NHSBT Board
30 January 2019

Core Systems Modernisation Programme Review

1. Status – Official

2. Executive Summary

In September 2018 the Board endorsed a recommendation to halt the Core Systems Modernisation (CSM) Programme following a recommendation from the NHSBT Transformation Programme Board (TPB) and the CSM Programme Board. The Programme had only partially delivered against its objectives and the following key factors were acknowledged:

- The programme would take much longer and cost materially more to complete, than the original business case.
- Updated hardware, that supports the Pulse blood management system, had been released, significantly reducing the risk and hence the need, to exit the Pulse blood management system (the key objective of the programme) in the next 3-5 years.

Overall the programme has spent £26.3m since its inception in 2015/16, compared to the original business case of £27.6m. Given that the programme has only partially achieved its aims NHSBT is exploring the need to report any of the spend as a "constructive loss". Our initial assessment is that a loss of up to £17m could need to be declared, albeit this is subject to audit.

As part of its decision to halt the programme the Board also commissioned PwC to review the Programme to understand what lessons need to be learned before embarking on any transformational IT programme, of a similar magnitude and complexity, in the future. This paper summarises PwC's findings and recommendations and the actions that NHSBT will take in response.

3. Action Requested

The Board is asked to:
- Reflect on and accept PwC's findings and recommendations.
- Endorse NHSBT's proposed actions in response, particularly those that relate to organisational culture.
- Consider whether there are any further actions required in order to embed the lessons within the organisation's governance.

Overview

The Core Systems Modernisation Programme (CSM) was formally initiated in July 2016, following approval of the business case by the NHSBT Board. The Programme itself was preceded by a range of preparatory work (transformation discovery, platform selection, Target Operating Model development, partner selection) which began in 2014. The Programme's objective was to replace the

Pulse IT system being used by NHSBT to manage the blood supply chain and areas of the tissues supply chain and was aligned with the platform-based IT strategic framework which had been approved by the Board in November 2015.

The primary driver for the Programme was that NHSBT had been informed that Hewlett Packard, the supplier of the hardware that the server side of Pulse runs on, had published information that the services would not be available after mid-2017. Consequently, there was a risk that Pulse would be running on unsupported hardware if not replaced. Without a functioning IT system, blood cannot be safely issued to hospital. The Government Digital Service policy is to move away from reliance on single suppliers and they were unlikely to support further development of Pulse.

The Programme had faced challenges from early on and had been regularly reported to the Board as a 'red' project. In response to this, a programme review was conducted in September 2017 and resulted in a number of 're-set' action designed to improve the conduct and governance. Following the appointment of a new Programme Director, the CSM Programme Board (February 2018) and the NHBST Board (March 2018), were both formally informed that the business case as written could not be achieved. Delivery of the replacement system would take far longer than planned and cost significantly more. Furthermore, Hewlett Packard had announced that it would be continuing to support the hardware that Pulse runs on, a major change to the risk of using Pulse in the future.

The NHSBT Board immediately constrained the resourcing and cost of the programme to focus on in-train deliverables and later formally halted the Programme and commissioned a formal review of CSM programme from its internal auditor, PwC, to identify what lessons needed to be learned before embarking on any further replacement or renewal of the Pulse system and any associated business change.

Currently NHSBT is still reliant on Pulse and is likely to use the system for some time to come. Over £26m has been invested in the development and partial implementation of a new solution. It is assessed that the value of development that is currently in use is in the region of £9m but further work needs to be done to audit this figure and to assess whether more of the work already completed can be leveraged to support a fully functioning future blood supply chain.

PwC's Approach to the Review

PwC undertook a combination of document review and interviews with key stakeholders. An initial list of stakeholders was provided by NHSBT and the list was iterated as work progressed. 32 people including NHSBT employees, former employees and third-party suppliers to the programme were interviewed about the events which occurred between November 2014 and September 2018. PwC reviewed:

- Papers and minutes from the CSM Programme Board
- Papers and minutes from the Transformation Programme Board
- Papers and minutes from the NHSBT Board
- Deliverables and outputs associated with "Transformation Discovery"

- Deliverables and outputs associated with the development of programme Target Operating Models and Blueprints
- Deliverables and outputs associated with supplier and platform selection activities
- The programmes business case, deliverables and outputs which describe governance arrangements and supporting delivery approaches
- Deliverables and outputs associated with financial monitoring and control
- Deliverables and outputs associated with programme reset activities
- Supplier framework agreements and supporting contract call off documentation

