NHS Blood and Transplant

NHSBT BOARD

25 MAY 2016

ODT HUB PROGRAMME – YEAR 2 BUSINESS CASE

1. STATUS: Public

2. EXECUTIVE SUMMARY

2.1 The ODT Hub Programme was initiated in 2015 to ensure a focused response to the *Taking Organ Transplantation to 2020* strategy.

2.2 Transforming the Duty Office into an ODT Hub with better operational processes, improved IT and an extended role is essential if we are to support more donors and transplants safely.

2.3 The Board approved the Year 1 (Heart) Business Case in May 2015 and endorsed the vision for an incremental, multi-year ODT Hub Programme in September 2015.

2.4 Through its focus on the Heart pathway with routine Lung in Year 1, the Programme has proven key parts of the ODT Hub's design. It has also delivered safer, simpler matching and offering prototypes on time and within budget. Further work has defined the vision and programme for change in following years.

2.5 The next increment, in Year 2, learns the lessons of Year 1 and will deploy the prototypes for live use. The next priority clinical pathways will, in turn, be made safer and simpler by extending the use of ODT Hub solutions.

2.6 By March 2017, benefits will be delivered in three key areas:

> **1) Transplant List:** development of a "Minimum Viable Product", enabling clinicians to search and make amendments to patient records.
> **2) Donor Referral and Assessment:** design and preparation for live testing of the prototype of the donor assessment model, to determine the resources required for full national deployment.
> **3) Organ Matching and Offering:** live use of pre-developed Heart pathway with routine Lung solutions; development and live use of an Urgent Lung solution; and then development of Liver and Intestinal prototypes.

2.7 Through continued use of transformational design and *Scaled Agile Framework* methods, these benefits will be delivered progressively in the 9-month period from July 2016 to March 2017. This work will be supported by necessary enabling developments, including IT architecture and Programme resources.

2.8 The cost of Year 2 activities is estimated at £2.6m, including £0.5m contingency. There is a key dependency on the transfer of knowledge from IT

contractors to NHSBT IT staff during this 9-month period. There are also likely to be dependencies shared with the Core Systems Modernisation Programme.

2.9 Success in Year 2 will see safer, simpler solutions delivered across four of the seven solid organ clinical pathways – and the testing of an integrated referral and resource allocation service.

2.10 This case therefore enables a significant second step to be taken towards the vision for an integrated service that supports world class organ donation, transplantation and follow up in the UK; with a clinically led 24/7 operational Hub at its core and renewed technology as its foundation.

3. ACTION REQUESTED

3.1 To continue transformational activities from July 2016 and deliver benefits during Year 2, the Board is asked to APPROVE expenditure of £2.6m (including £0.5m contingency).

4. PROGRAMME BACKGROUND

4.1 The *Taking Organ Transplantation to 2020* strategy sets out the ambition to match world class performance in organ donation and transplantation.

4.2 Transforming the Duty Office into an ODT Hub with an extended role and improving and integrating new processes is essential if we are to support more donors and transplants safely.

4.3 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. It will receive all organ and tissue referrals from UK hospitals and control and mobilise all resources that NHSBT directly controls needed to deliver a successful organ transplant (i.e. excluding ITU, theatres, surgeons).

4.4 The overall objectives of the ODT Hub Programme to 2020 are to:

- Design and implement an integrated Service that supports world-class Organ Donation, Transplantation and Follow-up in the UK;
- with a clinically led 24/7 operational Hub at its core and;
- renewed technology as its foundation.

4.5 The benefits of the ODT Hub include:

- **Clinical:** increasing the number of potential donors (estimated +71), fewer deaths on transplant lists (estimated -45) and reduced errors.
- **Safety, control and efficiency:** greater control of the donation pathway, a safer working environment for Hub staff, more efficient Specialist Nurse – Organ Donation (SN-OD) and Retrieval Team deployment, reduced follow-up costs and reduced IT maintenance and development costs.
- **Being a better partner:** Benefits to partners include a streamlined referral process, improved ITU / theatre utilisation, quicker clinical decision-making on the use of organs and improved experience for donor families.

