NHS

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

Ref: care.data/ Programme Board/Paper 02
Title: care.data Programme Board Highlight Report
Author: care.data programme team (Donna Braisby)
SRO 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.

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Reporting Period (Calendar Month):	February 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

Pathfinder plan has been reconsidered with the CCGs in line with the IIGOP report and will be presented to the Programme Board for baselining on 24 March 2015.

2. Overall Delivery Confidence RAG

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

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: • The Programme Business Case was discussed at the IPMB meeting on 26 February 2015 where direction of travel, scope and ambition were approved along with agreement to proceed to development of the Outline Business Case for Phase 1 of the programme (national collection of GP data). DH Finance Group commenced the detailed financial scrutiny of the case on Monday 7 March 2015. • Engagement is ongoing with pathfinder CCGs to agree finalised communication materials to proceed through the approvals process with CCG approval expected week ending 20 March 2015. • Pathfinder plan has been reconsidered with the CCGs in line with the IIGOP report and will be presented to the Programme Board for baselining on 24 March 2015. • Programme Board papers for October – December 2014 published on 2 February 2015. • Work has taken place to start to consider the options for the national rollout of the GP to HES linked dataset. Resourcing and costs for FY15/16 have been included in the budget requests, and recruitment for a number of posts which will support national rollout has commenced. • The approach to evaluation of the pathfinder stage has been shared with the CCGs following discussion at the Programme Board on 11 February 2015.	1. Finalise core patient facing and NHS materials and seek approval to proceed with testing of communications. 2. Continue to progress work with pathfinder CCGs to ensure the programme meets the conditions associated with the start of testing the communications, and those associated with the extraction of data. 3. Complete business planning and financial review for FY 2015-2016 with NHS England & HSCIC in line with the business case. 4. Finalise narrative version of Integrated Assurance and Approval Plan (IAAP). 5. Produce an action plan to address the recommendations from the Programme Assurance Review. 6. Gain clarity for funding in order to progress Programme Business Case through DH Finance assurance. 7. Publish Programme Board papers from June – September 2014. 8. Agree arrangements with National Data Guardian for her review of programme readiness before data extraction. 9. Finalise the approach to evaluation of the pathfinder stage with CCGs.

3. Key Programme / Project RAG Areas	RAG Status	Trend	Headlines / RAG Improvement Steps
Gateway Delivery Confidence (Last Gateway Review RAG)	**Red/Amber**	**No Change**	Programme Assurance Review (rather than Gateway 0) took 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	**Green**	**No Change**	0% against budget for 2014/15 FY.
Current Year Financial Forecast vs. Budget NHS-E	**Green**	**No Change**	0.02% underspend against budget for 2014/15 FY.
Investment Justification (BC, MoU etc.) Forecast Spend Status	**Red**	**Improving**	No approved business case, however the programme business case has now been approved in terms of scope, ambition and direction of travel, along with progression to develop the Outline Business Case for Phase 1. DH Finance group assurance of the Programme Business Case has commenced,
Benefits Realisation Confidence	**Red**	**Improving**	Key benefit areas are described within the Programme Business Case. A benefits strategy that covers identification. Quantification & treatment, realisation and ownership are in development.
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	**Amber**	**Improving**	IPMB approved the direction of travel of the Programme Business Case in February along with agreement to proceed to the next approval stage – Outline Business Case for Phase 1. Spend for FY 2015/16 has been approved in principle through business planning approval process.
Digital and Technology Spend Controls Status (as appropriate)	**N/A**	**No Change**	No Spend approval as business case not in place. Engagement with Cabinet Office will now commence which will clarify Spend Control requirement at PBC level and for future OBCs. Pathfinder on DME project has confirmation that a Spend Control is not required.
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

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	31/03/2020		

5. Progress against Plan (for this Reporting Period)

Communications, Stakeholder Engagement and Media

Communications/marketing
- Updated public facing communication materials presented to members of the Advisory Group to agree amendments. Subsequent teleconferences held.
- Circulated revised versions of all the core communication materials to IIGOP 12/3/15 and pathfinder teams for review.
- A request was made for an alternative creative approach from Somerset CCG. The SRO agreed an alternative should be offered. Briefed the creative agency on the requirement for an alternative design for the Somerset Pathfinder and amendments to the public facing communication materials.
- Reviewed first iteration NHS England web content and revised wireframe with Policy and NHSE colleagues.
- Drafted communications strategy and plan for the Pathfinders 'go live' phase with HSCIC colleagues.
- Engaged with Department of Health Pioneer Project to identify ways to work together on 24 February 2015.
- Completed stakeholder mapping exercise for programme

Media
- Media work ongoing and working with each Pathfinder to plan their local media announcements

Clinical Engagement
- Commenced GP clinical engagement plan on 10 February 2015.
- Drafted first stage of clinical media approach in readiness to support pathfinder stage.
- Began the mapping of key clinical relationships.

