Information for Quality programme: update

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

Details:	
Meeting	Authority
Agenda item	7
Paper number	HFEA (18/01/2017) 821
Meeting date	18 January 2017
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Output:			
For information or decision?	For information		
Recommendation	The Authority is asked to: • Note the extension of £90,000 to the Programme budget • Note progress since the last Authority meeting, noting the launch of the Clinic Portal, and plans as regards the HFEA website; • Note delays to Release 2 – the new data submission system • Comment on the draft Information Policy • Note programme expenditure		
Resource implications	Additional resource requirements have now been identified, above those already budgeted		
Implementation date	During 2016–17 business year		
Communication(s)	Regular, range of mechanisms		
Organisational risk	☐ Low	☐ Medium	☒ High
Annexes:	None		

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 (Release 2) 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:

- Concluding the Programme

- Work in progress: website and Release 2 – data submission development

- Information Policy – background

- Programme budget

2. The IfQ Programme

2.1. As indicated in the November 2016 meeting of the Authority the IfQ Programme is scheduled to conclude in March this year. This paper brings members up to date with progress and sets out the path to conclusion. The Audit and Governance Committee discussed some aspects, in particular the potential for applying additional funds to the Programme, at its meeting in December 2016.

2.2. The Programme is progressing according to 'agile' principles required by the Government Digital Service (GDS). This week saw the launch of the live version of the HFEA Clinic Portal.

2.3. Our attention is now focussed on completing the work necessary to move the HFEA website from Beta to live and producing a Beta version of the treatment submission system (Clinic Portal R2) – see below.

2.4. The opportunities for learning throughout the programme period has been plentiful. In particular, whilst we have managed to balance the work on the three products through the Programme, it is clear that the 'final push' to live is all-encompassing, and requires the focus of the whole team to ensure their various competencies are utilised at the right time. This has necessarily limited the progress made elsewhere. Further, it is apparent that an element of programme

fatigue has become apparent. As such from around mid-December 2016 we have taken the opportunity to regroup – focused towards the Clinic Portal and exploring how we can support colleagues to maintain pace during what has now become an extended period.

2.5. As such, an additional sum, around £90,000, (from HFEA reserves) is necessary to accelerate the final phase – principally to fund the cost of developers under contract to the HFEA directly. Permission to spend is required and is discussed further, at section 4, below.

3. Work in progress

3.1. The period since the last meeting of the Authority has been principally focused towards the Clinic Portal launch. The existing version was decommissioned just before Christmas so that the team could focus on moving the new Portal to a 'live' environment.

3.2. **Website and choose a fertility clinic:**

3.3. The judicial review was heard on 19 and 20 December 2016, with an additional half day on 10 January 2017. The judgment is expected by the end of January 2017. At this stage we simply do not know whether this will have an impact on plans to launch the website.

3.4. The website team is currently working on a closure plan to complete the necessary work ahead of the GDS/DH live assessment (whilst, currently scheduled for the 24 Jan 2017 we may push this back a few weeks). A plan is in place to decommission the current website and launch the new live HFEA website to the public.

3.5. In the meantime, further content has been commissioned, including an animation aiming to facilitate the understanding of information for patients in respect of choose a fertility clinic.

3.6. **Release 2 – data submission development**

3.7. This is where the bulk of the work that remains to be completed is situated. Limited progress has been made since the last meeting due to the priority placed on completing the Clinic Portal and website. That said, and as reported at previous meetings, substantial foundational work has been completed.

3.8. The data dictionary – the basis of all the information we need to collect and the definition of each field is complete. The Standardisation Committee for Care Information (part of NHS Digital) accreditation process for the 'UK ART dataset' has our submissions with the final stage of the accreditation postponed to match our revised timeline.

Data 'cleansing'

3.9. Over the last 12 months, the Register has been subject to a thorough overhaul, and cleansing exercise. As the data are moved from the current Register structure or database to a new more efficient database, to allow for much greater ease of interrogation and less manual intervention, it is vital that critical fields are reviewed for error, absence or duplication and resolved – as far as possible.

3.10. The data cleansing process is nearing completion; the remaining errors are being dealt with directly with clinics, and an internal process to address any unresolved errors has been put in place by the team.

Register data migration

3.11. Having trailed the vital work in preparing for data migration over several months, we are now reaching some critical milestones. Migration tales place in stages – as each 'test' migration (or trial load, through five stages usually) reports on anomalies, which are fixed in advance of progression to the next test. Data Migration Trial Load 1 has completed and reports generated with action now being taken to resolve issues. In practice, this first trial load is the most resource intensive, and crucial.

