NHSBT Board
September 28 2017

Core Systems Modernisation (CSM) Programme Progress Update

1. Status: Public

2. Executive Summary

2.1. This document summarises the progress made so far in delivery of the Core Systems Modernisation (CSM) programme and outlines the steps being taken to update the Business Case in time for the November Board meeting.

2.2. At the July 2016 NHSBT meeting, the Board approved in principle the CSM Business Case to the point of decommissioning the current legacy system by the end of the 2018/19 financial year at a cost of £24.8m, including 25% contingency. This was based on consultancy support and advice provided by EY, with a view to migrating off the Pulse system by March 2019, through a series of planned releases of functionality.

2.3. The Board recently approved a material change in the CSM programme roadmap, merging the scheduled Go-live for Blood Donor Management functionality in the Customer Relationship Management (CRM) platform with the Enterprise Resource Planning (ERP) platform Go-live for Blood supply chain functionality.

2.4. Following on from this, the programme team are currently working through a detailed delivery plan, with underpinning resource profiles, costs and benefits that will be presented to the November Board meeting.

2.5. This paper summarises the progress made so far with the re-planning activity.

3. Action Requested

3.1. The Board is asked to:

- Note the progress made so far in delivery of the CSM programme and with the current re-planning activity.

- Note the intent to bring an updated Business Case to the November 2017 Board meeting.

4. Purpose of the Paper

4.1. This paper summarises the progress made in delivery of the Core Systems Modernisation Programme and outlines the steps being taken to update the Business Case in time for the November Board meeting.

5. Background – Progress So Far

5.1. The original CSM Programme Business Case outlined the intent to enable NHSBT to transform the way our Blood, Tissue and Eye Service (TES) supply chains operate, and support the realisation of the Blood 2020 and TES strategies. It planned to implement a new Operating Model and associated processes, supported by the implementation of the new IT platforms, including the replacement of the existing legacy system Pulse.

5.2. The Board approved the Business Case in July 2016, but only to the point of migrating off Pulse (Minimum Viable Product) and not the period of optimisation / exploitation of the new IT platforms to support delivery of our strategy. This would be subject to further approvals after that point.

5.3. Since July 2016, the programme team have successfully:

- Secured approval for the Business Case from the Department of Health (19 August 2016).
- Completed fourteen months of software configuration using our scaled agile methodology, building blood donor management functionality in the CRM platform.
- Developed a simple ERP prototype to ensure familiarisation within the NHSBT team of the new platform and consider some of the challenges we face, ahead of the delivery partner being appointed.
- Completed the development of our business change approach, establishing a detailed target state for the first 'flagship' Go-lives with supporting training plan, change impact assessment, go / no-go criteria, communications and engagement plan.
- Developed our programme testing and data migration approach.
- Taken the CRM release 0.1 live technically, but not operationally, due to challenges with the Click Dimensions plug in to the CRM and with ESB infrastructure capacity.
- Procured our ERP delivery partner, Trustmarque / Columbus UK, completing a Diagnostic phase by the 21 July and commencing the Analysis phase.
- Developed an initial plan to complete the ERP implementation in two cutover steps – one in July 2018 for TES and one in November 2018 for Blood.
- Completed a review of the overall programme roadmap in the context of the ERP delivery partner's plan, the challenges experienced so far on the CRM delivery and the programme's financial forecast.
- This culminated in a decision by the Executive Team and Board to amend the programme roadmap and to align the ERP and CRM Go-

live dates. This change in roadmap is very much in line with our agile approach and our intent at the outset of the programme to learn and adapt as we progress.

6. Proposal – Next Steps

6.1. There are three immediate priorities for the programme team. The first is taking the CRM into operational use with release 0.1 for low volume donor communication activity and release 0.2 venue management and session creation activity by the end of October.

6.2. CRM release 0.1 is live technically, but not operationally due to challenges with the Click Dimensions plug in to the CRM and with ESB infrastructure capacity.

6.3. A solution to the ESB infrastructure capacity challenge is being progressed with our support partner Appnovation. Once this fix is complete, the CRM will move into operational use with release 0.1 for low volume donor communication activity (date to be confirmed) and thereafter, release 0.2 for venue management and session creation activity, which is expected to be complete by the end of October.

