Authority paper

Strategic delivery	Setting standards		Increasing and informing choice		Demonstrating efficiency, economy and value	☑
Paper title	**Strategic performance report**					
Agenda item	**6**					
Paper number	HFEA (08/07/2015) 758					
Meeting date	8 July 2015					
Author	Paula Robinson, Head of Business Planning					
For information or decision?	Information					
Recommendation	The Authority is asked to note and comment on the latest strategic performance report.					
Resource implications	In budget.					
Implementation	Measurement of most indicators is on a monthly basis.					
Communication	CMG reviews performance in advance of each Authority meeting. The Department of Health reviews our performance at each DH Update meeting. The Authority will receive this summary paper at each meeting, enhanced by additional reporting from Directors.					
Organisational risk	Medium, given limited resources and a challenging strategy and workplan.					
Annexes	A: Strategic Performance Report					

HUMAN FERTILISATION & EMBRYOLOGY AUTHORITY

1.   Introduction

1.1.   The attached paper summarises the main performance indicators up to the end of April 2015, following discussion by the Corporate Management Group (CMG) at its June performance meeting.

1.2.   Overall performance is good, with very few performance measures in the red, and good progress towards our strategic aims.

2.   Recommendation

2.1.   The Authority is asked to note the latest Strategic Performance Report.

HFEA performance scorecard

Summary section

| Dashboard |
|---|

Strategic delivery totaliser
(see commentary for more detail)

Strategic milestones: Aug 2014 - Jul 2017
Position for April 2015

Standards **10** 27

Choice **8** 21

Value **6** 28

Delivered to date / for later delivery

Setting standards:
critical / major recommendations on inspection

Oct: Total 10, 9
Nov: Total 11, 10
Dec: 6, 6
Jan: 9, 9
Feb: 17, 15
Mar: 18, 12
Apr: 9, 7

■ Total critical + major ■ Critical □ Major
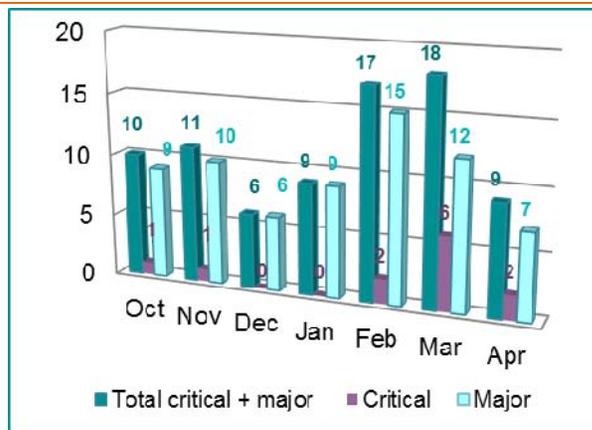
Increasing and informing choice:
public enquiries received (email)

This year: 98, 93, 102, 111, 105, 144, 146
Last year: 88, 94, 63, 81, 91, 86, 97

Oct Nov Dec Jan Feb Mar Apr

— This year
— Last year

Overall status - performance indicators:

Red 2
Amber 5
Green 23
Neutral 30

■ Red ■ Amber ■ Green ■ Neutral
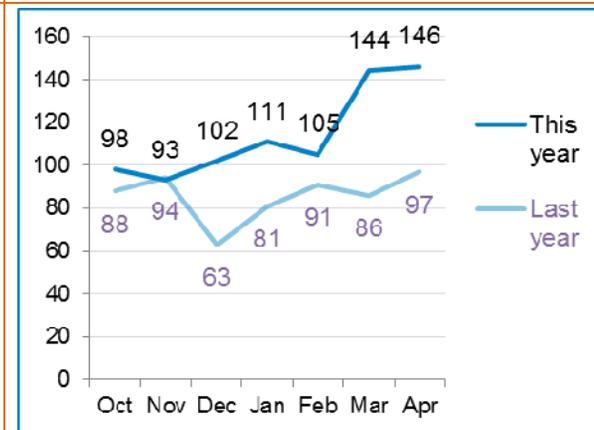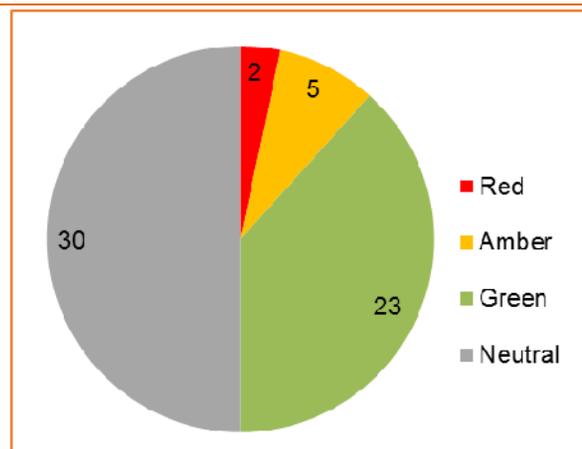
(See commentary for more detail.)

