

<b>PORTFOLIO/PROGRAMME</b>	ODT National Hub	<b>SUBMISSION BOARD</b>	
<b>SRO NAME</b>	Sally Johnson	<b>DATE OF MEETING</b>	28 May 2015
<b>PROJECT NUMBER &amp; NAME</b>	ODT Hub and Technology Solution Prototypes for Heart Pathway	<b>BUSINESS CASE AUTHOR &amp; ROLE</b>	Ben Hume (Assistant Director - Transplantation Support Services)
<b>ACCOUNTABLE EXECUTIVE</b>	Assistant Director - Transplantation Support Services	<b>DOCUMENT DATE</b>	30 April 2015

#### DECISION REQUIRED

The Board is asked to APPROVE the budget of £1,511,938 to enable the delivery of 3 Heart Pathway Prototypes (HPP) in 2015/16 – of which £390,338 is contingency.

This is a combination of £1,236,938 non-recurring costs and £275,000 recurring costs for licences. All costs include contingency at levels of 25% or 50%.

Internal project effort costs have been projected at an equivalent of 486 days or £189,750, incurred mainly in ODT, IT and BTS.

#### PURPOSE – Approval of Project

#### Project Budget

12 months  
Overall Risk Level  
Overall Project Duration  
Key measurable benefit

<b>APPROVAL AUTHORITY</b> – Approval is required from the following: ✓	<b>TARGET APPROVAL DATE</b>	<b>ACTUAL APPROVAL DATE</b>
NHSBT Board	28 May 2015	

DoH / EXTERNAL ADDITIONAL DOCUMENTS IDENTIFIED:	QTY	COMMENTS/RECOMMENDATION
PSBC (Business Case for Professional Services)	0	
ROC (Recruitment Process for Business Critical Posts)	0	
RFE (ICT Request for Exception)	0	
MAFE (Marketing and Advertising Freeze Exemption)	0	

#### 1 PROJECT DESCRIPTION

This **project** is the implementation of an ODT Hub and Technology Solution Prototypes for the Heart Pathway in 2015/16.

The proposed **3 prototypes** deliver the first transition of the ODT National Hub Transformation Programme, which will be presented in full, through an Outline Business Case and seminar, to the Board in July 2015.

The overarching **programme** is the establishment of a new operating model for NHSBT in the form of a National Hub (central command and control centre), supported by new technology.

As such, the Heart Pathway Prototypes represents the first step of a systemic change in organ donation and transplant.

## 2 BACKGROUND AND SUMMARY

There are over 7,000 people on the UK national transplant waiting list today - and, during the last financial year, over 1,300 people either died whilst on the waiting list, or became too sick to receive a transplant. The number of people needing a transplant is expected to rise over the next decade.

This Year 1 business case has been developed to agree the essential investment required for enabling technology and pathway process redesign, in order to support delivery through improving the co-ordination of ODT resources.

A new operating model in the form of an ODT National Hub and a robust infrastructure are proposed to increase efficiency and effectiveness of resource, processes and technology and improve patient safety. They will also reduce the risk of serious untoward incidents.

The key drivers for the transformation are to:

- Reduce or remove risk;
- Deliver the strategic objectives (Outcome 4 – TOT2020)
- Bring about better support systems, to enable more donations and transplants to happen;
- Meet current and future business needs;
- Ensure robust technology.

### What will we deliver?

This paper proposes that the first Transition to the new operating model should be through 3 prototypes on the heart pathway. A further three Transitions would be required through the other pathways to achieve the vision for 2020.

Within Transition One, there are three proposed *Transition States* to be undertaken in the Heart Pathway Prototype. These Transition States and the business benefits are summarised below:

**Transition State 1.1:** creates a digital waiting list prototype;

**Transition State 1.2:** facilitates a Donor referral and Triage prototype through digital automation;

**Transition State 1.3:** facilitates an Organ Allocation through digital workflow and matching prototype.

### Benefits

- Delivering Transition One – the 3 Heart Pathway Prototypes – addresses current safety concerns, unlocks efficiencies in the organ donation process, and establishes a clear precedent for further transitions;
- Successful delivery will demonstrate that NHS BT can migrate away from NTxD;
- The Agile and outcomes-focussed approach ensures that front-end activity can prove the viability of any subsequent investment;
- Each of the three transitions proposed in Year 1 deliver service benefits in their own right and do not lock NHSBT into further investment commitments;
- Successful delivery demonstrates that NHS BT can deliver successful IT Transformation projects.

The benefits associated with each Transition State are summarised in section 7.

### Costs

The incremental costs of the 3 prototypes for the heart pathway are estimated to be £1,511,938 (plus internal effort costs of £189,750). Given that detailed prototype design work has not been undertaken, this cost should be considered indicative; with a recommended contingency of £390,338 (25-50%, as required).

Whilst this document requests resources for 2015/16, an Agile approach to delivery and investment is proposed. This will enable the delivery and benefits of each individual Transition State to be managed independently to deliver standalone value to the business.

