Strategic performance report

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

Details:	
Meeting	Authority
Agenda item	6
Paper number	HFEA (09/03/2016) 786
Meeting date	9 March 2016
Author	Paula Robinson, Head of Business Planning
Output:	
For information or decision?	For information
Recommendation	The Authority is asked to note and comment on the latest strategic performance report.
Resource implications	In budget
Implementation date	Ongoing – strategic period 2014-2017
Communication(s)	CMG reviews performance in advance of each Authority meeting, and their comments are incorporated into this Authority paper. The Department of Health reviews our performance at each DH Update meeting (based on the CMG paper). The Authority receives this summary paper at each meeting, enhanced by additional reporting from Directors. Authority's views are fed back to the subsequent CMG performance meeting.
Organisational risk	☐ Low ☒ Medium ☐ High
Annexes	Annex 1: Strategic performance report

1. Introduction

1.1. The attached paper summarises the main performance indicators, following discussion by the Corporate Management Group (CMG) at its 17 February performance meeting.

1.2. The majority of the data relates to the position at the end of December 2015. Some of the financial data also includes the position at the end of January 2016.

1.3. Overall performance is good, and we are making good progress towards our strategic aims.

2. Recommendation

2.1. The Authority is asked to note the latest strategic performance report.

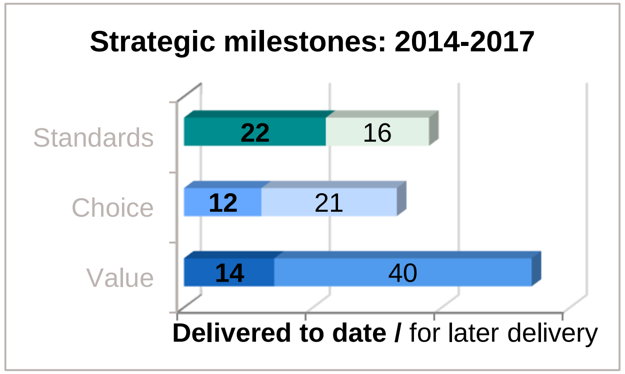
Annex A - HFEA strategic performance scorecard

1. Summary section

Dashboard – December data

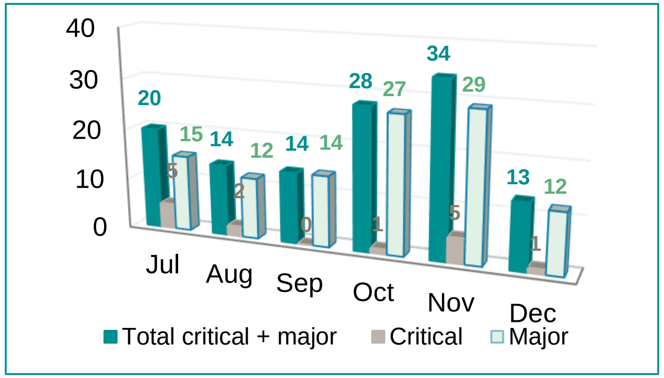
Strategic delivery totaliser

(see overleaf for more detail)



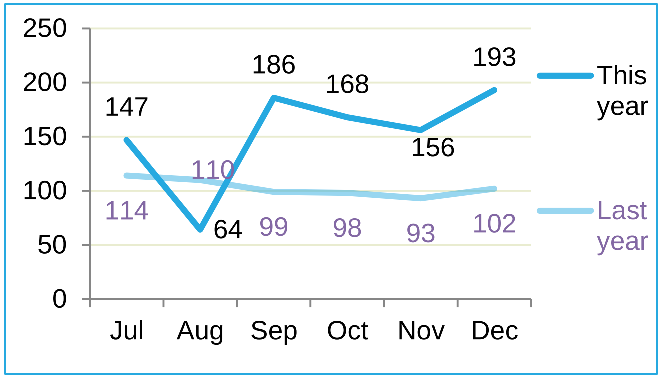
Setting standards:

critical and major recommendations on inspection

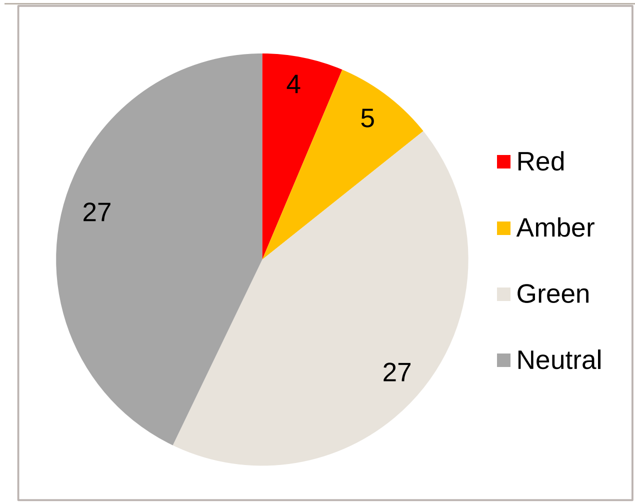


Increasing and informing choice:

public enquiries received (email)



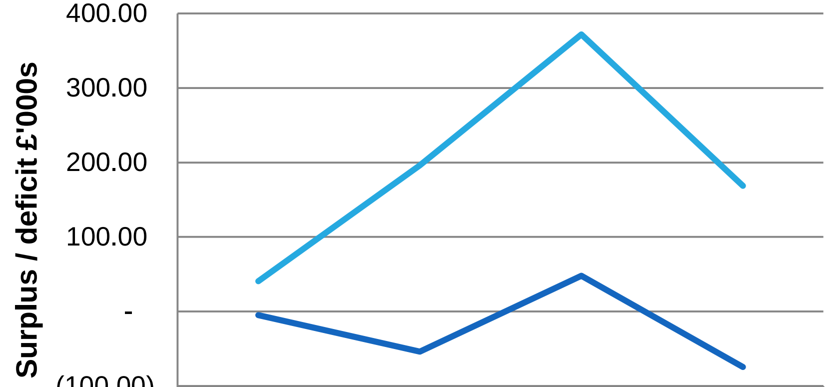
Overall performance - all indicators:



(See RAG status section for detail.)