3.12. Members will recall that a data migration strategy was commissioned (from Avoca) in 2015 to support the data migration team and to provide a technical and assurance framework directing its work, recognising the inherent risks involved.

3.13. We have now commissioned a further, third party expert in large scale data migration exercises, Northdoor plc. In essence, Northdoor will conduct a two-phase audit on the Register Data Migration process, assuring the Senior Responsible Owner, Senior Management Team and the Authority that our approach to data migration conforms with our own strategy and that all steps have been taken to ensure the integrity of the data being migrated.

3.14. At this point it is worth emphasising that risks of 'losing the Register' as a consequence of migration are not increased during the migration exercise, due to the standard security and back-up arrangements in place. The focus here is ensuring the integrity of the data in the light of Register structure changes – such that the data are matched appropriately from 'old to new.' That said, the audit will address wider information risks.

3.15. The on-site audits to be undertaken by Northdoor are scheduled for 11/12 January 2017, with a further audit taking place on 23 March 2017 – with the latter principally focused to assess the HFEA's readiness to progress to the final, Trial Load – 5.

Treatment data submission system

3.16. We have utilised user-experience experts from our external supplier, Reading Room to work on the 'screens' for the EDI replacement and are currently consulting users on their preferences for screen mock-ups.

3.17. Approximately half of treatment clinics submit treatment information via third-party patient record suppliers. In such cases clinic users' experiences are mediated by a third party. It is therefore important that we set out our expectations to these suppliers very clearly. We have engaged very positively with suppliers since last year and have set up a collaboration site to support them evolve their systems so that data submission to the new register structure can take place. The collaboration site includes an open forum where suppliers can ask questions and where the IT team can post answers that all suppliers can see.

3.18. We have also set-up development environments for each supplier so that they are able to test their ability to send and receive data and details of our security expectations.

3.19. We now need to exploit the feedback on the user interface and connect that front-end to the new Register structure.

4.   Resourcing the Programme

4.1. As indicated above, we have focused the Programme's efforts over the last few months' towards finalising product areas. This has not resulted in a lessening of effort or slowing of pace, rather a concentration of effort.

4.2. Nonetheless, as a consequence of this focus and the sheer ambition of the Programme it is now clear that completing the treatment data submission system product for a 31 March 2017 launch is not achievable.

4.3. There are considerable merits in allocating additional resources to support the team where more generically available skills can be bought in for a limited amount of time and ensure that pace is maintained and that we better manage the workloads of staff. It is clear (as it has always been) that the expertise of certain key individuals simply cannot be stretched too thinly. Even with additional resource the anticipated launch date is now expected to be towards the end of Q1 – late Spring 2017.

4.4. We are seeking a modest extension to the budget of c£90,000 to support an extension of back-filling arrangements for key members of the HFEA team, and developer resource to complete the 'user interface' experienced by clinic users.

4.5. As this additional £90k would take us above the spending limits we agree annually with the Department of Health we have sought their approval for this spend to be incurred in the 2016/17 financial year. Although we still await a formal response our initial conversations have been positive and we expect approval in due course.

5.   Information Policy

5.1. Given the substantial investment by the HFEA in developing a new information architecture, we must now take the opportunity to set out more clearly our information expectations of clinics and ourselves.

5.2. Our Information for Quality programme is clearly located in the digital age, and there is a clear drive for providers to work digitally. In the NHS, as well as a commitment for it to be paperless, there is now an expectation that all trusts are digitised by 2023, with powers given to the Care Quality Commission to act as an additional incentive. The goal of digitisation of the NHS is to promote healthcare's triple aim: better health, better healthcare, and lower cost.

5.3. Our policy intentions are not simply about submitting treatment data but more than that. Our emerging Strategy is positioned towards exploiting the investment we have made in the various components of IfQ. There is much potential from the better use of information to drive better performance and we have a unique role in the 'centre' to receive it, store it, analyse it, and enable others to analyse it and catalyse change. Similarly, it enables our inspectors to have conversations about variance and outliers, and trends relating to incidents and non-compliant areas and so on. And we also have a role in disseminating the information in the form of reports, discussion papers and through choose a fertility clinic.

5.4. The importance of clinics' efforts in caring for the information they hold and submitting this on time and of high quality is self-evident. Without it we cannot do these things and they cannot run high quality services either. We have spent some time revising our systems and the register to be more efficient and we will now be putting much more emphasis on creating the right climate to work with clinics to improve performance.

