Audit and Governance Committee paper

How this paper relates to our strategy	Setting standards	☑	Increasing and informing choice	☑	Demonstrating efficiency, economy and value	☑
Paper title	Information for Quality – managing risks					
Agenda item	**5**					
Paper number	[AGC (10/06/15) 455) NJ]					
Meeting date	10 June 2015					
Author	Nick Jones, SRO & Director of Compliance and Information					
For information or decision?	Information					
Recommendation	The Committee is asked to note this update					
Resource implications						
Implementation	In progress.					
Communication	Extensive stakeholder communication					
Organisational risk	Medium.					
Annexes	Annex 1 – Gateway Report Annex 2 – Gateway Report Action Plan					

1. Introduction

This report updates the Audit & Governance Committee (AGC) on the progress of the programme specifically in the areas covered by the AGC terms of reference.

By way of reminder, the IfQ programme encompasses:

- The redesign of our website and Choose a Fertility Clinic function

- 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.

2. Progress

i.   Since the last meeting the business case, along with associated digital expenditure controls, submitted to Department of Health (DH) on 18 December 2015, has been approved - on 28 April 2015.

ii.   It should be noted that this approval is (in-part) conditional in nature - which introduces risk. The approval granted (partly expenditure limits, partly fit with government digital strategy) is made more complex due to the distinction made by government between 'digital' activity/expenditure and that associated with 'infrastructure.' The former is scrutinised by DH and Government Digital Service (GDS - part of the Cabinet Office), and the latter by DH alone. The basis of the approval to date is set out below.

iii.   Broadly, there are three aspects of digital activity: the HFEA website; Choose a Fertility Clinic; and the clinic portal – by which clinics 'transact' with the HFEA. Approval in full has been granted by DH. Approval by GDS is conditional – with activity beyond c.30% of overall committed budget for this aspect of the programme subject to a further assessment by DH, with approval to proceed subject to GDS consideration in turn. This approach is informed by considerations relating to an 'agile' methodology for contemporary IT projects – that is developing to alpha stage (first draft) – then moving to beta stage (subject draft to testing by users) and then if all is well 'go live.

iv.   The delay has incurred additional programme management expenditure reducing the amount available this financial year – estimated at £40,000 in additional costs in 2016/17. Moreover, the potential for further delay introduces additional financial risk. Having mobilised contractors, any undue delay from moving to alpha to beta stage has consequences. We are seeking to mitigate this risk by

agreeing timescales and service standards - a reasonable set of expectations applicable to all. This will recognise that the HFEA holds the risks and consequences and there will be a point at which any delay beyond that agreed will not be tolerable.

v. More positively, unconditional approval has been granted for the infrastructure development element of the programme – redesigning our main internal systems that comprise the Authority's Register and supporting IT processes. This accounts for over 50% of budgeted programme costs.

vi. We are adopting a mixed procurement model - supplementing internal capacity with specific expertise further to a procurement exercise conducted on our behalf by the Crown Commercial Service. That procurement process by way of competitive tender has commenced and is progressing to timetable. The closing date for tenders was 6 May 2015 and the subsequent two to three weeks sees selection and contract agreement, with mobilisation of external and internal teams beginning in earnest in June 2015. An oral update will be provided at the meeting.

3. Governance

i. The IfQ programme board has continued to meet and has reported progress to the March, April and May 2015 meetings of the Corporate Management Group (CMG). An item regarding IfQ is presented at each meeting of the Authority, the latest on 13 May 2015.

ii. IFQ risks are integral to the HFEA strategic risk register, covered under a separate item at this meeting.

iii. At the last meeting we reported that a Government Gateway Review was to take place. A Gateway Review is a short, focused review of a programme or project, conducted on behalf of the project's Senior Responsible Owner. The Review's full report is at annex 1, and the summary conclusion was as follows:

- 'The Review Team (RT) consistently heard that the Programme is seen as the top priority within HFEA and there is clearly good stakeholder buy-in. The RT was impressed with the management and progress on the IT procurement and is confident that this will have a successful outcome. However, considering the Programme as a whole, there are a number of key issues which are not as well integrated into the Programme and require management attention. As the tender documentation has not yet been released to the market there should be sufficient time to address these without impacting on the delivery of

the overall Programme benefits. Therefore, the RT considers that the Delivery Confidence Assessment is Amber.'

iv. We view this as a fair assessment, and reflective of much of our focus to date. The 'key issues' that the Review Team alluded to relate to the impact of the programme on the organisation and the need to set out a future 'blueprint' against which decisions can be judged. We acknowledge that such work is necessary, though the detail will of necessity only emerge in time. We will be placing more emphasis on the change aspects of the programme over the next few months and beyond – in recognition of the ambition underpinning the programme. The action plan in place is shown at annex 2.