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

10,008

The budget has been set to achieve zero surplus/deficit (break even). The forecast position will be assessed and added after the first quarter.

— Surplus / Deficit (£)

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar
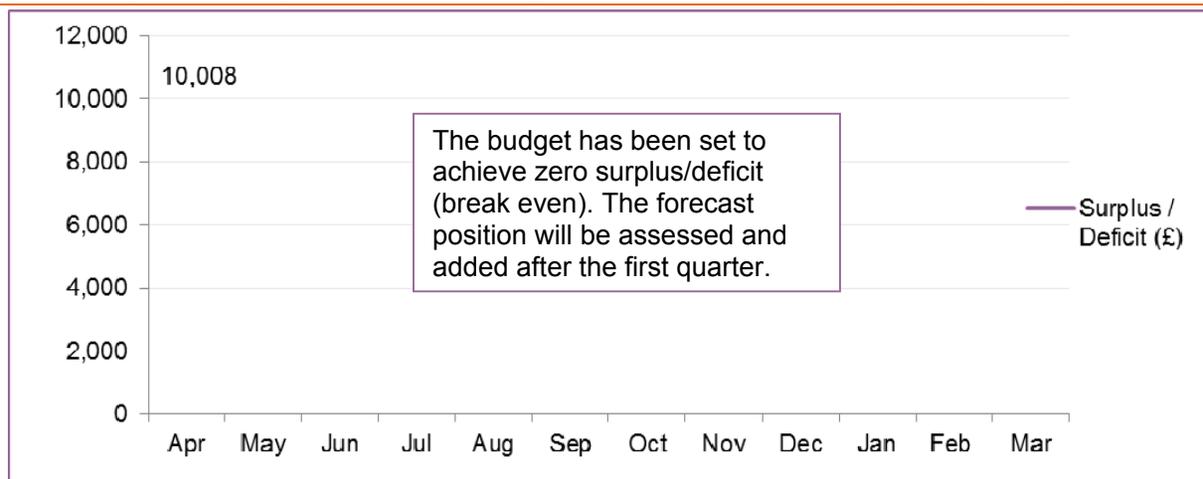
Dashboard Commentary

Strategic delivery – summary:
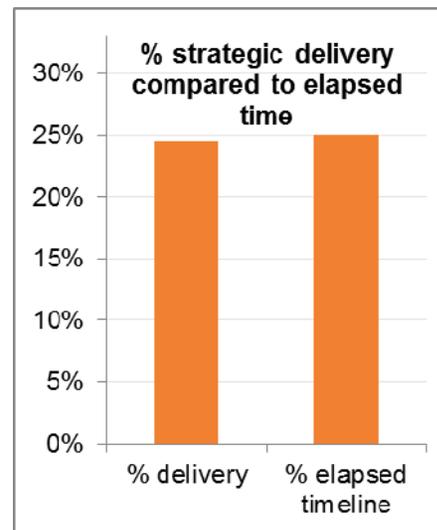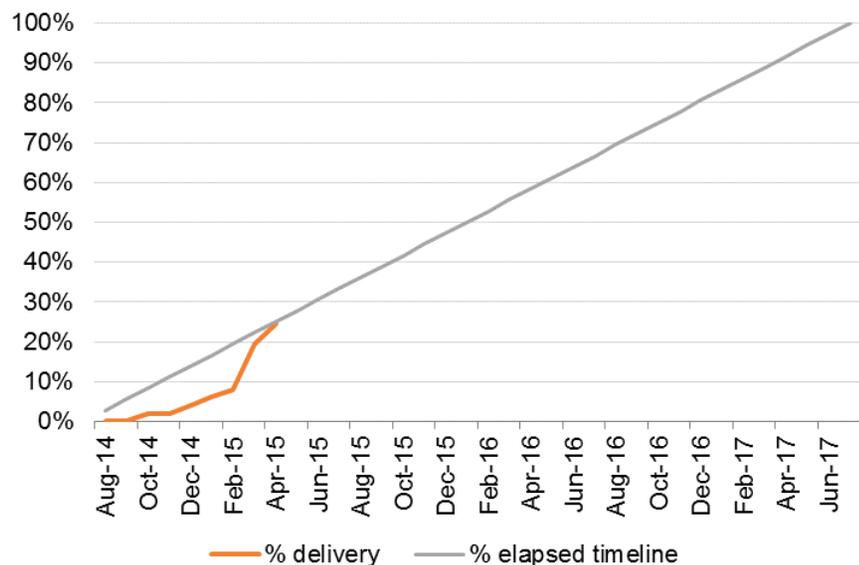
We are broadly on track, with just under 25% of items completed at one quarter of the way through the three year strategic period. The calendar of deliverables will be reviewed thoroughly following the first phase of Information for Quality (IfQ) programme delivery.

