

# Information for Quality programme: update

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

## Details:

Meeting	Authority
Agenda item	8
Paper number	HFEA (06/07/2016) 801
Meeting date	06 July 2016
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## Output:

For information or decision?	For information
Recommendation	<p>The Authority is asked to note:</p> <ul style="list-style-type: none"> <li>• The work in progress now in readiness for public beta, and the approval process to proceed to a fully live service.</li> <li>• Data migration and cleansing</li> <li>• Programme timelines and budget.</li> </ul>

Resource implications	Nil
Implementation date	During 2016–17 business year
Communication(s)	Regular, range of mechanisms
Organisational risk	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input checked="" type="checkbox"/> High

Annexes

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## 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:

- Approvals and progress since the previous meeting
- Data migration and cleansing
- Programme timelines and budget.

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## 2. Update on approval stages

### 2.1. Members will recall that government IT programmes must progress through several stages:

- 'alpha' (build a prototype, test it with users and learn from it)
- 'beta' (scaling up, a working model)
- 'public beta' (going public with a beta version, receiving feedback and preparing to go live)
- 'live' (a tested solution that is ready to release and then continuously improved).

### 2.2. The IfQ programme must meet the assessments against the 18 Government Digital Service (GDS) standards by the Department of Health (DH). On 11 and 12 May 2016 the new HFEA website and Clinic Portal products were passed as ready to proceed to 'public beta'. As with any useful review process some recommendations for improvement were made, and substantial activity to address those along with activity to finalise the public beta products has largely been completed.

### 2.3. Our current planning assumption is that both the new HFEA website and the new Clinic Portal will be released to clinics only by the end of June 2016. We have introduced this additional, interim, phase to allow clinic audiences to access the website over a two-week period to enable them to view the new

content - in particular the presentation of data displayed in Choose a Fertility Clinic to identify errors or anomalies. In addition, it will enable clinics to upload information about the clinic – photographs and so on – for display on the clinic's 'profile' page. Following this period, we anticipate the new HFEA website will be made available to all in public beta in mid-July.

- 2.4.** We will take the opportunity at the meeting to demonstrate the website and portal.
- 2.5.** We expect the public beta stage for both the portal and the website will run from mid-July for a period of approximately 8-10 weeks. This is dependent on feedback. For example, if users indicate that there are significant changes required, it is possible to extend the length of public beta. Conversely, if changes required are minimal, we may require less time.
- 2.6.** Following public beta, a further full gateway assessment by the Department of Health against the GDS standards will be required. This is scheduled for September 2016. All being well, this will be followed by 'live' phase – which effectively means turning off the current website and portal.
- 2.7.** The pace does not slacken. The team is now progressing the next significant milestone in the programme – 'Release 2', that is the replacement for the current data submission system, and the new Register. This is where we expect to see substantial improvements experienced by clinic users providing them quantifiable cost-releasing benefits.
- 2.8.** In line with the programme's delivery plan, foundational work on the internal infrastructure and architecture required to support Release 2 is underway, and our current planning assumption is that we will release the EDI component in October 2016.

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### **3. Data migration and the data dictionary**

- 3.1.** As members are aware, IfQ involves important changes to the way we collect, use and publish information. Critically, this work will involve significant changes to the HFEA's 'Register of Treatments' (the Register).
  - The Register holds information about people receiving fertility treatment, egg and sperm donors, and children conceived following treatment. Keeping the Register is one of the HFEA's statutory obligations and the information currently held in the Register is likely the largest database of assisted reproductive treatments in the world. The Register is critically important for a number of reasons:
    - As a comprehensive record of all treatments, it provides crucial information on the safety and effectiveness of treatments
    - It enables donor conceived people to have knowledge of their genetic inheritance

- It enables parents to access information about the donor used in their treatment
  - It enables donors to understand the outcome of their donation
  - It enables patients to make more informed choices about their treatment options
  - It supports intelligent regulation and makes possible important research and analysis.
- A key outcome of IfQ will be changing what information is kept in the Register, how that data is recorded and how it is collected or obtained. To achieve this, a review has been carried out to ensure each item of data collected from clinics can be fully justified, and this has subsequently determined a new draft data dictionary (or dataset) that should be collected from clinics.
  - Based on this new dataset, we are creating a revised Register, which will use modern database practices and technology. Improvements to the way that data is recorded and stored in the revised Register will result in higher quality data, which is more accessible to us and to other key stakeholders and interest groups – such as researchers.
  - The revised Register will work hand in hand with the replacement for EDI to meet key investment objectives for IfQ by reducing the administrative burden for clinic users.