Efficiency, economy and value: Budget status: cumulative surplus/(deficit)

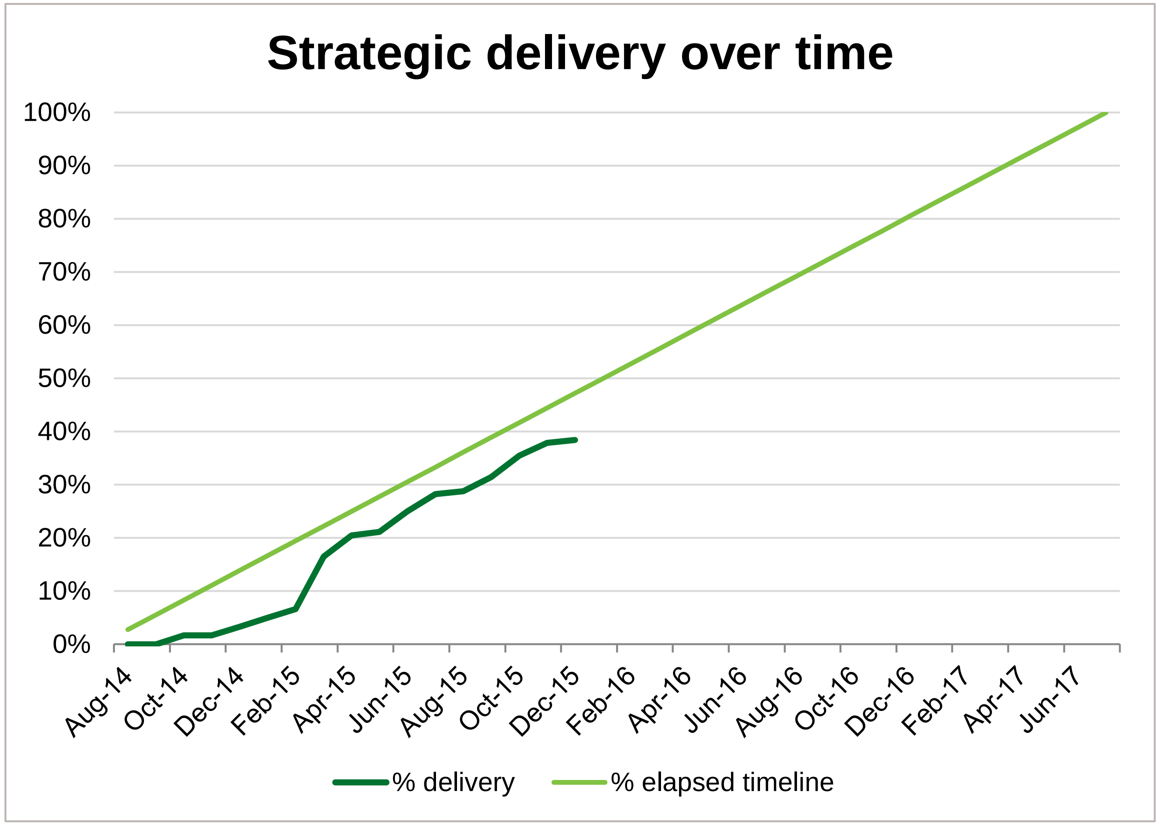
This graph details our net actual position as at end quarter 3 (month 9 – December 2015) and our forecast position at that time for 31 March 2016. The graph shows the expected deficit did not arise ie we are forecasting a surplus for the year. The components making up the surplus/deficit is shown later by two other graphs (income and expenditure).

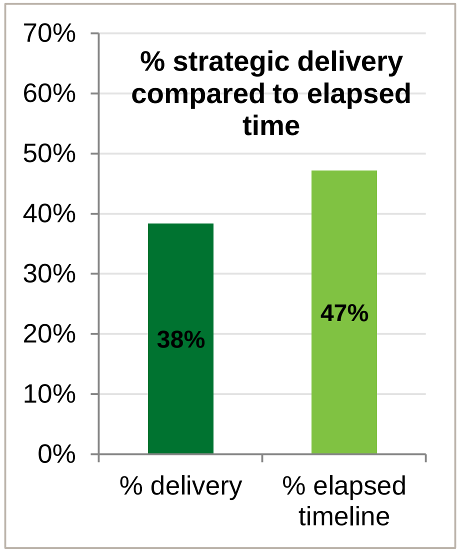


	Q1-Jun-15	Q2-Sep-15	Q3-Dec-15	Q4-Mar-16
Budgeted surplus/deficit	(5.04)	(53.98)	47.94	(74.36)
Forecast surplus/deficit	40.79	196.01	372.06	168.62

Dashboard - Commentary

Strategic delivery (to end of December) – summary:





The totaliser data was significantly updated in December, to add all the IfQ work planned for delivery during beta phase. This work has started. There are a large number of key milestones that will be reached in the coming year. Owing to the major investment made to date in planning, arriving at various proofs of concept (in the alpha phase), and seeking various approvals, we are now in a position to build products (at the time of reporting this was at risk, since we were awaiting formal GDS approval; this was then received in January). This re-casting of the timeline data has made us appear 'behind' on the above graph. However now that real product development has commenced, we should expect to see the delivery line start to converge with the elapsed timeline over the coming months.

Strategic delivery for September to December

Setting standards

In September, the compliance reports on risk tool alerts and themes, common non-compliances and incidents were all delivered on time to the Authority meeting, focusing on analysing current quality and safety issues in clinics, helping clinics to improve outcomes and reduce risks, and disseminating learning. Our annual publication reporting on clinical incidents (in 2014) was also published, containing information about learning points from incidents and adverse events, to inform both the clinics themselves and our future inspections. A multiple births stakeholder group meeting was also held as planned. We had originally planned to commission an external review of our inspection regime, to report in September, but a decision was taken to defer this work, pending the outcomes of our Triennial Review (which may include relevant recommendations).

In October, we completed the mitochondrial donation project, getting new application and licensing processes in place in time for implementation of the new legislation on 29 October. In addition we collaborated and engaged with others, through our own Licensed Centres Panel meeting and attendance of the AFPO conference held by patient and donor organisations.

Increasing and informing choice

Our six-monthly Choose a Fertility Clinic (CaFC) data was published on time in October, providing updated information (up to the end of quarter two of 2015 for pregnancy data) to the public and feedback on performance to the sector.

The annual report on clinical incidents and alerts was also published on time, in November.

Efficiency, economy and value

In September, work continued on the IfQ website and clinic portal projects. The alpha phase of work (proofs of concept) was subsequently completed in November, with approval to proceed obtained in principle following a very positive DH assessment. GDS approval was expected in December, but in the event was not received until January 2016. Meanwhile we took the decision to proceed with the beta phase at risk, since otherwise we would have needed to stand down our suppliers. Detailed beta phase planning has been completed, setting out the products and user stories that will be built and tested in each sprint. The Authority continues to receive regular reports on IfQ progress.

In October, our regular fees engagement with clinics took place. This meeting provides accountability and transparency on fee rates to the sector.