4. Internal Audit

i. As reported at the previous meeting, the IfQ internal audit programme is to observe deliberations as regards the data migration strategy and implementation. The first milestone - for a member of the internal audit team to observe a Programme Board meeting (focused on agreeing the strategy) took place on16 March 2015. The date where the next observation is to take place has yet to be determined – the key point being that this takes place at an appropriate milestone consistent with the data migration strategy.

5. Report from the our tender panel

In accordance with Standing Financial Instructions the Committee is asked to note that no contracts have been awarded since the last meeting.

Recommendation

The Committee is asked to note this report.

Nick Jones

Director of Compliance and Information

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821

Department
of Health

NHS

OGC Gateway^{TM}
is a trademark of the Office of Government Commerce

Health Gateway Review
Review 2: Delivery Strategy

Version number: v1.0

Date of issue to SRO: 1 April 2015

SRO: Nick Jones

Organisation: Human Fertilisation & Embryology Authority

Health Gateway Review dates: 25 – 27 March 2015

Health Gateway Review Team Leader:
Andrew Morgan

Health Gateway Review Team Members:
Scott Patterson
Roger Evans

Programme Title: HFEA Information for Quality
Health Gateway ID: DH821

Background

The aims of the programme:

The Information for Quality (IfQ) Programme is designed to transform the HFEA's approach to information, that is:

- The information which is collected

- How clinics submit data

- How information is published

The IfQ Programme also enables the Authority to meet national strategic priorities around information as well as its own recently redefined vision – high quality care for people affected by assisted reproduction.

The IfQ Programme will encompass:
- redesigning the website and the associated tool called Choose a Fertility Clinic (CaFC))
- redesigning the "Clinic Portal" (used for monitoring the performance and interacting with clinics) and combining it with data submission functionality that is currently provided in the separate EDI (Electronic Data Interchange) system and is used by clinics to submit treatment data to the HFEA
- redesigning the main internal systems that comprise the Authority's Register and supporting IT processes.

The driving force for the Programme:

The Programme addresses pressing and important issues with HFEA infrastructure and systems and websites that are no longer fit for purpose. There has been limited HFEA development activity on these for some years, partly because there were several years of uncertainty about the HFEA's future in the wake of the 2010 ALB Review.

The procurement/delivery status:

The Programme has delivered an Outline Business Case (OBC) to the Department of Health and the Government Digital Service to seek approval for digital spend. Approval has been granted to go out to tender. IfQ will be procured through the Digital Services Framework with the Crown Commercial Service, which has offered support and advice in the creation of the tender documents, which should be submitted in the next week.

Current position regarding Health Gateway Reviews:
This is the first time that the HFEA have undertaken a Gateway Review.

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821

IfQ AGC 10/06/15 – Annex 1

Purposes and conduct of the Health Gateway Review

Purposes of the Health Gateway Review

The primary purposes of a Health Gateway Review 2: Delivery strategy, is to confirm the Outline Business Case now that the project is fully defined and ensure that the delivery strategy and/or procurement is robust and appropriate.

Appendix A gives the full purposes statement for a Health Gateway Review 2

Conduct of the Health Gateway Review

This Health Gateway Review was carried out from 25 March to 27 March 2015 at Finsbury Tower, London. The team members are listed on the front cover.

The people interviewed are listed in Appendix B.

The review team would like to thank the IFQ Programme Team for their support and openness, which contributed to the review team's understanding of the programme and the outcome of this review.

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821
Delivery Confidence Assessment

IfQ AGC 10/06/15 – Annex 1

The RT consistently heard that the Programme is seen as the top priority within HFEA and there is clearly good stakeholder buy-in. The RT was impressed with the management and progress on the IT procurement and is confident that this will have a successful outcome. However, considering the Programme as a whole, there are a number of key issues which are not as well integrated into the Programme and require management attention. As the tender documentation has not yet been released to the market there should be sufficient time to address these without impacting on the delivery of the overall Programme benefits. Therefore, the RT considers that the Delivery Confidence Assessment is **Amber**.

Colour	Criteria Description
A	Successful delivery appears feasible but issues require management attention. The issues appear resolvable at this stage of the programme/project if addressed promptly.

A summary of recommendations can be found in Appendix C.

