NHS
Blood and Transplant

NHSBT Board/Committee

Blood Tech Modernisation – Board Report

25 March 2021

Status: Official

1. Summary and Purpose of Paper

The Blood Technology Modernisation (BTM) programme has been established to deliver the stabilisation and security of blood IT.

The Programme was approved at the Jan 21 Board and will report progress into each scheduled Board meeting. This is the first report, as such it also requires Board agreement on the reporting format.

2. Action Requested

The Board is asked to:

1. Note progress of BTM Programme
2. Approve reporting format

3. Background

The BTM programme has been approved as a 5 year programme to deliver the stabilisation and security of blood IT set out in the Blood Technology Strategy. The programme will establish a new blood technology product centre to:

1. Grow existing and establish new capabilities to deliver releases in months not years
2. Convert the application to a supported language (C#)
3. Re-platform the database from Mimer to a mainstream database
4. Enable access to real-time data for improved decision making (PowerBI)
5. Improve the integrations between Pulse and other applications (Donor Portal, OBOS, SO99, etc.)

4. Detail of report

<u>Format of Report</u>
The report has been designed with the aim of keeping the Board updated on the progress that has been made during the reporting period. The report will be produced every 2 months and includes:

- Progress against each of the Key Performance Indicators, using a clear RAG status format.
- Progress against targets presented as percentage completed and measured against the percentage of the budget spent.
- Progress against plan.
- Key risks and mitigations are also included.

Programme Status

The programme is on track to deliver against the majority of targets for 20/21 but is reporting an Amber status because we still have to prove that delivery estimates are achievable. This will be done as we mature our estimating through of the build and release of the first modernised Pulse application which is scheduled for Q3.

The programme is slightly behind in requirements definition, achieving 13% completion instead of the 15% target. This is because more Requirement Specifications than initially predicted are needed. We are getting faster and will recover our targets by the end of 21/22.

Decommissioning of 5% of the Pulse legacy code did not happen because detailed planning surfaced efficiencies could be made by timing decommissioning with other development tasks. This shifted the decommissioning dates into 21/22.

Legacy releases are on track and Session Solution has been delivered into the live pilot sites at Lancaster, Coventry and Tunbridge Wells. This was a successful release, but issues were identified by QA with the legacy process for raising risk impact assessments. We are working with QA to implement improvements.

The People Plan with the new key 'Product Centre' roles was approved by Portfolio Board (Feb 21) and recruitment will start in April 21. Possible opportunities for impacted staff are being recruited on a temporary basis until work on the new service model in Blood Supply in complete. A recruitment strategy has been developed with a focus on Diversity and Inclusivity. Staff have been briefed and our Engagement and Enablement scores continue to track high, with a slight increase in February 5/6.

We continue to manage 4 significant risks, the highest being the impact of new demand from new initiatives such at new Plasma projects. We are working closely with the Plasma Programme Team to understand their requirements and manage impacts.

The programme is reporting an underspend of £263,872 for FY 20/21. This is due to the delays resourcing new roles whilst the programme leadership focused on the development of the Business Case.

Sign off

Next Board report May 21

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