

NHSBT BOARD

30 NOVEMBER 2017

ODT HUB PROGRAMME – 2017/18 BUSINESS CASE UPDATE

1. STATUS: Public

2. EXECUTIVE SUMMARY

2.1 The Board approved the ODT Hub Programme 2017/18 Business Case in March 2017. This is the third step in an incremental, transformational ODT Hub Programme.

2.2 The Programme has delivered 2017/18 Business Case benefits scheduled so far. Three significant milestones have been delivered since April 2017:

- (Super) Urgent Lung matching and offering was achieved in May 2017;
- A Super Urgent Liver List was released for live use in August 2017;
- The ODT Hub opened in September 2017, coinciding with the centralisation of organ offering for Heart and Lung.

2.3 The Programme has learned lessons from the launch of Lung developments in May 2017. A key recommendation from the donation and transplantation communities is that more time is set aside for operational testing in planning during the Liver Allocation Scheme launch.

2.4 Based on detailed planning, we are increasingly confident that remaining 2017/18 Business Case benefits are achievable. These are in three key areas:

- 1) Transplant List:** a tactical development of the ODT Online service, allowing the launch of new Liver registration forms in December 2017, while work continues on the CRM-based Transplant List.
- 2) Organ Matching and Offering:** live deployment of the Liver Allocation Scheme from March 2018, following more extensive testing.
- 3) Donor Referral and Assessment:** to have commenced development of an automated assessment tool; based in the existing DonorPath application.

2.5 Through continued use of transformational design and *Scaled Agile* methods, these benefits are being delivered visibly and progressively.

2.6 Driven by additional activities and some later delivery, we will make extended use of contractors and not reduce development costs as planned. The use of contingency funds will be necessary to deliver Business Case benefits in 2017/18.

2.7 Working with ICT, there is now a new resourcing approach agreed. This will not materialise until 2018/19 and contingency funds will therefore be required this year.

2.8 The estimated cost of activities is unchanged at £3.2m. The Programme will need to use £0.6m contingency funds, within this overall budget.

3. ACTION REQUESTED

3.1 The Board is asked to NOTE the content of this update, including the expected expenditure of £3.2m (of which £0.6m is contingency).

4. PROGRAMME BACKGROUND

4.1 The ODT Hub Programme was initiated in 2015 to allow the organisation to meet the challenges of the Taking Organ Transplantation to 2020 strategy. A truly integrated ODT Hub service across Transplantation Support Services and Organ Donation & Nursing is essential if we are to support increasing numbers of referrals, donations, retrievals and transplants safely and efficiently.

4.2 The vision is for an ODT Hub, serving as a 24-hour operations centre for all organ donation and transplantation activity happening in the United Kingdom. It will receive referrals from UK hospitals and control and mobilise all resources that NHSBT directly controls needed to deliver a successful organ transplant (i.e. excluding ITU, theatres, surgeons).

4.3 The Board approved the vision for an incremental, multi-year ODT Hub Programme in September 2015. Delivery began in January 2016. Over the last 2 years – to time and to budget for each incremental step – we have: safely implemented new Heart and Lung Allocation Schemes on new platforms; designed built and tested a referral and assessment pilot across several regions; built a demonstration digital Transplant List; opened the ODT Hub; centralised Heart and Lung offering; and prepared for deploying the new Liver Allocation Scheme.

4.4 In the period before the vision is fully achieved, the ODT Hub will continue its programme of incremental improvements including: a clinical leadership structure; lean-based improvements to processes; and tactical IT and operating changes. These changes are all consistent with the vision for the ODT Hub.

4.5 The proposed timetable for full delivery by 2020 is contingent on successful procurement and deployment of corporate IT platforms and other resources (notably ICT, Quality and Communications) being available. It is supported by – and closely aligned to – the overall IT Strategic Framework and the Core Systems Modernisation Programme.

5. PROGRAMME ACHIEVEMENT AND PLANNING FOR 2017/18

5.1 Compared to the 2017/18 business case; there limited changes in scope, as described in this Section.

5.2 The second organ Matching & Offering product is now in live use (Lung). The new scheme has further integrated new processes and the new IT platform into the existing NTxD system. Organs are now allocated nationally and process steps have been automated, making the process safer, simpler and more supportive.

5.3 The Super Urgent Liver List is also now in use. This is based on the “CRM” platform and is now used by the UK’s Liver Centres to see real-time details of the

patients most urgently in need of a transplant. This replaces a daily fax to all Liver Centres and has tested the design of wider Transplant List developments.

