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):	April 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 Purdah guidelines, which will be presented to the Programme Board for baselining on 13 May 2015.

2. Overall Delivery Confidence RAG

	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15
	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red	Amber/ Red

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 Programme Business Case has been reviewed by the DH Finance Group and responses to queries raised are being prepared. The Outline Business Case for Phase 1 of the programme (national collection of GP data) is being prepared.
- Pathfinder plan has been reconsidered with the CCGs in line with the IIGOP report and pre-election guidelines, which will be presented to the Programme Board for baselining on 13 May 2015. Work has continued to develop the strategy for the national rollout of the GP to HES linked dataset. Recruitment activity is underway to support this, and the programme will be engaging with the advisory group in May to further consider the options available to support national roll-out.
- Comments made by IIGOP on the core public facing communication materials have been addressed and explained in a letter to Dame Fiona Caldicott (issued 16 April 2015). Materials amended to take in these changes and presented to the HSCIC Board for approval 29 April 2015.
- Secure Data Facility build completed as planned on 31 March 2015.
- Funding for FY 2015-2016 has been secured in the NHS England for delivery of pathfinders.

Next Steps

1. Provide a briefing for CEOs of HSCIC and NHS England to confirm final versions of the materials in order to print core public facing materials for patient mailing.
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. Including holding workshops with key stakeholders to finalise the GP practice and Community Engagement toolkits and share with Pathfinder CCGs for co-production.
3. Complete business planning and financial review for FY 2015-2016 with NHS England & HSCIC in line with the business case.
4. Finalise and gain approval of the overarching element and all components of the Programme Definition Document.
5. Further develop the action plan to address the recommendations from the Programme Assurance Review to represent to the Programme Board on 13 May 2015.
6. Develop Outline Business Case for Phase 1 of the programme and gain endorsement from the Programme Board.
7. Publish Programme Board papers from June – September 2014 post-election in line with pre-election guidelines.
8. Agree arrangements with National Data Guardian for her review of programme readiness before data extraction.

- SRO has written to the National Data Guardian proposing how the care.data programme can support her review of the arrangements and safeguards in place across each of the pathfinder areas prior to data extraction.

9. Finalise the approach to evaluation of the pathfinder stage with CCGs.
10. Further develop planning with key stakeholders for national rollout.

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**	Awaiting final figures for FY 2014/2015. April 2015 figures not yet released.
Current Year Financial Forecast vs. Budget NHS-E	**Green**	**No Change**	Awaiting final figures for FY 2014/2015. April 2015 figures not yet released.
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	**Green**	**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	
Primary Funding Organisation	NHS England HSCIC	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
- Response provided to IIGOP on feedback comments on 16 April 2015.
- Revised versions of all core public facing communication materials provided to HSCIC Board for information on 29 April 2015.
- Pathfinder communications workshop scheduled for 4 June 2015.
- Draft practice toolkit has been produced and circulated to CCGs for local review on 15 April 2015.
- The Carers Trust have been commissioned to produce a brief aimed at Carers to help them understand their role in supporting and/or making the decision on behalf of someone they care for.
- The Who Cares? Trust have been commissioned to provide a brief aimed at children and young adults to provide answers to specific questions and concerns they may have as a potentially excluded group.

Media
- No update in the media strand due to reporting period inclusive of pre-election guidelines.

Patient & Public Voice (PPV)
- Resources have been agreed in the NHS England programme budget for 2015/2016 to support care.data.

Commissioning Strategy & Policy

Legislation
- 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 reviewed by the care.data advisory group, DH, NHSE and HSCIC. They will be submitted to Board meetings in June 2015. The Directions will be issued following approval to commence extraction from pathfinders, as informed by advice provided by the National Data Guardian, (Dame Fiona Caldicott) to the Secretary of State.
- The DH is drafting the DH directions to the HSCIC on the opt-out. Lawyer instructions have been prepared by the DH. The timeline for the directions is being reviewed so that any potential risk due to delays can be considered.

Data Controller Agreement
- The HSCIC approved the agreement on the 28 January 2015 at the HSCIC Board meeting. Information Governance is providing advice on one minor point. Arrangements

have now been made for the agreement to be signed by the respective organisations week commencing 12 May 2015.

Privacy Impact Assessment (PIA)

- PIA has been approved and is ready for publication post-election.

