

## **NHS BLOOD AND TRANSPLANT**

### **IT IMPLEMENTATION PROGRESS REPORT**

**January 2015**

#### **Summary**

This report summarises further progress made since the last report in March 2014 on information technology project implementation within the Organ Donation and Transplantation (ODT) directorate.

#### **DCD Kidney Allocation**

The project to implement a national DCD kidney sharing scheme has now completed and the new scheme went 'live' on 3<sup>rd</sup> September. The project implements the recommendations of the Donation after Circulatory Death (DCD) Kidney Allocation Working Party (KAWP), a sub-group of the Kidney Advisory Group (KAG), and was endorsed by the NHSBT Kidney Advisory Group in December 2012. Previously, DCD kidneys were allocated according to local arrangements only and acceptance criteria varied between centres resulting in under-utilisation of these kidneys.

#### **Donor Registration Transformation**

The Donor Registration Transformation (DRT) project has encountered some difficulties with the current service provider and was asked by the Transformation Programme Board (TPB) to explore alternate delivery options. Following a structured review of the delivery options the project now has a clear direction to continue development with an alternative service provider. The project team are working to put an updated business case through relevant governance.

The first phase of the project will significantly reduce the use of paper forms and reduce the overall data set completed by Specialist Nurses by 25% when registering a donor by providing them with a tablet-based solution. This will streamline the donor registration process and eliminate the need to transcribe data therefore reducing the risk of patient harm due to transcription errors. The second phase of the project will deliver an amended Core Donor Data Set which will be displayed on EOS and EOS Mobile, it will include the delivery of the patient assessment form (PA1) to the transplant centres via EOS and EOS Mobile. The revised Core Donor Data Set was developed following a widespread consultation with stakeholders and was ratified by the Chairs of the Solid Organ Advisory Groups in October 2013.

#### **New Organ Donor Register**

Work continues on the development of a new Organ Donor Register (ODR), for the whole of the UK, to ensure that the new register is fully operational in advance of 1 December 2015, when the opt-out provisions of the Welsh legislation come into force.

The development of a new ODR was approved and is being funded by all four UK health departments to support the implementation of the Welsh legislation. For the first time in the UK it will enable people who refuse to donate to record their decision, as well as continuing to allow those who want to donate to record their wish.

### **ODT Infrastructure Refresh Project**

This project has been required to replace the computer hardware and database licenses on which the National Transplant Database (NTxD) and Organ Donor Register operate. It will consolidate the service from over 20 physical servers to 4 much more powerful servers, as well as moving them both onto software versions which can continue to be supported in the future. Since the project affects these core applications it is being carefully planned to minimise risk of the systems failing and a short change freeze to these systems has now taken effect.

### **Improved Visual Management in the Duty Office**

Following the completion of the DCD Kidney Allocation project, a short project is now planned to significantly improve the quality of the information available to the Duty Office and the way in which it is displayed. It is hoped that this will lead to the replacement of the Duty Office whiteboards with electronic screens and support the further development of the coordination of NORS teams from the Duty Office.

### **National Hub Programme**

Outcome 4 of the Taking Organ Transplantation to 2020 strategy addresses the need to develop systems and processes to enable more transplants to happen. This includes the need for improved technology and the development of a new National Hub to build on the work of the Duty Office. An ambitious programme of change has been planned identifying how the supporting systems and processes can be improved over the next five years. In particular, the programme is intended to deliver a new platform for allocation and to greatly enhance other services such as offering, patient registration and follow up. This will require substantial investment and a formal business case is now being prepared, with the help of external consultants, to seek to secure funding. It will also require significant support and engagement from the clinical community and we will be discussing with you how we might best involve you and your staff over the coming months.

**Aaron Powell**

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