Information for Quality programme: update

Strategic delivery:	☒ Setting standards	☒ Increasing and informing choice	☒ Demonstrating efficiency economy and value

Details:	
Meeting	Authority
Agenda item	9
Paper number	HFEA (11/05/2016) 795
Meeting date	11 May 2016
Author	Nick Jones, Director of Compliance and Information

Output:	
For information or decision?	For information
Recommendation	The Authority is asked to note: • The forthcoming approvals processes to proceed to 'public beta' phase and later to 'live' • Progress since the HFEA annual conference • Data migration and cleansing • Programme timelines and budget.
Resource implications	Nil, albeit a larger than anticipated budget carry-over to 2016/17
Implementation date	During 2016–17 business year
Communication(s)	Regular, range of mechanisms
Organisational risk	☐ Low ☐ Medium ☒ High
Annexes	

1.   Background

1.1.   The Information for Quality (IfQ) programme encompasses:

- The redesign of our website and Choose a Fertility Clinic (CaFC) 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 system (used by clinics to submit treatment data to us)

- A revised dataset and data dictionary which will be submitted for approval by the Standardisation Committee for Care Information (SCCI)

- A revised Register of treatments, 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 IfQ to our strategy, we update the Authority on progress at each meeting and seek approval for direction and actions.

1.3.   This paper updates Members on:

- The forthcoming approvals processes to proceed to 'public beta' phase and later to 'live'

- Progress since the HFEA annual conference

- Data migration and cleansing

- Programme timelines and budget.

2.   Update on approvals stages

2.1.   Members will recall that all government IT programmes needs to pass through a number of stages before they can go 'live': 'alpha' (build a prototype, test it with users and learn from it); 'beta' (scaling up, a working model) 'public beta' (going public, receiving feedback and prepare to go live) and only then is the programme 'live' (a tested solution that is ready to release and then continuously improved). At each stage the programme is assessed by the Department of Health (DH) and the Government Digital Service (GDS).

2.2.   IfQ passed 'alpha' in November 2015 and we are preparing for the 'public beta' assessment of both the website and Clinic Portal on 11 and 12 May 2016.

2.3.   We are also engaging with our CLAS security consultant[1] to ensure appropriate security accreditation prior to the DH/GDS Assessment. Security is, of course, a key consideration for us.

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[1] CLAS is a subdivision of GCHQ which provides advice to the public sector on technical security threats, risks and mitigating countermeasures.

3.   Contract-related considerations

3.1.   Work has continued on the programme throughout the period of our office move, with HFEA staff co-locating with Reading Room, our key contracting partner, who were kind enough to offer us space at their premises for this purpose. It was also evident there was a shortfall in the available developer resource, leading to time pressures. Following escalation at senior level additional resource has been provided by Reading Room. As we are on a capped cost contract this limits our financial exposure.

4.   Beta progress and user testing

4.1.   As indicated above, we are nearing the end of beta development. Our website and portal were demonstrated at the Annual Conference, and were very well received. The recent focus has been towards user testing (a key component of 'Agile') which took place in late April.

Website and Choose and Fertility Clinic

4.2.   Work has continued on the drafting of new website content which has involved working with internal HFEA teams, sharing material with Authority members and working with external stakeholders. In preparation for the testing 34 approved pages of content were made available for users to test.

4.3.   The user testing was carried out successfully and the website and CaFC received a good reception from all those who tested it. Although there were a number of issues raised, as you would expect from testing, for the large part these were minor additions and adjustments involving refinements and enhancements rather than fundamental changes.

Clinic Portal

4.4.   Aspects tested included the general look and feel of the portal, basic navigation and usability and certain tasks representing key 'user stories' (for example, updating clinic information that will appear on the public Choose a Fertility Clinic website, searching by subject matter across regulatory requirements and guidance information – and so on).

4.5.   Testers included a mix of users from small, medium and large centres and comprised PRs and lab managers, Quality Managers, a nurse and an administrator.

4.6.   The user feedback was positive and useful. Feedback included alternative and more logical locations for a couple of page items and requests for additional functionality that can be considered for future releases. Designs for each section of the portal have largely been completed, with some further work on online applications expected.

Internal systems

4.7. The internal systems work underpins all of the above as well as the Register changes, and the team has progressed to the final stages of the majority of work to support the website and clinic portal beta stage.

4.8. For the website, the team has also been progressing work on surfacing the summary statistics that will appear on the CaFC profile pages for clinics.

4.9. Other 'under the hood' work done by the team includes:

- developing a 'staging/live' deployment area, to transition the overall service from the current 'development' environment in which it is located

- finalising the synchronisation piece that ensures all components of the internal architecture can 'talk' to one another in the most efficient and secure way

- Engaging with our CLAS security consultant, as noted above, to have the release one build to date assessed for accreditation prior to DH/GDS assessment

- Commencing procurement of penetration testers, who will assess the security vulnerabilities of our release one build, and make recommendations about mitigating those

5. Life after beta

5.1. Although delivering beta successfully remains an intense focus, pending the necessary gateway approvals, we need to be ready to move forward into release two development.