Red/amber/green status of performance indicators as at December 2015

The red key performance indicators (KPI) shown in the ‘overall status - performance indicators’ pie chart on the dashboard are as follows:

The number of working days from the day of inspection to the day the draft report is sent to the PR has a target of 90% in 20 working days. In December performance was at 50%, with two out of four reports being sent at 27 working days. In one case this was because of unexpected additional workload, and in the other case the report took longer to refine since it was a template for future transport centre reports. There was also one report outstanding from November, which was sent 39 days after inspection. This was due to practical issues in obtaining a suitable peer review.

The total number of outstanding errors in the system taking into account the eight weeks centres are given to resolve rose by 16% in December, to 2,240. We attribute this to two main factors. Less proactive chasing is being undertaken since the team are prioritising correcting egg thaw treatment data to ensure correct linkage to freezing events and other important IfQ related work (an investment in improving accuracy in the future). There are also a number of new clinics with high error rates.

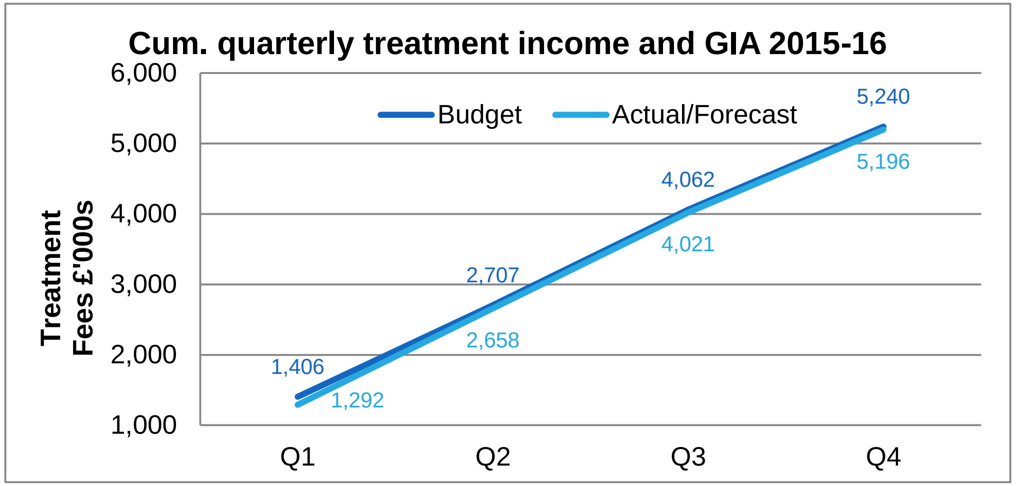
Two projects were on a red risk rating in December.

The Fertility Trends report project requires data for analysis, some of which (on egg freezing) requires cleansing before it can be used. This cleansing needs to be performed by the same staff who are currently cleansing the data for the IfQ-related data migration, and has had to be prioritised over that work. In addition, the report needs to be published at our Annual Conference on 24 March 2016, so the timeline is tight. Since December, the data cleansing required has progressed well, and the risk rating has been reduced to amber.

The Office Move project was also on a red risk rating in December, pending the resolution of some technical issues regarding our new internet connection (critical for business continuity). This has since been resolved, and the risk rating has accordingly been reduced to amber.

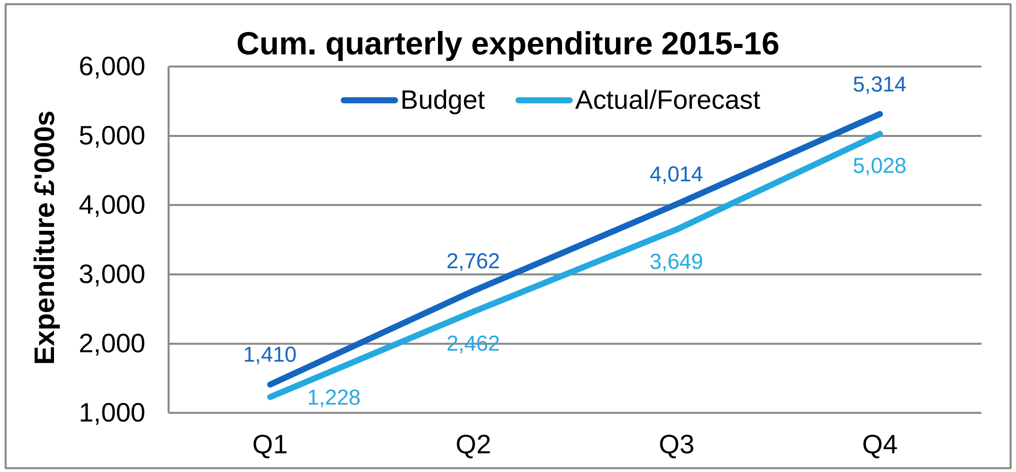
Budget status – January data

The dashboard shows the overall surplus/deficit position. The graphs below show how the surplus or deficit has arisen. These figures are updated at least quarterly, approximately one month after the end of each quarter.



This graph shows our budgeted (planned) licence fee income and grant-in-aid (GIA) compared to what is actually happening.

As of month 10 (31 Jan-16) we are not far off our budget (a shortfall of only £44k). Treatment fees are the most variable of our income stream and will therefore continue to be monitored.



This graph is the second component that makes up the surplus/deficit. This excludes costs relating to IfQ, since this is being funded from reserves and accounted for separately.

Year to date we are under spending against budget (£317k) which is relative to our reduced income. The underspend has been added to by inclusion of receipts from legal cases where we were awarded costs. Our year end forecast is showing an under spend of £286k up from £177k reported at the end of Q3. This position may change as more information is known and on-going pieces of work are completed.

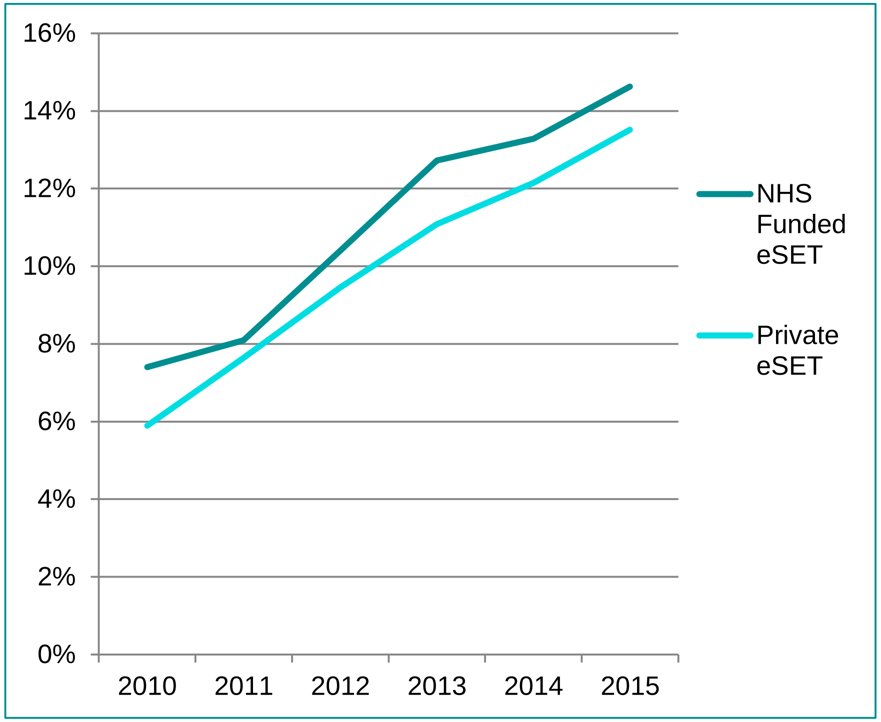
Quality and safety of care

The following figures and graphs were run on 28 January 2016.

