

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 (11/11/2015) 776

Meeting date 11 November 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.

Resource implications Nil

Implementation date During 2015–16 and 2016–17 business years

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 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 the programme to the achievement of the Authority's strategy, updates on progress are provided to each meeting of the Authority and approval for direction and actions sought.

1.3. This brief paper updates Members on:

- the outcome of user research activity conducted during 'Discovery +'
- Department of Health approval to proceed beyond Alpha phase
- key progress made towards a proof-of-concept during the Alpha phase
- the agile methodology being applied to IfQ and 'sprint' progress
- details of the Programme's budget and timelines for delivery.

2. User research outcomes of 'Discovery +'

2.1. The 'Discovery+' research conducted by Reading Room and the HFEA is now complete, having been conducted during July and August 2015. Its purpose was to expand on the knowledge and evidence from an earlier IfQ Discovery phase. Its scope was to evidence the full end-to-end user journey, expanding it from looking at the HFEA website in isolation as well as increasing the sample size of individual user types.

2.2. Primary research was conducted in the form of one to one interviews with a broad range of people using, or considering using, fertility services. This included people considering fertility treatment as an option for the first time, through to people who have been through treatment, and also donors of eggs and sperm. Desk research and stakeholder interviews were also undertaken.

2.3. The key insights from this work have been:

- The identification of a cognitive behavioural model that defines three categories of clinic user. This is of crucial importance for designers of the HFEA website and Choose a Fertility Clinic service.
- A greater understanding of how people first approach the topic of fertility and fertility treatment and how the HFEA needs in the future to integrate with the NHS Choices (and future NHS.uk) online services, and the face-to-face provision from GPs, gynaecologists and fertility doctors.
- An understanding of the importance of personal friendship groups and their role in decision making and emotional support around fertility issues, choice of clinics and treatment options.
- Evidence of unmet user needs, especially around the 'big picture' of fertility treatment and the various patient pathways and decision points that people go through.

3. Approval to proceed beyond 'Alpha' phase

- 3.1.** As members have been previously advised, the externally facing part of the programme cannot proceed beyond 'Alpha' (proof-of-concept) stage until approvals in line with Government Digital Service Standards have been granted by the Department of Health (DH). Work to date in IfQ has been closely focused on adhering to those standards, and upon the basis of close and ongoing discussions with DH colleagues we expect to be granted approval to proceed.
- 3.2.** This assessment is scheduled to occur on 12 November 2015 and we hope approval will follow soon after. The senior management team has been closely involved in the development of the submission.

4. Alpha phase progress – Show and Tell

- 4.1.** The overwhelming majority of the Alpha phase development of a proof-of-concept has now been completed. This includes the completion of front-end design samples of the Clinic Portal and website (including CaFC), and important foundational 'back-end' systems work.
- 4.2.** A sample of the front-end proof-of-concept work will be presented at the meeting. This proof-of-concept work has been tailored to meet the needs of our users, as established during the Discovery and Discovery + phase research activity, and to comply with Government Digital Service Standards.

4.3. The work samples presented represent only a small portion of the work completed during Alpha phase. There has been significant progress made on internal systems work (such that it all fits together), including:

- Publishing new HFEA application program interfaces (APIs) to a test environment, which use live CaFC data.
- Extracting live data in the legacy register database into a new database structure (an important data migration proof-of-concept for the way cleansed data will be extracted to the new register when formal data migration occurs). This extract process was designed in accordance with our data migration strategy. A task that previously took a week (due to the overly complex extract design) now takes less than 20 minutes.

