Minutes of the CSM Board sub-group teleconference held 11:30 on the 16th August 2017.

Present:	Ms M Banerjee	Ms L Fullwood
	Mr R Bradburn	Mr M Burton
	Mr R Griffins	Mr I Trenholm
	Mr A Powell	Mr O Roth

Mr Trenholm said that the sub-group needed to decide between two possible courses of action regarding CSM and that the choice would change the risk profile of the programme in a material way. Mr Trenholm noted that he had provided a paper for this meeting, the same one he had created for the Executive Team when discussing this issue.

Mr Trenholm began with a series of background points, noting:

- The programme is based on a report from EY which created a roadmap with a series of 'transition states' (TS)
- The original roadmap talked about delivering TS1 now, August 2017.
- Based on the lessons learned to date we pushed TS1 to November 2017 and then to February 2018
- Having now contracted with Columbus, our ERP partner they have recommended (and we have accepted) that the release schedule is changed, bringing it forward from completion in March 2019 to November 2018.
- During the programme we have also brought forward smaller releases namely, TS 0.1, 0.2 and 0.3 which cover donor data, venue management and connecting the portal to the system, respectively.
- Columbus have completed the Diagnostic phase and have said they do not think the phased ERP elements proposed in TS2.0-5.0 are workable. We have agreed with the Columbus assessment that TS2.0-5.0 need to be merged to form two releases, one covering Tissue and Eye Services and one covering Blood functionality.
- We have learned from TS 0.1 and 0.2 that it is very challenging to build interfaces into Pulse. The process is very difficult to complete and requires significant resource.
- The message from recent Board discussions is that cost implications are important but that the blood supply's safety and sustainability are paramount.
- The question is whether the benefits of TS1 in terms of safety and sustainability are enough to justify the distraction and cost implications of the current plan.
- The Executive Team are aware that creating a larger live release than originally planned in November 2018 will create a different set of business and technical risks which must be mitigated. Some colleagues have a view that the technical challenge of Nov 2018 is too big a risk, others felt some of those risks could be balanced with mitigations.
- There is no risk free option given the nature of what we are intending to do.

The discussion was then opened to other members.

Mr Powell said that the greater the number of systems we take live at once, the greater possibility there is for error. These are almost never predictable and can take time to identify and resolve. He said that whilst we can take actions to reduce the likelihood of risks occurring, given the number of systems we would need to take live at once he believes there is a strong likelihood that something will go wrong that may represent a material risk to our continued operations. As such, Mr Powell recommended that TS1 should not be removed.

Ms Banerjee asked Mr Powell what we would need to do to mitigate risks. Mr Powell said that whilst we have confidence in Columbus, they would cover only about 40% of the work required to go live. The other 60% would require a lot of work to construct a focused and detailed plan. He said that testing needs to be much more rigorous than it is currently and said that there would be business implications, including the need to consider how to transition all stock in one weekend.

Ms Banerjee asked where the required resources would come from. Mr Powell said that the operational units would need to be involved, as would his own directorate. We may need to buy-in additional resources for go live planning and risk mitigation.

Ms Fullwood asked to understand the key factors that convinced the Executive Team to recommend removing TS1.

Mr Trenholm said that building the interfaces is clearly very difficult, as demonstrated by TS0.1 and 0.2. There is also a risk that building more interfaces may interfere with the system in unknown ways and create problems. The benefit to TS1 had also become unclear now that the twenty one month gap between the CRM and ERP go live dates has been significantly reduced. Mr Trenholm reported the views of Dr Miflin who had noted that the mechanisms for some processes including the stock recall in Pulse, and discretionary testing are currently very complicated, making building a safety critical interface challenging and risky.

Mr Burton said that TS0.1 is technically live but not being used operationally yet. TS0.2 should go live in September. We have learned key lessons from these events.

Mr Griffins said he believed that TES were keen to be part of the new system, and were likely to welcome being very positive pioneers in July 2018 - for their own benefit as well as providing lessons for the ensuing (Blood) launch scheduled for November 2018. He asked whether we are confident that we can resource the additional 60% of the work which Columbus do not have responsibility for.

Mr Burton confirmed that about 50% of this work is handled in-house and about 50% by external suppliers.

The sub-group discussed possible options for resourcing this part of the programme, suggestions included the possibility of changing our relationship with other suppliers to replicate Columbus's position as a fixed price supplier, or partnering with a supplier to build a resource centre, and improving the contracts we draw up with suppliers generally, to ensure we receive a consistent quality of service.

Mr Bradburn noted that we will be doing a detailed lessons learned exercise from TS0.1 shortly to inform future planning.

Ms Banerjee said that she would like to see an updated business case which described the scale of the change involved, including possible costs.

Ms Banerjee said that she was against building the interfaces unless necessary due to the challenges this will present and based on previous experience with similar ICT programmes.

Mr Trenholm said that we needed to decide on the direction of the programme now to enable to ensure Mr Burton and his team are able to proceed with the detailed planning as soon as possible, without the distraction of managing two options.

Ms Fullwood said that the paper Mr Trenholm sent before the meeting was very helpful. She recognised the benefits of the updated plan and said that where risk is concerned, the disaster would be if NHSBT were unable to provide their services. She said that whilst there are risks she is confident we would still be able to deliver services, though mitigating risks will be a very detailed exercise. She said that she supported removing TS1.

Mr Griffins said that he agreed with Ms Fullwood and supported removing TS1.

In summary, Ms Banerjee said that the sub group were of the view that removing TS1 from the programme was not without risk but, on balance, was the best decision. She asked the Executive Team to update the Board relatively quickly about the actions we would need to take to mitigate the risks resulting from the programme change and the financial consequences of the change including an assessment of sensitivities applied to the planning assumptions. Mr Burton agreed to provide an update at the September Board.

Mr Trenholm said that Mr Burton will work with Ms Austin to develop a communications plan regarding the change.

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