It is anticipated that the process and technology solution delivered by the Heart Pathway Prototypes will be incrementally rolled out across the other ODT Pathways. In this context it is anticipated that the investment costs for the Heart Prototypes will also deliver benefits across the entire ODT Transformation programme. This benefit profile will be modelled as part of the Outline Business Case for the overall ODT Hub Programme to 2020, which will be presented to the Board in July 2015.

#### Recommendation

The Board is asked to APPROVE the budget of £1,511,938, to enable the delivery of the 3 Heart Pathway Prototypes in 2015/16.

### 3 STRATEGIC FIT

<b>National Strategic Fit:</b>	Supports extra donors; improves outcomes for patients and improves safety for recipients and delivers wider health system efficiencies to hospitals and transplant centres.
<b>NHSBT Strategic Fit:</b>	<p>Delivery of Outcome 4 - TOT2020 Strategy.</p> <p>The programme also contributes to the delivery of all seven areas of the clinical care pathway.</p> <p>The programme supports the delivery of the NHS BT strategic IT framework.</p>
<b>Divisional Strategic Fit:</b>	<p>The Prototype will deliver the future state solution for the Heart Pathway, automating the steps in the solution that can be isolated to the heart pathway and map the workflow and touch points where more than one pathway is involved.</p> <p>Heart was chosen as the first pathway due to its manageable scale, replication ability and the business benefits.</p>
<b>Department/Team Strategic Fit:</b>	N/A

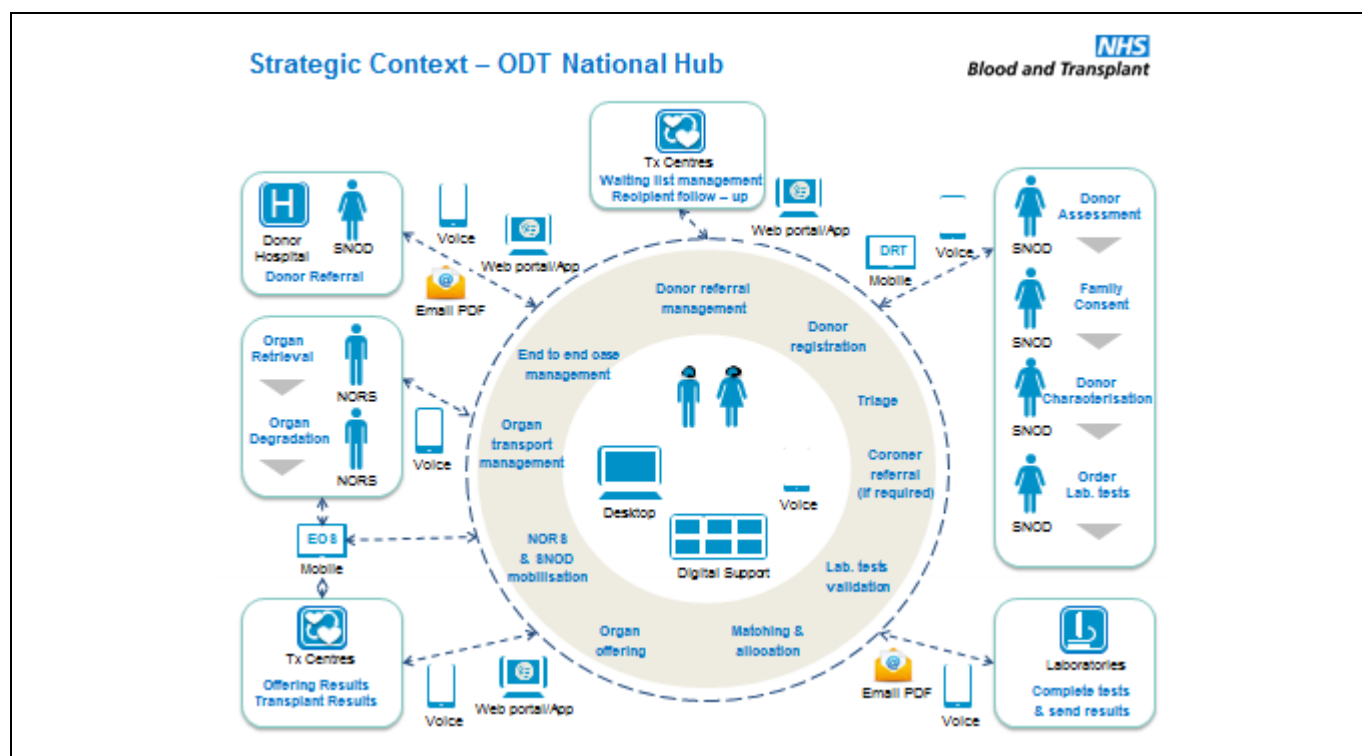
Outcome 4 of the Taking Organ Transplantation to 2020 Strategy recognises that 'better support systems will need to be in place to enable more donations and transplants to happen.' These support systems include the underlying information technology that facilitates donation and transplantation as well as the operational processes and workforce roles needed to deliver a sustained increase in transplantation activity.

