2015.
- Benefits project manager now in post and build on the existing work to quantify benefits.

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) will take place 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 and a further action plan issued. Management response drafted and issued to SRO for final approval.

Funding
- Programme costs and funding for FY14/15 (including HSCIC resources) has now been agreed and a work package has been drafted by HSCIC. To be reviewed by Programme Director followed by NHS England. Funding for FY15/16 is subject to NHS England business planning currently underway. Business planning also underway in HSCIC.

Advisory Group Meeting
- The next meeting of the Advisory Group is scheduled for 27 February 2015 from 10:00-12:00.

Resourcing

- Business critical resources have been recruited and many are now in position. The remainder are expected to be in position by March 2015. Work underway to ensure new resources are up to speed with the programme.

Programme Documentation

- The Risk and Issue strategy is due to be issued to the SRO week commencing 2 February 2015.
- An overarching governance document has been drafted incorporating changes to the Programme Board terms of reference from 14 January 2015.
- Quality Management Plan has been drafted and with the Programme Director for review.
- IAAP has been amended to reflect further comments from the Cabinet Office. Submitted to SRO for approval.

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

Key Activity / Milestone Description	RAG	Milestone Type	Original Baseline Date	Current Baseline Date	Current Forecast / Actual	Commentary (with Explanations for Delays)
Programme Business Case (PBC) Programme Board Approval	Amber	Approvals	15/12/2014	14/01/2015	30/01/2015	Due to the complexities of business case writing and a delay in securing business critical resources, a 1 month delay occurred. Further delay of 2 weeks due to necessary input and amendments following Programme Board on 14 January 2015.
PAR Assessment meeting	Green	Assurance	14/01/2015	14/01/2015	14/01/2015	Completed, plans in place to ensure smooth running of the PAR from 3-5 February 2015.
care.data Programme Board approval Fair Processing	Green	Approvals	14/01/2015	18/02/2015	18/02/2015	Approval delayed to ensure all key stakeholders content with materials (as per IIGOP recommendation)
PAR Review	Green	Assurance	05/02/2015	05/02/2015	05/02/2015	
IPMB Sub Group	Green	Approvals	25/02/2015	25/02/2015	25/02/2015	
IAO	Green	Approvals	06/03/2015	06/03/2015	06/03/2015	
Minister	Green	Approvals	27/03/2015	27/03/2015	27/03/2015	
Cabinet Office	Green	Approvals	17/04/2015	17/04/2015	17/04/2015	
HMT	Green	Approvals	24/04/2015	24/04/2015	24/04/2015	
Letter Issued	Green	Delivery	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	Likeli-hood	RAG Status	Trend	Risk Owner
16258	**Risk**	Lack of clarity around type 2 objections	Without clarity around type 2 objections there is a potential for delay in the delivery of the pathfinder stage.	TIME: Significant delays whilst the care.data programme team await clarity COST: Additional programme costs would be incurred as a result of further delays REPUTATION: Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.	5 (Very High)	4 (Likely 68-90%)	Amber/ Red	NEW	Trevor Anders
15884	**Risk**	Unclear communication of the safeguards and purpose of the programme to key stakeholders, including the media.	There is a potential for the communication to be unclear regarding the safeguards and purpose of the programme to key stakeholders, including the media, 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 provide clarity 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 (Very High)	3 (Possible 33-67%)	Amber/ Red	→	Eve Roodhouse
16257	**Risk**	Clinicians in pathfinder areas being unable to meet IIGOP standards.	Potential for clinicians in pathfinder areas not able to meet IIGOP standards due to the limited time to meet fair processing requirements.	TIME: Impact through delays if clinicians are not able to meet the standards COST: Impact on cost through longer period of time to meet standards REPUTATIONAL: Perception that care.data has not met standards set by IIGOP	4 (High)	3 (Possible 33-67%)	Amber	NEW	Eve Roodhouse
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	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	4 (High)	3 (Possible 33-67%)	Amber	→	Eve Roodhouse