ESET split by private/NHS:

Funding		Year						
		2010	2011	2012	2013	2014	2015	2016*
NHS Funded:								
Recorded as eSET		4294	4903	6264	7867	8443	9689	447
		7%	8%	10%	13%	13%	15%	19%
Not recorded as eSET		19283	19491	17869	17723	17837	16843	561
		33%	32%	30%	29%	28%	26%	24%
Private:								
Recorded as eSET		3422	4629	5698	6857	7732	9256	402
		6%	8%	9%	11%	12%	14%	17%
Not recorded as eSET		31019	31546	30400	29388	29558	29289	964
		53%	52%	50%	48%	46%	45%	41%

Graph: eSet % trends NHS/private:



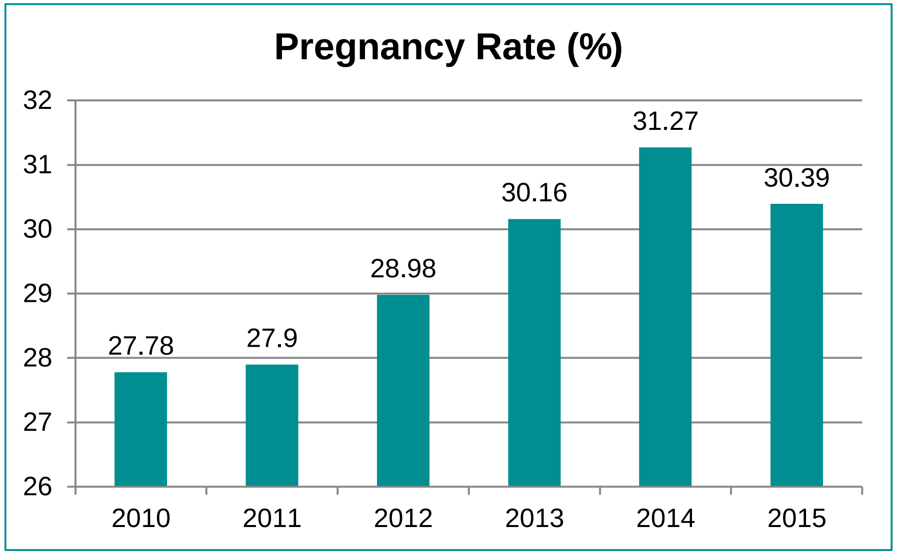
Explanatory text: Looking at all IVF treatment forms; counting those records that the clinics recorded as eSET.

* Very early 2016 data is provided for interest only, since it is too early in the year to draw any conclusions from it. This data is not included in the graph.

Unfiltered success rates as % - pregnancies (rather than outcomes, since this provides a better real-time picture):

Years	All cycles	Pregnancies	Pregnancy rate %
2010	58018	16116	27.78
2011	60569	16896	27.89
2012	60231	17452	28.98
2013	61835	18648	30.16
2014	63570	19876	31.27
2015	65077	19776	30.39
2016	2374	1	0.04

Graph showing the pregnancy rate over recent years:



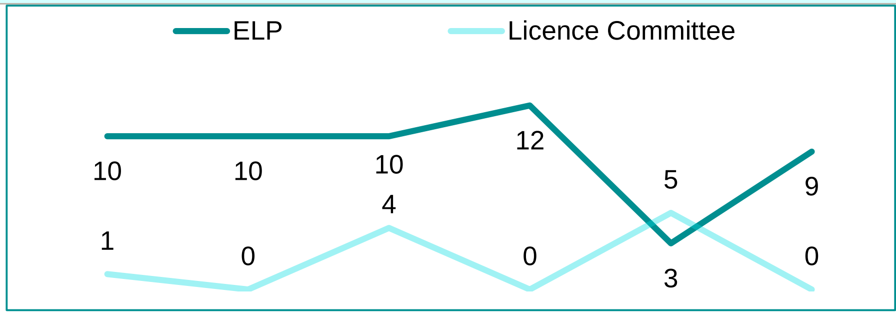
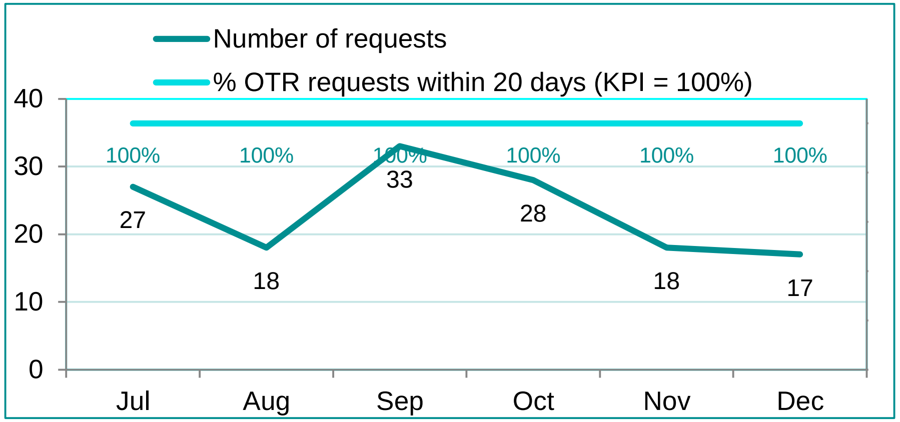
Explanatory text: Looking at all IVF treatment forms, and providing a count of pregnancies - as recorded on the early outcome form.