The Programme Manager was praised by many interviewees for his sound management of the IT procurement programme. There was particularly positive feedback for the procurement processes being used, with significant value being seen from the Pre-Tender Market Engagement. In addition, the domain knowledge of the IT team was widely recognised, as was the importance of this to the success of the Programme.

The RT heard a mixture of views from the interviewees on the overall scope of the programme, and the expected timelines for the key activities. The key question was whether the scope was focused on IT procurement or also encompasses the business and cultural changes needed within HFEA operational delivery. This needs to be addressed urgently.

Although there were some good detailed project-level plans, the RT only saw a partial Programme-level plan which primarily covered the IT aspects. The RT did not see an overall detailed programme-level plan. This contributed to some uncertainty on roles, responsibilities and accountabilities, and due dates for deliverables. A historic track record of programme slippage led some interviewees to question the deliverability of the programme. A resourced plan should be put in place as soon as possible.

A detailed risk log was seen by the RT. However, there was not a consistent understanding of how risks were flagged up and added to the log, or how the mitigation actions would be taken forward.

The need to up skill staff to meet the challenges of the Agile methodology, and managing the delivery of service management through third party suppliers was recognised, and work is progressing to put this in place.

This is the first Gateway review within the HFEA.

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821
<u>**Findings and Recommendations**</u>

1: Policy and business context

The IfQ Programme was initiated in October 2013 and is designed to transform the HFEA's approach to information. The importance of the Programme is recognized by key stakeholders inside and outside HFEA. It fits within the agreed strategy for HFEA and is overseen by the Audit Committee on behalf of the HFEA Board. The cornerstone of the Programme is the redesigning of its website, clinical portal, the Register and supporting IT services.

The HFEA is planning to outsource part of the design and development of the new IT system with the remainder staying in-house, and anticipate that this might also be the approach for the ongoing support services, although this decision has not yet been taken. The procurement strategy is to use the pre-approved Government Frameworks.

The Programme has already carried out pre-tender market engagement in anticipation of commencing formal procurement, and there is an encouraging level of market interest. A Programme Board has been set up, chaired by the SRO, with three Project Boards (Website, Clinic Portal, Internal Systems) reporting to it. An experienced Programme Manager has been appointed.

The RT heard differing perceptions as to the scope of the Programme, varying from an IT Procurement Programme to one which embraces the decommissioning of 30 IT systems and implementation of organisational and cultural changes. It will be important for the SRO and stakeholders to all hold a common view on the scope of the Programme. The RT understands that the SRO believed the Programme had a wider remit than just IT procurement.

Recommendation 1: It is recommended that the SRO clarify the scope of the Programme, and communicate this to all stakeholders. (Do Now)

2: Assessment of Delivery Approach

The RT was informed that the procurement and selection process was fit for purpose, and that, ultimately, the Programme Board would approve the recommended contract awards. Whilst acknowledging the presence of strong Programme Management for the IT procurement, the RT were concerned that there is uncertainty amongst some stakeholders on key issues which will ensure successful delivery of the overall programme benefits.

In particular, although there is a plan with timelines for the tendering process, the RT did not see a comprehensive, resourced plan for the overall Programme. Examples include: the RT was informed of several different dates for completion of the Website project; uncertainty with some stakeholders over their roles and responsibilities, and where decision making authority lies for several key components of the Programme.

Most importantly, not all of the interviewees were confident that the Programme would be completed by 31 March 2016, and several suggested that there would be some residual activities after this date. Issues such as the examples above would be more easily addressed if there was a comprehensive Programme Plan which includes timelines, resources and designated decision makers. This would also show the critical path and the overall impact of delays with components of the Programme, and increase the likelihood of timely delivery.

Recommendation 2: It is recommended that the SRO puts in place a comprehensive, resourced Programme Plan. (Do Now)

The RT heard that the historic delivery approach has been for the IT team to undertake the design and development work for the HFEA IT systems. The approach for the future will be for design and development work to be undertaken by third party suppliers, with the interfacing components built by the IT team. This will require a change in the focus of the IT team with an increased emphasis on supplier management.

It will be important to identify who the designated manager(s) of the contracts will be, and for those personnel to be fully involved in the tender selection process.

3: Business case and stakeholders

There is a clear appreciation and buy in from all members of staff interviewed by the review team on the importance of the Programme and its position as the key strategic driver for change within HFEA.

Extensive stakeholder engagement has been completed through the Discovery phase of the Programme. The OBC provides a clear picture of the Programme requirements. The OBC has received approval from the Department of Health but has yet to receive the required approval from the Government Digital Service.