The following areas were considered:

Capability and capacity

- The knowledge and skills of the leadership of the Programme, how the organisation prepared individuals for the programme and its overall readiness to undertake a major large-scale programme of change
- The capability of the organisation and its functions to support the programme
- The use of external expert support, the timeliness and the quality of the input as well as the cost and management of external contractors

Decision-making

- Construct and validate an audit trail of major programme and funding decisions made by the CSM Programme Board, the Transformation Programme Board (TPB) and the NHSBT Board and any major decisions made outside of these Boards.
- The quality of evidence used for major programme decision made throughout the programme from inception to closure.
- Issues with governance or other inconsistencies in the decision-making process.

Identify any lessons to be learnt for future programmes

To identify where there are lessons to be learned, specifically addressing but not confined to:

- Clarity and consistency of the objectives and how these were communicated through the period of the programme.
- Quality of the initial CSM Business case and any subsequent updates, change requests, etc.
- Effectiveness of the governance arrangements, the extent to which it supported the programmes goals and mitigated the risks as they were understood.
- Effectiveness of the reporting arrangements for the Programme within NHSBT and to Department of Health and Social Care (DHSC).

- Suitability and effectiveness of the programme methodologies that were understood and adhered to by the Programme delivery team, Programme board, and Executive team during the course of the Programme.
- Leadership of, and directorate engagement with, the Programme.
- Procurement choices, suitability of the chosen technology for the functional requirements and the implications for the organisation with regard to ongoing support and development.
- Effectiveness of partnering arrangements including the process of engaging and managing contractors.
- Quality of planning, accuracy of programme costing and effectiveness of financial planning and budgeting.

Key Findings of the Review

1   Programme Management, Governance and Culture

PwC identified some key weaknesses in the way that the programme was established and how it was governed. Some of these weaknesses were identified and raised during the Programme, both internally and by external partners. Some individuals who raised issues felt they were silenced or partly ignored.
Some individuals who raised issues were dissatisfied with the way their concerns were handled. In September 2017 a programme reset process formally considered many of the issues and addressed some of them but some team members continued to feel disenfranchised.

Much of the preparatory work focused on achieving the 2020 Blood Strategy and how the business wanted to operate in the future, unconstrained by any technology platform. This created tension between replacing the technology platform (the driver for the business case) and creating the NHSBT blood supply chain for the future.

For a large portion of the Programme, the Chief Executive (CE) undertook the role of the Senior Responsible Officer, mainly because the incoming Executive intended for the role was new and getting to grips with the rest of their portfolio. This made it difficult for individuals working on the Programme to escalate concerns and it also made it difficult for the CE to challenge programme delivery effectively and independently.

PwC also found that forums such as the Programme Board were ineffective due to the way in which programme progress was presented. The format and content of reports changed regularly, did not communicate and track programme schedule, cost and delivery performance effectively. It was therefore difficult to track the value of what was being delivered.

There were significant changes in programme approach from programme setup, through to programme business case approval in 2016 and throughout the lifecycle of the programme. The full impact of these changes did not appear to be fully explored or understood.

2   Capacity and Capability

PWC was critical of the programme leadership and of the organisation's failure to ensure there was the required capacity and capability through much of the programme. They identified a lack of consistent programme leadership with experience in large technology transformation programmes, resource gaps and significant churn in both programme leadership and programme team members. Too much reliance was placed on third party organisations to fill resource gaps. PwC found that suppliers were not managed effectively and were often ignored or not consulted when making key programme decisions.

There was a capacity and capability issue at lower levels of the programme too. Key roles were filled by employees who were not senior enough or empowered to make decisions. Gaps also existed within the IT organisation in critical Testing, Enterprise and Solutions Architecture roles which delayed the creation and impacted on the quality of some programme deliverables.

PwC found that the organisational and programme readiness was never formally assessed, both in terms of starting the programme and at each programme phase. The business case should have considered the organisation's capacity to deliver. Significant risks relating to resources and experience were captured within risk registers but the response to addressing these risks was never to slow down to a realistic and achievable pace. The amount of supporting resource in the form of Project Management Office (PMO) personnel was underestimated and this was not rectified until after the programme reset in September 2017.