Setting standards

With the aim of ensuring high quality safe care, we have completed a range of advisory work on mitochondrial replacement techniques, and are currently creating new licensing processes, in preparation for an implementation date for the new regulations of 29 October. We have assured standards and safety by delivering our full year's programme of inspection and licensing, with a particular focus on quality and safety of care and on learning from incidents and adverse events in the sector, and by participating in EU competent authorities meetings. We have made process improvements to make the patient experience a more explicit consideration in our assessment of clinics' performance. This has been partially delivered through our approach to unannounced inspections, which incorporates more patient feedback. There will be further developments through the planned IfQ work on the presentation of Choose a Fertility Clinic (the majority of which is for delivery by the end of 2015/16).

We have continued to engage with patient and donor organisations so as to inform our future work and drive up quality. Recent engagement events have included a Lifecycle group meeting in February, attendance at the Association of Fertility Patient Organisations (AFPO) conference in April, and collaborative work with the sector on a range of strategy topics at our own Licensed Centre Panel and Professional Stakeholders Group meetings in April.

With the aim of increasing the awareness by clinics of their role and obligations with respect to donation, we have done work to ensure that clinics prepare patients adequately for donation, and that they understand their important lifelong role as a provider of accurate information about past donation treatments. We have also established, through our IfQ programme consultation, what the HFEA might do in collaboration with stakeholders and professional organisations regarding information about the availability of donor eggs and sperm (gametes), so that an accurate picture of the UK position can be established.

We considered whether we could perhaps work with professional groups in some way so as to optimise success rates. We subsequently concluded that the HFEA could not itself drive any increase in success rates. Instead we will continue to focus on ways in which we can constructively feed back to the sector the information that we hold about performance, quality and safety, with the aim of encouraging improved quality of care for patients (not only with respect to success rates).

June saw the start-up of our counselling support service pilot, improving the availability of counselling support for donor-conceived people wishing to access information held on the HFEA Register. The start-up was delayed by two months, owing to initial difficulties in identifying a supplier who could deliver the contract within our budget. The success of the three year pilot will be gauged at annual intervals.

Increasing and informing choice

We enhanced our provision of information to the public and feedback on performance to the sector by publishing our 6-monthly udpates of CaFC information in both October and April, and published 'Fertility treatment in 2013' in December. We also published our statistical report on donation and donor conception in October, and ran a successful Annual Conference in March.

We have been working to ensure that patient views and needs are better incorporated into our work, by increasing our dialogue with patients in relation to policy developments and decisions. There will be more emphasis on creating improved channels for more effective dialogue through our IfQ delivery.

Our ultimate goal is to increase and inform patients' choices, by improving the presentation of information on CaFC, ensuring other information on our website is relevant and of high quality, and adding new information to the redeveloped website about available treatments, scientific research and other fertility subjects. To this end, we have started to explore how CaFC could be made easier to use, and identified a range of improvements which have formed the basis of the IfQ business case and tendering requirements. We are also now able to commence the first phase of redevelopment our website, which will allow for better patient feedback, improved transparency, and more interactive dialogue with our audiences.