As agreed previously, the following items are most meaningful when reported on an annual basis. The following items will continue to be presented to the Authority each year in September:

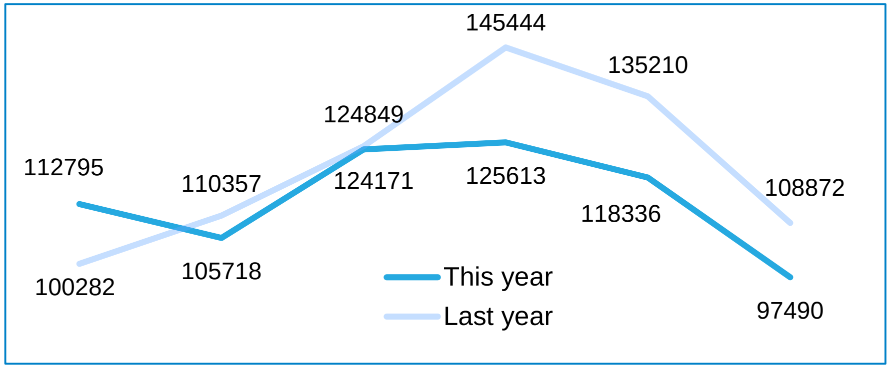
- number of risk tool alerts (and themes)
- common non-compliances (by type)
- incidents report (and themes).

2. Indicator section

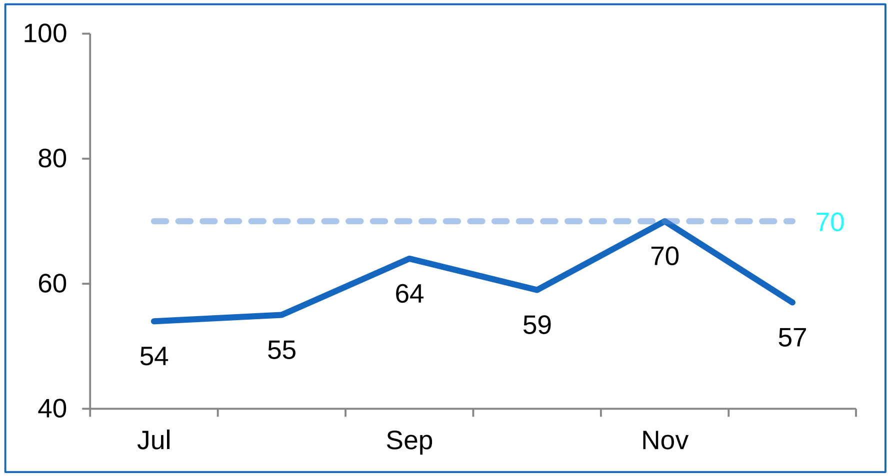
Key performance and volume indicators – December data:

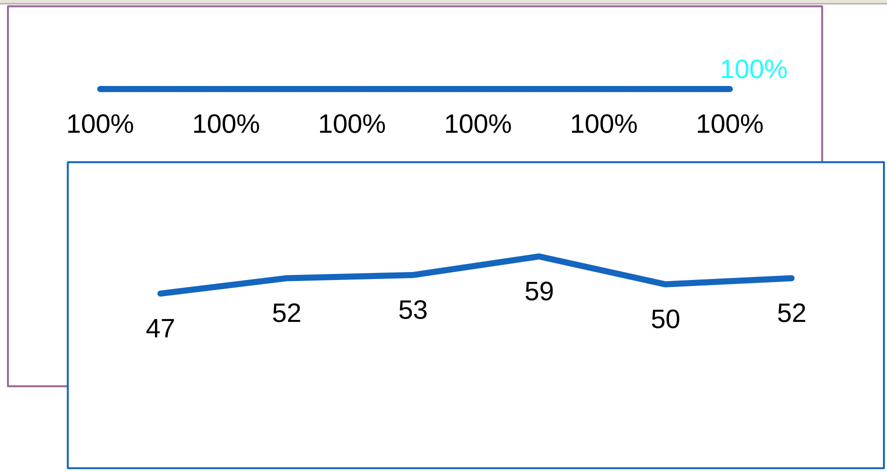
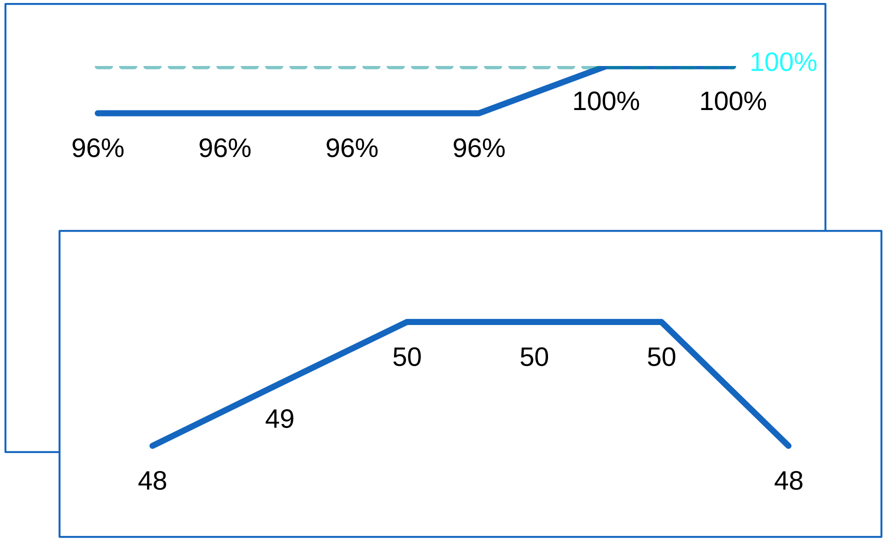
Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Setting standards: improving the quality and safety of care through our regulatory activities.					
Licensing decisions made: - **By ELP** - **By Licence Committee**	 9 0			No KPI – tracked for workload monitoring purposes	Volume indicator (no KPI target).
Setting standards: improving the lifelong experience for donors, donor-conceived people, patients using donor conception, and their wider families.					
Percentage of Opening the Register requests responded to within 20 working days	100% (17)			Maintain at 100%	KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time) The dip in August reflects the summer holiday period.

