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 (16/09/2015) 766		
Meeting date	16 September 2015		
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Output:			
For information or decision?	For information		
Recommendation	The Authority is asked to: • Note the progress made on the Programme; • Note that Alpha stage development has now commenced and progression for the externally facing part is dependent on external approval.		
Resource implications	Significant within approved IfQ budget		
Implementation date	During 2015/16 business year		
Communication(s)	Regular throughout 2015/16		
Organisational risk	☐ Low	☐ Medium	☒ High
Annexes	N/A		

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 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 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 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 brief paper updates Members on key actions and emergent issues since the last meeting. Despite the holiday season, the period since the last meeting of the Authority has been a busy one.

2.   Working with suppliers

2.1.   The procurement process of selecting suppliers to work with us is now complete, having been on the verge of completion at the last meeting. We selected Reading Room to work with us on five outward facing contracts.

2.2.   This work has mobilised successfully and three 'sprints' (usually a two-week period of activity) have now been completed, including a phase known as Discovery+ where we finalise users' expectations of the new systems. We engaged Informed Solutions to work with us on the first sprint in relation to internal systems, to establish an important suite of technical governance requirements, and to develop a detailed 'resourced plan.'

2.3.   We are completing the latter aspect of the work internally as we hold most of the necessary knowledge. There will be a need to procure additional expertise – in relation to internal system work - as the programme progresses although this will be relatively small scale and will not require a lengthy procurement process. The programme is proceeding in line with budgetary expectations. That said, it is likely (although not problematic) that expenditure will extend to the next financial year.

3.   'Alpha' stage

3.1. As Members have previously been advised, the externally facing part of the programme cannot proceed beyond 'Alpha' (proof of concept) stage until approvals in line with Government Digital Standards have been granted by the Department of Health.

3.2. Alpha stage development has now commenced and is expected to be of 8 week's duration with a formal decision expected in November 2015.

3.3. That said, we are in active discussions with DH colleagues in advance of that and who are happy to provide informal indications along the way. This is a positive development.

4. Data migration

4.1. As we have previously highlighted data migration as a big risk to the programme. We have therefore taken a careful approach to this task, including commissioning a company expert in this area to help us develop a strategy and the steps that need to be put in place. As stated above, all relevant information in the current Register (20 years' of treatment data) must be transferred to the new Register structure. An important milestone has been reached relating to the current dataset.

4.2. We have identified current data fields that map to the proposed new structure, itself consistent with our new 'data dictionary.' We have also established the quality threshold required for that data to meet – that is completeness. A substantial amount of work has been undertaken by the team to quantify how much of the current dataset meets the necessary quality thresholds (circa 98%) – and the effort that will be necessary to 'cleanse' the data to this quality. We are hopeful that much of that effort can be taken care of internally.

4.3. Inevitably, though, we will require clinics to undertake some cleansing work and we are starting a process of engagement with them such they are aware of this well in advance and can schedule this around their usual activities. We expect the bulk of this work to take place from October 2015 and completed by next Spring, 2016.

4.4. The Authority is reminded that data migration is often a key feature of work such as this, and one we have categorised as high risk. We are clear that we will not implement a new system of data submission until the data migration strategy has been completely satisfied. This commitment introduces a degree of uncertainty as regards a published timetable for implementation (see below).

5. Implementation

5.1. Until the necessary procurement processes and approvals had completed - together with more detailed planning assumptions (themselves dependent on, say, Reading Room input) we have been reticent about putting a detailed timetable in to the public domain. This position is one supported by our external stakeholder group with whom we continue to engage.

5.2. At the meeting we will present a proposed timetable that will form the basis for external communications and provide clinics with a greater degree of certainty in relation to the impact on them relating to changes to the submission of treatment information. To date we have indicated a timetable of February-March 2016 for 'Beta' versions of the Website, Choose a Fertility Clinic and Clinic Portal (without treatment submission functionality) to be launched. We are confident of meeting this timetable, subject principally to Alpha stage approvals being granted. Full implementation of the Clinic Portal is dependent on data migration progressing successfully – and some resourcing issues - and further details will be provided at the meeting.

5.3. At the July 2015 meeting of the Authority the importance of seeing the programme as more than a set of 'system changes was emphasised; IfQ is an opportunity to change our ways of working.

5.4. We have begun to communicate this wider message to our staff. The detailed work on defining the impact of IfQ on our future ways of working will be led by the product teams themselves. To date the response from staff has been positive as the timing is opportune as it also prepares us for a likely office move next year.

6. Recommendation

6.1. The Authority is asked to

- Note the progress made on the Programme;

- Note that Alpha stage development has now commenced and progression for the externally facing part is dependent on external approval.