Patient & Public Voice
- Met with Monitor on 12 February 2015 to support public/patient engagement and identify ways to work together.
- Published report of the Advisory Group public meeting (held in November 2014).
- Continuing regular briefing meetings with Healthwatch England (last meeting held on 2 March 2014).

Commissioning Strategy & Policy

Legislation
- Confidentiality Advisory Group (CAG) regulations will set out the factors to which CAG must consider when advising the HSCIC on dissemination of data. These regulations will now not be laid in parliament before the election as expected. This is a pre-requisite for data dissemination, as set out in the planning principles.
- Directions to the HSCIC in relation to opt outs are being drafted by the DH. An update on timing for finalising the directions is being sought from the DH.

- The HSCIC (Establishment of Information Systems for NHS Services: Collection and Analysis of Primary Care Data) Directions, which were published in December 2013 have been updated and are in the process of review by the care.data advisory group, DH, NHSE and HSCIC. They will be discussed by the Programme Board on 24 March 2015.

Data Controller Agreement
- 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)
- As the PIA is an NHS England document, it has proceeded through the NHS England gateway process. Publication is expected in spring 2015.

Policy Input
- GP and Patient FAQs on opt outs during the pathfinder stage have been drafted with input from IIGOP, HSCIC and NHSE. A draft has been sent to Advisory Group members and other key stakeholders. They will then be added to full FAQs for wider review.

Technology platform, extract system and secure data facility

- The first Pathfinders on DME project Service and Operations Readiness Board held. The terms of reference were agreed and membership reviewed and updated to include representation from IG and the Technical Architects. The Project Acceptance Criteria document was reviewed and approved. This document will now be used to provide evidence of delivery to the board and highlight any areas of concern.
- The platform build is nearing completion. Storage resilience issues resolved. Configuration, testing and operational service delivery underway.
- Secure Data Facility room built and the ICT equipment installed, tested and assured by Solutions Assurance. The SDF use cases have all been developed and the operational procedures are being developed as planned. The Security Officer has been recruited and a start date agreed.
- Extract system and data downloader in development/testing phase. The design of presenting data back within the data downloader has subsequently been challenged from an Information Governance and security perspective. A piece of work is being established that will consult with GP practices to review the requirements that may/may not lead to a change request.
- HSCIC Common Assurance Process (CAP) document drafted and awaiting final review before submission to the Corporate Assurance Panel.

Data Delivery

- The programme and pathfinder CCGs continue to progress work to ensure that the programme and pathfinders can meet the conditions associated with the start of testing the communications, and those associated with the extraction of data. This has included strengthening a number of areas of the practice toolkit and agreeing content and format of training which will be provided to practices in the CCG areas.
- Over 100 practices have now been confirmed as participating practices across Somerset, West Hampshire and Blackburn with Darwen. The three CCGs in Leeds are continuing work to engage and recruit practices.
- The programme and NHS England Regional Team have continued to progress the development of patient facing materials. The majority of these materials have received local sign off and are now going through internal HSCIC and NHS England approvals. It is expected that all patient facing materials will be approved by the CEOs of HSCIC and NHS England and by the care.data Programme Board by the end of March. A revised creative approach has been developed for Somerset and is also expected to be signed off by the end of March.
- The programme has continued to engage with the pathfinders to refine the delivery plan, taking into account local arrangements to support testing of communications in each area. A revised plan will be submitted to the March meeting of the care.data Programme Board for approval.
- Work has taken place to start to consider the options for the national rollout of the GP to HES linked dataset. Resourcing and costs for FY15/16 have been included in the budget requests, and recruitment for a number of posts which will support national rollout has commenced.
- Following review by the programme board, the proposed evaluation approach has now been shared with pathfinders for review and feedback.

