

Authority paper

Strategic delivery	Setting standards <input checked="" type="checkbox"/>	Increasing and informing choice <input checked="" type="checkbox"/>	Demonstrating efficiency, economy and value <input checked="" type="checkbox"/>
Paper title	Information for Quality: update		
Agenda item	10		
Paper number	HFEA (08/07/2015) 761		
Meeting date	8 July 2015		
Author	Nick Jones, Director of Compliance and Information		
For information or decision?	Decision and Information		
Recommendation	<ul style="list-style-type: none"> Comment on, and approve, the vision for change which will guide our work Note the progress as regards procurement of third party suppliers in line with corporate approval process, and associated costs; Note that progression from Alpha stage is dependent on external approval (with an update report provided to Members at that point); Comment on the arrangements informing organisational change resulting from the realisation of the IfQ Programme. 		
Resource implications	Significant - within approved IfQ budget.		
Implementation	During 2015/16 business year		
Communication	Regular throughout 2015/16		
Organisational risk	High		
Annexes	N/a		

1. Background

- 1.1. The IfQ programme encompasses:
- The redesign of our website and Choose a Fertility Clinic (CaFC) function. Recommended changes to CaFC will be presented at this meeting by the Director of Strategy and Corporate Affairs
 - The redesign of the 'Clinic Portal' (used for interacting with clinics) and combining it with data submission functionality that is currently provided in our separate EDI (Electronic Data Interchange) system (used by clinics to submit treatment data to the HFEA)
 - A revised dataset and data dictionary which will be approved by the Standardisation Committee for Care Information (SCCI)
 - A revised Register, which will include the migration of historical data contained within the existing Register
 - The redesign of our main internal systems that comprise the Authority's Register and supporting IT processes.
- 1.2. Given the importance of the programme to the Authority's strategy, updates on progress are provided to each meeting of the Authority and approval for direction and actions sought. This update, in particular, introduces the concept of a clear vision or 'offer' to guide us, addresses progress in procuring technical services and considers consequences for organisational change. We welcome comment, challenge and, as appropriate, endorsement of direction of travel.

2. Our vision for change

- 2.1. As the programme has evolved – from our initial thinking; engaging with stakeholders through a consultation exercise; establishing a business case; specifying contract requirements - we have established a set of objectives and expectations captured in various ways.
- 2.2. The Authority has been instrumental in that and informed it along the way (and will continue to do so, for example on the CaFC item later). The Authority has made a series of decisions about the shape of the IfQ programme. Those decisions are not simply technical in nature, they also embody the kind of information provider the Authority wants to be.
- 2.3. Other aspects are more operational – for example information technology architecture and detailed clinic portal development that the Authority will expect to be carried out carefully but would not expect to be across in the same way. The teams involved in the Programme see it as a whole and it's important that we establish a clear vision, or blueprint, for the change we (all) want to see.
- 2.4. The remainder of this section attempts to summarise those decisions into one easy to read description of our information offer to patients and clinics (and to our own way of working – particularly in relation to internal systems description) once IfQ is complete.

Website

- 2.5. This is our window to the world and will represent who we are – our personality, style, tone. It will embody our refreshed brand, not just visually but in our tone of voice. It will be fresh and current, with dynamic content - 'something new every day.' It will link to HFEA social media channels, giving a more human, active feel.
- 2.6. The website will be aimed at patients and the public, written in an upbeat,

personable style. Patient information will be organised along a typical patient or donor journey. Nothing old and out of date – with content owners defined and prompted to renew. This will be applied strictly – with incentives and sanctions in place. The site architecture will be designed so that content is easy to find and nothing is more than a few clicks away. The search will need to be used much less but, where it is used, the findings will be presented more clearly. Information will be presented as a mixture of infographics, charts, video and images as well as short, crisp text. It will be maintained with less text content than currently.

Choose a Fertility Clinic

- 2.7. The transition from website to CaFC will be seamless with all the website design principles applied. It will be a source of authoritative, trusted information – which will draw patients away from statistics on clinics' own websites. It will only be so if it is accessible and therefore consumed. Complex information will be presented clearly and unnecessary layers of detail will not appear. Success rates will not be privileged over other information such as inspection findings and patient feedback, but will be presented, in a comparable way, so that patients can make a choice based on different aspects of quality.

Clinic Portal

- 2.8. The clinic portal will be the key window to the HFEA by clinics – and there will be a seamless (if password-protected) transition from the public website to the portal. It will be attractive and intuitive to use – picking up corporate branding and functionality of the website. It will provide useful information about requirements placed on licensed clinics and their key staff. It will have the risk tool; other useful publications; and enable clinics to access information about their own performance and in comparison with all their peers or a selection – so they can improve their own performance.
- 2.9. Clinics' experience in submitting data to us will be easier and more pleasant. It will be an intuitive experience and users can adapt the system around their work rather than their processes being determined by our system. It will prevent simple errors by having a real-time verification facility. It will handle all transactions with us – clinics will make applications based on a simple interface that recognises who the clinic is with their core information already visible, only specific, new information will need to be inputted.
- 2.10. Like any good transactional system it will be intuitive and instructions will be helpful, provided at a few levels such as on-screen and videos or FAQs available on the portal that they use to submit data. Whether or not integrated systems are in place at a clinic we should work hard to ensure that the experience of users of such systems is similar. We will have a very clear data submission policy linked to Direction 0005, and a transparent approach for amending the data dictionary (with significant changes approved by the Authority). We may not be able to completely design out user input error – there will always be a need for checking and ultimately verifying - but this will be a much simpler time saving process than now. And we will look to get CaFC refreshed on a monthly basis, with data being more contemporary than now.