Although the RT was provided with a benefits realisation plan for the Website project, similar evidence was not seen for the other two projects. There was some lack of clarity among interviewees on the overall benefits which would be realised from the Programme. This was mainly due to the uncertainty around timeframes and scope as a result of the absence of an overall plan. It was also unclear if decommissioning of legacy systems is within scope of the Programme. It was the opinion of a number of the interviewees that until decommissioning had been completed then full benefits realisation would not be achieved.

A key risk identified by the RT is the accountability for the integration of the deliverables from the different suppliers and the management of the contracts. It was found to be unclear as to where that responsibility would ultimately reside. This will be Business as Usual and will be key to the enduring success of the Programme. It would be beneficial if this was decided before the suppliers were selected.

The OBC states that the budget for this Programme consists of IT procurement funding and ongoing support over a 5 year contract period. The preferred option assumes this support to be with third party suppliers. However, the RT heard that the decision on the HFEA support strategy (in-house or outsourced) has not yet been made, and that this will be defined in the Blueprint. It would be beneficial to complete the Blueprint work as quickly as possible.

Recommendation 3: It is recommended that the HFEA Blueprint is put in place before the contracts are let. (Do By – July 2015)

4: Risk management

The RT saw a risk log which identified the majority of the risk owners to be either the SRO or the Programme Manager. Interviewees were consistently less clear about how the risks they could see for their elements of the work would be included, or escalated.

The RT team identified several potential risks, including the possibility of the HFEA having to move offices at some point during the next 12 months. This could impact on the resource available to support the programme. The RT heard that one of the key risks is that the bids submitted might exceed the budget, and if so, this may require the de-scoping of the Programme requirements.

The RT did not see evidence of a culture of all stakeholders identifying risks for inclusion in the log, and for the management of mitigation actions. A programme such as this would typically have a clear risk management procedure/strategy to supplement the top level Corporate Risk Strategy.

Recommendation 4: It is recommended that the SRO put in place an IfQ Programme Risk Strategy, and ensure that this is widely understood and used (Do By – May 2015)

The Data Migration project was seen as being high risk by senior and middle management due to the complexity and regulatory focus on data integrity. Whilst the risk log identifies the quality-related risk of not migrating data correctly, additional risks covering the time and cost dimensions relating to data migration should also be considered in the risk log. The RT heard that mitigation actions are underway to address this risk.

5: Review of current phase

The RT saw evidence of strong programme management of the IT procurement aspects. Other components of the Programme did not appear to yet have the same level of drive and focus.

There was widespread commendation for the depth and extent of the stakeholder engagement performed as part of the Programme Discovery Phase. However the length of time this took to complete combined with delays to the approval process has resulted in significant timeline slippage and an acceptance that this is to be expected. A greater focus on timely delivery will be needed during the remainder of the Programme.

The RT heard that, in general, the Programme Board operated effectively in providing leadership and direction. However, there was some feeling that the submissions to the Board could be more concise, provide less detail and more recommendations.

A recurring theme was the centrality of the IT function to the successful delivery of the Programme. There was recognition of the IT team's significant domain knowledge and ability to support the current complex bespoke systems during a period of change. The RT was informed that initially the relationship between the IT team and the business has not been that strong, which may have influenced the delivery programme. Whilst the establishment of the Project Boards is starting to move towards closer working, it is essential that there is a very positive working relationship between the business and the IT team which will necessitate changes to the ways of working for all parties.

The RT understands that the preferred methodology is "Agile", however a significant number of the interviewees did not seem to be familiar with this approach, and were not fully convinced of its value. For example, the role of the Product Owner was not well understood. Staff are expecting to receive Agile training, and this will be needed before the suppliers are on-board.

Recommendation 5: It is recommended that the SRO put in place formal training in the Agile methodology (Do By – May 2015)

The RT heard that there are significant risks with the website migration, and there was uncertainty as to where the responsibility lies for re-writing the content and how this would be accommodated alongside Business As Usual tasks. The RT understand that this task will be planned and finalised imminently. There appears to be a high degree of confidence in the Website project manager's capabilities and enthusiasm. The RT saw that backfill resource had been provided to cover for the Website project manager. This approach could be helpful for the other projects.

6: Readiness for the next phase: Delivery of outcomes

Although the overall plan did not cover the whole Programme scope, the RT saw a number of good detailed project plans, including the IT tender assessment process, and the Data Migration project. The RT did not see evidence that the Programme Critical Success Factors have been defined.

Recommendation 6: It is recommended that the SRO puts in place a formal set of Critical Success Factors are defined for the whole Programme. (Do By – April 2015)

The content of the tender documentation was understood to varying degrees by interviewees, and it would be of benefit to share this widely with the stakeholders before the tender responses are received to ease the assessment process.