Policy Input into key documents

- Letter to the National Data Guardian on the evaluation approach.
- Evidence in response to the IIGOP recommendations and tests is being gathered and documented.

Technology platform, extract system and secure data facility

- Delays on platform delivery have occurred. A risk has materialised that has resulted in re-work of the file sharing system and therefore re-build of the SAS installation is required. Additionally, user acceptance testing, penetration and security testing now need to be completed following SAS installation and not in parallel as previously planned.
- This has resulted in an overall Technical Go-live date change to the 9 September 2015. Risk assessment, escalation and mitigation plans are being worked through.
- Following the build completion of the Secure Data Facility (SDF), operational processes are being tested and service management introduction is being developed (e.g. training of staff and all documentation in place).
- The extract system and data downloader components continue on their development paths. The data downloader information governance risk continues to be managed; an options appraisal document is out for GP practice consultation, depending on the outcome there may be a design change required that will go through appropriate impact assessment.

Data Delivery

- The programme is working closely with Blackburn with Darwen (BwD) CCG to consider the feasibility of patient communications commencing in late June 2015. Achieving this timeframe will be dependent on BwD senior management team being content with this timeframe, and practices being ready to start communications at this time. Subject to agreement with the CCG, an intense and focussed period of engagement with each of the 24 participating practices in BwD will commence from 25 May 2015.
- Somerset, West Hampshire and Leeds CCGs have indicated that they wish to commence communications with patients in September 2015 and local plans are being updated to determine revised key dates and supporting activities to meet this timeline. Engagement will start with participating practices imminently to ensure that they are ready to go when the public communications commence.
- The practice toolkit has been issued for feedback from pathfinder CCG project teams, BMA, RCGP and wider internal stakeholders. Post-election, local workshops will also be held with representatives from practices to review and provide feedback on the practice toolkit. It will be available online and the programme is evaluating different options for how and where the toolkit and its sub-products will be accessed.
- The programme will be seeking to brief and obtain final sign off of the patient facing materials from the CEOs of NHS England and HSCIC in May 2015.
- The programme and pathfinder CCGs continue to progress work to ensure that the programme and pathfinders can meet the tests and conditions set by IIGOP which are associated with the start of testing communications, and those associated with the extraction of data. There is slower progress in Leeds due to the difficulties recruiting into the vacant Engagement Lead post and a discussion is planned for 8 May 2015 between the care.data Programme Director, clinical lead and Leeds CCGs to address the areas of concern.
- CCG feedback has been received on the readiness checklist for GP Practices and the process for completing the checklist will be agreed and formalised with the CCGs.
- Responses from three of the four GP system suppliers are being followed up through the GPSoC programme release managers to address GP supplier conditions set by IIGOP.
- The procedure for sending the GP registration data required for the mailing exercise has been tested with the mailing house company.
- Two of the GP system suppliers have now completed the revised extract query development to account for the agreement that where a patient has registered type 2

objections then no data will be extracted for that patient. The remaining two GP system suppliers have confirmed they are on schedule to complete the development in early May 2015.

- The standards application to the Standardisation Committee for Care Information (SCCI) continues to progress and the team are now working with the Data Access & Accelerators work stream to establish a process for managing ongoing SCCI approvals for future revisions to the data specification.
- The design documents for both the GP data set and HES data set processing have now completed the review cycle and approvals expected early May 2015.
- Build work has commenced on the GP data set processing solution with five out of eleven components completed and a further component currently in development.

Maternity Children Data Set (MCDS)

- The delivery of the systems and processed for the collection of the maternity dataset by June 2015 is on track. However, the ability for HSCIC to collect data on this date is impacted by a wider debate on the legal status of Directions that were agreed prior to 31st March 2013.
- The Children's and Young Person Health dataset (CYPHS) has published the Information Standards Notification (ISN) and directions have been issued.
- Progress towards SCCI full board approval of the Mental Health Services Dataset (MHSDS), incorporating Early Intervention in Psychosis (EIP) and Child and Adolescent Mental Health is on track and the data will be collected by providers in January 2016, with submission to HSCIC in February 2016.

Data Access and Accelerators

- Detailed planning activity for consultation to expand the GP dataset beyond care.data pathfinder stage is underway.
- Design and development of content for pathfinder stage data quality experimental publication is underway.
- Expert Reference Group meeting took place on 1 April 2015:
  o Planning for capture of detailed customer requirements and benefits plan, linked to GP dataset expansion.
  o Detailed planning for approach to GP dataset expansion.
  o Agreement on data quality indicators to be applied for primary care dataset.
  o The next meeting takes place on 22 May 2015.
- Development of secure data access options beyond care.data pathfinder stage, including design of policy.