Internal Systems

- 2.11. We will implement an information technology strategy that supports all the IfQ developments and which provides economic and efficient hosting and storage arrangements, utilising the benefits of the 'cloud' (as appropriate); to provide business continuity and appropriate security; and desktop services meeting high service standards. All the 'business tools' the HFEA needs to operate whether

provided internally or externally function well - and based on simplicity and agile development principles. Once the development phase of IfQ is complete we will move to different ways of working. Contracts with suppliers may be in place to allow for minor improvements, and maintenance including bug fixes – but preclude improvements of a significant nature. Business leads will understand from their knowledge of user feedback what improvements to systems are needed and will bid for resource accordingly using business case approach.

3. Procurement

- 3.1. All design work will be provided by external suppliers. For development, we are adopting a mixed model - supplementing internal capacity with specific expertise further to a procurement exercise conducted on our behalf by the Crown Commercial Service.
- 3.2. The procurement process by way of competitive tender is almost complete. Nine suppliers were invited to make presentations to us. On the whole we were impressed by the quality of bids and presentations. Since the end of the evaluation period we have selected two preferred suppliers to enter in to further negotiations and agree contractual terms. One supplier was successful in five outward facing contracts relating to website and portal design and development (with some economies of scale secured as a consequence); and a further supplier in the delivery of 'internal systems' – that is the Register modernisation and technical architecture to enable the external systems to function efficiently and securely within the HFEA information technology framework. Contractual formalities need to be completed but we expect work to have started on-site week commencing 6 July 2015.
- 3.3. As regards costs, the Authority has approved an overall budget of £1.134m for 2015-16. This provides the overall approval and the Authority Standing Orders allow for subsequent approval at appropriate levels, Contract sums for the outward facing and internal systems work are c£500,000 and c£200,000 including VAT, respectively. It is important to note that the Authority's contractual position is protected. Payment at this level is made on the basis of the delivery of all requirements - with those requirements set out each phase (Alpha, Beta, Live). Of course, our expectation is a successful progression from one stage to the next but our overall exposure is protected. At this stage, the HFEA Chief Executive has approved the overall approach to the contract(s) and a financial commitment not exceeding £60,000 broadly aligned to the first part of the Alpha stage. The Chief Executive will subsequently approve progress to Alpha, Beta and Live on the basis of a recommendation from the IfQ Programme Board. In addition the Board will recommend approval to stages of expenditure within these phases and expenditure signed off by the Director of Compliance and Information and the Director of Finance These approvals will be reported to the Audit and Governance Committee on a post-hoc basis.
- 3.4. A substantial contingency is also available, c.20% of budget which is prudent as well as being considered good practice. The balance supports programme costs and 'backfill' for key personnel.
- 3.5. The Authority is reminded that 'approval' risks remain. That is, Department of Health and Government Digital Service must approve progression from Alpha to Beta stage. These relate to 18 measures (all of which must be met) such that the development of public service digital interface meet key standards including the appropriate involvement of users; appropriate agile methodologies are used for development and so on (<https://www.gov.uk/service-manual/digital-by-default>). To some extent our financial risks are mitigated given contractual protections set

out in 3.3 above. Moreover, our focus has been and remains on being very clear about our objectives and how those will meet 'digital by default' expectations.

4. Organisational change

- 4.1. The aspects set out in section 3 above are the culmination of much work - in reviewing our extant systems and evaluating their fitness; undertaking substantial engagement with stakeholders and users; researching and establishing our requirements; specifying those to secure proposals from third parties and so on. We have now reached a significant milestone in moving from preparation to development.
- 4.2. The Gateway Review (highlighted in the previous meeting of the Authority) told us that we need to have increasing regard to the consequences for HFEA ways of working, and in turn the implications on our teams as we move from development to implementation. We agree, and having secured an affordable programme with the potential to transform how we and others who interact with us work, our attention can turn to the opportunities and challenges presented by change.
- 4.3. It is worth setting out a few key themes that will inform our approach to this over the next few months.
 - Given the 'agile' nature of development we expect the first few weeks of the programme of development to discuss and finalise a detailed and resourced plan for the remainder of the year. That said, we expect the period between now and October/November 2015 to be intensive and focused on development activity. Those involved in the programme will in turn be energised, stretched, challenged in this period. As we go through these months and beyond we and our teams begin to appreciate the changes and potential for change that are emerging. In other words, it's a joint and shared experience.
 - The period beyond that will be no less pressured but focused more towards refinement, preparation for implementation and delivery. This will be when teams will be starting to develop plans for new ways of working as a consequence of those changes.
 - Beyond that we must hold in our minds that the ways of working we are adopting for this programme of change will become a way of working more generally. Agile development encourages us to move away from thinking we build a new set of systems and go back to normal. Instead, we must adopt a way of working that evaluates user experience, determines what changes are necessary and affordable, before building and testing out those changes, and then moves to implementation and so on. Clearly this will not be as intense as currently, but signals a new way of working.
 - We will need to keep our stakeholders involved and informed with activities taking place between now and April 2016 - and subsequently as we return to more business as usual activities;
 - The business case for the programme anticipated modest financial savings. That said we expect a change of focus in some teams and this will impact on some roles. Any such changes – expected to come into effect in the next financial year - will be accompanied by discussion and consultation with directly affected staff.
 - Finally, our approach will be guided by our vision for the change set out in section 2 above.

5. Recommendation

5.1. The Authority is asked to:

- Comment on, and approve, the vision for change which will guide our work
- Note the progress as regards procurement of third party suppliers in line with corporate approval process, and associated costs;
- Note that progression from Alpha stage is dependent on external approval (with an update report provided to Members at that point);
- Comment on the arrangements informing organisational change resulting from the realisation of the IfQ Programme.