- A business case to extend coverage from the patient line provider (HGS) and the HSCIC helpdesk to support testing of communications activity has been developed and is expected to approved by the end of March (subject to confirmation of budget).
- Actions from IIGOP relating to GP systems and GP system suppliers are being progressed alongside the GPSoC team to manage discussion with all 4 suppliers.
- The specification for the extract of registration data from the NHAIS system to support the patient mailing has been agreed and a test extract run. We are now waiting for confirmation of mailing timeline to run the final extract for the patient mailing exercise.
- All 4 suppliers have completed the development stage to create the extract query to run against their systems however a formal change request has now been raised to modify the extract specification in order to honour the agreement made that where a patient has registered a type 2 objection at a GP practice then no data will be extracted for that patient at this time.
- The standards application continues to be progressed with Standardisation Committee for Care Information (SCCI).
- The Burden Assessment and Advice Service (BAAS) application is on hold pending confirmation from CCGs as to when they are happy to progress as the next stage requires gathering evidence from general practices on the actual burden of collecting and submitting the primary care data.

Maternity Children Data Set (MCDS)
- A risk assessment report has been completed to review the level of risk, and controls in place associated with implementing an interim solution to land the data on the current HSCIC "BIL3" environment whilst the project awaits the longer term BIL4 infrastructure. The Infrastructure Security Team has advised that this would not present any information security risks which they would advise against accepting. The next step is for the HSCIC SIRO to confirm approval.
- In the meantime the project received approval for HSCIC to accept the financial risk and continue to progress the infrastructure build at an IL3 level to ensure that we continue to deliver MCDS without delay, whilst awaiting decision.
- The Children's and Young Person Health dataset (CYPHS) has received SCCI approval "subject to caveats") clarification on directions and ii) update on burden of approval. Neither is deemed a sticking point to full approval.

Data Access and Accelerators

- Planning activity for pathfinder analysis evaluation stage is ongoing.
- Planning activity for consultation to expand the GP dataset beyond care.data pathfinder stage is being considered.
- Design and development of content for pathfinder stage data quality experimental publication underway
- Expert Reference Group meeting took place on 27 February 2015
  - Planning for capture of detailed customer requirements and benefits plan, linked to GP dataset expansion.
  - Detailed planning for approach to GP dataset expansion.
  - Consultation on data quality indicators to be applied for primary care dataset.
- Development of secure data access options beyond care.data pathfinder stage.

Business Case

- The Programme Business Case was presented to the IPMB meeting on 26 February 2015 where direction of travel, scope and ambition were all approved along with agreement to proceed to development of the Outline Business Case for Phase 1 of the programme (national collection of Primary Care data).
- DH Finance Group commenced the detailed financial scrutiny of the case on Monday 7 March 2015. The programme is working closely with DH Finance to agree what exactly is required for a Programme Business Case.
- A Benefits Strategy is in development which will bring together work from across the programme on benefits into a cohesive approach.
- Engagement with stakeholders to identify and quantify benefits is underway, starting with members of the Expert Reference Group.
- Work has commenced on the OBC for the full primary care dataset. Detailed options are being considered with a programme management team workshop held on 4 March 2015. Engagement with stakeholders to commence shortly.

Programme Office / Controls

Programme Board
- Programme Board scheduled for 24 March 2015 from 15:30 – 17:30.

Assurance: Project Validation Review (PVR) recommendations
- Programme Assurance Review (PAR) took place from 3-5 February 2015. An early action plan has been developed and will be discussed with the Programme Board on 24 March 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. Final response has now been sent to the audit team. Action plan to be developed.

Funding
- Programme costs and funding for FY14/15 (including HSCIC resources) has now been agreed. The work package has been submitted to NHS England on 9 March 2015. Funding for FY15/16 has been requested through NHS England Star Chamber. Business planning also underway in HSCIC.

Advisory Group Meeting
- The next meeting of the Advisory Group is scheduled for 17 April 2015 from 11:00-13:00.

Resourcing
- Planning for resourcing has taken place across NHS England and HSCIC to ensure no gaps are present when existing resources leave from 31 March 2015. Work is now underway to secure resources.

Programme Documentation
- Following recommendations from the PAR work has begun to reconfigure the risk and issue strategy.
- An overarching governance document has been drafted incorporating changes to the Programme Board terms of reference from 14 January 2015. The ToR has been approved by Programme Board, however overall governance document to be issued to SRO in March 2015.
- Quality Management Plan has been drafted and is going through the review process in the programme team.
- IAAP has been submitted to the Cabinet Office. The narrative version is going through the review process in the programme team.
- Programme Board papers for October – December 2014 published on 2 February 2015. Programme Board papers from June – September 2014 will be released in the next reporting period.

