

# Data submission project: (formerly IfQ)

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

## Details:

Meeting      Audit and

Agenda item      7

Paper number      AGC (03/10/2017) 563 NJ

Meeting date      03 October 2017

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## Output:

For information or decision?      For information

Recommendation      The Committee is asked to note:

- Good progress on the new data submission system
- Slower than expected progress with data migration
- The budget update and spending to date which is in line with plans
- Key risks and issues

Resource implications      The budget for data submission work has been established at £350,000

Implementation date      During 2017–18 business year

Communication(s)      Regular, range of mechanisms

Organisational risk       Low       Medium       High

Annexes:      None

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## 1. Background

- 1.1.** The Information for Quality Programme has now closed, following the launch of the new HFEA website in June 2017 – having successfully met all Government Digital Standards. With the Clinic Portal (launched in February 2017), our digital communications channels are now established and working well (always a few teething issues) and we are now evolving the way we work – the next step to realising the benefits of the investment – to maximise their impact.
- 1.2.** We will bring forward ‘an end of programme lessons learned’ report at the December 2017 meeting of the Audit and Governance Committee. Many of the lessons are being incorporated in real time in this, final, leg.
- 1.3.** The remaining work to complete is on the data submission project. This work towards completion of the data submission system and associated infrastructure will continue as a defined project, with progress reported to Authority and scrutiny at AGC.
- 1.4.** By way of background, the project encompasses:
  - A revised dataset and data dictionary which will be submitted for approval by the Data Coordination Board (DCB) - part of NHS Digital. This is to ensure data collection arrangements that affect NHS organisations are applied consistently and are not burdensome.
  - A revised Register of treatments, which will include the migration of historical data contained within the existing Register

The redesign of the system that many clinics use to record and submit treatment data to the HFEA enhancing the experience and speeding it up; and enabling clinics using their own (or third party) patient record systems to plug-in, or link, to the HFEA Register.
- 1.5.** This paper updates Members on:
  - Work in progress
  - Programme budget
  - Risks and issues

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## 2. Work in progress

- 2.1.** The Authority meeting in September 2017 referenced forthcoming user testing. This was to test the experience, navigation between screens, design, and fit with clinic business processes.
- 2.2.** Testing took place on 21/22 September 2017 with representatives from six clinics. The response was overwhelmingly positive – more so than for any user-testing carried out to date. Clinic staff were very excited by the developments and enthusiastic for us to move to implementation without delay. This is very encouraging and work to complete the

system for the next round of using testing is likely to be completed within two fortnight sprints.

- 2.3.** Work has also now been completed on the technical environment by which third party suppliers (this includes clinic groups that have designed their own patient record system – most clinics) can interact with the new system. In short, those systems need to be able to send to us the data, and in the format we specify, and we need those systems to be able to receive information back from us as to the accuracy or otherwise of those transmissions.
- 2.4.** We have been greatly aided in this aspect of the work by support and advice provided by colleagues in HMRC, used to dealing with many hundreds of such suppliers. This has been invaluable in providing pointers and lessons learned from their experiences and also confirming the approach adopted by our team is a robust one. This is important given that most treatments are now reported to us via third party systems.
- 2.5.** These are important milestones, as clinics will see the very real improvements to the system and they will be reassured that the (promised) benefits to them are now in sight – rather than a slightly theoretical promise that things will be better.
- 2.6.** With the completion of the majority of development effort and the task then becomes one of implementation, and roll-out.

#### **Data migration**

- 2.7.** As we have reported previously, that implementation and roll out is dependent on a key factor. Until the migration of existing Register data to the new Register design is completed we are unable to move to launch. Moreover, until we have greater certainty as to the completion of this important work we are wary of committing to a schedule for the launch of the new data submission system.
- 2.8.** We have adopted a consistently cautious and careful approach to the migration task. We had expected to have concluded by now. The work has been slow over the Summer because of organisation change, holiday period, and capacity constraints. That said, we have now completed ‘trial load three’ of five – which will provide us with an important benchmark as to likely completion period. At the time of writing this analysis had not been completed.
- 2.9.** Given the risks to the project – a further oral presentation will be given at the meeting setting out the main issues and considerations for us – including the extent to which applying additional, or bringing forward, resources may have utility.

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### **3. Data submission/Data migration budget**

- 3.1.** The budget for completion of the data submission project has been established at £350,000 for the 17/18 financial year.

**3.2.** The budget is in line with capital expenditure expectations - such expenditure is on investment, or development, of the IT system estate provided by contractors on short-term contracts, and some programme management resource (delivered by internal secondment).

**3.3.** Overall, the current spend is in line with forecasts.

Budget this F/Y	Planned spend	Actual to date	Variance
350,000	£116,800	£135,800 (Aug 17)	£19,000 Invoices awaited

#### Forecast

Sept 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018
£166,906	£197,746	£226,38	£269,722	£289,900	-*	-*

\*contingency

## 4. Risks and issues

**4.1.** Risks are reviewed regularly, with several new risks to the project identified since the last reporting period. The main area of risk relates to staffing, particularly given the departure of colleagues from the organisation further to the organisational change programme.

**4.2.** The top five risks to the project have been identified as:

- Workload and lack of resources
- Loss of knowledge within the IT team, with knowledge transferred to contractors on a transitional basis
- Data migration supported by only a few people, often diverted to other work
- Reliance on external contractors, which means there is a risk of contractors leaving at short notice

**4.3.** The principal mitigation activities relate to:

- Retaining our existing external contractors by appropriate scrutiny, support and documenting procedures and processes
- The recruiting of additional (short-term) expertise to provide extra capacity during the period of organisational change
- Institute new ways of working, better balancing business as usual and project priorities
- The new posts of Chief Information Officer and Head of Intelligence have now started providing capacity and capability

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## 5. Recommendation

Audit and Governance Committee is asked to note:

- Good progress on the new data submission system
- Slower than expected progress with data migration; and that a presentation will be made at the meeting to bring members up to date
- The budget update and spending to date which is in line with plans
- Key risks and issues