Major programme and funding decisions

The IT Strategic Framework, a critical precursor to the Core Systems Modernisation (CSM) programme was signed off by the NHSBT Board in November 2014. The strategy was developed at pace, at the request of the Board, and with insufficient business engagement. The implications of the agreed agile delivery approach were also not well understood and suitable adaptations to supporting business functions and support services such as Business Transformation Services were not made to ensure its successful implementation. The approach had varying levels of support from NHSBT leadership which drove a culture which impacted on its successful implementation.

The decision to use 'Scaled Agile' combined with the Managing Successful Programmes methodology and the associated governance arrangements were not fully thought through. PWC found it was overly ambitious to attempt to lead a complex network of suppliers, using a new delivery approach with leadership inexperienced in large scale technology transformation.

The first 6 months of the programme were spent addressing issues with mobilisation, better understanding NHSBT's requirements and target architecture in relation to what the selected platforms could offer and refining the programme management delivery approach. With time and materials commercial arrangements this set the

programme back significantly. The programme then attempted to scale up resources to meet the overly ambitious timescales which caused further inefficiencies and overspend.

PwC explored the decision not use the services of a system integrator for the CSM Programme. A delivery partner was partially assigned some of the responsibilities of a systems integrator but in practice they were predominantly used to fill gaps in the IT organisation. The ineffective way that suppliers were used and managed and held to account for delivery was, in PwC's view, partially related to the inexperience of programme leadership and the lack of a full understanding of the roles and responsibilities of a systems integrator in the context of the CSM programme and chosen delivery approach.

Some decisions which impacted the direction of the programme were not made with full consideration of all of the impacts or the overall business case objectives and without proper and full consultation with key stakeholders. The way in which decisions were made was also inconsistent, and not always well recorded and evidenced, although improvements were made in 2018 following the change in programme leadership. Financial decisions were not made with full view of what had been delivered, and often without proper due diligence.

Report Recommendations

PwC made a total of 26 recommendations covering culture, governance and programme management. The Transformation Programme Board (ie the executive group which oversees NHSBT's major transformation programmes and projects, considered and accepted each recommendation. An action plan has been developed to ensure that all the lessons can be learnt (attached as Appendix 1). Implementation of the action plan should be closely monitored by appropriate Board Committees and the Board itself. As currently there are no plans for similar large-scale IT transformation programmes to be initiated, the recommendations for generic improvements to project and programme delivery have been prioritised.

Two issues relate specifically to the organisation's culture and are relevant to all aspects of NHSBT's operations:

There were indicators to suggest individuals were not encouraged to report or escalate issues. NHSBT should take steps to ensure that a culture of speaking up when individuals are uncomfortable with a situation is encouraged.

NHSBT leadership should consider how their perceived lack of support for any programme can impact on performance

It will be particularly important to address these findings.   The Board should ensure that a similar degree of discipline is applied to risk and management issues, as are routinely applied to clinical and safety issues, where the requirement to report clinical and quality issues is embedded in the organisation's culture. To that end the Freedom To Speak Up mechanism is being fully implemented and must be visibly supported by all managers. It should be noted that a whistle-blowing scheme has been place for many years although was not used to raise concerns about CSM.

It is recommended that the Board take ownership of this issue and, as part of the response, consider commissioning a cultural audit across the whole organisation to supplement the routine Our Voice survey. This will fully assess employees' willingness to raise difficult issues and their confidence that these will be heard and responded to thoughtfully and any lessons learned across the organisation. NHSBT will develop a plan to address issues highlighted by the audit and monitor improvement through repeated assessment using tools such as the Our Voice survey, to enable the Board to continue to closely monitor the situation.

It will also be important for the Board to thoroughly test the level of support and examine any outstanding concerns for all major change programmes at the outset and throughout the programme's lifespan.

A response to each of PwC's recommendations has been submitted as an appendix to this paper with appropriate actions and owners identified with target dates for completion. Progress against these actions will be monitored at monthly Transformation Programme Board (TPB) meetings.

The recommendations from the review have also been assessed by the Organ Donation & Transplantation (ODT) Hub leadership team for any improvement opportunities within the ODT Hub Programme. Further reviews are planned for other Programmes within the NHSBT portfolio.

Conclusion

The PwC review of the Core Systems Modernisation Programme has recommended a range of issues that need to be addressed in relation to future programme management. Each issue must be carefully considered and actions identified to improve the way in which NHSBT establishes, manages and governs future programmes. By taking a wider perspective to address the key cultural issues identified in the review, NHSBT will embed changes that truly improve the working lives of all our colleagues.