4.6 In September 2015, the Board endorsed the approach to develop the new ODT Hub operating model in three Phases, enabled by Agile delivery methods:

- **Phase 1 (funded to June 2016):** delivers Heart pathway with routine Lung prototypes and the prototype of central donor assessment;
- **Phase 2 (2016/17 and 2017/18):** delivers the roll-out of these solutions to further organ pathways (liver, kidney etc.), with a national and integrated approach to referral and assessment, transformation of Transplant List and Transplant Follow up, underpinned by a new enabling IT architecture.
- **Phase 3 (2018-20):** optimises the ODT Hub; enabling further end-to-end case management, integrated patient and hospital relationship management and enhanced nursing and retrieval team co-ordination.

4.7 Expenditure approval will be sought separately for each Phase from UK Health Departments, with funding secured for 2015/16 and 2016/17.

4.8 Should later phases not be approved or delayed, then the development of Lean operating processes will continue at a slower rate and risk assessments will determine whether these can be fully implemented without the enabling IT changes.

4.9 In the period before the ODT Hub is fully operational, the existing Duty Office is continuing its programme of incremental improvements including: a new clinical leadership structure, Lean-based improvements to processes and tactical IT and operating changes (including the trial of case management and eliminating manual processes). These changes are all consistent with the vision for the ODT Hub.

4.10 The ODT Hub Programme benefits are primarily increasing patient safety and enabling other ODT change initiatives. The financial impact of the preferred option over the 3 Phases to 2020 is estimated at:

Non-recurring cost:	£6.5m (in addition to £1.5m already funded)
Annual recurring cost:	£0.7m
Recurrent savings:	£1.6m

This results in a simple pay back of 7 years, with a NPV at year 10 of £2.9m. The Programme's projected financial costs and benefits will be re-assessed, based on experience to date, during Year 2.

4.11 Phase 1 was funded for 2015/16 at a value of £1.5m (plus an equivalent of £0.2m internal effort cost).

4.12 This business case forms part of Phase 2 and, as with future cases, is brought to the Board for separate evaluation. Each Phase delivers benefits and does not commit NHSBT to the delivery of the next.

4.13 The proposed timetable for full delivery by 2020 is contingent on successful completion of the Platform Selection project and corporate resources (notably ICT, Quality and Communications) being available. It is supported by – and closely aligned to – the overall IT Strategic Framework.

4.14 The transformation of the Duty Office into a Hub is key to ODT reaching its *TOT2020* strategic vision: to support the increase in donation and transplant activity in a much more controlled and effective manner.

5. YEAR 1 DELIVERY – TO JUNE 2016

5.1 The Board approved the ODT Hub Heart Pathway (Year 1) business case in May 2015. This was to deliver a working prototype of the Hub solution across two new IT platforms – on the *Heart* pathway – and a pilot of centralised donor assessment.

5.2 The Programme was initiated in October 2015 and delivery began during January 2016. Delivery timelines were determined by the Platform Selection project, which procured the two key IT platforms.

5.3 Compared to the Year 1 business case; there have been **three** changes in scope to date:

1. Digital waiting list (moved to Year 2);
2. Matching and offering prototype (extended to Heart pathway with routine Lung) and;
3. Centralised Referral Pilot (scope extended).

5.4 These changes arose because the Customer Relationship Management (CRM) IT platform was not available during the Year 1 period. Digital waiting list costs and benefits were therefore moved into the Year 2 period and other activities were brought forward.

5.5 Digital waiting list costs were estimated at £320k in the Year 1 business case. These costs comprised £120k for design and £200k for "solution development". They are now moved to the Year 2 business case and, instead, the £320k resources have been dedicated to the delivery of the Routine Lung BPMS solution and the Centralised Referral Pilot. The overall budget of £1.5m for Year 1 is unchanged.

5.6 Within 12 weeks of starting, the Programme was able to demonstrate a ready-for-deployment matching and offering prototype based on the new Urgent Heart organ allocation scheme.

5.7 Using dummy data, this showed that it was possible to offer hearts and – crucially – to integrate new processes and the new IT platform into the existing NTxD system. Depending on the donor and recipient, at least 20 human process steps will be automated; making the process safer, simpler and supportive.

5.8 Other key activities during Year 1 supported the transformation required to safely transition these products into live use. A test of the emerging central donor referral model is also underway as at May 2016 and has received positive feedback so far.