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	Completed	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	Completed	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 to test communications	Amber	Approvals	14/01/2015	18/02/2015	31/03/2015	Approval delayed to ensure all key stakeholders content with materials (as per IIGOP recommendation)

PAR Review	**Completed**	**Assurance**	05/02/2015	05/02/2015	05/02/2015	Completed, early action plan to be presented to the SRO on 11 March 2015.
IPMB	**Completed**	**Approvals**	25/02/2015	25/02/2015	26/02/2015	Meeting moved to 26 February 2015. IPMB approved the Programme Business Case in terms of direction of travel and agreement to develop the Outline Business Case for Phase 1 of the programme.
DH Finance Group	**Red**	**Approvals**	20/03/2015			DH Finance Group assurance underway.
IAO	**Red**	**Approvals**	06/03/2015	06/03/2015	06/03/2015	Date cannot be scheduled until DH Finance Group approval has been given.
Minister	**Red**	**Approvals**	27/03/2015	27/03/2015	27/03/2015	Date cannot be scheduled until DH Finance Group approval has been given.
Cabinet Office	**Red**	**Approvals**	17/04/2015	17/04/2015	17/04/2015	Date cannot be scheduled until DH Finance Group approval has been given.
HMT	**Red**	**Approvals**	24/04/2015	24/04/2015	24/04/2015	Date cannot be scheduled until DH Finance Group approval has been given.
Letter Issued	**Red**	**Delivery**	30/04/2015	30/04/2015	30/04/2015	Date cannot be scheduled until DH Finance Group approval has been given.

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	Mitigation Plan
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)**	**3 (Possible 33-67%)**	**Amber/ Red**	⟶	Trevor Anders	1. Support HSCIC Taskforce in reaching a decision; keeping them informed of potential impacts on care.data. 2. Stay informed of progress within HSCIC's attempts to clarify the policy position. 3. Updating the care.data communication products with the latest agreed position.
15884	**Risk**	Unclear communication of the safeguards and purpose of the programme to key stakeholders,	There is a potential for the communication to be unclear regarding the safeguards and purpose of the programme to key	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	**5 (Very High)**	**3 (Possible 33-67%)**	**Amber/ Red**	⟶	Eve Roodhouse	1. Publish relevant documents in a timely manner (on-going) 2. Suitable, easy to access, website for informing the public to be set up (completed) 3. Publication of the Engagement Summary (formerly known as "You said, We did") (completed)

		including the media.	stakeholders, including the media, which could result in significant delays and costs along with reputational damage to the programme.	that care.data has not addressed the initial concerns raised following the Health Select Committee in February 2014.						4. Regular updates to the Health Select Committee and Secretary of State 5. Engagement with advisory group 6. Stakeholder engagement and media plan monitoring
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 testing of communications 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	1. IIGOP Tests reviewed to confirm communication products that can be strengthened to provide additional information and support to clinicians. 2. Practice toolkit and GP FAQs along with consolidated factsheets for specific roles such as receptionists are in development to address and will be reviewed with the CCGs and clinicians through the collaborative development approach. 3. Progression against the IIGOP tests being monitored through an IIGOP tracker and to be reported on weekly at the Workstream Leads meeting. 4. Care.data Training approach to be developed. This will outline the approach that will be taken by the care.data programme team to meet training needs for the future service, with specific focus on GP practices. It will describe the different channels that will be employed to ensure practices are supported to successfully deliver functions that form an integral part of the overall service. It will describe how the programme team aims to develop materials, in conjunction with professional users to ensure a high quality end-to-end business process.
15873	**Risk**	Lack of clinical engagement for programme	Due to the pace of rollout of the GPES primary care extract (including	TIME: Impact through delays – need to make further efforts via professional bodies and on the ground in regions (CCGs) – to secure engagement	4 (High)	3 (Possible 33-67%)	Amber	↓	Eve Roodhouse	1. Concentrated engagement activity in progress (with focused communications and engagement plan) and a wider Stakeholder and Communications work-stream providing overall framework and