Receiving the various required IfQ programme approvals from the Department of Health and the Government Digital Service took significantly longer than anticipated (over 4 months). In the end, approval for the systems element was obtained at the end of April, along with partial approval for the

digitial element (redevelopment of the website and associated actions). Further approvals will need to be sought after the initial phase of the digital work, which may lead to further delays. We are working to avoid this scenario by putting various mitigations in place, including ongoing dialogue with GDS throughout the initial (approved) phase of the work. The approval delay means that we have not yet begun to redevelop our website, and so this action is behind schedule.

Alongside all of these new and future developments, we have also continued to maintain the Register of treatments and outcomes, and continued to support clinics in reporting the important data it holds.

Efficiency, economy and value

We have met our aim of delivering good value to stakeholders by ensuring that set-up and planning work on IfQ projects went ahead efficiently during the 4 month period while we were awaiting the required approvals to start the substantive work. This ensured we made best use of the time and were prepared to go ahead with tendering as soon as the approvals were received. A detailed plan for the information systems project was produced in February, and a data migration strategy was agreed in March. The required approval, originally due in December, was obtained at the end of April.

A key aim of the IfQ programme is to modernise, and make more efficient, our Register function and processes. We furthered this aim through completing the main elements of the data dictionary project (by March, with some ongoing work throughout the current 2015/16 business year), and through early work to determine the scope for recalibrating the current data validation and correction regime (also completed in March).

We also continued to evidence our value to the sector by engaging openly with clinics about fees. A meeting of the fees group was held in April so as to ensure appropriate continued accountability for, and dialogue about, fee rates.

Red/amber/green status of performance indicators

The two red indicators shown in the 'overall status - performance indicators' pie chart on the dashboard are as follows:

The average number of working days from the day of inspection to the day the draft report is sent to the PR decreased to only 16 working days, but only 43% of the seven reports due during the month of April were sent to the clinic within 20 working days (compared to a target of 90%). This means that four reports went to clinics later than target. However none of the four took longer than 25 working days, and in all four cases this was because of a particular issue that was complex to resolve, and not because of any intrinsic or consistent issue with our processes or capability.

The annualised rolling figure for the processing of HLA applications continues to be affected by delays in obtaining needed information from centres during the processing period. Our target is to process 90% of applications to committee stage within 30 working days of receipt. We are currently performing at an annualised rate of 40%, with the average time taken being 41 working days. In April, two applications were delayed awaiting information, which is now expected to be received in June. These types of delays will continue to affect the annualised picture significantly, due to the very small number of HLA applications we receive (because each individual application constitutes a high percentage of the total).

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Quality and safety of care

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

- No. of risk tool alerts (and themes)
- Common non-compliances (by type)
- Incidents report (and themes)

In addition, we have developed the items below as quality and safety of care proxies. The figures below were run on 5 June 2015 (in readiness for the CMG performance meeting).

ESET split by private/NHS:

Funding	Year					
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
NHS Funded eSET	4292	4902	6262	7867	8433	3749
Private eSET	3422	4629	5695	6853	7715	3547

Funding	Year					
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
NHS Funded eSET	7.4%	8.1%	10.4%	12.7%	13.3%	14.3%
Not recorded as eSET	33%	32%	30%	29%	28%	27%
Private eSET	5.9%	7.6%	9.5%	11.1%	12.2%	13.5%
Not recorded as eSET	53%	52%	50%	48%	46%	45%

Graph: eSet % trends NHS/private:
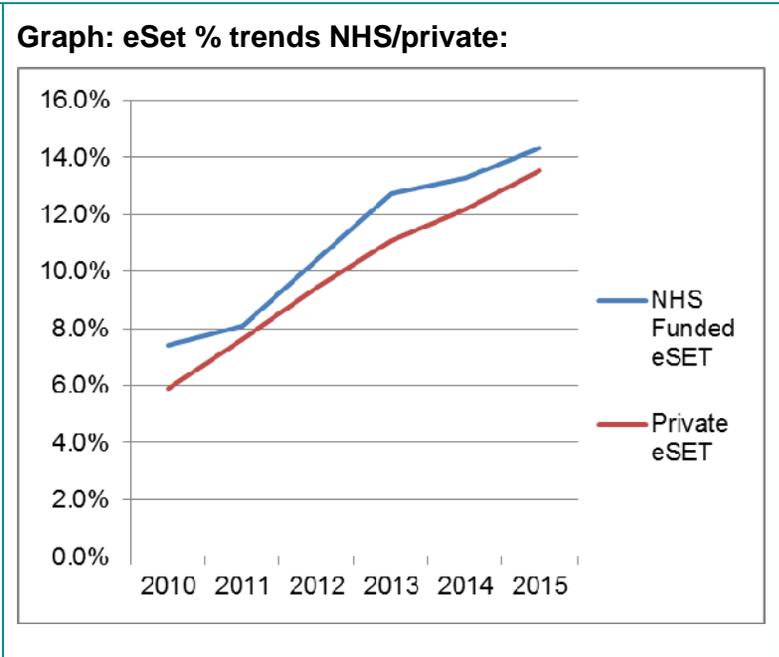
Explanatory text:

Looking at all IVF treatment forms; counting those records that the centres recorded as eSET.

2015 figures are (obviously) only partial.

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

Years	All cycles	Pregnancies	Pregnancy rate
2010	58015	16116	27.78
2011	60569	16895	27.89
2012	60227	17453	28.98
2013	61825	18648	30.16
2014	63444	19577	30.86

Graph showing the pregnancy rate over recent years:
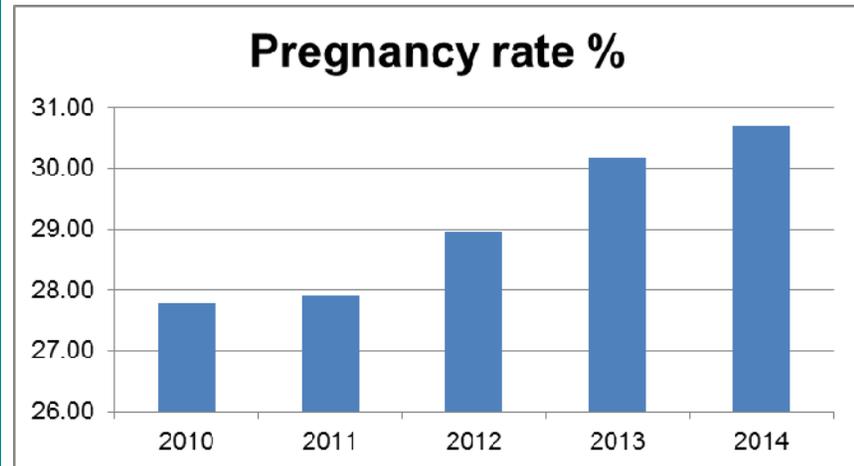
Explanatory text:

Looking at all IVF treatment forms

Providing a count of pregnancies - as recorded on the early outcome form. 2015 data is not complete enough to be included, as yet, owing to reporting lag on pregnancies.

Key performance and volume indicators – April:

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**	6 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% (29)	⭐		Maintain at 100%	KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time)