It was recognised that there are several staff members who are key to the delivery of the project. For the Programme to be successful and for the continuity of Business as Usual, it is important for there to be stability in key roles within the HFEA, such as the Programme Management, and the IT team. However, there were a range of views on how these skills would be sustained for the future, and limited appreciation of how succession issues would be handled. The risk of staff turnover could be mitigated by putting in place a clear succession plan.

Recommendation 7: It is recommended that the SRO put in place a succession plan covering key programme roles. (Do by - June 2015)

This is a very important programme for HFEA and therefore it will be important for the lessons identified to be fed back into the planning for the remainder of the programme, as well as the broader HFEA business.

The next Health Gateway Review is expected once the tendering process has been completed and the selected suppliers have been on-boarded, so that the readiness for implementation can be assessed (Gate 4). This is anticipated to be during autumn 2015.

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821

IfQ AGC 10/06/15 – Annex 1

APPENDIX A
Purposes of the Health Gateway Review 2: Delivery strategy

- Confirm the Outline Business Case now the project is fully defined.

- Confirm, that the objectives and desired outputs of the project are still aligned with the programme to which it contributes.

- Ensure that the delivery strategy is robust and appropriate.

- Ensure that the project's plan through to completion is appropriately detailed and realistic, including any contract management strategy.

- Ensure that the project controls and organisation are defined, financial controls are in place and the resources are available.

- Confirm funding availability for the whole project.

- Confirm that the development and delivery approach and mechanisms are still appropriate and manageable.

- Check that where appropriate the supplier market capability and track record are fully understood (or existing supplier's capability and performance), and that there will be an adequate competitive response from the market to the requirement.

- Confirm that the project will facilitate good client/supplier relationships in accordance with government initiatives such as Achieving Excellence in Construction.

- For a procurement project, confirm that there is an appropriate procurement plan in place that will ensure compliance with legal requirements and all applicable EU rules, while meeting the project's objectives and keeping procurement timescales to a minimum.

- Confirm that appropriate project performance measures and tools are being used.

- Confirm that there are plans for risk management, issue management (business and technical) and that these plans will be shared with suppliers and/or delivery partners.

- Confirm that appropriate quality assurance procedures have been applied.

- For IT-enabled projects, confirm compliance with IT and information security requirements, and IT standards.

- For construction projects, confirm compliance with health and safety and sustainability.

- Confirm that internal organisational resources and capabilities will be available as required for future phases of the project.

- Confirm that the stakeholders support the project and are committed to its success.

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821
<u>**APPENDIX B**</u>

IfQ AGC 10/06/15 – Annex 1

<u>**Interviewees**</u>

Name	Role
Mike Arama	IfQ Programme manager
Nick Jones	Director of Compliance and Information (SRO / IfQIS Project Executive / BCM / IfQ Programme Board)
Dave Moysen	Head of IT (BCM/IfQ Programme Board/IfQIS Project Board)
Sue Gallone (telephone)	Shared Director of Finance and Resources (IfQ Programme Board)
Peter Thompson	HFEA CEO (N.B.: drop-in visit, not a formal interview)
Juliet Tizzard	Director of Strategy and Corporate Affairs (IfQW Project Executive/ BCM communications /IfQ Programme Board)
Paula Robinson	Head of Business Planning/ Chair of HFEA Programme Board (IfQ Programme Board member)
Jo Triggs	Head of Engagement (IfQ Communications and Stakeholder engagement lead / IfQW Senior User)
Ian Peacock	Analyst Programmer (Data Migration)
Nick Irvine (telephone)	IfQW Project Manager
Trisram Dawahoo	Communications Manager (Digital) (IfQW Product Owner/ Senior User)
Chris Hall	Information, Compliance and Audit Manager (IfQCP Project Manager/IfQCP and IfQIS Product Owner)
Cathy Hodgson	Register Information Team Leader (Data dictionary lead for IfQIS)
Debra Bloor (telephone)	Chief Inspector
Rachel Hopkins	Head of HR
Sam Hartley	Head of Governance and Licensing
Helen Crutcher	Outgoing IfQ Programme Support Officer

Health Gateway Review 2: Delivery Strategy
Programme Title: HFEA Information for Quality
Health Gateway ID: DH821
APPENDIX C

Summary of recommendations

The suggested timing for implementation of recommendations is as follows:-

Do Now – **To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.**

Do By – To increase the likelihood of a successful outcome the programme/project should take action by the date defined.