Business Case

- The Programme Business Case has now been reviewed by the DH Finance Group and responses to queries raised are being addressed.
- The Outline Business Case for Phase 1 of the programme is being prepared, key aspects of which will be brought to the programme board for review and comment in due course.

Redacted – Section 36 FOI Act 2000

- A care.data benefits strategy and action plan has been developed and is under an internal review prior to review from external stakeholders (i.e. DH Health economists). The benefits strategy is expected to be submitted to the Programme Board members on 23 June 2015.
- Engagement with stakeholders to identify and quantify benefits is underway, with specific benefits being captured and worked through to clarify the value that can be referenced within the business case.

Programme Office / Controls

Programme Board

- Programme Board scheduled for 13 May 2015 from 10:00 – 12:00.

Assurance: Project Validation Review (PVR) recommendations

- Programme Assurance Review (PAR) took place from 3-5 February 2015. An early action plan was discussed with the Programme Board on 24 March 2015 on which advice was received by the members. To be represented to the Programme Board for baselining on 13 May 2015.

NHS England Internal Audit

- The audit report and action plan for Communications, Stakeholder Engagement and Media workstream and the implementation status relating to PVR action plan have been finalised. Updates will be requested from NHS England at regular intervals.

Funding

- Funding for FY15/16 has been finalised through NHS England included costs for the HSCIC programme team. Technology costs are expected to be finalised with HSCIC before 31 May 2015.

Advisory Group Meeting

- The Advisory Group scheduled for 17 April 2015 was cancelled due to pre-election guidelines. The next meeting is scheduled for 22 May 2015 from 12:00 – 14:00. The focus is expected to be on national rollout.

Resourcing

- Planning for resourcing has taken place across NHS England and HSCIC to ensure gaps are minimalised at contract end dates. Two contracts have been extended on a month by month basis and work is now underway to secure resources on fixed term contracts.

Programme Documentation

- Following recommendations from the PAR work has begun to reconfigure the risk and issue strategy. An options paper was discussed with the SRO on 14 April 2015. Work is underway to confirm access to the database will be available to the relevant members of staff within the programme team, prior to migration.
- 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, and the overall governance document has been sent to the SRO for approval.
- Quality Management Plan is in the final review process in the programme.
- Integrated Assurance and Approvals Plan has been submitted to the Cabinet Office. The narrative version has been sent to the SRO for review and approval.
- Programme Board papers for October – December 2014 published on 2 February 2015. Programme Board papers from June – September 2014 will be released following the election in adherence with pre-election guidelines. A publication plan is being developed with the programme team and NHS England publication team.

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, updated action plan to be presented to the Programme Board members on 13 May 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	TBC	TBC	DH Finance Group assurance underway.
IAO	**Red**	**Approvals**	06/03/2015	TBC	TBC	Date cannot be scheduled until DH Finance Group approval has been given.
Minister	**Red**	**Approvals**	27/03/2015	TBC	TBC	Date cannot be scheduled until DH Finance Group approval has been given.
Cabinet Office	**Red**	**Approvals**	17/04/2015	TBC	TBC	Date cannot be scheduled until DH Finance Group approval has been given.
HMT	**Red**	**Approvals**	24/04/2015	TBC	TBC	Date cannot be scheduled until DH Finance Group approval has been given.
Letter Issued	**Red**	**Delivery**	30/04/2015	TBC	TBC	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
15884	**Risk**	Unclear communication of the safeguards and purpose of the programme to key stakeholders, including the media.	Due to the potential for the communication to be unclear regarding the safeguards and purpose of the programme to key stakeholders, including the media there is a risk 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%)	**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) 4. Regular updates to the Health Select Committee and Secretary of State (on-going) 5. Engagement with advisory group (on-going monthly) 6. Stakeholder engagement and media plan monitoring (on-going)

| 15873 | **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) | 2 (Unlikely <33%) | 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 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. Engagement with Pathfinder CCGs and Practices to assess level of readiness in terms of the IIGOP report (On-going) |
| NHSE 08 | **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 testing of communications requirements (GP role as Data Controller), limited | 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 | 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 strategy for the programme (i.e. stakeholder mapping, stakeholder engagement strategy, communications plan), working across organisations, including regionally. For example |

| | | | funding or resource to help GP Practices to manage patient communications and GP Practice users potentially being unfamiliar with GPES | 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. | | | | | | 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 care extraction rollout. | 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 content. (Underway)
5. Clarify funding of the programme. 3 |