### 3.2. Data migration process and strategy:

- The revised Register must be populated with data, requiring the transfer of historic information from the existing Register database in to the new Register database structure. This is referred to as the IfQ data migration process. As such a data cleansing effort has been underway since the turn of the year, and more recently clinics have been participating in the effort.
- The Register Information team is currently working with centres on 'severity 1 errors.' The process is being managed carefully so as to ensure that our staff are available to field queries from the centres and to assist them where necessary. Around 3500 errors are being reviewed in all, prior to the data migration. 1240 errors have been fixed – demonstrating good progress. Whilst not vital to the migration we are also taking the opportunity to correct other errors to keep up the momentum.
- A well-managed and successful data migration process is central to realising many of the anticipated benefits of the IfQ Programme, and to managing risk. The Audit and Governance Committee at its June 2016 meeting explored the risks in some depth.
- In recognition of the importance of the data migration process, external suppliers were engaged to provide their expertise and work with us to develop a strategy for completing the data migration process appropriately. That strategy was reviewed and accepted by the HFEA in March 2015, and has been used to inform each key step of the migration process since.
- The strategy required a foundational 'health check' of the data to be conducted. Following the health check the strategy requires five separate

data migration ‘loads’ of all of the historical data in to the new Register structure. The first four are ‘trial loads’ in preparation for the fifth and final load.

### 3.3. Timeline for data migration:

- Currently, the Programme is progressing through trial load 1, having now produced a set of quality assurance reports and documents and having conducted several incremental trial loads. The team is currently finalising the reconciliation and migration exceptions reports in the lead up to commencing trial load 2.
- We anticipate trial load 1 being fully completed by end June 2016 and the team anticipates being ready to complete trial load 5 by the end of September, in line with the current delivery plan for IfQ. Expected timelines have slipped a little, due to competing priorities albeit the variance is manageable.

Programme milestone	Planned completion date	Anticipated completion date
Trial load 1	17 May 2016	end June 2016 [update at meeting]
Trial load 2	28 June 2016	13 July 2016
Trial load 3	13 July 2016	28 July 2016
Trial load 4	28 July 2016	12 August 2016
Trial load 5	21 September 2016	21 September 2016

### 3.4. Data migration strategy assurance:

- We are seeking external assurance that we are completing the steps required in the data migration strategy, to the appropriate level of quality. A procurement exercise is underway to identify a suitable third party to provide this assurance.

### 3.5. Safeguards:

- Throughout the entire data migration process and when the new Register structure is operational, the existing Register database will be retained as a reference. This will ensure that there is no risk that the data migration activity compromises the actual data held in the current Register structure.
- A report will be produced during each trial load to identify where data has not been transferred in a usable way, according to the quality standards and technical structure of the new Register. This will ensure the HFEA knows exactly what data has been transferred successfully. In addition, data that doesn’t meet these quality metrics will be ‘flagged’ in the new structure, to ensure it will be addressed and, as stated above, retained in the reference copy of the current Register for information.

## 4. Programme timelines and budget implications

- 4.1.** 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.
- 4.2.** On 24 May 2016, SMT decided to allocate an additional (and new) £90k to the overall Programme budget to ensure that critical staff are retained on the team as the transition from delivering release 1 to release 2 is made. This modest additional investment essentially means we can continue working at pace but sharing the load so as not to burden key staff disproportionately.
- 4.3.** The current budget position (excluding VAT) for 2016/17 is as follows:

Total IfQ budget May 2016	Budget this F/Y	Planned spend	Actual to date	Monthly Variance
1,227,402	£526,199 (16/17)	£769,675 (May 16)	£702,088 (May 16)	£67,586 (due to the security class consultants, IS contingency undrawn and Data migration consultancy not being spent as forecasted – expected to rebalance in June)

- 4.4.** The earned value and spend to date are merging, following the GDS assessment more products have now been completed with a stable spending as forecasted within the programme.

Period	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Earned Value	41.3%	47.5%	53.8%	65.5%	70.0%	75%
Spend to date	59.6%	61.3%	64.8%	67.0%	74.1%	75%

## 5. Recommendation

- 5.1.** The Authority is asked to note:
- The approval process to proceed to 'live' and recommendations from the last review
  - Progress since the last Authority meeting
  - The information about data migration and cleansing
  - Programme timelines and budget.