

Inspection ratings

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

Details:

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Annexes	

1. Background

- 1.1. Our redesigned Choose a Fertility Clinic tool, due to launch as part of the new website in the autumn, contains a new inspection rating feature. By seeing this rating alongside the patient rating and the success rates, patients are able to get an overall picture of the quality of the clinic and, for self-funded patients, to help them decide whether it is the right clinic for them.
- 1.2. The inspection rating is based on the length of the clinic's licence; a simple, relatively uncontested measure which is decided through our formal licensing process. It is based on the inspectorate's recommendation and decided with reference to the publicly available policies ('Guidance on licensing').
- 1.3. The inspection rating will not be new to members: we have discussed it at previous meetings and we previewed Choose a Fertility Clinic, including the inspection ratings, at the annual conference in March. This paper is designed to rehearse the reasons for the policy and to ask members to consider handling of exceptional situations which might arise when applying the policy.

2. The rating policy

- 2.1. We have been publishing inspection reports and licensing committee minutes through Choose a Fertility Clinic (CaFC) for some years now, enabling patients to see the inspection and licensing history of each clinic. Through our user research for the new website, we learned that patients are very interested in our assessment of a clinic. However, they find the inspection reports dense and can't easily get an overall sense of the clinic's regulatory performance.
- 2.2. In developing the rating policy, we considered a number of ways of meeting this need:
 - Re-pitching inspection reports so that they are aimed at a lay audience (rather like OFSTED reports on schools)
 - Writing a lay summary of the report
 - Developing some kind of rating that could be extracted from the licensing process.
- 2.3. Whilst the first option was tempting, it is important to remember that the HFEA is a licensing body and that inspections are carried out to gather evidence which is used to make a decision about the clinic's licence to operate. As such, the primary audience for an inspection report is a licensing committee. That licensing process needs to be fair and transparent to clinics, whilst being as meaningful as possible for patients researching clinics.
- 2.4. In discussion with the inspection team and the IfQ stakeholder group, we developed an approach which addresses that tricky balance. Each clinic's entry on the new CaFC includes:

- A description of the clinic extracted from the 'Brief description of the clinic and its licensing history' section of the inspection report – this will appear at the top of the clinic's CaFC profile page (see Annex 1 for a screen shot). This is a summary of the clinic, rather than of the inspection findings – but the latter is something we could look to doing in future.
- A five-star inspection rating, mapped to the length of the clinic's licence, as follows (we have added the number and proportion of clinics, so you can see that most clinics will have a 5 rating):

Length of licence	Visible rating	No. clinics	Proportion
4 years	5 stars	88	77%
3 years	4 stars	17	15%
2 years	3 stars	3	3%
1 year	2 stars	0	
Special directions	1 star	0	
Null (no rating)	-	6	5%

(*based on a data extraction in May 2016)

- A general explanation of how we derive the ratings and a clinic-specific explanation if no rating is shown
- The date of the clinic's most recent inspection and the date the current licence expires
- A link to the full inspection report and licensing minutes.

3. Applying the policy in particular circumstances

- 3.1.** As you can see from the table above, most clinics are on a four-year licence and will therefore have a 5 rating. All those with 4 or 3 ratings have shorter licences because of concerns about the clinic's level of compliance.

1 ratings

- 3.2.** A 1 rating would apply to a clinic which has such a poor record of compliance or engagement from the PR, that the licensing committee feels unable to grant any licence until certain non-compliances have been addressed. This happens from time to time and is clearly something which should result in a 1 rating. This rating is usually short-lived, assuming that the PR is able to demonstrate compliance and be given a proper licence relatively quickly.

Null ratings

- 3.3.** All of the clinics with a null rating (the feature will be greyed out) are on a two-year initial licence. This is standard practice, as the clinic is not able to demonstrate a history of compliance. However, it is possible that a clinic could

be on special directions through no fault of their own, such as an administrative mistake on our part. This would also appear as a null rating.

- 3.4.** There will inevitably be occasions in which it is arguable whether it really is the clinic's fault that it has been given special directions, as there may be a combination of contributory factors. In such situations, we recommend case-by-case consideration by the licensing committee as to whether a 1 rating or a null rating is shown. As long as the reason for this decision is included in the minutes, we do not recommend further guidance for the committee.

Interim inspections

- 3.5.** The point of an interim inspection is to check regulatory performance and take any action if necessary. One question which has been raised is whether we should reassess the inspection rating after the consideration of the interim inspection report, based on whether the clinic's performance has improved or deteriorated. For example:
- Clinics on a four-year licence are expected to cause no concerns during the licence. They are inspected after two years and, unless inspectors find anything to the contrary, are not inspected again until the licence is close to expiry. If performance shows signs of deteriorating at interim inspection, the licence length remains four years, but another interim inspection may be needed at year three.
 - Clinics on a three-year licence are usually inspected after one year. These clinics have been given a three-year (rather than a two-year) licence because they are expected to improve and won't therefore need to be inspected again before renewal. If this happens, the licence length remains three years, but another inspection is not needed at year three.
 - Clinics on a two-year licence are not expected to improve at the year-one interim inspection. However, if they have improved, the licence length remains at two years and a renewal inspection occurs within a year.
- 3.6.** We recommend that performance at interim inspection should not affect the inspection rating, for the following reasons:
- Whilst this disadvantages clinics on a three-year licence whose performance improves, it equally advantages those on a four-year licence whose performance deteriorates
 - Doing this would move the inspection rating away from the length of licence, introducing the need for further guidance, using judgement at committee and the potential for conflict with clinics affected
 - Interim inspections use a different methodology from renewal ones (focussing on observable activities and patient experience) and it could raise issues of fairness if the rating was derived from different types of inspections
 - Keeping the rating matched to the length of licence throughout the whole licence creates an incentive to maximise performance at the time of the renewal inspection, rather than during the course of the licence.

4. Recommendation

4.1. Members are asked to:

- Note and endorse the overall policy of using length of licence to determine the inspection rating
- Consider the recommendation regarding null ratings
- Consider the recommendation regarding interim inspection findings.

4.2. We will update licensing committee processes as necessary.