ID										
										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)	4 (Likely 68-90%)	Amber/ Red	↑	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 and platform. 3. Secure data facility is a live service from 31 March 2015.
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.	3 (Medium)	3 (Possible 33-67%)	Amber	→	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. Approval received on 24 March 2015. (Complete)

8. Current Year Financial Forecast versus Budget as at 31/01/2015 (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					
Green	NHS England Programme Revenue – Admin Expenditure					
Green	NHS England Capital					
	Total NHS E					
Green	HSCIC Revenue Income (GIA/I&A) Income from NHS England					
Green	HSCIC Revenue Cost – Non Staff Costs					
Green	HSCIC Revenue Cost – Admin Expenditure					
Green	HSCIC Capital					
	Total HSCIC					
Green	**TOTAL**					

Commentary	Next Steps
Finance figures from FY 2014/2015 are to be added once the end of year figures have been confirmed, expected May 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). Funding for FY 2015/2016 has been approved from NHS England (£3.4 million). This cost covers the HSCIC programme team costs with the exception of technology staffing. Funding for FY 2015/2016 from HSCIC is expected to be confirmed by 31 May 2015 to cover the technology costs of the programme.	1. HSCIC and NHS England have agreed an accountability and tracking system across the care.data programme (budget v's spend). New process has commenced 1 April 2015. 2. Work packages to be agreed for 2015/2016 spend. 3. Funding for FY 2015/2016 from HSCIC is to be completed to cover the technological spend across the programme.

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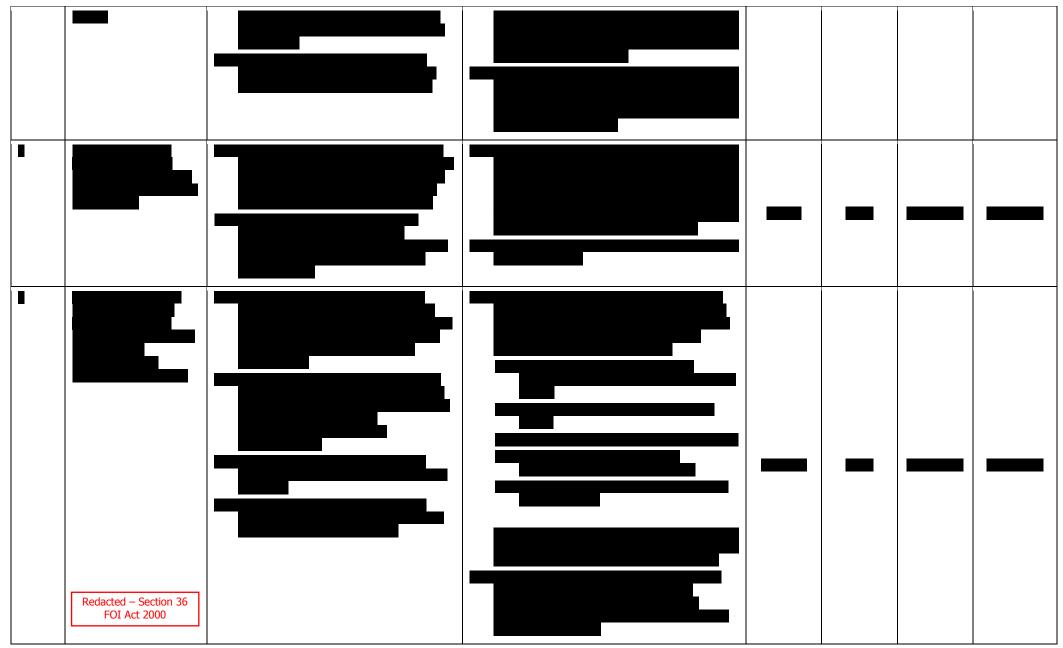
11. Programme / Project Gateway Review or Health Check Recommendations Progress

Following the Programme Assurance Review (PAR) on 2-5 February 2015 the new recommendations are to be added following approval of the action plan from the Programme Board. .

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	███████	███████	███	███	███	███
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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.	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