5.9 Year 1 products are now ready for live use (subject to final testing) or have detailed delivery plans. They are achieved within the Year 1 business case budget of £1.5m.

5.10 Key lessons learned during Year 1 relate to the use of Scaled Agile methods. The Programme oversaw the organisation's first use of Scaled Agile, which has been generally experienced as a positive challenge to work structures and as the enabler of faster, more customer-focused development.

5.11 The Programme also gained experience in using external (corporately-secured) resources, new IT platforms and stakeholder engagement. These lessons are incorporated in Year 2 planning.

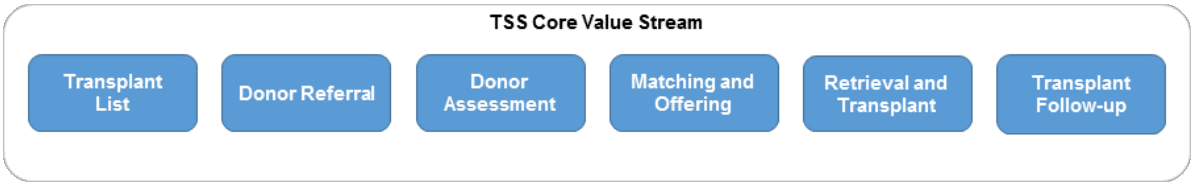
6. SCOPE AND APPROACH IN YEAR 2

6.1 The Programme's scope was set out in the ODT Hub Programme multi-year business case, which was endorsed by the Board in September 2015.

6.2 During Year 1, the Programme reviewed its scope and key assumptions in more detail. It will now set out to design and deliver an operating model and capabilities during Year 2 that:

- ✓ Are safer and simpler;
- ✓ Reflect the core values of NHSBT and build upon the commitment, knowledge, skills of our teams;
- ✓ Enable realisation of the ambitions and initiatives laid out in *TOT 2020;*
- ✓ Progressively release more time for front-line clinicians to care for patients and families;
- ✓ Enable us to be responsive to the needs of colleagues and partners;
- ✓ Create capacity to continuously develop the service;
- ✓ Preserve equity in matching and allocation;
- ✓ Optimise timescales, resources and organ utilisation;
- ✓ Enhance accessibility and auditability;
- ✓ Can respond effectively to advances in clinical practice and Information Technology.

6.3 During the period to 2020, the ODT Hub Programme scope touches and builds upon all areas of the Transplantation Support Services (TSS) Core Value Stream. It includes deceased and living donation; which will be affected by operational, IT and relationship changes.



6.4 During Year 2 (2016/17), the Programme will continue to work closely with its stakeholders to develop detailed plans for business and IT change. It will identify the key logical steps and work packages, required to achieve the overall ODT Hub vision and operating model ("Transition Epics").

6.5 Each work package will have its own project identity, but will use the governance of the Programme. The Programme will continue its use of an *Agile* "production line" approach.

6.6 The Programme is now structured into three main workstreams:

- **Transformation:** defines and costs the change required;
- **Solution Design:** provides the IT solution;
- **Transition:** implements the change and supports its early life.

6.7 The changes required will be articulated by the Programme's **Transformation** workstream as "Features" for development via the ODT Release Train, using *Scaled Agile* methods – or for delivery through a project focused on business / clinical change. This approach will progressively deliver the Target Operating Model. Features will be associated with changes to the TSS Value Stream, or IT-related enabling developments.

6.8 The **Solution Development** workstream will deliver the required IT changes. Each "Feature" will be assessed by stakeholders in an *Inspect and Adapt* workshop, prior to the next *Big Room Planning* event (which focuses on delivery planning). The ODT Release Train will then commit to delivering a set of clear objectives.

6.9 The Programme's **Transition** workstream will perform a risk assessment to prepare for change, highlighting any additional work required to ensure success and reduce risk. When a release has met the required criteria, User Acceptance Testing is undertaken and upon approval to proceed Transition will embed delivered IT and Business Change safely into the operational environment and will ensure IT services are ready to run.

6.10 For an agreed period, both the Transition and Solution Development workstreams will set aside time to provide Early Life support to each Transition Epic.