The strategy also identifies proposals for revised ways of working across the donation and transplantation pathway, such as the National Referral Service (now called the ODT National Hub), which are anticipated to have a significant impact increasing the number of donors and transplants, as well as offering efficiency savings and productivity improvements.

The ODT National Hub will serve as the 24-hour operations centre for all organ donation and transplantation activity happening in the United Kingdom.

It will receive all organ donor referrals from UK hospitals and mobilise and control all resources necessary for the delivery of a successful transplant outcome (except resources over which NHSBT has neither a delivery, commissioning or contractual role).

The vision for the ODT National Hub is illustrated below:



#### 4 OBJECTIVES/DESIRED OUTCOMES (Ensure these are SMART – Specific, Measurable, Achievable, Realistic, Time Driven)

A full outline business case for the complete ODT Hub programme to 2020, will be presented to the Board in July 2015 as part of a seminar. This will set out the vision for the whole programme, but ask for funding in incremental steps – of which this business case is the first step.

The 3 heart pathway prototypes will start to deliver the benefits of the ODT National Hub in relation specifically to the heart pathway in 2015/16. The benefits below relating the ODT National Hub will be delivered specific to the Heart Pathway.

Our early assessment is that the complete, 4-year ODT Hub programme may cost c.£10.6m. If this Transition 1 is successful, then separate business cases for each of the subsequent steps will be put forward in future years – to enable the benefits and delivery method for each step to be assessed independently.

##### The objectives for the ODT National Hub are to:

- Deliver new ways of working: creating capacity through efficiency, improving productivity and smarter use of resources are required to manage the growing demand;
- Reduce the risk of additional SUIs due to current inefficient working practices and the gap in enabling technology;
- Address the issue that NTxD is difficult to change, without causing unintended consequences;
- Introduce systems and processes that are modern and flexible, to deliver the Digital agenda;
- Provide an alternative to continued incremental development of existing systems, which are expensive to maintain and don't meet needs of improved decision support.

##### The main benefits from new National Hub operating model are:

- Reduce SNOD admin time and focus the role on the family and consent;
- Provide better, faster and more consistent donor triage;
- Reduce the overall length of the process;
- Reduce the number of attendances at donors with no real hope of proceeding;

- More efficient use of mobilising / managing resources (nursing staff and organ retrieval teams);
- A single consistent view of each donor and what stage they are at in the process;
- Simultaneous or staggered offering of organs, to reduce the length of the process;
- Improve patient safety by introducing standardised processes;
- Improve the quality of Management Information.

#### Why this approach?

- The proposed way forward is to develop 3 prototypes for the heart pathway in 2015/16, to demonstrate the vision of the ODT National Hub can be achieved;
- The Prototypes will deliver the future state solution for the heart pathway, automating the steps in the solution that can isolated to the heart pathway and map the workflow and touch points where more than one pathway is involved;
- Heart was chosen as the first pathway due to its manageable scale, replication ability and the business benefits;
- Following the heart pathway, the full Outline Business Case will propose broadening the work programme to the other pathways in turn.

The table below breaks down objectives and desired outcomes into **Process**, **People** and **Technology** across Transition States 1.1, 1.2 and 1.3.

Transition State	Objective	Outcome
1.1	<ul style="list-style-type: none"> <li>• <b>Process</b> – Creates a digital waiting list.</li> <li>• <b>People</b> – Demonstrates the ODT Hub operating model in relation to waiting list management.</li> <li>• <b>Technology</b> – Demonstrates the capability of the CRM platform to manage waiting list requirements. Demonstrates the Operational Data Store platform capability to manage recipient data.</li> </ul>	<ul style="list-style-type: none"> <li>• Digital waiting list creation and management is live and operational for the Heart Pathway.</li> <li>• Those elements of the ODT National Hub relevant to the Heart Pathway waiting list are operational.</li> <li>• The technology components are tested, deployed and operational.</li> </ul>
1.2	<ul style="list-style-type: none"> <li>• <b>Process</b> – Facilitates donor referral and triage through digital automation.</li> <li>• <b>People</b> – Demonstrates the ODT Hub operating model in relation to donor referral and triage.</li> <li>• <b>Technology</b> – Demonstrates the capability of the CRM platform to manage Donor and Transplant centre contact management. Demonstrates the capability of workflow and rules management platform to manage donor triage and test results and demonstrates the ability of the Operational Data Store to manage donor data.</li> </ul>	<ul style="list-style-type: none"> <li>• Donor referral and triage operational for the Heart Pathway.</li> <li>• Those elements of the ODT National Hub relevant to the Heart Pathway donor registration are operational.</li> <li>• The technology components are tested, deployed and operational.</li> </ul>
1.3	<ul style="list-style-type: none"> <li>• <b>Process</b> – Facilitates organ matching and allocation through digital automation.</li> <li>• <b>People</b> – Demonstrates the ODT Hub operating model in relation to organ matching and allocation.</li> <li>• <b>Technology</b> – Demonstrates the capability of the CRM, and workflow and rules management platforms.</li> </ul>	<ul style="list-style-type: none"> <li>• Organ matching and allocation operational for the Heart Pathway.</li> <li>• Those elements of the ODT National Hub relevant to the Heart Pathway organ matching and allocation are operational.</li> <li>• The technology components are tested, deployed and operational.</li> </ul>