Ref	Source	Report Date	Finding Area	Recommendation	Priority	Agreed Action Plan	Actionee	Due Date	Update	Status	Assurance Comments
R1	CSM Lessons Learnt Report	Jan-19	Key Decisions Analysis	NHSBT should further define the processes, outcomes and timescales for the development, review and approval of IT strategy and how this interfaces with strategic planning for other departments and the business as a whole.	H	- New CTO to propose ICT plan to support emerging business strategy. ET meeting 6th February 2019 to kick off process	Brian Henry	TBA			
R8	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	NHSBT needs to consider the definition of leadership roles as they are applied to programmes across the organisation. The difference between an Accountable Executive and Programme Director should be beer defined, as well as the skills and experience of individuals required to fill these roles.	H	- Develop a set of principles to determine what constitutes a programme vrs project at initiation stage and therefore what leadership roles are applicable.	BTS PMO	Jul-19			
						- Re-write role profiles for SRO, AE, Programme Manager and other key roles so that role delineation is clear. Include typical skills / experience for each role	Liz Hilton (Lead) Gill Travis (Support)	Apr-19			
						- Document an "organogram" showing how the roles interact with	BTS PMO	Apr-19			

						project / programme management.					
						- As part key project / programme documentation approval, TPB to review assignment of Programme and Project leadership roles	TPB	Mar-19			
R9	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	The role of Business Transformation Services and the Transformation Programme Board should be revised to ensure that it can play a role in assessing the organisations capacity and capability for undertaking change initiatives more effectively. This should be based on an assessment of the complexity and uncertainty of each project and programme against NHSBTs capacity, capability and risk tolerance.	H	- Regular prioritisation exercise undertaken to assess overall portfolio capacity	Mark Rodgers	May-19			
						- Initiative to engage Cranfield University to develop project leadership training course for Accountable Executives	Mark Rodgers / Warren Scott	Apr-19	Meeting arranged with Cranfield University arranged for 5th February		
						- Review capacity assessment model from PwC	Mark Rodgers	Apr-19			

R13	CSM Lessons Learnt Report	Jan-19	CSM Business Case	Business cases should be continually reviewed and updated if required in response to any significant programme changes. This should help to keep stakeholders suitably informed and also assess whether the initiative is still on track to deliver against the business case.	H	- For project and programmes, business cases will be updated and version controlled to incorporate all agreed changes at board level	Project/Programme Boards	Mar-19		
R14	CSM Lessons Learnt Report	Jan-19	CSM Business Case	The format and content of business cases should be reviewed and shared with the board and stakeholders to ensure that they address the key issues/ risks identified in this review.	H	- For future largescale programmes we will adopt the DH standard Business Case template	Accountable Executives	Mar-19		
R19	CSM Lessons Learnt Report	Jan-19	Governance Arrangements	There were indicators to suggest individuals were not encouraged to report or escalate issues. NHSBT should take steps to ensure that a culture of speaking up when individuals are	H	- Allocate an internal mentor for AEs on all largescale Programmes	TPB	Apr-19		
						- Consider including "People" metrics, as part of standard largescale transformational programmes reporting.	Programme Board	Jun-19		

				uncomfortable with a situation is encouraged. This is particularly important within project and programme environments.		- We are appointing a freedom to speak up guardian to supplement our existing whistleblowing arrangements					
						- Include a "ways of working" set of principles, for use at Programme kick-off events, to include the importance of all to speak up and share improvement ideas and escalation channels.	Project & Programme Managers	Apr-19			
R20	CSM Lessons Learnt Report	Jan-19	Reporting Arrangements	Approaches for reporting progress and finances should be defined and measured against the programme key milestones and outcomes and agreed as part of mobilisation within a monitoring and control strategy or similar document. The strategy needs to consider the delivery approach and commercial arrangements to ensure it is fit for purpose given the delivery context	H	- Standard programme reporting to include costs vrs deliverables using discreet project codes	BTS/Finance	Apr-19	All Business Case approvals to be reviewed and incorporate into programme reporting		

				of each programme.							
R21	CSM Lessons Learnt Report	Jan-19	Reporting Arrangements	We recommend that on approval of significant projects and programmes that the board considers the expected reporting outputs to be received and how regularly these updates should be made. We recommend that the progress reported should clearly outline the costs to date for each milestone of the project. This should clearly state the percentage of the budget spent alongside the percentage of the progress against delivery. This will allow management and the board to easily identify areas that are not making progress in line with the spending. This will provide clearer oversight on the status of the project and allow the board to focus on areas	H	- Financial reporting to be agreed as standard within programme highlight reports. Metrics to be developed which demonstrate that both activity and finance are on track.	BTS/Finance	Apr-19	Significant Programmes/Projects such as ODT/Barnsley/LRP to be reviewed by April 2019. Set of metrics to demonstrate progress against activity and financial milestones to be agreed by GAC.		