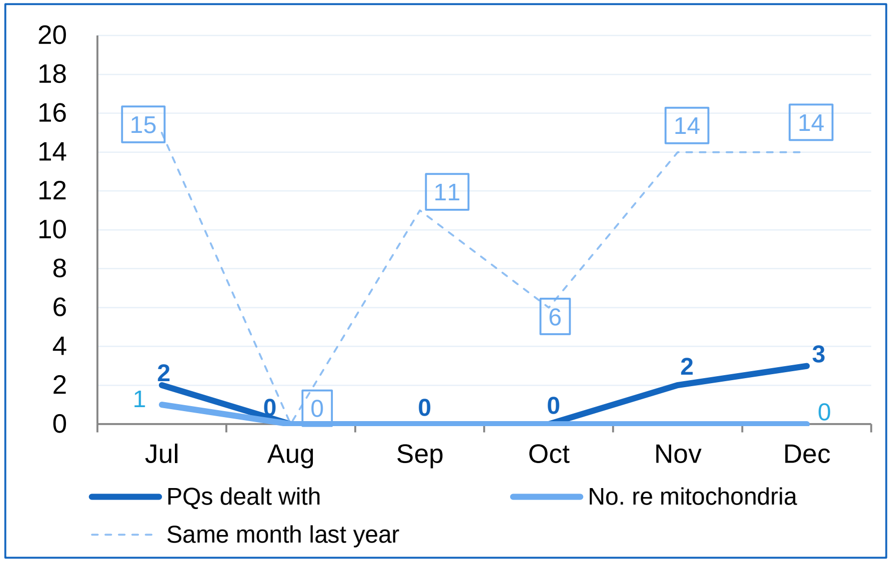
[1] Blue dashed line in graphs = KPI target level. This line may be invisible when performance and target are identical (eg, 100%).
[2] Direction in which we are trying to drive performance. (Are we aiming to exceed, equal, or stay beneath this particular KPI target?)

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Increasing and informing choice: using the data in the Register of Treatments to improve outcomes and research.					
			See graphs focused on quality of outcomes – after dashboard page.		
Increasing and informing choice: ensuring that patients have access to high quality meaningful information.					
Number of visits to the HFEA website (cw previous year) (trend arrow indicates movement since previous month)	97,490 (108,872)	⇩		No KPI – tracked for general monitoring purposes.	Volume indicator showing general website traffic compared to the same period in previous year. Measured on the basis of 'unique visitors'.

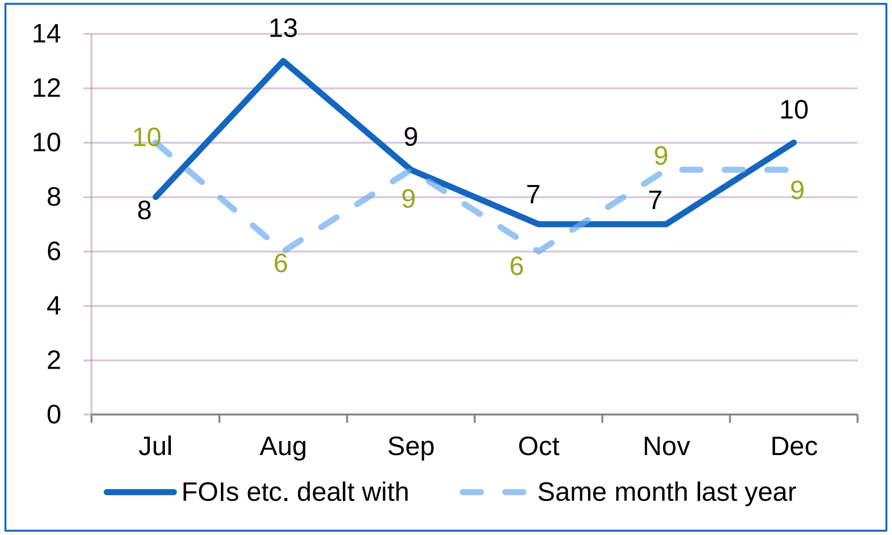
Note: This indicator was discussed at performance CMG in February. We noted that a dip is typical for December, but that there is still a downward trend, over all. The web team has done some analysis, which shows that our web pages are still well used and viewed. Our twitter following is rising, and there may be a correlation between the two trends. An annual review of our Communications Strategy will be presented to the Authority later this year, and will address this area.

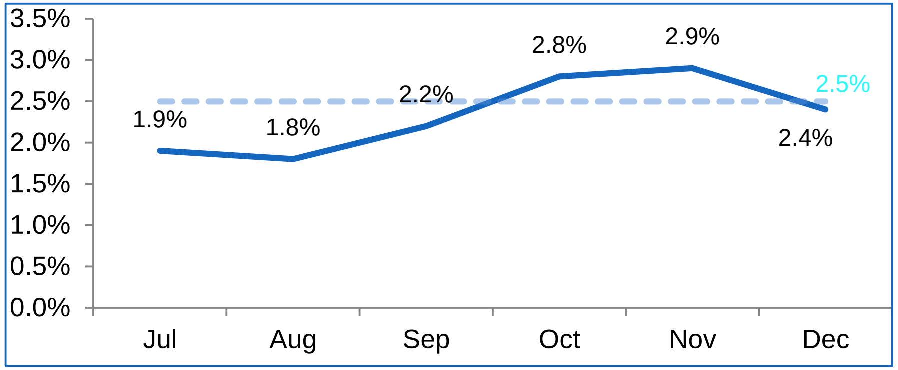
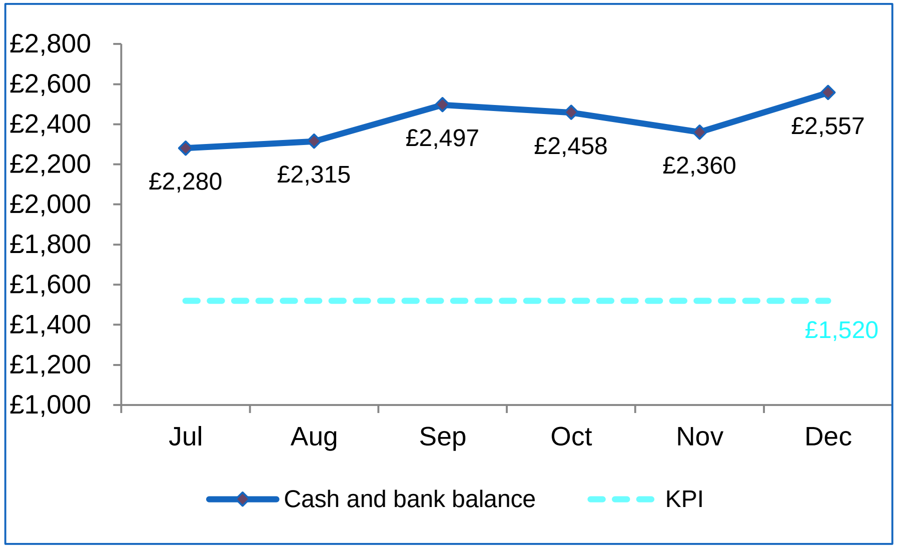
Indicator	Performance	RAG	Recent trend	Aim	Notes
Efficiency, economy and value: ensuring the HFEA remains demonstrably good value for the public, the sector and Government.					
Average number of working days taken for the whole licensing process, from the day of inspection to the decision being communicated to the centre.	57 working days	★		Maintain at 70wd or less	KPI: Less than or equal to 70 working days.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Monthly percentage of PGD applications processed within three months (66 working days). **Average number of working days taken.**	100% 52	★ ★		Maintain 100%	KPI: 100% processed (i.e. considered by LC/ELP) within three months (66 working days) of receipt of completed application.
Annualised (rolling year) percentage of PGD applications processed within three months (66 working days) **Average number of working days taken.**	100% 48	★ ★		Maintain 100%	KPI: As above. (Annualised score). Performance has reached target, and the annualised figure, which earlier was adversely affected by some complex multi-type applications received during the rolling year, has attained 100%.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Number of requests for contributions to Parliamentary questions	Total = 3	⇧		No KPI – tracked for general monitoring purposes.	Volume indicator.