Ref. No.	Recommendation	Timing
1.	**The SRO to clarify the scope of the Programme, and communicate this to all stakeholders**	Do Now
2.	**The SRO to puts in place a comprehensive, resourced Programme Plan**	Do Now
3.	**The HFEA Blueprint is put in place before the contracts are let**	Do By July 2015
4.	**The SRO to put in place an IfQ Programme Risk Strategy, and ensure that this is widely understood and used**	Do By May 2015
5.	**The SRO to put in place formal training in the Agile methodology**	Do By May 2015
6.	**The SRO to put in place a formal set of Critical Success Factors are defined for the whole Programme**	Do By April 2015
7.	**The SRO to put in place a succession plan covering key programme roles**	Do by June 2015

Item	Finding & Recommendation	Comment / Action	Owner	Date
1	**Policy and business context**			
	The IfQ Programme was initiated in October 2013 and is designed to transform the HFEA's approach to information. The importance of the Programme is recognized by key stakeholders inside and outside HFEA. It fits within the agreed strategy for HFEA and is overseen by the Audit Committee on behalf of the HFEA Board. The cornerstone of the Programme is the redesigning of its website, clinical portal, the Register and supporting IT services. The HFEA is planning to outsource part of the design and development of the new IT system with the remainder staying in-house, and anticipate that this might also be the approach for the ongoing support services, although this decision has not yet been taken. The procurement strategy is to use the pre-approved Government Frameworks. The Programme has already carried out pre-tender market engagement in anticipation of commencing formal procurement, and there is an encouraging level of market interest. A Programme Board has been set up, chaired by the SRO, with three Project Boards (Website, Clinic Portal, Internal Systems) reporting to it. An experienced Programme Manager has been appointed. The RT heard differing perceptions as to the scope of the Programme, varying from an IT Procurement Programme to one which embraces the decommissioning of 30 IT systems and implementation of organisational and cultural changes. It will be important for the SRO and stakeholders to all hold a	We will define the business change & soft transformation projects as part of the blueprint and make sure there is a shared vision appropriately. Recommend having a separate decommissioning / mop up project as part of the overall programme plan.		

Item	Finding & Recommendation	Comment / Action	Owner	Date
	common view on the scope of the Programme. The RT understands that the SRO believed the Programme had a wider remit than just IT procurement.			
	Recommendation 1: It is recommended that the SRO clarify the scope of the Programme, and communicate this to all stakeholders. (Do Now)	Will be done as part of the Blueprint & programme definition	NJ	June-2015
2	**Assessment of Delivery Approach**			
	The RT was informed that the procurement and selection process was fit for purpose, and that, ultimately, the Programme Board would approve the recommended contract awards. Whilst acknowledging the presence of strong Programme Management for the IT procurement, the RT were concerned that there is uncertainty amongst some stakeholders on key issues which will ensure successful delivery of the overall programme benefits. In particular, although there is a plan with timelines for the tendering process, the RT did not see a comprehensive, resourced plan for the overall Programme. Examples include: the RT was informed of several different dates for completion of the Website project; uncertainty with some stakeholders over their roles and responsibilities, and where decision making authority lies for several key components of the Programme. Most importantly, not all of the interviewees were confident that the Programme would be completed by 31 March 2016, and several suggested that there would be some residual activities after this date. Issues such as the examples above would be more easily addressed if there was a comprehensive Programme Plan which includes timelines, resources and	We will share the high-level dates for the programme more effectively. Will investigate uncertainty about roles & responsibilities and issues with the website project. Agree that there are likely to be some residual activities which will be articulated once the tenders are received and the final scope is defined.	Jo Triggs	

Item	Finding & Recommendation	Comment / Action	Owner	Date
	designated decision makers. This would also show the critical path and the overall impact of delays with components of the Programme, and increase the likelihood of timely delivery.			
	Recommendation 2: It is recommended that the SRO puts in place a comprehensive, resourced Programme Plan. (Do Now)	Awaits tender responses	PMO	June 2015
	The RT heard that the historic delivery approach has been for the IT team to undertake the design and development work for the HFEA IT systems. The approach for the future will be for design and development work to be undertaken by third party suppliers, with the interfacing components built by the IT team. This will require a change in the focus of the IT team with an increased emphasis on supplier management. It will be important to identify who the designated manager(s) of the contracts will be, and for those personnel to be fully involved in the tender selection process.	Agree. Product Owners (Chris & Trisram) could be contract owners for Clinic Portal & Website with Dave Moysen for the IT parts (possibly after the main delivery bulge). Trisram & Chris are already involved in the tender process.		Completed May 2015
3	**Business case and stakeholders**			
	There is a clear appreciation and buy in from all members of staff interviewed by the review team on the importance of the Programme and its position as the key strategic driver for change within HFEA. Extensive stakeholder engagement has been completed through the Discovery phase of the Programme. The OBC provides a clear picture of the Programme requirements. The OBC has received approval from the Department of Health but has yet to receive the required approval from the Government Digital Service.		PMO	