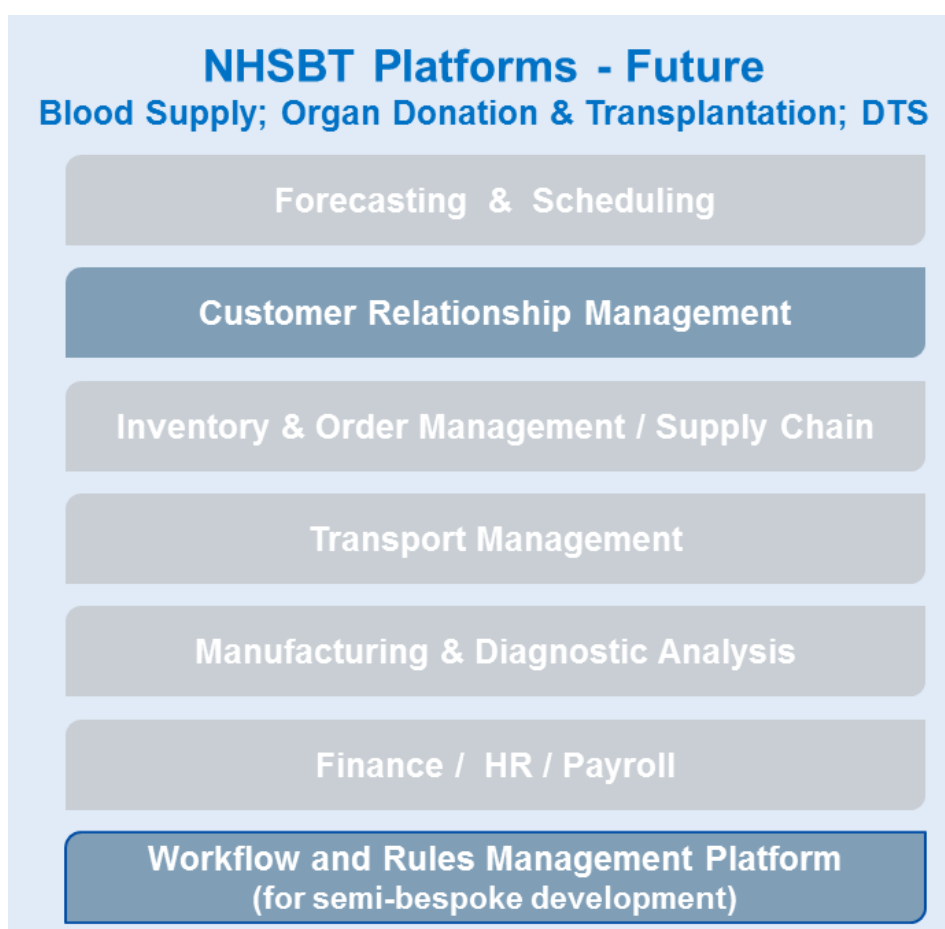
## 5 PROCUREMENT

A separate paper is being produced relating to the IT procurement component. The IT Strategic Framework approved by the Board in November 2014 commits NHSBT to securing a number of core strategic platforms to deliver IT services across the organisation in the future. It is anticipated that the procurement process will

conclude by the end of September 2015.

- It is proposed to follow a formal, transparent and competitive process using the RM1557 Framework to procure the core platforms needed to deliver the IT Strategic Framework.
- These platforms will be procured over the next 3-4 months in order to report back to the Board the likely costs and benefits of the IT Strategic Framework in more detail.
- As a key dependency of the Heart pathway prototype, it is therefore anticipated that Transition State 1.1 will commence in September 2015.
- The two platforms which are key to delivery of the Heart pathway prototypes described in this document are Customer Relationship Management and Workflow and Rules Management.
- These two platforms will be supported by an accessible data store platform (Operational Data Store) to protect them from high volume digital activity.
- A cost of £250k is estimated for the procurement and installation of the IT platforms required to support the Heart prototype with a £120k annual recurring cost.

The Heart prototypes will bear the initial procurement and installation cost for 2 of the Strategic platforms, which will also be utilised elsewhere in the organisation:



Once technology platforms have been secured, external support will be required for the Heart Pathway Prototypes covering:

- Project Planning and Mobilisation
- Project Management (Scrum Master)
- Package consultancy
- Solution Architecture

- Solution Integration

## 6 OPTIONS CONSIDERED

A high level assessment was undertaken in relation to which pathway should be chosen for the prototype. The table below summarised the criteria used and assessment for each pathway. Heart was chosen as the first pathway due to its manageable scale, replication ability and the business benefits.