				that are not performing as expected.						
R22	CSM Lessons Learnt Report	Jan-19	Reporting Arrangements	We recommend that on approval of significant projects that the board considers the expected reforecasting that should occur and the format that this will be reported on. We would expect that on a project of this magnitude and risk that this reforecasting takes place on at least a biannual basis. Management should provide a confirmation that they have updated the budget based on costs to date and updated their latest estimates to predict the total cost of the project.	H	- Agreed OGC reviews (or similar) to include financial reviews and re-forecasting	BTS	Apr-19		
R27	CSM Lessons Learnt Report	Jan-19	Procurement Choices	The organisation should establish the operational support costs for what has been implemented, the value being delivered, and ensure that this	H	- Ongoing operational support costs to be included in all DBCs where appropriate	BTS/TPB review	Apr-19	All reviews of Business Cases will include operational costs. Review of In-flight business cases to be done by April 2019	

				information is used to inform the decision on the most appropriate way forward.							
R28	CSM Lessons Learnt Report	Jan-19	Planning	The artificial pressure and timescales applied to the programme were unhelpful and drove a lot of poor decision making and impacted on the program team's morale. The organisation should encourage bottom up planning and transparency over top down pressure and command and control style approaches to large programme delivery.	H	- Other actions address this recommendation – in particular R8 and R19					

R3	CSM Lessons Learnt Report	Jan-19	Key Decisions Analysis	A decision should be made with regards to how PMO support is provisioned, whether projects and programmes should provide their own or whether the expectation is that Business Transformation Services acts as a central PMO for the whole organisation. Regardless of the decision, minimum standards should be set and include what the expected PMO support arrangements should be.	M	- BTS to set standards for implementation of formal PMO structures within large Projects and Programmes. The decision on how PMO is to be provisioned will be included in the review of BTS function (refer to R6).	BTS	Apr-19			
R6	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	There is a need to define the role of Business Transformation Services and the services that they provide to the rest of the organisation. Consideration should be given to whether they are simply custodians of resources and tools, or whether they play an assurance function to assess	M	- A working group will be set up to review the role and makeup of similar departments in the DH and other similar organisations, including the focus on Project and Business case "assurance", before making recommendations to the TPB.	MR / GG	Apr-19	Conference call held with Australian blood service. Documentation on assurance process to be reviewed. Meeting with Department of Health held 29th January		

				whether projects and programmes are effectively applying the standards as defined, and capabilities for successful delivery.							
R7	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	More formality is required to understand the acceptable number of projects and programmes, (based on an assessment of their complexity and uncertainty) that NHSBT can effectively sustain concurrently.	M	- New ICT Demand management process currently being piloted.	Christie Ash / Simon Turner	Jul-19	Ongoing resourcing of Demand Manager agreed in ICT SMT		
						- Review of how DH assess complexity and uncertainty at programme level, to see how this might be adapted for NHSBT. (see R6)					
						- Review PwC complexity spreadsheet	Mark Rodgers	May-19			
R15	CSM Lessons Learnt Report	Jan-19	Governance Arrangements	Programmes should clearly define the strategy for monitoring and controlling a programme before delivery commences. This should include the content and structure of progress reports for boards and forums and mechanisms for making and tracking decisions	M	- This will be the output of an initial assurance review, see R6		Apr-19			

				and actions and clearly recording these.						
R17	CSM Lessons Learnt Report	Jan-19	Governance Arrangements	An approach to assessing a project or programmes readiness for proceeding to subsequent stages should be developed.	M	- Approach (OGC review or similar) to be agreed at programme start up	BTS	Apr-19		
R24	CSM Lessons Learnt Report	Jan-19	Leadership and Engagement	NHSBT leadership should consider how their perceived lack of support for any programme can impact on performance. If there is a serious desire to move towards more agile forms of delivery, consideration should be given towards more intensive training and workshops to better understand the role of leadership in large scale Agile transformation. These delivery approaches will not be successful without consideration of cultural changes and significant	M	- TPB to agree attendee on next Major Project Leadership Academy (MPLA) course	TPB	Jun-19		