Note: Last year's numbers were notably high. Many of those PQs related to the work we were then doing on mitochondria. However, figures are increasing markedly again in 2016 (January's figure is 18). However these are about a range of subjects, and none have been about mitochondria.

Number of Freedom of Information (FOI), Environmental Information Regulations (EIR) requests and Data Protection Act (DPA) requests	10	⇧		No KPI – tracked for general monitoring purposes.	Volume indicator. There does not appear to be any trend or predictability in the volume or focus of our FOI (and other) requests.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Staff sickness absence rate (%) per month.	2.4%	★		Maintain 2.5% or less	KPI: Absence rate of ≤ 2.5%. Public sector sickness absence rate average is eight days lost per person per year (3.0%).
Cash and bank balance	£2,557k	⇧		Reduce	KPI: To move closer to minimum £1,520k cash reserves (figure agreed with DH).

Note: January's balance is approximately 15% below December's levels - £2,185k – helped by payment of December bills.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes

Management accounts:

January 2016 accounts:

Income & Expenditure Account — Jan-2016

Accounting Period
Cost Centre Name
Department Name

	Year to Date			Full Year		
	Actual YTD £	Budget YTD £	Variance YTD £	Forecast £	Budget £	Variance £
Income						
Grant-in-aid	840	840	-	1,120	1,120	-
Licence Fees	3,419	3,513	- 94	4,025	4,120	- 94
Other Income	55	5	50	56	6	50
Total Income	**4,314**	**4,358**	**- 44**	**5,201**	**5,246**	**- 44**
Revenue costs - Charged to Expenditure						
Salaries	3,006	3,167	- 161	3,611	3,807	- 196
Other Staff costs	192	218	- 26	228	258	- 30
Authority/Committee costs	115	143	- 27	154	166	- 12
Other Compliance costs	46	33	13	62	39	23
Other Strategy costs	66	129	- 63	164	175	- 11
Facilities costs incl non-cash	277	296	- 19	339	355	- 16
IT costs costs	82	88	- 7	96	106	- 10
Legal costs	220	312	- 92	296	340	- 44
Professional Fees	66	55	11	78	68	10
Total Revenue costs	4,070	4,441	- 371	5,028	5,314	- 287
Total Surplus/(Deficit) before Capital & Project costs	**244**	**- 83**	**327**	**174**	**- 69**	**243**
Capital & Project - Reserves funded						
IFQ	537	864	- 327	945	1,135	- 190
Donor Support	8	16	- 8	8	20	- 12
Other Capital costs	74	-	74	100	100	-
TOTAL NET ACTIVITY	**619**	**879**	**- 261**	**1,053**	**1,255**	**- 202**

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes

Commentary:

Summarised management accounts – commentary for January 2016:

Income

Treatment fee income for the year to date is 3% down against budget and 2% below the same period in 2014-15.

We are forecasting a short fall of 2% compared to budget. The shortfall reflects the trend we have experienced over the last twelve months. We continue to keep a close eye on this.

Other income excluding interest on legal fees is 8% up on budget and we are expecting this to remain until year end.

Expenditure

Year to date non pay expenditure is 16% below budget at the end of January 2016.

There are underspends across directorates relating to publications, stakeholder relations, media and administration and legal costs (where we have been reimbursed some costs). These are offset by over spends on external inspection costs, and PGD application review fees which were not budgeted for.

Staff costs for the year to date are under budget by 5% and this has been affected by vacancies during the year.

A further review was conducted in early February. Before spend on IfQ, we are forecasting overall expenditure to be 8% lower than what we have budgeted. Subject to there being no surprises, it is likely that this will be maintained until year-end.