	Scale (No. Transplants 14/15 - excludes multiples )	Referenceability	Complexity	Algorithm maturity	Risk	Operational Preference
Liver	829	Difficult	Difficult	New scheme being developed. Not yet agreed.	High	No
Kidney	1880	Acceptable	Difficult	Mature	High	No
Heart	180	Acceptable	Acceptable	Mature (with manual tweaks)	Acceptable	Yes
Lungs	185	Difficult	Acceptable	Not yet agreed	Acceptable	No
Pancreas	202	Difficult	Difficult	Mature	High	No

## 7 TRANSITION STATE BENEFITS

This section identifies the benefits to be realised at each Transition State.

**Transition State 1.1.** First Transition creates a digital waiting list.

The benefits are:

- Tests the ability to manage waiting lists and recipient follow up through the Integrated Patient & Hospital Relationship Management Platform
- Provides a single view of consolidated organ demand
- Eliminates the need for using urgent boards in the Duty Office; so reducing risk

**Transition State 1.2.** Second Transition State facilitates Donor referral and Triage through digital automation

The benefits are:

- Early validation of the patient's wishes to donate
- Tests that a single triage process can be automated where possible and coordinated by the National Hub
- Enables all relevant people in the process to have early visibility of potential donors

**Transition State 1.3.** Third Transition facilitates Organ Allocation through digital workflow and matching

The benefits are:

- Clear guide to donor assessment and matching rules
- Early availability of donor information for authorised personnel enables quicker donor assessment and donor acceptance decision making

- Tests the logic and capability for regular updates of the allocation schemes.



## 8. FINANCIAL SUMMARY – 5 year period (RECOMMENDED OPTION) (see Appendix B for Financial Tracker)

PROJECT: ID - NAME	PRF	OBC	Difference	DBC	Difference	EBC
			OBC-PRF		DBC-OBC	
	£	£	£	£	£	£
Project Cash Cost		1,511,938				
Project Effort Cost		189,750				
Project Effort Days		486				

### Project Cash & Effort Costs

This is estimated to be £1,511,938, plus a Project Effort Cost estimate equivalent to 486 days or £189,750.

This figure includes VAT, where applicable, and ±25% contingency and up to +/- 50%. This is within the expected <±25% contingency at outline business case stage.

### Project Effort (ref: section 10: Resource / Effort)

The planned opportunity costs as at approval of the outline business case for this project was 486 days with an estimated value of £189,750.

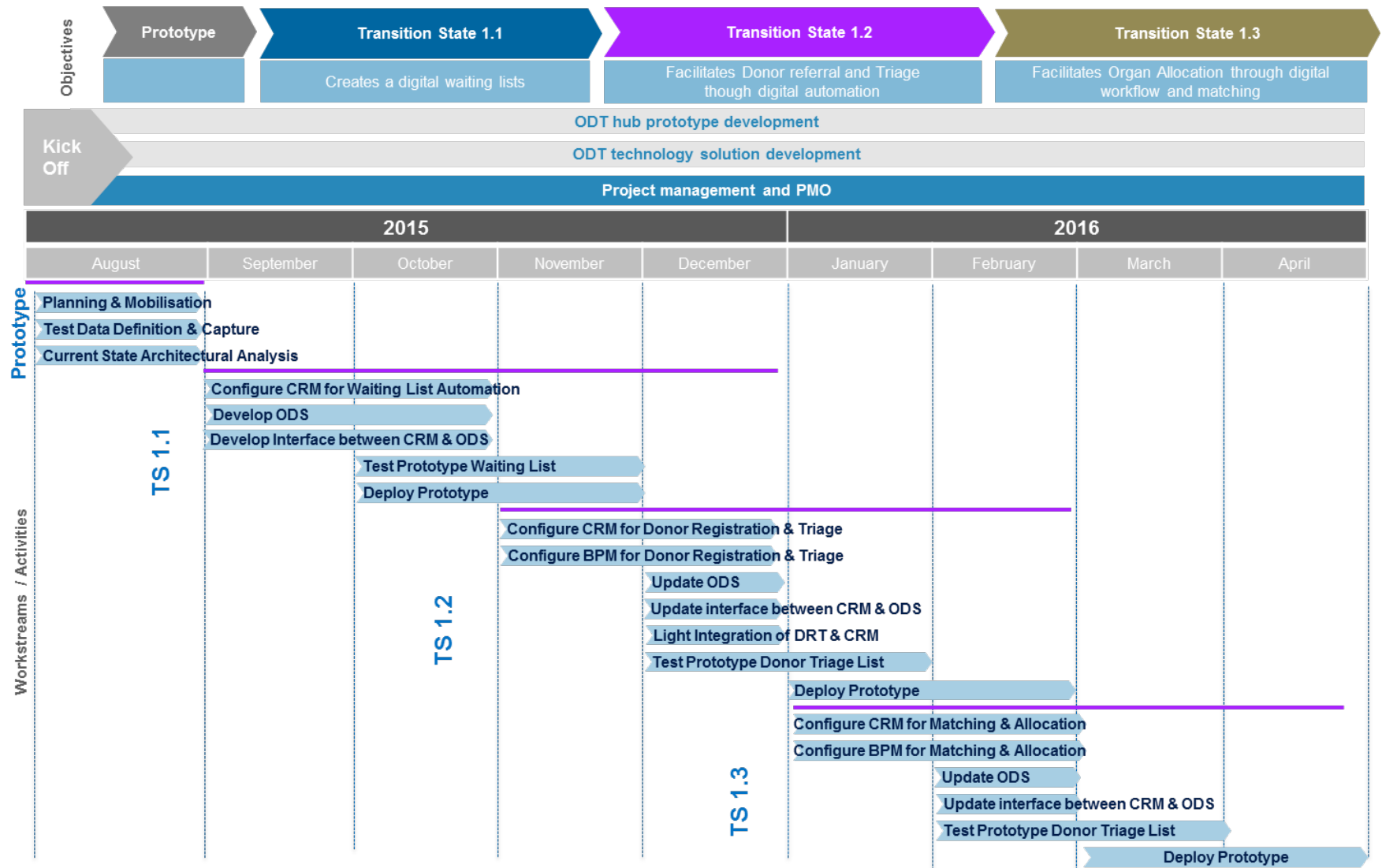
Year 1 Summary	Cost												
<b>ONE - OFF COSTS</b> Business and IT Heart Prototype External Spend Hub process development (minimum requirement) IT Platform Procurement and Installation <b>TOTAL</b> <b>CONTINGENCY</b> <b>TOTAL ONE-OFF WITH CONTINGENCY</b>	<table> <tr><td>£</td><td>611,600</td></tr> <tr><td>£</td><td>40,000</td></tr> <tr><td>£</td><td>250,000</td></tr> <tr><td>£</td><td>901,600</td></tr> <tr><td>£</td><td>335,338</td></tr> <tr><td>£</td><td>1,236,938</td></tr> </table>	£	611,600	£	40,000	£	250,000	£	901,600	£	335,338	£	1,236,938
£	611,600												
£	40,000												
£	250,000												
£	901,600												
£	335,338												
£	1,236,938												
<b>RECURRING COSTS</b> IT Operations (Licences & Support) Hub Operations <b>TOTAL</b> <b>CONTINGENCY</b> <b>TOTAL RECURRING WITH CONTINGENCY</b>	<table> <tr><td>£</td><td>120,000</td></tr> <tr><td>£</td><td>100,000</td></tr> <tr><td>£</td><td>220,000</td></tr> <tr><td>£</td><td>55,000</td></tr> <tr><td>£</td><td>275,000</td></tr> </table>	£	120,000	£	100,000	£	220,000	£	55,000	£	275,000		
£	120,000												
£	100,000												
£	220,000												
£	55,000												
£	275,000												
<b>TOTAL COSTS</b>	<b>£1,511,938</b>												