6.4. The imminent 0.1 Go-live will include a workaround in relation to Click Dimensions marketing functionality. The programme team is currently working with Click Dimensions and Microsoft to understand if the Click Dimensions product can fulfil our requirements. In parallel, we are considering alternative options. A further update will be provided verbally at the Board meeting and the outcome of the ongoing discussions reflected in our updated plan.

6.5. The second current priority is completion of the ERP Analysis phase by the end of September, which at this point, is proceeding in line with the timetable agreed with our delivery partner Trustmarque / Columbus UK.

6.6. The third priority is development of a detailed programme plan that aligns the CRM and ERP deliveries and their associated integrations to other systems; the development of an on-session application; along with the associated resource plan, assumptions, dependencies, risks, costs and benefits following the decision to amend our programme roadmap.

6.7. A newly appointed (external) PMO Lead, has been working across the programme team to create the programme plan.

6.8. In parallel to this activity, we have completed various pieces of activity to ensure we review and learn from some of the challenges we have faced so far, including:

- An internal OGC style review facilitated by our AD for Business Transformation;

- A lessons learned review facilitated by PWC;
- Senior stakeholder interviews completed by an external consultant experienced in re-setting programmes;
- A detailed review of the technical challenges that have emerged from the flagship releases.

6.9. All of this activity will be consolidated and reviewed with the Executive Team at a CSM Way Forward workshop on 26 September. This will be followed by a Programme Way Forward meeting on the 9 and 10 October to effectively re-energise the broader programme team, taking them through the following (with a caveat that it is subject to Board approval at the end of November):

- The detailed plan, to ensure that everyone has a clear understanding of how we will deliver successfully;
- An update of the revised governance and delivery structures that will support the plan;
- Progress with identifying our solution and plan for delivery of an On-session application;
- An update on the work we have started, to plan mitigation of the operational risks when we Go-live.

6.10. In relation to the final bullet point above, the Business Change team have completed an initial cross-Directorate workshop to begin the process of planning the risk mitigation of a larger Blood Supply Chain cutover driven by the new roadmap.

6.11. The workshop considered the risks of a 12-hour outage, with a 12-hour roll-back plan. Mitigating actions were identified at both a programme and business level. Key mitigations for the programme included a full end-to-end parallel run of the solution prior to Go-live and a 'fall-back' solution for a defined period post Go-live.

6.12. The workshop recommendations include the timing of Go-live, which was brought forward to between 19.00 and 21.00 (originally set at 23.00 for TS1 planning). It was also recognised that there would be a requirement to move from 7-day to 5-day platelets to overcome the time constraints presented by bacterial screening. No collections will be made on the Saturday or Sunday of the Go-live weekend.

6.13. The impact on individual departments was also assessed and mitigating actions identified. The workshop outputs will form the basis for individual functional and overarching Business Continuity action planning. There was a specific focus on the provision of short shelf-life products and the actions necessary to maintain supply over the Go-live weekend.

6.14. Consideration was also given to planning for a longer period without access to core IT systems (5-days). Further work will be undertaken with Business Continuity to build scenarios and mitigations around this.

6.15. The next steps to further develop detailed plans and build our confidence to deliver the larger cutover include:

- Preparation of a stock build / collection model around the "most likely" date and possible "fall-back date";
- Development of plans for parallel running (pre-Go-live);
- Exploration of options in relation to post Go-live 'fall-back';
- Development of plans for data migration to enable further refinement of Business Continuity plans for each scenario;
- Completion of wider risk assessments for both the Tissue and Eye Services and Blood Supply Chain releases.

6.16. The cutover planning will be incorporated into our ongoing planning, which will be reviewed and updated on an iterative basis as we move forward.

6.17. As part of the on-going activity to reset the programme, we will update the Business Case and underpinning financials to reflect the changes required by the revised roadmap and the outcome of the current re-planning activity. A summary of the Business Case will be presented to the Board at the end of November.

Author(s)	Responsible Director(s)
Mick Burton Accountable Executive Core Systems Modernisation **Gerry Gogarty** Business Change Lead Core Systems Modernisation	**Ian Trenholm** CEO