

**NHSBT Board Meeting**  
November 2018

**ODT Hub Programme – 2018/19 Business Case Update**

**1. Status: Official**

**2. Executive Summary**

The Board approved the ODT Hub Programme 2018/19 Business Case in March 2018. This is the fourth step in the incremental, transformational ODT Hub Programme. The Programme has delivered 2018/19 Business Case benefits scheduled so far including two significant milestones delivered since April 2018:

- Operational improvements to organ offering systems in August 2018;
- A digital decision tool, supporting donor assessment in November 2018.

Due to the urgent work to integrate the Organ Donor Register and NHS App some changes in scope and timeframes have had to be made compared to those set out in the 2018/19 business case. Through detailed planning however we are increasingly confident that the remaining 2018/19 Business Case benefits are achievable.

**3. Action Requested**

**Note the content of this update, including the expected non-recurrent expenditure of £2.8m (of which £0.5m is contingency).**

**4. Purpose of the paper**

- 4.1 This paper presents an update on progress against the 2018/19 Hub Programme Business Case and the impact of the directive to integrate the Organ Donor Register with the NHS App.
- 4.2 While the full impacts are not yet known implications already realised are listed in 6.1 below, therefore the Programme has revised its plan to release resources while continuing work where possible.
- 4.3 Based on detailed planning, we are increasingly confident that the remaining 2018/19 Business Case benefits are achievable however it will involve deferring a further digital organ information sharing tool (“HTA-A” form) to 2019/20 but bringing forward further development of the

Transplant List and delivering additional tools to ODT Hub Operations in 2018/19.

## 5. Programme Background

- 5.1 The ODT Hub Programme was initiated in 2015 to allow the organisation to meet the challenges of the Taking Organ Transplantation to 2020 strategy.
- 5.2 The vision is for an ODT Hub, serving as a 24-hour operations centre for all organ donation and transplantation activity happening in the United Kingdom. Since March 2018, it receives referrals from UK hospitals and co-ordinates many of the resources required to deliver a successful organ transplant.
- 5.3 The Board approved the vision for an incremental, multi-year ODT Hub Programme in September 2015. To time and within budget for each incremental step, we have: safely implemented new Heart, Lung and Liver Offering Schemes on new platforms; delivered a single contact for all UK deceased organ donor referrals; built a new donor assessment process; begun co-ordinating organ retrieval teams; built a demonstration digital Transplant List; centralised organ offering; delivered a range of digital tools and opened the ODT Hub.
- 5.4 In the period before the vision is fully achieved, we continue to make incremental improvements. The timetable for full delivery by 2020 remains contingent on successful support of corporate IT platforms and other resources (notably ICT, Quality and Communications) being available. It is supported by and closely aligned to the overall IT Strategic Framework.

## 6. Programme Achievement and Planning for 2018/19

- 6.1 Compared to the 2018/19 business case there are some changes in scope and timeframes. These are primarily driven by urgent work to integrate the Organ Donor Register and NHS App. The main changes are:
  - 1) Transplant List (brought forward):** The Beta Transplant List will launch to Liver centres in January 2019. Development of the CRM platform continues into Quarter 4;
  - 2) Controlled organ offering (brought forward):** a working version of an “interactive matching run” will be developed and released by March 2019 for Heart, Lung and Liver;
  - 3) Donor (HTA-A) form (delayed):** postponed the development of this digital data sharing tool until 2019/20.
- 6.3 A table detailing changes to the plan is contained in Appendix 1.
- 6.4 Other key activities during 2018/19 support the transformation required to safely transition these products into live use. These include the continued preparation of enabling IT architecture and the development of tools.

6.5 The Programme has continued to gain experience in using external (corporately-secured) resources, new IT platforms and stakeholder engagement. These lessons include those highlighted in internal audit reports, are incorporated in the revised 2018/19 planning and are influencing the preparation of the 2019/20 Business Case.

## **7. Capacity and Capability to Deliver in 2018/19**

7.1 The Programme has estimated that it does have the capacity and capability to deliver remaining 2018/19 activities, subject to contingency funds being secured. Full details of the Quarterly planning activities are available upon request.

7.2 Key resource assumptions have previously been outlined to the Board. Knowledge transfer from external contractors to internal staff has taken place but more is required, particularly for the CRM platform that, for ODT, enables Transplant List and regulatory data sharing tools. We continue to work closely with ICT, Business Transformation and HR to ensure that appropriate levels of resource are available to the programme at reduced costs.

## **8. Impact on Stakeholders and Colleagues**

8.1 During the remainder of 2018/19, the overall impact is expected to be high within the ODT Hub Operations and Information Services teams. This is due to the number of changes being delivered. Communication and engagement activities are being delivered to coincide with the launch of key products.

8.2 There is also an impact consequent on the instruction to integrate the Organ Donor Register and NHS App. Given the loss of key design resources, the related DonorPath Enhancements project is unable to deliver digital regulatory “HTA-A” forms during 2018/19. We are aware that delay of this important clinically focused product also delays key clinical benefits.

8.3 Wider engagement and communication activities are being provided through a communication plan. This will support forthcoming Offering Scheme changes for Kidney and Pancreas communities, which includes engagement with a wide range of stakeholders.

## **9. Financial Costs**

9.1 Non-recurring funds of £2.8m requested will be utilised in 2018/19. This will include the use of budgeted £0.5m contingency costs.

9.2 Activities in 2018/19 are consistent with this rate of spend, despite the changes described earlier. There is no increase in the revised Programme costs set out in March 2018, nor a reduction although the Programme continues to address areas of opportunity to reduce costs:

	<b>Plan</b>	<b>Forecast</b>	<b>Variance</b>
	<b>£'000s</b>	<b>£'000s</b>	<b>£'000s</b>
<b>Non Recurrent</b>	2,246	2,275	-29
<b>Recurrent</b>	700	700	0
<b>Contingency (NR)</b>	561	508	53
<b>Total</b>	3,507	3,483	24

9.3 Compared to the Business Case forecast, additional costs of £202k have been identified so far, offset by reductions of £225k. These costs are detailed in Appendix 2.

9.4 Higher than expected costs have been identified for integration development and environments. Knowledge transfer to internal ICT roles has been achieved for some platforms, but we continue to require external support, notably for CRM platform development.

9.5 The use of contingency funds will therefore be necessary to ensure that the Programme continues to deliver the 2018/19 Business Case benefits.

## **10. Risks**

10.1 Programme-level risks with a mitigated risk score of 8 or above are listed in Appendix 3, focused on those impacting delivery in the remainder of 2018/19.

10.2 A new risk, related to the de-commissioning of the National Transplant Database (NTxD) has been added.

## **11. Conclusion**

11.1 The programme of work in 2018/19 will deliver a significant further step towards the vision for an ODT Hub across three key business change areas.

11.2 Through its incremental and Agile approach, the Programme has already delivered a visible set of products that are safer, simpler and supportive. It has responded to the Organ Donor Register / NHS App challenge with a revised plan.

11.3 The Board is asked to note the expected non-recurrent expenditure of £2.8m (including £0.5m contingency), plus £0.7m recurrent costs. Continued success depends on high quality planning, the delivery of a faster CRM development approach and other enabling items.

11.4 The Programme is delivering products that are beneficial in their own right, in accordance with ODT's clinical priorities. They will provide the basis for

assessing future investment decisions, including a forthcoming 2019/20 business case.

**Author**

Ben Hume - Assistant Director of Transplantation Support Services (0778 9716 617)

**Responsible Director**

Anthony Clarkson - Interim Director of Organ Donation and Transplantation