9. FINANCIAL TOLERANCE & INCURRED COSTS Capture tolerance and sunk costs in the following tables.						
Financial Tolerances are requested as follows: (Based from table 1 in Section 8)			The following costs have already been spent, and where indicated (x) are included in Financial Summary above			
	£'000 Approved	Tolerance	Stage	Reserves £'000	x	Capital £'000
Project Initiation Costs		±10%	Start-Up (Optional if OBC)			
Contingency		±25%				
Total Cash Costs			Initiation			
Of which - Capital Costs			Delivery			
Benefits			Other (describe)			
NPV (re: table 3 section 8)			Other (describe)			
Recurring Revenue Impact			<b>TOTAL (TO DATE)</b>			
Other (describe)			<b>Committed</b>			

GOVERNANCE	The programme will be governed and managed by the Transformation Programme Board. Day to day direction will be delegated by the ODT Change Programme Board led by Accountable Executive.				
	ODT Programme Board				
	Role	Name & Job Title			
	SRO:	Sally Johnson (Director of ODT)			
	Accountable Executive:	Assistant Director - Transplantation Support Services			
	Project Manager:	TBC			
	Senior Users:	John Richardson (Head of Health Informatics)			
		John Asher (Clinical Lead, Health Informatics)			
	Quality Assurance:	TBC			
Finance Lead:	Dave Metcalf (Divisional Finance Director )				
	The ODT change programme board are responsible for the overall leadership, guidance and direction of the project.				
RESOURCE & EFFORT	The resources and estimated effort plan incorporates total internal costs and resources required for the delivery of Transition One.				
	Resource and Estimated Effort Plan				
	Resource Role	Name	Effort Days	Estimated Annual Cost	Secured Resource?
	Business Analyst	TBC	150	£75,000	No
	Planner / PMO	TBC	205	£82,000	No
	Business Change and Comms leads	TBC	10	£2,500	No
	Business Users	TBC	80	£20,000	No
	Finance	TBC	4	£1,000	No
	HR	TBC	4	£1,000	No
	Application Architect (Internal)	TBC	11	£2,750	No
	Technical Architect	TBC	11	£2,750	No
	Project Governance	TBC	11	£2,750	No
	TOTAL			486	£189,750
	For information on external resources and effort, please refer to the Heart Prototype Costings spreadsheet referenced in Appendix 1.				
PLAN	The prototype has the following activities and milestones planned in order to gain assurance that the programme will deliver the desired outputs to the levels of time, cost and quality outlined in this Business Case.				