			communications and engagement), limited time to meet testing of communications 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	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 has to defend patient data against HSCIC extraction. Reduced confidence in HSCIC & NHS England to achieve project objectives.						strategy for the programme (i.e. stakeholder mapping, stakeholder engagement strategy, communications plan), working across organisations, including regionally. For example recent GP & Practice manager and public events have taken place. (On-going) 2. The pathfinder approach means that the risk is mitigated in that materials and engagement can be tested and areas of concern can be addressed quickly before any further rollout (judged by 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. (On-going) 3. Recruitment required for clinical lead (Feb 2015) (Complete) 4. Clinical Lead to work on benefits with GPs in pathfinder areas. Clinical lead has been developing relationships with pathfinder LMCs and other clinical leads (ongoing)
15949	**Risk**	No approved Business Case for the Programme	Due to the timescales and the complexity of the business case approval process. There is a risk that the Business Case will not be endorsed in time for the Pathfinder stage and/or approved ahead of subsequent business case approvals are required to commence national primary	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). REPUTATIONAL: Reputation damage to NIB organisations for lack of clarity of scope and ambition of the programme.	**5 (Very High)**	**4 (Likely 68-90%)**	**Red**	↑	Eve Roodhouse	1. Recruit resource to support development of Business Case and benefits lead. (Complete) 2. Resolve issues regarding the positioning of the care.data programme and the HSCIC response to that programme and other initiatives. (Complete) 3. Work with DH and other stakeholders to determine if approval ahead of purdah is possible. (Complete - but highly unlikely the case will be approved ahead of purdah. Programme board advised that the case will progress as far through approvals as possible ahead of purdah restrictions. Issue updated to a Risk accordingly) 4. Engage early with stakeholders to gain input and buy in to the Business Case

			care extraction rollout.							content. (Underway)
										5. Clarify funding of the programme. 3 areas of activity:
										  a. Work closely with DH Finance and HMT to clarify what specifically is required at PBC stage (approval of OBC and same time as PBC may resolve this issue)
										  b. Work with DH Portfolio team to clarify process and timing regarding prioritisation of the DH Portfolio and subsequent confirmation of central funding
										  c. Request a letter from NHSE England confirming funding of Phase 1 activity in FY15/16 along with statement of intent for FY16/17

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	→	Eve Roodhouse	1. Closely manage the dependencies, activities and risks associated with the delivery of the extract system, platform and secure data facility. 2. Establish a Service and Operations Readiness Board to successfully manage the extract system, platform and secure data facility into live service.
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	1. Ensure key stakeholders are involved throughout the processes, e.g. CCG materials approval, (where approvals are required) to prevent delay 2. Escalate any unnecessary approvals process through the Programme Director / Programme Board / SRO 3. Assurance, Approvals & Evaluation document has been presented to Programme Board to outline the complexity of the approvals process. Expected to be finalised 24 March 2015

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	2,300	0	0.00%
Green	NHS England Programme Revenue – Admin Expenditure	1,670	1,306	1,670	0	0%
Green	NHS England Capital	0	0	0	0	0%
	Total NHS E	3,970	1,787	3,970	0	0%
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	1,157	1,524	0	0.00%
Green	HSCIC Capital	165	0	165	0	0.00%
	Total HSCIC	-179	1,677	-179	0	-0.06%
Green	**TOTAL**	3,791	3,464	3,970	0	0.02%

Commentary	Next Steps
Finance figures as at 31 January 2014. 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.	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

Following the Programme Assurance Review (PAR) on 2-5 February 2015 the new recommendations will be shown in the next month's highlight report.

Rec. No.	Recommendation	Action Plan to Address Recommendation	Action Progress against Plan	Action Priority	Current Status	Baseline Date	Forecast Date
▮	Redacted – Section 36 FOI Act 2000			▬	▬	▬	▬
▮				▬	▬	▬	▬

	▮▮▮		▮▮▮				
▮	▮▮▮	▮▮▮	▮▮▮	▮	▮	▮	▮
▮	Redacted – Section 36 FOI Act 2000	▮▮▮	▮▮▮	▮	▮	▮	▮

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.	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

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

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

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)

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

Quality Management Against Plan

Project deliverables are not currently to the required quality to meet stakeholder requirements as per the Quality Plan and will result in rebaselining the plan.	R
Project deliverables are not currently to the required quality to meet stakeholder requirements as per the Quality Plan but there are realistic plans to recover.	A
Project deliverables are to the required quality to meet stakeholder requirements as per the Quality Plan.	G

Programme / Project End Date

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

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.	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

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

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