7. YEAR 2 PROGRAMME ACTIVITIES

7.1 In Year 2, the Programme will drive the following business changes:

<table>
<tr><th></th><th>Q2</th><th>Q3</th><th>Q4</th></tr>
<tr><td>Transplant List</td><td>Proof of Design</td><td>Develop</td><td>Develop</td></tr>
<tr><td>Donor Referral: Central Referral Prototype</td><td>Design</td><td>Develop</td><td>Develop
Prep for Live Test</td></tr>
<tr><td>Matching and Offering: Heart and Routine Lung</td><td>Transition
Service Starts</td><td></td><td></td></tr>
<tr><td>Matching and Offering: Urgent Lung</td><td>Develop</td><td>Transition
Service Starts</td><td></td></tr>
</table>

Matching and Offering: Liver / Intestinal		**Design**	**Develop**
Matching and Offering: Optimise Offering Process for all organs	**Ongoing Improvement**		

7.2 Using Scaled Agile Framework methods, the *Develop* phases will produce visible products for demonstration and feedback from stakeholders. The *Transition* phases will see products delivered for live use.

7.3 In support of the above business change, the Programme must also adopt and integrate with new, NHSBT-wide IT corporate platforms. The Programme will deliver a safe transition to the new IT architecture by delivering the following activities:

	Q2	**Q3**	**Q4**
Business Process Management System	**Transition** *Run Starts*		
Integration Layer	**Develop**	**Transition** *Run Starts*	
Single Sign-on	**Develop**	**Transition** *Run Starts*	
Customer Relationship Management Platform	**Proof of Concept**	**Develop**	**Develop**
Donor Path and ODT Hub Integration	**Design**	**Develop**	**Transition** *Run Starts*

7.4 The Programme will collaborate with the Core Systems Modernisation Programme, particularly in the use of the Customer Relationship Management (CRM) platform and around core and common data.

7.5 The Programme will develop further during Year 2 by completing a range of control, strategy and methodology documents started in Year 1, including:

- Programme Definition Document including Vision Statement
- Programme Communications Plan
- Programme Roadmap
- Projects Dossier
- ODT Hub High Level Design Document
- Benefits Management Strategy and Benefits Profiles
- Target Operating Model (Blueprint)
- Target Operating Model Business Transition Strategy
- Programme Business Case (Per Financial Year)
- Hub Programme Delivery Methodology

7.6 The overall ODT Hub Programme will be delivered within ODT's Change Portfolio and adopts the use of Managing Successful Programmes (**MSP**®).

8. OUTCOMES AND BENEFITS

8.1 The successful completion of **Business Change** work proposed in Year 2 will deliver the following outcomes:

Work on:	**Contributes to:**
1) Transplant List • Proof of Design • Patient search and linkage function • New recipient registration • Living Donor registration	**Outcomes in 2016/17:** ✓ Engages and prepares for roll out of Transplant List capabilities in 2017: allowing Transplant Centres to undertake patient registration. ✓ Complete, working prototypes ✓ Ready for deployment
2) Donor Referral and Assessment • Cross-Region Referral Management Prototype • Electronic Donor Assessment Form Test • Central Referral Prototype	**Outcomes in 2016/17:** ✓ The essential learning required before implementing the operational ODT Hub ✓ Estimates Hub workload ✓ Estimates clinical expertise required ✓ Redesigns and tests future donor referral and assessment processes and technology **Leading to:** ✓ The Operational Hub taking direct donor referrals and processing donor screening ✓ The Operational Hub providing a view of all referrals directly, or via a SNOD ✓ Referrals and screening are undertaken using a consistent and standardised process ✓ As a result: The option of the Duty Office becoming the operational ODT Hub in Q1 2017/18.
3) ***Organ Matching and Offering*** • Heart and Routine Lung • Urgent Lung • Liver / Intestinal • Optimise offering process	**Outcomes in 2016/17:** ✓ Heart with routine Lung organ matching and offering (including Super Urgent) undertaken from Q2; ✓ New Urgent Lung Allocation Scheme implemented from Q3; ✓ Readies the new Liver Allocation Scheme developed by the Liver Advisory Group ✓ Safer, simpler offering processes ✓ Improved acceptance and decline criteria

8.2 The above **Business Change** activities also enable the following Programme-wide benefits:

- Increased number of donors and transplants
- Enhanced donation and transplantation experience
- Improved efficiency