Project Plan		
Key Deliverables, Milestones (M), Outputs	Target Date	Tolerance
Prototype - Planning and mobilisation	September 2015	+/- 1 week
Prototype - Test data definition and capture	September 2015	+/- 1 week
Prototype - Current State Architectural analysis	September 2015	+/- 1 week
TS 1.1 - Configure CRM for Waiting list automation	November 2015	+/- 2 weeks
TS 1.1 - Develop ODS	November 2015	+/- 2 weeks
TS 1.1 - Develop interface between CRM and ODS	November 2015	+/- 2 weeks
TS 1.1 - Test prototype Waiting List	December 2015	+/- 2 weeks
TS 1.1 - Deploy Prototype	December 2015	+/- 2 weeks
TS 1.2 - Configure CRM for Donor Registration & Triage	January 2016	+/- 2 weeks
TS 1.2 - Configure BPM for Donor Registration & Triage	January 2016	+/- 2 weeks
TS 1.2 - Update ODS	January 2016	+/- 1 week
TS 1.2 - Update Interface between CRM and ODS	January 2016	+/- 1 week
TS 1.2 - Light Integration of DRT and CRM	January 2016	+/- 1 week
TS 1.2 - Test prototype Donor Triage List	February 2016	+/- 2 weeks
TS 1.2 - Deploy Prototype	March 2016	+/- 2 weeks
TS 1.3 - Configure CRM for Matching and Allocation	March 2016	+/- 2 weeks
TS 1.3 - Configure BPM for Matching and Allocation	March 2016	+/- 2 weeks
TS 1.3 - Update ODS	March 2016	+/- 1 week
TS 1.3 - Update Interface between CRM and ODS	March 2016	+/- 1 week
TS 1.3 - Test prototype Donor Triage List	April 2016	+/- 2 weeks
TS 1.3 - Deploy Prototype	May 2016	+/- 2 weeks

# Implementation Plan



## 11. OTHER IMPACTS: (Low/Medium/High Impact)

Area Impacted	Level	Description
<b>Staff</b>	M	Specific to the Heart Pathway, the Project will require 80 man days of business user support.
<b>Other Stakeholders</b>	M	Prototype will require dedicated governance and steering support from NHS BT management
<b>Technology</b>	M	Project will require detailed assessment of current technology solutions relating to the Heart Pathway

## 12. KEY DELIVERY CHALLENGES – RISK / ASSUMPTIONS / ISSUES / DEPENDENCIES /CONSTRAINTS

### 12.1 Risks

A number of programme implementation risks have been identified:

Risk Description	SCORE	Mitigation
Failure to employ / appoint the right operational capacity and capability to the prototype		Internal resource requirements have been estimated along with external augmentation options. Relatively limited scope of Heart Prototype mitigates the scale of this risk.
Failure by suppliers to understand the business		Agile and collaborative process involving business and IT users early will mitigate this.
Insufficient business continuity planning during change period (Disruption to operations)		Organisational design elements relating to the Heart Pathway will be completed in parallel with Agile solution development.
Cultural resistance to new technology change, constraining the prototype moving forward		Ensure change is led and managed. Ensure adequate communications and engagement with all stakeholders
New government / change of national policy		Iterative review of prototype deliverables and timescales during year 1(15/16)
Cultural resistance to process change, constraining the prototype moving forward		Ensure change is led and managed. Ensure adequate communications and engagement with all stakeholders
Failure to maintain new BAU after change period		Ensure new ways of working are embedded
Buy-in and engagement of wider stakeholder groups (Specifically Transplant Centres)		Ensure adequate communications and engagement with all stakeholders. Early engagement with all stakeholders
Failure to appoint appropriate suppliers to deliver to time and budget		Pre mobilisation review of dependency on procurement activities and timescales with particular regard to IT dependencies

### 12.2 Assumptions

- Planning assumes an 'Agile' approach to development with some 'Waterfall' activities relating to safety critical testing and deployment
- Most project delivery resource requirements will need to be fulfilled by a third party due to insufficient internal capacity.
- Anonymised test data will be made available to the project by the business as required
- The deployment of an Electronic Document Management System is out of scope for Prototype
- Digital Forms processing are out of scope for the Prototype
- For the majority of internal resources, a blended employment cost of £60,000 is assumed with 240 available working days. Therefore a daily cost of £250
- Where it is assumed that resources will be internal but capacity / capability issues may emerge then a

<Project Name>

Page 13 of 16

higher daily cost rate of £400 or £500 has been used

- Transition 1.1. bears the cost of initial CRM and ODS configuration and development