5.5. We have developed a system for clinics that is intuitive, sympathetic to clinics' processes, that saves them time. We now need to develop a policy for incentivising clinics to improve and maintain their performance; without good quality information 'in' we cannot realise our strategic objectives. The policy and full suite of supporting Directions will be presented to the March 2017 meeting of the Authority.
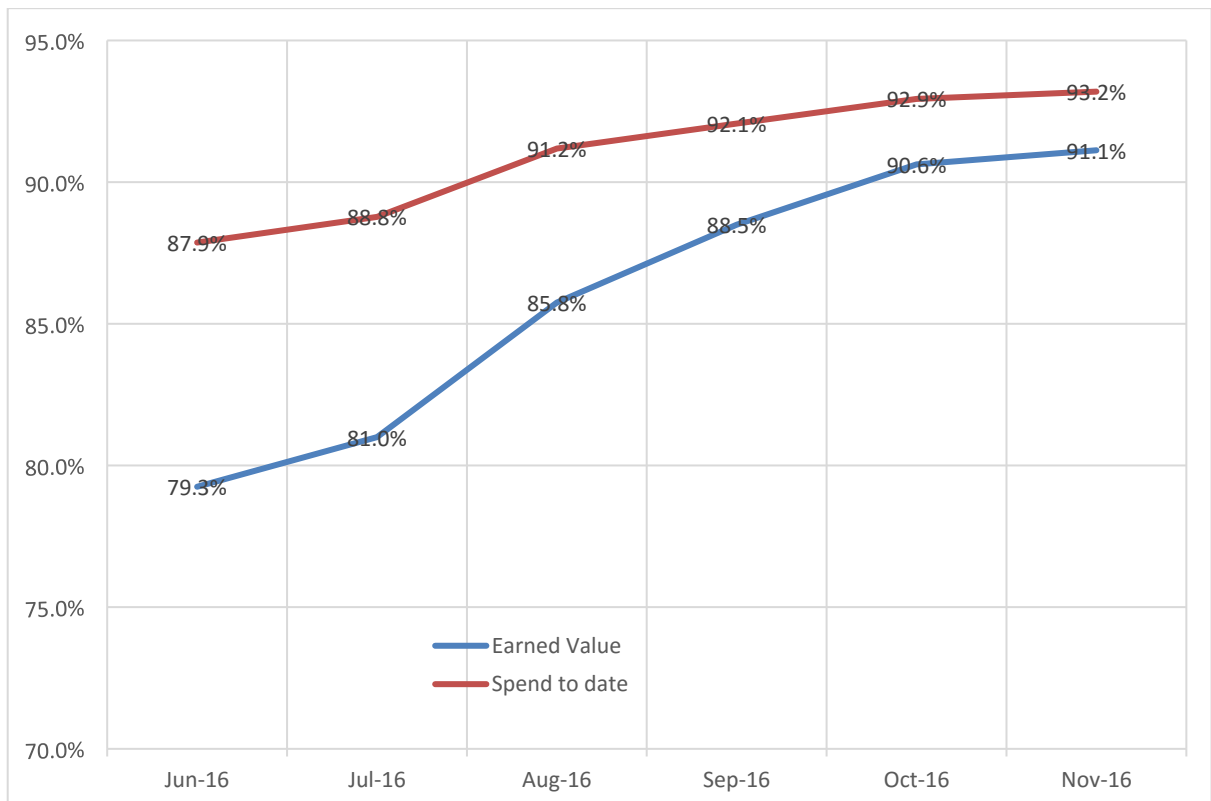
6.   Programme budget

6.1. 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. We now expect the Programme will exceed this figure at 31 March 2017 due to the proposed £90,000 injection of funding in to the Programme.

6.2. This month variance is due to the delayed invoices and cost attached with user testing for both portal and website.

6.3. The current budget position for 2016/17 is as follows:

Total IfQ budget May 2016	Budget this F/Y	Planned spend	Actual to date	Monthly Variance
1,134,000	£619,025 (16/17)	£1,168,123 (Nov 16)	£1,183.340 (Nov 16)	£15,217

6.4. The earned value and spend to date have progressed slightly, this is reflecting the minimal RR resources allocated and shared between both website and Clinic Portal. Although at this stage we are now looking at spending the remaining budget as forecasted on CLAS/Pen testing, Data migration audit and R2.

Period	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
Earned Value	79%	81%	91.2%	92.1%	90.6%	91.1%
Spend to date	87%	88%	85.8%	88.5%	92.9%	93.1%

7. Recommendation

7.1. The Authority is asked to note:

- Note the extension of £90,000 to the Programme budget, subject to Department of Health approval;

- Progress since the last Authority meeting, noting the launch of the Clinic Portal, and plans as regards the HFEA website;

- The delays to Release 2 – the new data submission system;

- Note steps in relation to the proposed Information Policy

- Programme expenditure