[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 – above.		
Increasing and informing choice: ensuring that patients have access to high quality meaningful information.					
Number of visits to the HFEA website (cw previous year)	138,898 105,988	⇩	145444 135210 135778 132132 143798 138898 108872 101166 107624 86466 107518 101408 115899 105988 —— This year —— Last year	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'.
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.	55 working days	⭐	100 94 80 70 74 60 54 61 55 56 40 Oct Dec Feb Apr	Maintain at 70wd or less	KPI: Less than or equal to 70 working days.
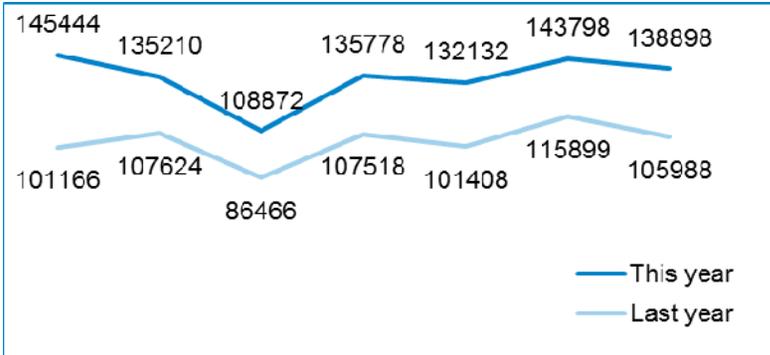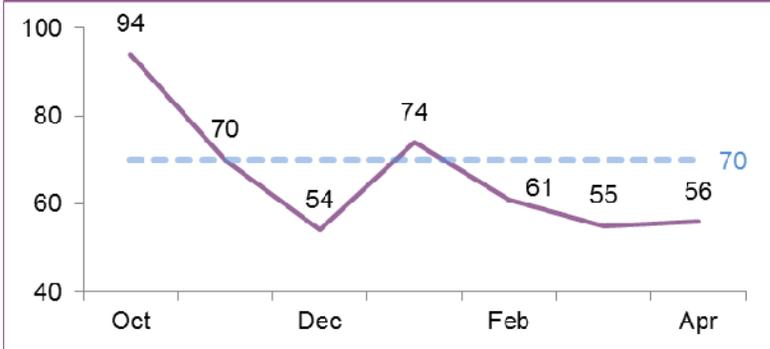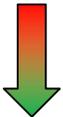
Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Monthly percentage of PGD applications processed within three months (66 working days). **Average number of working days taken.**	100% 44	⭐		Reach and maintain 100%	New KPI: 100% processed (i.e. considered by LC/ELP) within three months (66 working 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.**	91% 52	⇔		Reach and maintain 100%	KPI: As above. (Annualised score). Performance has reached target, but the annualised figure is still being adversely affected by complex multi-type applications received during the rolling year, which take longer to process.
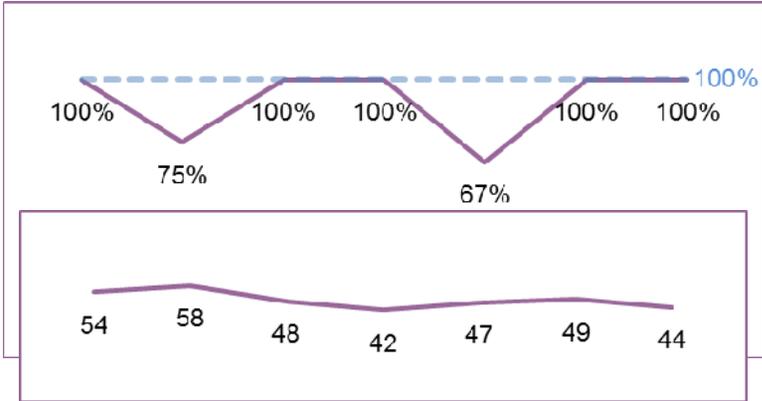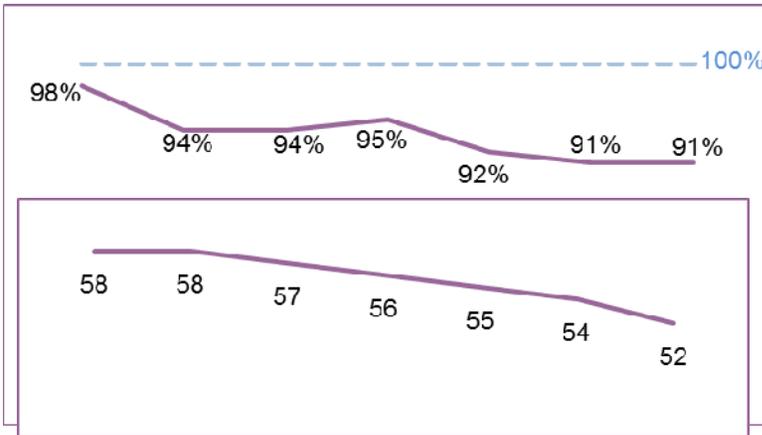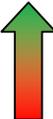
Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Number of requests for contributions to Parliamentary questions	April: total = 0 (owing to the General Election)	⬇		No KPI – tracked for general monitoring purposes.	Volume indicator (a KPI focusing on turn-around times is also tracked – not shown in this graph). The number received in January 2015 was nine times that received in January 2014.
Number of Freedom of Information (FOI), Environmental Information Regulations (EIR) requests and Data Protection Act (DPA) requests	7	⬇		No KPI – tracked for general monitoring purposes.	Volume indicator (a KPI focusing on turn-around times is also tracked – not shown in this graph).
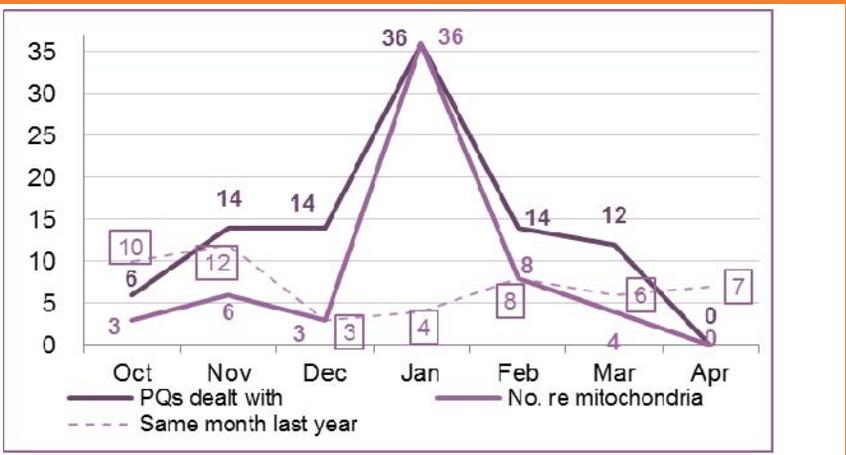
Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Staff sickness absence rate (%) per month.	0.4%	⭐		⬇ Maintain 2.5% or less	KPI: Absence rate of ≤ 2.5%. Public sector sickness absence rate average is eight days lost per person per year (3.0%).
Cash and bank balance	£2,323k	⇧		⬇ Reduce	KPI: To move closer to minimum £1,520k cash reserves (figure agreed with DH).
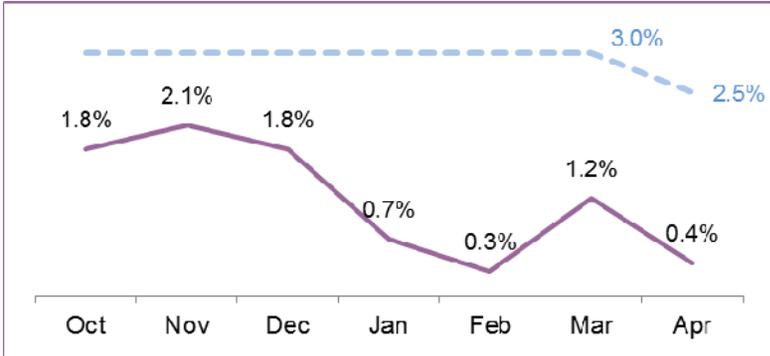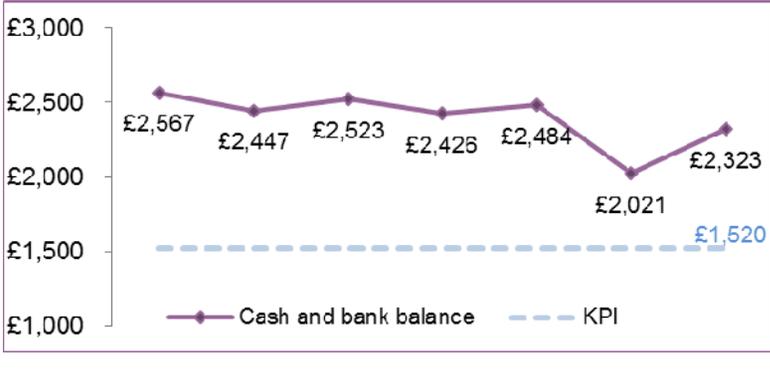
Indicator	Performance RAG	Recent trend[1]	Aim[2] Notes