## 12.4 Dependencies

Dependency Description	Int/Ext	Description	Potential impact on programme	Contingency
<b>Stakeholder agreement/support</b>	Internal	The Heart Pathway Prototype has many stakeholders, all with their own views and priorities. The full support of the stakeholders is essential but agreement across all of the stakeholders as to the best way forward may be difficult to gain agreement on	<ul style="list-style-type: none"> <li>• Project will be at risk of not achieving milestones and delivering the expected benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure a continuous programme of consultation is embedded in the Project.</li> <li>• Ensure regular, open, group discussions are facilitated to talk through the options and issues</li> </ul>
<b>NHSBT Design Authority</b>	Internal	A new, robust, Design Authority capability and associated processes needs to be in place to improve governance and ensure the Heart Pathway Prototype is commissioned in line with the IT Strategy and regulatory requirements	<ul style="list-style-type: none"> <li>• Project will be at risk of not achieving milestones and delivering the expected benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure Design Authority has necessary authority to enforce governance.</li> <li>• Ensure governance processes are robust and enforced</li> </ul>
<b>NHSBT IT Strategic Framework</b>	Internal	Any IT system changes must be fully aligned with NHSBT IT strategy	<ul style="list-style-type: none"> <li>• This may limit some technology options</li> </ul>	<ul style="list-style-type: none"> <li>• The Design Authority would need to accept any deviations</li> </ul>
<b>Infrastructure</b>		A current planned data centre relocation.	<ul style="list-style-type: none"> <li>• Impact on the timeline</li> </ul>	<ul style="list-style-type: none"> <li>• Track data centre migration programme</li> </ul>

## 12.5 Constraints

Constraint	Int/Ext	Description	Potential impact on programme	Contingency
<b>NHSBT current capabilities and capacity</b>	Internal	NHSBT currently lack capabilities and have limited capacity available	<ul style="list-style-type: none"> <li>• Project will be at risk of not achieving milestones and delivering the expected benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Secure external resources through service management and other contractors</li> </ul>

Constraint	Int/ Ext	Description	Potential impact on programme	Contingency
<b>Clinical Standards</b>	Internal	Clinical guidelines relating to organ donation and transplant must be followed	<ul style="list-style-type: none"> <li>An increase in operating costs may occur</li> <li>Unnecessary delays may be caused</li> <li>The number of litigation cases may increase</li> <li>NHSBT may suffer some reputational damage</li> </ul>	<ul style="list-style-type: none"> <li>Ensure consultation with appropriate authorities at key stages</li> </ul>
<b>Procurement vehicles available for use</b>	External	NHSBT will need to procure the enabling IT systems via an approved route	<ul style="list-style-type: none"> <li>Choice of suppliers may be limited to those companies who are accredited to supply via a particular vehicle</li> <li>A full tender process may incur significant delays to the programme</li> </ul>	<ul style="list-style-type: none"> <li>Look at alternative procurement routes (e.g. via a subcontractor)</li> </ul>
<b>NHSBT IT Strategic Framework</b>	Internal	Any IT system changes must be fully aligned with NHSBT IT strategic framework	<ul style="list-style-type: none"> <li>This may limit some technology options.</li> </ul>	<ul style="list-style-type: none"> <li>The NHS BT Technical Design Authority would need to accept any deviations</li> </ul>
<b>Affordability</b>	Internal	The implementation costs for the Prototype are significant and it will be several years before net financial benefits are generated. Many of the benefits are non-financial. Funding may not be agreed for the project or reduced funding offered	<ul style="list-style-type: none"> <li>Programme will not proceed at all or will go ahead with a reduced scope</li> </ul>	<ul style="list-style-type: none"> <li>Look at alternative funding options</li> <li>Clearly explain all benefits both financial and non-financial</li> <li>Progress project delivery in line with available funds</li> </ul>
<b>Regulatory requirements</b>	External	Regulatory requirements dictating paper form use, physical signatures and format will prevent the digitisation of some processes unless guidelines are altered first	<ul style="list-style-type: none"> <li>Reduced ability to realise related benefits</li> </ul>	<ul style="list-style-type: none"> <li>Engage with regulatory bodies early, explain drivers for change (GDS alignment etc.) and ensure sufficient safeguards are put in place to ensure patient safety</li> </ul>

13. APPENDICES		
Reference	File	Commentary
1	Heart Prototype Costings Draft v.12	Detailed cost model relating to the Heart Pathway Prototype Project

## Document Control

Version History			
Version	Date	Author	Brief Description of Key Changes
0.1	29/04/2015	Patrick Phillips	Second draft for sponsor review
Final Draft 1	30/04/2015	Ben Hume	Final draft for sponsor review
Final Draft 2	14/05/2015	Ben Hume	Updated final draft for sponsor review

### Document Reviewed By

Version	Date	Reviewer	Reviewer Role
Final Draft 1	30/04/2015	Ben Hume, Sally Johnson, Aaron Powell	Final draft for pre-ET review
Final Draft 2	15/05/2015	Ben Hume, Sally Johnson, Aaron Powell	Final draft for pre-Board review

### Document Approved by

Version	Date	Approver Name / Body	Approver Role
Final Draft 1	06/05/2015	ET	Pre-Board review



FRMxxx D050-1 Ascent Business Case Lite	
PMO Template Version:	2.0
Next Template Review Date:	15/06/15