- Increased staff and patient safety
- Improved stakeholder engagement and communications
- Better quality audit and performance data
- Reduced manual data handling
- Improved ability to respond to change

8.3 The successful completion of **Enabling** work proposed in Year 2 will deliver the following outcomes:

Work on:	**Contributes to:**
1) Business Process Management Software Platform (BPMS) • Architecture • Integration • Enablement • Onboarding	**Outcomes in 2016/17:** ✓ Enables Matching and Offering capability to be implemented ✓ Provides a supported and documented BPMS service to NHSBT ✓ Provides a Centre of Excellence for BPMS, to enable ongoing development in-house across NHSBT ✓ Provides for lower cost development in the ODT Agile Release Train from Q4
2) Integration Layer: • Architecture • Integration • Enablement • Onboarding	**Outcomes in 2016/17:** ✓ Allows ODT to put a stable integrated Hub Platform together before further roll out of organs in BPMS and Transplant List in CRM avoiding re-work in development and Regression Test. ✓ Improved ability to respond to change
3) Single Sign On: • Architecture • Integration • Enablement • Onboarding	**Outcomes in 2016/17:** ✓ Allows Duty Office / ODT Hub staff to sign-on once to access all capabilities used in critical processes ✓ Ensures safety during transition of remaining organs and capabilities
4) Customer Relationship Management (CRM) Platform: • CRM Proof of Concept (PoC) and Transplant List proof of Design • Architecture • Integration • Enablement • Onboarding	**Outcomes in 2016/17:** ✓ Accelerates design of Transplant List prototypes ✓ Proof of Design enables ODT to understand how to use and integrate the CRM along with external stakeholders ✓ Enables NHSBT to understand its key common data entities
5) Donor Path and Hub	**Outcomes in 2016/17:**

Platform Integration • Architecture • Integration • Enablement • Onboarding	✓ Enables national and central view and management of all referrals

8.4 The above **Enabling** activities also contribute to the following Programme-level benefits:

- Increased number of donors and transplants
- Enhanced donation and transplantation experience
- Improved efficiency
- Increased staff and patient safety
- Better quality audit and performance data
- Reduced manual data handling
- Reduced IT support costs
- Risk reduction

9. YEARS 3-5 OF THE PROGRAMME

9.1 In addition to the outcomes and benefits above, Year 2 activities will position the Programme to deliver Year 3 activities and will provide a clear plan for Years 3-5.

9.2 Year 3 activities are likely to include:

- Liver / Intestinal Matching and Offering becomes a live service;
- Development of Kidney / Pancreas solutions;
- Deployment of Transplant List capabilities to Transplant Centres starts: allowing Transplant Centres to undertake routine recipient registrations;
- Option to transition from a Duty Office to the ODT Hub in Quarter 1 2017/18.

9.3 Critical factors contributing to the success of the Programme in years 3-5 are:

- Development of the enabling IT architecture in Year 2;
- Successful transfer of platform architecture and development knowledge to sufficient numbers of Enterprise Architecture and Solution Delivery staff.

9.4 The Programme expects to continue with the delivery approach used in Year 2, but will systematically reflect on that approach and adapt to optimise performance.

10. CAPACITY & CAPABILITY TO DELIVER YEAR 2

10.1 The Programme has developed a detailed resource plan for Year 2 through working closely with Business Owners and supporting functions. This is available separately upon request.

10.2 The Programme has estimated that it does have the capacity and capability to deliver Year 2 activities. This plan assumes that the required levels of resourcing and skills are met and that scope and priorities are controlled.

10.3 Key resource assumptions include:

- Where a Year 1 role is filled with a named resource that the current incumbent continues in that role;
- Work is generally undertaken from the Stoke Gifford site;
- Changes of work priority will be subject to Programme governance and any changes to scope will need to be subject to higher governance;
- Some enabling IT architectural work is funded by the Core Systems Modernisation Programme - but that key ODT Hub Programme requirements are considered through shared governance;
- An Automated Testing tool is made available – to accelerate testing and, therefore, delivery timelines. This also supports the ability of the Programme to work on parallel changes and enables the Programme to take on more complexity and to reduce risk likelihood.