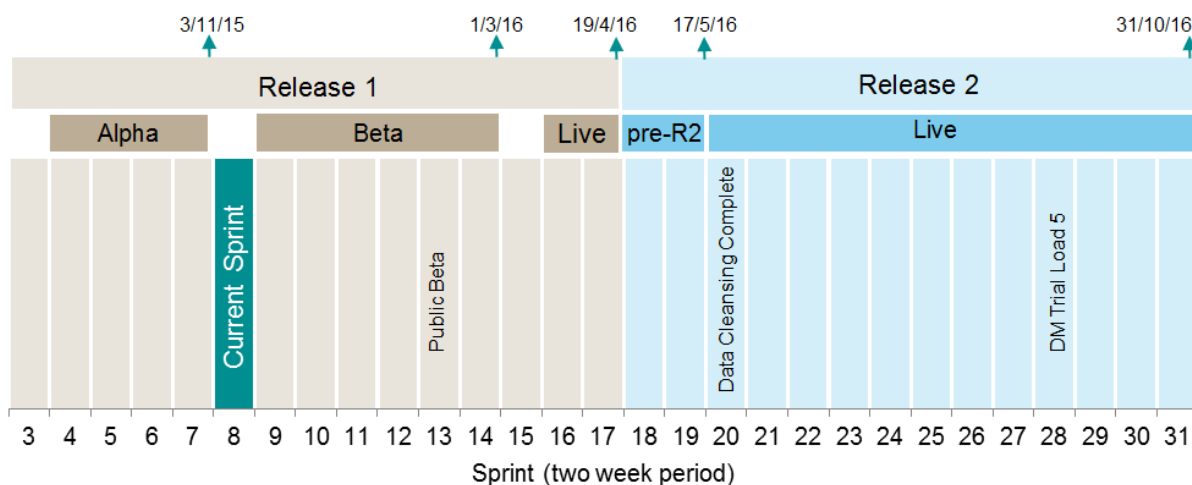
4.4. The programme is progressing well, with each project well placed to progress beyond Alpha phase proof-of-concept, to building functionality during Beta phase.

5. Agile methodology and our 'sprint' progress

5.1. The programme management methodology for IfQ is Scrum – an agile methodology

5.2. Incorporating an agile methodology ensures software is delivered effectively, in a user needs driven and iterative way that puts software in the hands of users as quickly as possible. Within Scrum, the programme's delivery timeline and development schedule is broken down in to two week 'sprints'

5.3. The following figure shows how the programme is progressing through sprints, in relation to the overall delivery timeframes for the Programme. As shown below, the programme is in the final sprint before the commencement of Beta phase.



6. Programme budget and delivery dates

- 6.1.** A detailed IfQ Programme Plan was finalised and signed off by the IfQ Programme Board in October 2015, in line with the overall £1.134m agreed by Authority.
- 6.2.** Whilst applying a Scrum based agile methodology to the Programme means that the exact outputs of each sprint remain subject to sprint planning, the anticipated programme budget and key milestones have been agreed and the programme is progressing in line with expectations.
- 6.3.** The IfQ Programme Budget remains consistent with the original business case. As members were previously advised, expenditure will extend to next financial year, and the budget has been recently adjusted to reflect this.
- 6.4.** The following table shows the current IfQ Programme budget.

	2015–16	2016–17	Total 2015-2017
IfQ forecast (incl VAT)	£934,576	£200,000	£1,134,576

- 6.5.** The key IfQ delivery milestones and dates are as follows:

Milestone	Finish
Website & CaFC	
Release 1	
Website R1 public beta	01-Mar-16
Website R1 live	19-Apr-16
Release 2	
Website & CaFC R2	16-Oct-16
Clinic Portal	
Release 1	
Early adopters	19-Apr-16
CP R1 live	23-May-16
Release 2	28-Oct-16
Internal Systems	28-Oct-16
Register Data Migration	20-Sep-16
Business Transformation activities	12-May-17
Development of the blueprint	31-Mar-16
Review & adapt processes - given new systems	06-Feb-17
Benefits realisation activities	12-May-17

7. Programme management

- 7.1.** The IfQ Programme is supported by a dedicated Programme Manager, appointed in October 2013 to set up the Programme and establish an effective framework for delivery of the Programme so that it could be taken in house at an appropriate time.
- 7.2.** The IfQ Programme is now making arrangements to effect a smooth transition to HFEA's in house programme management office, having developed a succession plan for a handover at end December 2015.

8. Recommendation

- 8.1.** The Authority is asked to
- Note the progress made on the IfQ Programme.