Management accounts:

Income & Expenditure Account   `Apr-2015`

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	-	-	-	1,120	1,120	-
Licence Fees	384	393 -	10	4,110	4,120 -	10
Other Income	50	1	50	56	6	50
Total Income	**434**	**394**	**40**	**5,286**	**5,246**	**40**
Revenue costs - Charged to Expenditure						
Salaries (excluding Authority)	208	224	16	2,744	2,744	-
Shared Services	8	8	-	91	91	-
Employer's NI Contributions	17	20	3	247	247	-
Employer's Pension Contribution	45	47	2	579	579	-
Authority salaries inc. NI Contributions	12	12 -	0	146	146	-
Temporary Staff costs	-	-	-	-	-	-
Other Staff costs	23	15 -	8	265	258	7
Authority/Committee costs	7	11	4	162	166 -	4
Other Compliance costs	7	3 -	4	43	39	3
Other Strategy costs	4	19	14	161	175 -	14
Facilities costs incl non-cash	27	30	3	352	355 -	3
IT costs costs	11	9 -	2	108	106	2
Legal costs	62	84	22	318	340 -	22
Professional Fees	- 6	6	12	56	68 -	12
Total Revenue costs	424	487	63	5,272	5,314 -	43
Total Surplus/(Deficit) before Capital & Project costs	10 -	93 -	22	14 -	69	83
IFQ & Other Project costs - Reserves funded	29	31	2	1,118	1,120 -	2
Other Capital costs	-	-	-	-	-	-
TOTAL NET ACTIVITY	- 19 -	124 -	24	- 1,104 -	1,189	85