5.3 The 2017/18 Business Case contained the following plan:

	Q1	Q2	Q3	Q4
Patient: Read-only Transplant List	Transition			
	<i>Service Starts (Super Urgent Liver)</i>			
Patient: Review & Update Transplant List	Develop	Develop	Transition	
			<i>Service Starts (Liver)</i>	Develop
Donor: Allocation & Deployment Tool (SNOD & NORS)	Design	Design & Test	Design & Test	Develop
Donor: Referral & Assessment Tool	Design	Design & Test	Design & Test	Develop
Hub: Liver, Intestinal and multi-organ matching	Develop	Develop	Transition	Develop
			<i>Service Starts (Liver & Intestinal)</i>	
Hub: Task-based organ offering	Develop	Transition		Develop
		<i>Service Starts (Heart & Lung)</i>	<i>Service Starts (Liver & Intestinal)</i>	
Hub: Optimise Offering Process for all organs	Develop	Launch ODT Hub	Ongoing improvements	

5.4 A detailed re-assessment has resulted in a revised plan, below:

	Q1	Q2	Q3	Q4
Patient: Read-only Transplant List	Transition			
		<i>Service Starts (Super Urgent Liver)</i>		

Patient: Review & Update Transplant List	Develop	Develop	Transition	
			<i>Service Starts (Liver)</i>	<i>CRM-based "Beta"</i>
Donor: Allocation & Deployment Tool (SNOD & NORS)	Design	Design & Test	Design & Test	Develop
Donor: Referral & Assessment Tool	Design	Design & Test	Design & Test	Develop
Hub: Liver matching and offering	Develop	Develop	Transition	
			Develop	<i>Service Starts (Liver & Intestinal)</i>
Hub: Task-based organ offering	Design	Design & Test	Design & Test	Develop
Hub: Optimise Offering Process for all organs	Develop	Launch ODT Hub	Ongoing improvements	

5.5 The main changes are:

- 1) Transplant List:** the launch of a Liver Transplant List will initially take place on the ODT Online platform, while development of the CRM platform continues into Quarter 4;
- 2) Task-based organ offering:** this software feature is being re-assessed, as it has become apparent that this must be applied to all organ groups simultaneously, rather than to single organ pathways as originally intended;
- 3) Organ Matching and Offering:** The development of a Liver solution is underway and on-track, but – based on clinical advice – its launch is deferred until March to allow for additional operational testing and staff engagement.

5.6 Other key activities during 2017/18 support the transformation required to safely transition these products into live use. These include the continued preparation of enabling IT architecture and the development of automated regression testing tools.

5.7 The Programme has continued to gain experience in using external (corporately-secured) resources, new IT platforms and stakeholder engagement. These lessons include those highlighted in internal audit reports, which are incorporated in revised 2017/18 planning and are influencing the preparation of the 2018/19 Business Case.

6. CAPACITY & CAPABILITY TO DELIVER IN 2017/18

6.1 The Programme has estimated that it does have the capacity and capability to deliver remaining 2017/18 activities, subject to contingency funds being secured. Full details of Quarterly planning activities are available upon request.

6.2 Key resource assumptions have previously been outlined to the Board. Knowledge transfer from external contractors to internal staff has taken place. We continue to work closely with ICT, Business Transformation and HR to ensure that appropriate levels of resource are available to the programme – with a renewed focus on reducing costs.

7. IMPACT ON STAKEHOLDERS & STAFF

7.1 During the remainder of 2017/18, the overall impact for staff is expected to be safer and simpler ways of working. Communication and engagement activities were delivered in support of the Lung Allocation Scheme changes, Super Urgent Liver List and opening of the ODT Hub.

7.2 Engagement and communication activities are being provided through a communication plan. This will support forthcoming Allocation Scheme changes for Liver communities, which includes engagement with a wide range of stakeholders.

8. FINANCIAL COSTS

8.1 Non-recurring funds of £3.2m requested will be utilised in the period between April 2017 and March 2018. This will include the use of budgeted £0.6m contingency costs.

8.2 There Board was briefed in March 2017 on the changes compared with the original resource assessment made in 2015, before commencement. The revised Programme budget is estimated between £9.2m and £10.2m.

8.3 Activities in 2017/18 are consistent with this rate of spend. There is no increase in the revised Programme costs set out in March 2017, nor a reduction – although the Programme continues to address areas of opportunity to reduce costs:

	Plan	Forecast	Variance
	£'000s	£'000s	£'000s
Non Recurrent	2,595	2,595	0
Recurrent	629	629	0
Contingency (NR)	649	593	-56
Total	3,873	3,817	-56

8.4 Compared to the Business Case forecast, additional costs of £1.0m have been identified so far, offset by reductions of £0.4m. These costs are as follows:

Costs above Business Case:	£'000s	Reason
Total Additional Pressures		
BPMS Developers	-277	Additional development activities, which were planned to be delivered earlier or by internal staff
Mulesoft Developer	-60	
CRM Architecture	-45	
CRM Developer/Analysts	-161	
ETL Developer	-19	Higher rate than expected
Business Analysts	-82	Internal recruitment challenge
Enterprise Architect	-75	Internal recruitment challenge
Product Owner	-45	Additional role
Delivery Manager	-127	Internal recruitment challenge
Other Pressures	-136	Combined pressures <£20k each
Total Cost Pressures	-1,019	
Cost Reductions against plan:		
Continuous Integration - NTxD	190	Offset against additional development costs
Integration Tester	90	
Contractor Expenses	77	Lower than planned
Communications Lead	25	Delayed recruitment
Other Savings	44	Combined savings <£20k each
Total Cost Reductions	426	
<i>Contingency</i>	<i>649</i>	
Net Position (under spend)	56	

8.5 The greatest opportunity to reduce costs is in our use of external IT development resources for solution development. Knowledge transfer to internal ICT roles has been achieved, but we continue to require external support.

8.6 This is partly as a result of re-profiling delivery dates (including additional development time), meaning that we have not been able to address those costs that were identified as being amenable to change. We will therefore not deliver the cost reduction planned in Quarter 4.

8.7 The use of contingency funds will be necessary to ensure that the Programme continues to deliver the 2017/18 Business Case benefits.

8.8 In response to the on-going duration of the Programme, we have agreed a new approach to development resourcing. This is based on additional roles recruited by ICT on a fixed term basis – thereby reducing the level of external contractor support. This demonstrates clear potential to reduce costs in the future, but not during 2017/18.

8.9 This plan is dependent on success in attracting and recruiting to these roles on a fixed term contract. Given the risks of doing so, this is not expected to materialise until 2018/19 and will require upfront investment. Contingency funds will therefore be required this year.

9. GOVERNANCE & COMMUNICATION

9.1 The Programme will continue to report via a Programme Board, the ODT Change Portfolio Board and then to the NHSBT Transformation Portfolio Board. The Programme remains structured components that define the change; develop the change; and then embed the change into live operations.

9.2 A Transformation Design Board co-ordinates the various transformation workstreams. This group will also be responsible for developing the 2018/19 business case.

9.3 The OGC Gateway process will be employed to assess the Programme in November 2017.

10. RISKS

10.1 Programme-level risks with a mitigated risk score of 8 or above are listed below, with a focus on those with relevance during the remainder of 2017/18:

Risk Description	Impact	Likelihood	Mitigated Score	Mitigation
Cost of solution development does not reduce	4	3	12	Developing a plan for and tracking the delivery of internal fixed-term staffing; Using suppliers to enhance capability in the short term.
The resources required to develop and use new IT platforms are underestimated	4	2	10	More detailed plans are based on delivery experience during Years 1 & 2; Close engagement and planning across the Programme.

Risk Description	Impact	Likelihood	Mitigated Score	Mitigation
Failure to appoint the right capacity and capability to the programme	4	2	10	Using contractors where NHSBT skills are less mature or do not yet exist; Backfill or recruitment to allow involvement of key NHSBT staff.
Delivering transformation and existing operational services	4	2	10	Ensuring that dedicated roles are put in place where required (funded by Programme); or otherwise backfilled.
Buy-in and engagement of stakeholder groups	4	2	10	Early communications and engagement activities; Ensure involvement of key individuals to ensure communication and impact to wider groups is understood.
Disruption to operations	5	2	10	Minimum standards will be met before implementation occurs, through testing and planning; A Transition Team has been appointed to integrate changes with operations.
Cross-programme dependencies (notably CSM) impact progress	4	2	8	Engagement and planning with CSM; Co-ordinated CRM development.
Failure to appoint appropriate suppliers to deliver to time and budget	4	2	8	Clear statements of work; ensure any procurement requirements are clearly detailed

11. CONCLUSIONS

11.1 The programme of work in 2017/18 will deliver a significant further step towards the vision for an ODT Hub across three key business change areas.

11.2 Through its incremental and Agile approach, the Programme has already delivered a visible set of products that are safer, simpler and supportive. It has achieved this largely to time and budget.

11.3 The Board is asked to note the expected expenditure of £3.2m (including the expected use of £0.6m contingency). Continued success depends on high quality planning; the delivery of a lower cost development approach; and other enabling items.

11.4 The Programme is delivering products that are beneficial in their own right, in accordance with ODT's clinical priorities. They will provide the basis for assessing future investment decisions, including the forthcoming 2018/19 business case.

Author

Ben Hume

Assistant Director of Transplantation Support Services (07789 716617)

Responsible Director

Sally Johnson

Director of Organ Donation & Transplantation

November 2017