Item	Finding & Recommendation	Comment / Action	Owner	Date
	Although the RT was provided with a benefits realisation plan for the Website project, similar evidence was not seen for the other two projects. There was some lack of clarity among interviewees on the overall benefits which would be realised from the Programme. This was mainly due to the uncertainty around timeframes and scope as a result of the absence of an overall plan. It was also unclear if decommissioning of legacy systems is within scope of the Programme. It was the opinion of a number of the interviewees that until decommissioning had been completed then full benefits realisation would not be achieved.	We will prepare the benefits realisation plans for IfQIS and IfQCP as part of the PID development process.

Agree that full benefits will not be achieved until decommissioning complete. | | |
| | A key risk identified by the RT is the accountability for the integration of the deliverables from the different suppliers and the management of the contracts. It was found to be unclear as to where that responsibility would ultimately reside. This will be Business as Usual and will be key to the enduring success of the Programme. It would be beneficial if this was decided before the suppliers were selected. | Integration sits with IfQIS. This is specified in the tender documents.

We will communicate this more effectively. | | |
| | The OBC states that the budget for this Programme consists of IT procurement funding and ongoing support over a 5 year contract period. The preferred option assumes this support to be with third party suppliers. However, the RT heard that the decision on the HFEA support strategy (in-house or outsourced) has not yet been made, and that this will be defined in the Blueprint. It would be beneficial to complete the Blueprint work as quickly as possible. | | | |
| | **Recommendation 3: It is recommended that the HFEA** | Agree | NJ | June 2015 |

Item	Finding & Recommendation	Comment / Action	Owner	Date
	Blueprint is put in place before the contracts are let. (Do By – July 2015)			
4	**Risk management**			
	The RT saw a risk log which identified the majority of the risk owners to be either the SRO or the Programme Manager. Interviewees were consistently less clear about how the risks they could see for their elements of the work would be included, or escalated. The RT team identified several potential risks, including the possibility of the HFEA having to move offices at some point during the next 12 months. This could impact on the resource available to support the programme. The RT heard that one of the key risks is that the bids submitted might exceed the budget, and if so, this may require the de-scoping of the Programme requirements. The RT did not see evidence of a culture of all stakeholders identifying risks for inclusion in the log, and for the management of mitigation actions. A programme such as this would typically have a clear risk management procedure/strategy to supplement the top level Corporate Risk Strategy.	We will write up a single risk management document, articulating how team members can add risks and will communicate this more effectively to the programme.		Completed May 2015
	Recommendation 4: It is recommended that the SRO put in place an IfQ Programme Risk Strategy, and ensure that this is widely understood and used (Do By – May 2015)	Agreed	MA	Completed May 2015
	The Data Migration project was seen as being high risk by senior and middle management due to the complexity and regulatory focus on data integrity. However, the risk log identifies the time and cost impacts as being "Insignificant" and	In the particular risk, quality & reputational risk was identified as the main driver rather than cost.		

Item	Finding & Recommendation	Comment / Action	Owner	Date
	this does not appear to be consistent with senior management views. The RT heard that mitigation actions are underway to address this risk.	Additional risks relating to the cost and time elements will be added	MA	Completed May 2015
5	**Review of current phase**			
	The RT saw evidence of strong programme management of the IT procurement aspects. Other components of the Programme did not appear to yet have the same level of drive and focus.

There was widespread commendation for the depth and extent of the stakeholder engagement performed as part of the Programme Discovery Phase. However the length of time this took to complete combined with delays to the approval process has resulted in significant timeline slippage and an acceptance that this is to be expected. A greater focus on timely delivery will be needed during the remainder of the Programme.

The RT heard that, in general, the Programme Board operated effectively in providing leadership and direction. However, there was some feeling that the submissions to the Board could be more concise, provide less detail and more recommendations.

A recurring theme was the centrality of the IT function to the successful delivery of the Programme. There was recognition of the IT team's significant domain knowledge and ability to support the current complex bespoke systems during a period of change. The RT was informed that initially the relationship between the IT team and the business has not been that strong, which may have influenced the delivery programme. Whilst the establishment of the Project Boards is starting to | Agree. We will work to this once the current tender phase is completed and the Projects pick up the momentum.