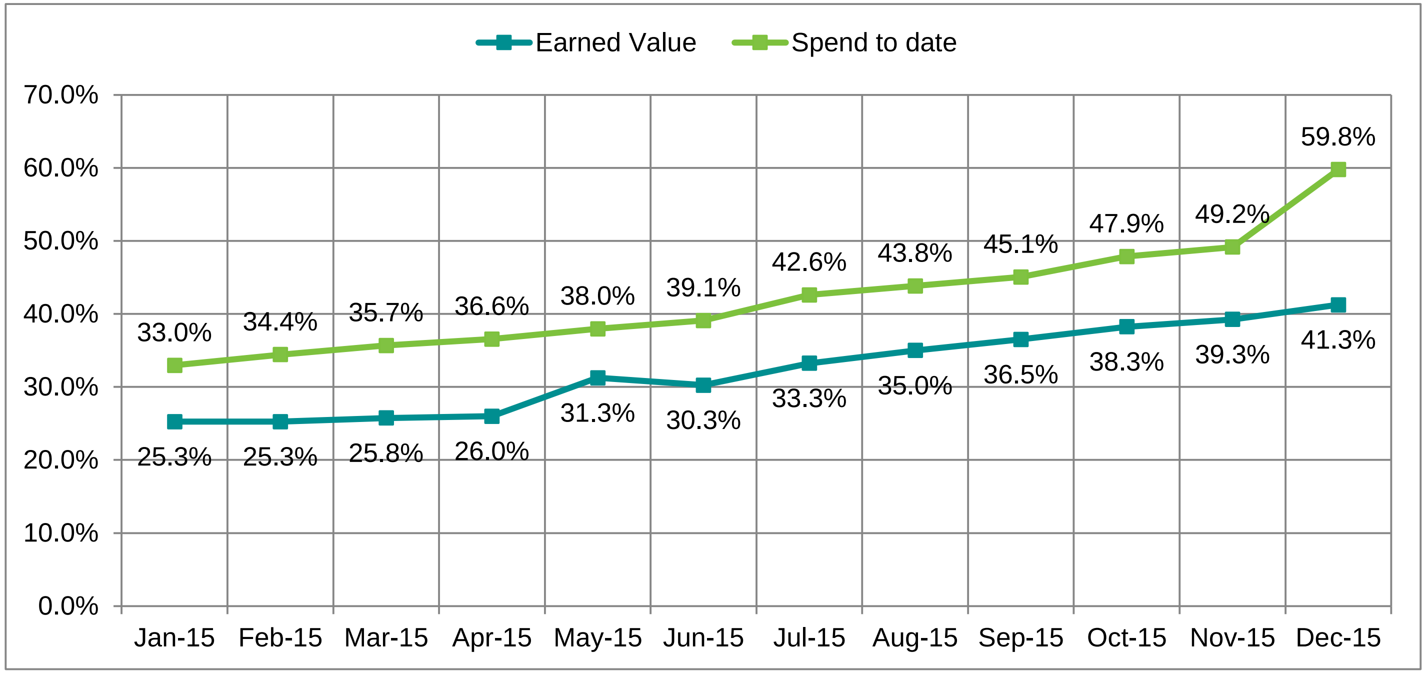
IfQ and other project costs

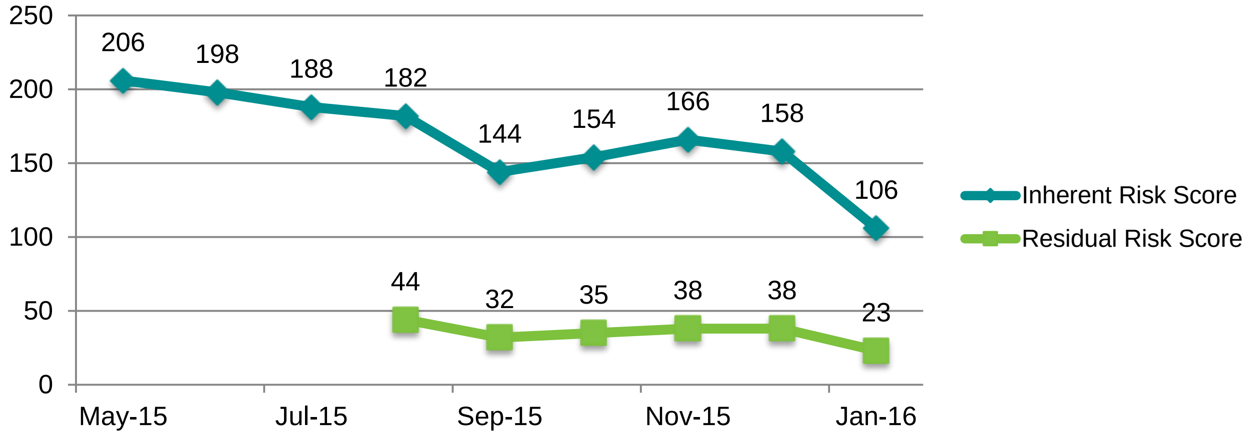
The pace of spend increased slightly in January (cumulative spend now at £537k compared to budget of £864k), with the year to date underspend increasing to 38%.

Our forecast at year end has been reviewed. We expect that £945k of our original total budget (£1,135k) will now be spent. There will be some carry-over to 2016/17 which may be in the region of £200k.

IfQ indicators: December update for Beta project phase

Frequency / trigger point	Metric	Purpose	Latest status:
At programme set-up / major reorganisation / new tranche	MSP health check overall score achieved / maximum score as a %	Is the programme set up to deliver?	The annual health check has been postponed until February. This piece of work has been delayed by IfQ handover work, including significant workload associated with updating the budget, contract sign-off for beta, sprint re-planning for beta, and daily project support activities.
Monthly	Timescales: burndown chart showing remaining estimate of work.	Is there scope creep/over-run?	In beta sprint two (in January) half of the assigned tasks were completed. The remaining tasks were either not started or part-completed, with outstanding actions reallocated to beta sprint three. We purposely over-allocated the first sprints of beta in order to give flexibility in the event of any blockage. Nonetheless, if the above trend were to continue this would have an impact on the timeline. Scope creep is being contained, however, and the beta deliverables have been confined to the minimum viable products (MVPs) identified in the product backlogs.
Monthly	Resource usage: The total number of days Reading Room are contracted to provide, vs the number of days consumed to date.	To monitor the rate of resource usage.	The external resources utilisation figures for beta (sprints 1 and 2) were provided by RR on 1 February 2015. This showed an above pro-rata consumption of the resource days in the first two sprints of beta. However we anticipate that in the last four sprints of beta the requirement for RR resources will be decreasing due to the GDS/DH planned downtime. This will continue to be monitored.

Freq-uency / trigger point	Metric	Purpose	Latest status:
Monthly	Cost: earned value (% complete * estimated spend at completion)	Is the spend in line with milestone delivery?	There are four things we can attribute value to: websites and CaFC; Clinic Portal; the Register and internal systems; defined dataset, discovery, stakeholder engagement etc. 25% of the value of the 1.8M programme cost at completion has been attributed to each project. The graph below shows earned value versus spend, to date. However, in practice, our main spend (payments to the main contractor, Reading Room), occurs only at the end of each phase of work, ie, not monthly. Our first major payment (for alpha phase work) was made in December, which causes the spend figure to jump upwards at that point. Now that we are in beta, and building products, we expect the earned value gradually to catch up with spend. The earned value only increased by two percent in December due to the majority of effort that month being invested into detailed beta planning and readjustment of the current timeline. The programme completed an important milestone when the DH GDS gateway assessment was successfully passed in January. 

Freq-uency / trigger point	Metric	Purpose	Latest status:
Monthly	Stakeholder engagement: combined stakeholder engagement score (internal plus external stakeholder events)	Are we keeping stakeholders with us? Is it getting better or worse?	There are monthly 'show and tell' sessions in place for staff. There was also an information giving session on IfQ at our all staff conference in December. We are holding external IfQ stakeholder group meetings monthly. In addition we are including articles about the IfQ programme in Clinic Focus and stakeholder publications. Total combined score (December) = 4.
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better (could identify death by a thousand cuts)?	The below line graph represents the overall IfQ risk score, which combines the perceived impact and likelihood of the current risks on hand each month. The overall risk score for the IfQ Programme has decreased as previous risks have been mitigated and closed. The largest proportions of our risk score are associated with resources, quality and development. More information is available in the risk log regarding severity and rating. In January, a thorough comb of the risk log was done, resulting in the closure of some risks – this can be seen in the graph below. 

Freq-uency / trigger point	Metric	Purpose	Latest status:
Quart-erly	Benefits: value (£) of tangible benefits planned to be delivered by the programme	Is the value of the benefits increasing or decreasing – could trigger a review of the business case?	The benefits realisation value should be reviewed based on the business case; this will be looked at during the next IfQ Programme Board meeting. No issues have been raised regarding benefits realisation to date.