				REPUTATIONAL: Perception that GP Data Controllers have to defend patient data against HSCIC extraction. Reduced confidence in HSCIC & NHS England to achieve project objectives.					
15949	**Issue**	No approved business case for the programme	There is a risk that the Business Case will not be 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 (Very High)	4 (Likely 68-90%)	Amber/ Red	XXX	Eve Roodhouse
15979	**Risk**	Technical solution delivery timescales	HSCIC may not be able to deliver technical solution in the timescales required by the care.data programme	TIME: Delivery timescales may not be achieved within programme expectations. BENEFITS: Delays in delivery will impact on when benefits can be realised. REPUTATION: Reputational damage to the HSCIC and NHS England	5 (Very High	3 (Possible 33-67%)	Amber/ Red	→	Eve Roodhouse
15996	**Risk**	Complex approval process	Due to the complex approval process there is a risk that delays could occur in the proposed plans for pathfinder extraction	TIME: If the complex approvals process is not managed effectively this could cause a time delay in the pathfinder extraction. COST: A delay would result in further cost for the programme team. REPUTATION: Both HSCIC and NHS England could potentially suffer a reputational impact should pathfinders be delayed.	4 (High)	3 (Possible 33-67%)	Amber/ Red	→	Eve Roodhouse

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					
	Total DH					
Green	NHS England Programme Revenue – Non Staff Costs	2,300	481	2,410	110	0.05%
Green	NHS England Programme Revenue – Admin Expenditure	1,670	556	1670	0	0%
Green	NHS England Capital	0	0	0	0	0%
	Total NHS E	3,970	1,037	4,080	110	0.02%
Green	HSCIC Revenue Income (GIA/I&A) Income from NHS England	-1,200 -1,400	-0 -0	-1,200 -1,400	0 0	0% 0%
Green	HSCIC Revenue Cost – Non Staff Costs	732	520	732	0	0.00%
Green	HSCIC Revenue Cost – Admin Expenditure	1,524	969	1,524	0	0.00%
Green	HSCIC Capital	165	0	165	0	0.00%
	Total HSCIC	-179	1,489	-179	110	-0.6%
Green	**TOTAL**	3,791	2,526	3,901	110	0.02%

Commentary

Finance figures as at 31 December 2014 (financial figures for January 2015 not available until mid-February 2015)

Care.data - No business case in place – funding through I&A/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 funding has been agreed from NHS England to cover specific programme costs in HSCIC. Expected to spend £1.2 million in HSCIC technical delivery costs. The £100k overspend is expected to come in line with the budget by the end of the financial year.

Next Steps

1. HSCIC work with NHS England have agreed a accountability and tracking system across the care.data programme (budget v's spend)
2. Work packages to be finalised for 2014/2015 spend
3. Funding for FY 2015/2016 has been approved in principle from NHS England, to be confirmed.
4. Funding for FY 2015/2016 from HSCIC is underway via business planning process

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)
N/A	DH				
	NHS England				
	HSCIC				
	NHS Local				
	Other				
TOTAL		**TBC**	**TBC**	**TBC**	**TBC**

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				
	Total				

Commentary				Next steps
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
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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

Definition	Status
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 has been delivered.	C

Key Activities / Delivery Milestones Over The Next 3 Months

Definition	Status
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.	R
Delivery of the key activity or milestone is behind the current baseline plan but has realistic plans to recover.	A
Delivery of the key activity or milestone is on or ahead of current baseline plan.	G
Activity or milestone completed.	C

Current Year Financial Forecast vs Budget

Definition	Status
Programme / project is currently forecasting >0.5% overspend against budget.	R (O)
Programme / project is currently forecasting >5% underspend against budget.	R (U)
Programme / project is currently forecasting 3% to 5% underspend against budget.	A
Programme / project is currently forecasting <0.5% overspend to <3% underspend against budget.	G

Investment Justification Forecast Spend Status

Definition	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 (post-FBC/FBJs only)

Definition	Status
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

Definition	Status
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

Definition	Status
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

Current Investment Justification Approval Status

Definition	Status
The current Investment Justification type and stage is not appropriate for the current P3S Framework stage and is approved to the appropriate level.	R
The current Investment Justification type and stage is appropriate for the current P3S Framework stage and is undergoing approval.	A
The current Investment Justification type and stage is appropriate for the current P3S Framework stage and is approved to the appropriate level.	G

Digital and Technology Spend Controls Status

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

Resourcing Against Plan

Definition	Status
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.	R
Material shortfall in resources with staffing at >70% but <90% of resource plan OR one key role is missing.	A
Adequate resources in place with staffing at >90% of resource plan AND all key roles are in place.	G