Agree | PMO | |

Item	Finding & Recommendation	Comment / Action	Owner	Date
	move towards closer working, it is essential that there is a very positive working relationship between the business and the IT team which will necessitate changes to the ways of working for all parties. The RT understands that the preferred methodology is "Agile", however a significant number of the interviewees did not seem to be familiar with this approach, and were not fully convinced of its value. For example, the role of the Product Owner was not well understood. Staff are expecting to receive Agile training, and this will be needed before the suppliers are on-board.	Agile Product Owner training is booked for 31st May Agile Scrum Developer training is for the IT team taking place 1-3 June 2015 inclusive.		
5	**Recommendation 5: It is recommended that the SRO put in place formal training in the Agile methodology (Do By – May 2015)**	**Agreed**	**MA**	**May 2015**
	The RT heard that there are significant risks with the website migration, and there was uncertainty as to where the responsibility lies for re-writing the content and how this would be accommodated alongside Business As Usual tasks. The RT understand that this task will be planned and finalised imminently. There appears to be a high degree of confidence in the Website project manager's capabilities and enthusiasm. The RT saw that backfill resource had been provided to cover for the Website project manager. This approach could be helpful for the other projects.	We have planned 1 WTE for 6 months for the website content migration. Responsibility sits with IfQW.		
6	**Readiness for the next phase: Delivery of outcomes**			
	Although the overall plan did not cover the whole Programme scope, the RT saw a number of good detailed project plans, including the IT tender assessment process, and the Data Migration project. The RT did not see evidence that the	Section 3.5 identifies the CSFs as 1. To develop & maintain a clear data dictionary that is consistent		

Item	Finding & Recommendation	Comment / Action	Owner	Date
	Programme Critical Success Factors have been defined.	with NHS national standards, understood by its users and reflects a balance that reduces the burden of submission whilst meeting the needs of researchers by 31/03/16 2. To enable clinic users that use the EDI system & Clinic Portal to reduce the end to end time spent submitting information, resolving data issues by 20% by 31/03/17 3. To reduce the number of current errors in submitted data from 600 per month to fewer than 200 per month by 31/03/17 4. To reduce the end to end cost of maintaining the Register by £100,000 per year (cash releasing at least £50,000 per year) by 31/03/17 5. To reduce the average time taken to produce internal information for analysis, FOI, PQQs & other information requests for data submitted from the new system to 3 days in 90% of cases by 31/03/17		

Item	Finding & Recommendation	Comment / Action	Owner	Date
		6. To ensure our information business systems are effective, efficient & economic in order to deliver our statutory functions and strategic objectives with 'fit for purpose' technologies supported by sound & resilient processes by 31/03/17 7. To make public information more accessible to users and to increase the satisfaction of users as defined by the net promoter score from 0 to 6 by 31/03/17 8. To ensure the CMS can support the Authority's website to publish new and expanded information (such as the publication of more data to drive up clinic performance), improved presentation of clinic information on CaFC, including user experience scores, and a range of new material for patients about treatment options and new scientific developments), by March 2016.		
	Recommendation 6: It is recommended that the SRO puts	We will revisit these as part of the	**NJ**	**June-2015**

Gateway Review Action Plan

Item	Finding & Recommendation	Comment / Action	Owner	Date
	in place a formal set of Critical Success Factors are defined for the whole Programme. (Do By – April 2015)	blueprint and programme definition & communicate it more effectively.		
	The content of the tender documentation was understood to varying degrees by interviewees, and it would be of benefit to share this widely with the stakeholders before the tender responses are received to ease the assessment process. It was recognised that there are several staff members who are key to the delivery of the project. For the Programme to be successful and for the continuity of Business as Usual, it is important for there to be stability in key roles within the HFEA, such as the Programme Management, and the IT team. However, there were a range of views on how these skills would be sustained for the future, and limited appreciation of how succession issues would be handled. The risk of staff turnover could be mitigated by putting in place a clear succession plan.	Agree, we will share the tender documents with the Programme Board and the tender assessors.		Completed
	Recommendation 7: It is recommended that the SRO put in place a succession plan covering key programme roles. (Do by - June 2015)	**Success plan will be articulated as part of the Blueprint planning.**	**NJ**	**June 2015**
	This is a very important programme for HFEA and therefore it will be important for the lessons identified to be fed back into the planning for the remainder of the programme, as well as the broader HFEA business.	We do have a lessons learned harvesting culture within the IFw programme that feeds back to the PMO		