



Blood and Transplant

| Action Reference | Date Action Arose | Agenda Item | Item | Owner | Expected Close Date | Progress/Comments | Status |
|------------------|-------------------|--------------------------------|--|--------------------|---------------------|---|-------------|
| B28 | 02.12.21 | 6 - Clinical Governance Report | Board to be updated on complaints data on an appropriate agreed frequency | D Rose / G Mifflin | May/September | A paper on Donor Complaints was submitted to May Board, and a paper on Patient/Hospital Complaints will be submitted to September Board (2022). | In Progress |
| B41 | 29.03.22 | 7 - Business Plan | In relation to 'driving innovation to improve patient outcomes' and the particular milestone of 'establishing strategic agreement for datasets and application', it was suggested to have a Board level conversation at an appropriate time to establish it and understand how it will be managed through the overall Data Strategy. | W Clark | November | On track for September – not to have the conversation but to say where we have got to against the business plan commitments and we should be able to give an indication of when the right time to have the conversation would be. | In Progress |
| B42 | 29.03.22 | 7 - Business Plan | It was commented that clarity was required around how the volumes of activity for various service areas were expected to change next year in each of the service areas. It was suggested for this analysis to be included as part of the next review. | W Clark / All | November | The team will attempt to close this as part of the 6-monthly update where we can show where we are against the targets laid out | In Progress |

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| B52 | 25.05.22 | 4.1 - Tech Strategy | The Board noted that the strategy will be tracked though key metrics and progress against delivery plans, notably the target of 10% recurring savings on 2021/22 baseline over the next five years. It was hard to understand where those metrics are positioned in terms of how easy or difficult it would be to achieve them, and the Board asked the team to make it clearer. | W Clark | July | An update will be shared ahead of July Board. Working document attached as an appendix. | In Progress |
| B53 | 25.05.22 | 4.1 - Tech Strategy | The Board debated how the prioritisation will be done in a way to match the broader organisational priorities. Action: The Board noted that it would be beneficial to see early indications of those prioritised plans. The team will take it away and think how to present it in the best way. | W Clark | November | W Clark was hoping to go back with a short overview of how we will prioritise and then state that prioritised plans will come via the transformation portfolio build process. Would like to check in with Betsy and see whether that is getting to the heart of what the Board are looking for. – see table below. | In Progress |

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| B53 | Tech Strategy Priority | Approach to prioritisation | 2022/23 priority areas |
| | Digital Transformation | Driven by Transformation portfolio investment decisions, which in turn are informed by the NHSBT and service strategies | <ul style="list-style-type: none"> Improving donor engagement enabled by Marketing Automation platform Improving organ offering service enabled by new digital transplant path system |
| | Tech for new business | Driven by NHSBT strategic priority Collaborate with partners and portfolio investment decisions | <ul style="list-style-type: none"> Digitising the Plasma business |
| | Data made easy | <p>Prioritise building the cloud based data insights platform with the first use case and use that to demonstrate art of the possible. Next set of priorities to be informed by NHSBT and service strategies and the NHSBT data network.</p> <p>And, deliver data solutions for business led programmes as they are prioritised into the investment portfolio.</p> | <ul style="list-style-type: none"> Build data insights platform and on-board blood supply data sets to enable improved planning and deliver what is required for Marketing Automation platform Support the Genomics programme in defining solutions for potentially very large data sets. Stand-up and run Data Community of Practice with appropriate training pathways and materials for NHSBT staff. Supported by |

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| | | and materials for NHSBT staff. supported by a Data comms campaign to make NHSBT a data literate organisation that can use NDI to its full potential |
| Democratise tech | Show business areas the art of the possible and prioritise implementation when business demand arises. | <ul style="list-style-type: none"> Enabling and accrediting Power BI users |
| Modernise core tech | Prioritise based on legacy nature of technology, the most efficient order to upgrade and the needs of the business to get access to the data or new functionality | <ul style="list-style-type: none"> Blood Technology Modernisation Move more systems to cloud e.g Oracle eBusiness suite, NTxD and Hematos Reduce the number of unsupported systems and assets across the estate (both on-prem and cloud) |
| Zero trust security | Prioritise based on threat and risk profile within the investment budget allocated. | <ul style="list-style-type: none"> Continued automation of cyber operations and expand coverage of Cyber security monitoring across NHSBT Embedding security by design in new services Continued hardening and security of key services |