10.4 It is also assumed that all resources are:

- Available at the levels and with the skills indicated;
- Managed and directed as part of the Programme;

10.5 Where an external resource is appointed to address an ongoing need, it is assumed that:

- A measurable knowledge transfer plan is in place to facilitate that knowledge transfer to an appropriate permanent member of staff within 6 months
- If an external resource needs to be removed, then knowledge transfer re-planning will take place.

10.6 The Programme's work in Year 2 will prepare changes (such as Transplant List functions) for live use in Year 3. The Programme will therefore be reliant on Subject Matter Expert (SME) and clinician input to ensure the changes proposed are fit for purpose. The Programme will endeavour to inform SMEs as early as possible where their involvement is required.

10.7 The Programme seeks commitment from the Board to the resources required as part of this business case.

10.8 The Programme also asks for acknowledgement of the changes in culture and style dictated by an Agile approach (including the separation of line and task management).

11. IMPACT ON STAKEHOLDERS & STAFF

11.1 During 2016-17, the overall impact for staff is expected to be safer and simpler ways of working.

11.2 Constant engagement and communication activities will be provided to ODT staff and external stakeholders through a communication plan.

11.3 During 2016/17, the Programme will bring changes to responsibilities related to:

- Administrative tasks;
- Taking potential donor referrals (prototype in selected regions);
- Completing donor and recipient information (prototype in selected regions);
- Donor assessment (prototype in selected regions);
- Allocation and offering (for Heart and Lung pathways);
- Mobilisation and central co-ordination of teams and resources (prototype in selected regions).

11.4 The Programme is not expected, at any stage, to change responsibilities related to:

- Donor identification;
- Consent / authorisation;
- Retrieval;
- Implantation.

11.5 The key stakeholders involved in developing the vision for the ODT Hub and a programme for its delivery in 2016/17 are listed in an Appendix (available on request).

12. FINANCIAL COSTS

12.1 Funds requested will be utilised in the period between July 2016 and March 2017. All activities completed between prior to June 2016 will be funded by the Phase 1 (2015/16) business case.

12.2 The table below provides a breakdown of the costs associated with delivering Year 2 activities, including contingency:

Year 2 Summary		Cost	
ONE-OFF COSTS			
	Hub Programme Resources	**£**	**249**
	Solution Delivery	**£**	**1,367**
	Matching & Offering	£	655
	Transplant List	£	391
	Donor Referral	£	203
	Platform Enablement	£	95
	Big Room Planning Event	£	24
	IT Platforms onboarding	**£**	**273**
TOTAL ONE-OFF		**£**	**1,889**
CONTINGENCY @	25%	£	472
TOTAL ONE-OFF WITH CONTINGENCY		**£**	**2,362**
RECURRING COSTS			
	IT Platform Licences	**£**	**173**
TOTAL RECURRING		**£**	**173**
CONTINGENCY @	25%	£	43
TOTAL RECURRING WITH CONTINGENCY		**£**	**216**
TOTAL COSTS			**£2,578**

12.3 Funding will be sourced from the existing Organ Donation & Transplantation baseline budget.

12.4 Through detailed work and engagement, internal effort costs have been cautiously assessed at equivalent to 5,453 days or £1.363m.

12.5 A full breakdown of costs and assumptions is available separately upon request.

13. GOVERNANCE & COMMUNICATION

13.1 NHSBT's programme governance framework applies to the ODT Hub Programme. The Programme will continue to report via a Programme Board, the ODT Change Portfolio Board and then to the NHSBT Transformation Portfolio Board.

13.2 A Communications and Engagement Plan has been developed to provide direction, clarity and purpose to the communications activities during the life of the Programme. It has identified the objectives to be achieved through engagement, who the stakeholders are, and the methods / media chosen for engaging with the different stakeholder groups. This will be reviewed during 2016/17.

13.3 The model for communications has been developed during Year 1 and outputs from the Programme are visible. These include a range of communications materials, a Cardiothoracic Clinical Reference Group and a Donor Assessment Group.

13.4 During 2016/17, further Clinical Reference Group(s) will be established to provide specialist input and guidance. This will include a further Group for Liver / Intestinal at minimum.