5.2. With this in mind, we have started to work up a plan for release two and EDI delivery, and a team workshop to surface the necessary details will be held shortly. Background work is already taking place, and the information systems team has been progressing the foundational architecture to support the new Register and overall architecture to support release two functionality.

6. Data migration and the data dictionary

6.1. As previously advised, and as signalled at the Annual Conference, there is a certain amount of data cleansing that needs to be done by clinics before the data can be migrated to the new Register. We have been communicating with clinics preparing them all for the requirement to cleanse data, and we remain hopeful that the prospective benefits offered by the new system will act as an incentive.

6.2. Whilst the office move delayed us a little the first eight clinics identified to undertake a pilot of cleansing activity have now received notification. There has been no negative feedback from clinics as yet – given our communications were proactive and the volume of work for each clinic is modest.

6.3. The majority of errors can be resolved by us and centres will generally only receive a small number to correct. There has been much hard work by colleagues in the Register team.

6.4. While the recent emphasis has been firmly on data cleansing, we are also still progressing the paperwork needed to get our data dictionary accredited. We will make our submission next month, via NHS Digital (the new name of the Health and Social Care Information Centre).

7. Programme timelines and budget implications

7.1. As reported previously, a revised IfQ programme plan was finalised and signed off by the IfQ Programme Board in January 2016, in line with the overall £1.134m agreed by Authority.

7.2. Whilst the overall budget for IfQ remains unchanged at £1.134m, this revised timeline resulted in circa £450,000 being carried into this financial year from the last financial year. As much delivered product as possible was capitalised before year end, but this had only a limited impact since we had not quite reached product testing (achieved in mid-April).

7.3. The budget position (excluding VAT) for the end of 2015/16 is as follows:

Total IfQ budget	Budget 2015/16	Planned spend	Actual spend 2015/16	Variance (exc accrual)	Variance (inc accrual)
£1,134,576	£962,409 (Approved beta budget)	£594,747	£631,313 (March 2016)	£331,096 (F/Y 2015/16)	£274,389 (F/Y 2015/16) (£56,698 accrued)

7.4. In 2016/17, the total value of the IfQ budget has increased slightly to £1,157,512. This increase of £22,936 is due to the website project manager post, which has been extended to cover the longer beta timeline through to June 2016.

7.5. The budget for 2016/17 is £526,199 (excluding accruals for beta).

Total budget to date (April 2016)	Total budget IFQ	Variance	Total budget 2016/17 (April 16)
£1,157,512	£1,134,576	£22,936	£526,199

7.6. Our latest 'earned value' figures (also reported regularly in the strategic performance report) indicate that the work achieved is now nearly equal to the

spend to date. This is good news, since it means we are now successfully extracting the intended value from the money spent – despite the budgetary inconvenience of carrying over costs from one financial year into the next due to the earlier changes to the beta timeline.

Period	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Earned Value	38.3%	39.3%	41.3%	47.5%	53.8%	65.5%
Spend to date	47.7%	49.0%	59.6%	61.3%	64.8%	67.0%

7.7. This improving picture is shown in graphical form below.
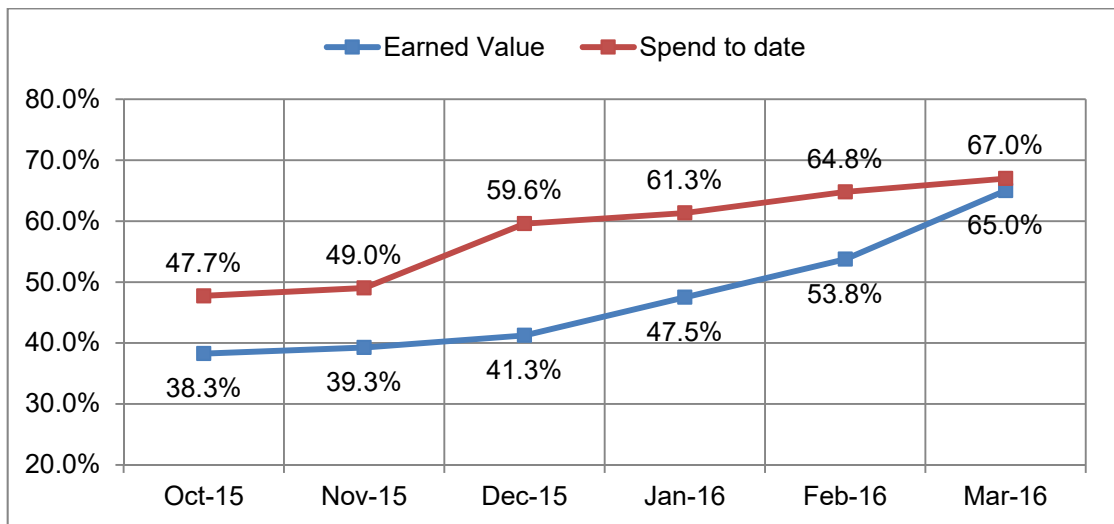
8.   Recommendation

8.1. The Authority is asked to note:

- The approval process to proceed to 'public beta' phase, and later to 'live'
- Progress since the HFEA annual conference
- Data migration and cleansing
- Programme timelines and budget.