				leadership commitment, buy in and support.							
R2	CSM Lessons Learnt Report	Jan-19	Key Decisions Analysis	Further work is required to standardise the minimum acceptable standards for project and programme delivery across NHSBT. This is particularly important if the organisation is to allow multiple delivery methods to operate in parallel.	L	- Current project methodology is well defined in Ascent (PRINCE II based). Further work is required to embed Managing Successful Programmes (MSP) as the adopted programme methodology for NHSBT	BTS / QA	Aug-19			
R4	CSM Lessons Learnt Report	Jan-19	Key Decisions Analysis	The programme managed to implement improved governance processes towards the end of its life. The organisation should review these and identify which aspects should be adopted for future projects and programmes.	L	- CSM bespoke governance approach to be reviewed to identify which elements can be adopted as part of standard programme methodology for largescale transformation programmes	Christie Ash	Mar-19			
R5	CSM Lessons Learnt Report	Jan-19	Key Decisions Analysis	The software development and business change lifecycles should be updated to take a more risk-based approach,	L	- Validation Master Plan / Project Request Form or similar document to be used at project start up to capture which	BTS PMO Simon Turner Nick Breeds Mark Whelan	Dec-19			

				with appropriate controls applied given the significance of the area being developed.		elements of Software Development Lifecycle and Business Transformation Lifecycle are applicable for specific projects and programmes					
R10	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	There is a need to better define the appropriate controls to be applied when managing suppliers using agile delivery methods supported by time and material contracts.	L	- To be reviewed after clear definition of the IT strategy (see R1) and decision on the approach to future software development	ICT Supplier Management	Sep-19			
R11	CSM Lessons Learnt Report	Jan-19	Capacity and Capability	NHSBT should better define the deliverables and artefacts required for large scale transformation, at what stage these are required and the dependencies between them. Where third parties are selected to produce these deliverables, they should be fully aware of the context in which they are required and how they will be used to ensure	L	- All future large scales transformation will be delivered using MSP methodology (refer to R2)	BTS PMO	Aug-19			
						- Educate third parties adequately in NHSBT method and standards. As standard practice, include significant third parties onto Programme boards. Supplier management responsibilities to be agreed at project or programme initiation	BTS	May-19			

				that they are aligned with the programme's objectives.						
R12	CSM Lessons Learnt Report	Jan-19	Clarity and Consistency of Objectives	For future initiatives work should be done to better define programme objectives as well as capture what measurable outcomes the programme or project is intending to deliver. Consideration should be given to how the success of the objectives will be measured and objectives should be continually reviewed throughout the programme in the context of what has been delivered. Business Transformation Services should support in the development and continued review	L	- Review of current MSP documentation to ensure outcomes are defined	BTS	Apr-19		
						- Document ODT Hub business case as an exemplar of best practice for Business Cases	BTS	Apr-19		
						- Periodic OGC reviews or similar to be agreed at Programme start up.	BTS	Apr-19		

				of programme objectives.						
R16	CSM Lessons Learnt Report	Jan-19	Governance Arrangements	In future, NHSBT should seriously consider the implications of appointing the CEO as SRO for any given project and programme without properly defined escalation mitigations.	L	- Implement policy change stating that CEO unable to act as SRO for any project/programme (unless mandated by specific regulation or cabinet office policy). Include this constraint in SRO role profile.	BTS	Apr-19		
R23	CSM Lessons Learnt Report	Jan-19	Programme Methodologies	NHSBT needs to define what methodologies are appropriate for use within the organisation, and in what circumstances they should be applied. If the organisation decides to allow the application of multiple methodologies, some standardisation around minimum required deliverables and artefacts should be defined.	L	- The actions addressing this recommendation are captured in the above, see entries R2, R5, R11				

R25	CSM Lessons Learnt Report	Jan-19	Leadership and Engagement	The organisation should consider how it engages with delivery partners at a senior level, and at what forums they should be invited in order to answer questions related to programme progress, or to seek their advice and insight on the best course of action when issues arise.	L	- Action responded to under R10	ICT Supplier Management	31/12/2019			
R26	CSM Lessons Learnt Report	Jan-19	Procurement Choices	We would recommend a subsequent review of the suitability of Software as a Service to deliver all of the capability required to replace the Pulse platform.	N/A	- No longer applicable as no current plans to replace current Pulse platform					