13.5 The Group(s) will meet as frequently as necessary and their specific remit will be:

- ✓ Providing views, advice and feedback to the Programme Board from the communities that they represent;
- ✓ Providing specialist clinical input and acting as a guidance provider to the programme manager;
- ✓ The design, roles and responsibilities of clinical leadership in the Hub;
- ✓ The process of decision making around triage and allocation;
- ✓ Undertaking a quality assurance role in terms of checking design and policy decisions, options appraisals and reports.

13.6 The OGC Gateway process is currently employed to assess NHSBT programmes at key points in their lifecycle. However, the Programme's budget also includes a sum set aside for an independent assurance exercise during 2016/17.

13.7 This will be used to provide assurance that the Programme can progress successfully to the next stage. This approach provides support to the Senior Responsible Owner and Programme Board to ensure that:

- ✓ The best available skills and experience are deployed on the Programme;
- ✓ All stakeholders covered by the programme fully understand the programme status and the issues involved;
- ✓ There is assurance that the programme can progress to the next stage of development or implementation and that any procurement is well managed;
- ✓ Achievement of realistic time and cost targets for the programme;
- ✓ Provision of advice and guidance to programme and project teams.

14. RISKS

14.1 Programme-level risks with a mitigated risk score of 10 or above are listed below, with a focus on those with relevance during 2016/17:

Risk Description	**Impact**	**Likelihood**	**Score**	**Mitigation**
The resources required to develop and use new IT platforms are underestimated	4	3	**12**	More detailed plans are based on delivery experience during Year 1; Close engagement and planning across the Programme.
Cross-programme dependencies (notably CSM) change the rate of progress	4	3	**12**	Close engagement and planning with Core Systems Modernisation; Co-ordinated planning for CRM development in shared

				settings (if appropriate).
Failure to appoint the right capacity and capability to the programme	4	4	**16**	Commitment up-front to resource skills and levels; Using contractors where NHSBT skills are less mature or do not yet exist; Deployment of enough developer resources to take on changes to NTxD and to receive knowledge transfer; Backfill or recruitment to allow involvement of key NHSBT staff.
Knowledge transfer from external IT contractors does not take place	4	4	**16**	Ensure NHSBT staff own and lead the Programme; Developing a plan for and tracking the transfer of knowledge to ICT staff; Using suppliers to enhance capability in the short term.
Disruption to operations	5	3	**15**	Minimum standards will be met before implementation occurs, through testing and planning; A focused Transition Team has been appointed to integrate changes with operational teams.
Delivering transformation and existing operational services	4	3	**12**	Ensuring that dedicated roles are put in place where required (funded by Programme); or otherwise backfilled
Buy-in and engagement of stakeholder groups	4	3	**12**	Early communications and engagement activities; Ensure involvement of key individuals to ensure communication and impact to wider groups is understood
Failure to appoint appropriate suppliers to deliver to time and budget	4	3	**12**	Clear statements of work; ensure any procurement requirements are clearly detailed, ahead of contracting.

15. EQUALITY, SUSTAINABILITY AND EMPLOYEE IMPACT

15.1 An Equality Impact Assessment will be completed during 2016/17.

15.2 This is expected to show that the introduction of changes will not have a direct impact on equality or diversity. The assessment will be developed further as the Programme evolves and engages more closely with staff.

15.3 The closer co-ordination and consolidation of organ donation resources is expected to support the NHSBT sustainability agenda.

15.4 The main impact for staff will be safer, simpler, more supported ways of working. The Programme will, during 2016/17, bring changes to responsibilities related to administrative tasks and organ offering. Time-limited prototypes will affect: completing donor and recipient information, donor assessment, and central co-ordination of teams and resources.

16. CONCLUSIONS

16.1 The programme of work in Year 2 will deliver a significant second step towards the vision for an ODT Hub and an integrated TSS Service across three key business change areas.

16.2 Through its incremental and Agile approach, the Programme will deliver business and IT changes during 2016/17 that are safer, simpler and supportive.

16.3 The successful completion of enabling activities will also implement the IT architecture required to support Year 2 – and future – business changes.

16.4 These activities deliver 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, without committing NHSBT to further expenditure.

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Additional information (available on request)
- Full cost and benefit documentation; Assumptions document
- Full Programme Business Case; Year 1 (Heart) Business Case
- Target Operating Model

May 2016