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Commentary:	April 2015				
	Income for the month of April was approximately 40% more than budgeted. This was due to interest received from one clinic for delays in paying our treatment invoices. Treatment fees were 3% down on the same period last year. Costs for April were 13% down on budget. April is the beginning of the financial year and no significant issues have been identified.				

IfQ indicators: (NB The majority of IfQ indicators are pending full start-up of the programme)			
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?	**April:** Annual health check score not yet available.
Monthly	Timescales: burndown chart showing remaining estimate of work.	Is there scope creep/over-run?	**April:** Measure to follow once plans are fully in place to measure against.
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; Register and internal systems; defined dataset, discovery, stakeholder engagement etc. Currently, 25% of the value of the 1.8M programme cost at completion has been attributed to each project. We will re-baseline this measure shortly, when delivery starts. For the present position, as at the end of a defined dataset and discovery: Due to extended approval delays, the programme spend to date has increased without anything further being delivered since the last period. (In July, subject to the successful appointment of suppliers, delivery should be able to commence.) Meanwhile, our current estimate of earned value to date is shown below.

Earned value

Project	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15
Websites and CaFC	0	0.25%	0.25%	0.25%	0.25%
Clinic Portal	0	0.25%	0.25%	0.25%	0.25%
Register and internal systems	0	0.25%	0.25%	0.25%	0.50%
Discovery	24%	24.5%	24.5%	25.00%	25.00%
IfQ Total earned value	**24%**	**25.3%**	**25.3%**	**25.75%**	**26.00%**
% of spend to date	**35%**	**36%**	**38%**	**41.25%**	**68.95%**

Monthly	Quality: category A requirements dropped or postponed during this period	Are key requirements being lost from the programme which could trigger a change in the business case?	**April:** To be worked up once suppliers are in place.
Monthly	Stakeholder engagement: combined stakeholder engagement score	Are we keeping stakeholders with us? Is it getting better or worse?	**April:** Discussion within the Programme is needed as to how to measure this now that the initial stakeholder consultation period to inform the business case has come to an end. A method for capturing this will need to be built into stakeholder plans for each project – might need to report quarterly.
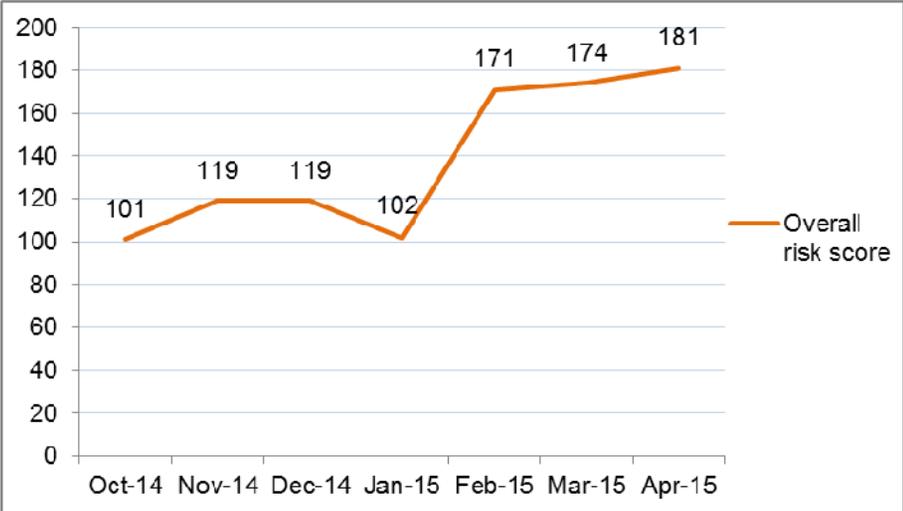
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better (could identify death by a thousand cuts)?	**April:** Risk score from end of April = 181
Monthly	Software: burndown chart	Shows new items added and estimated delivery of the product backlog (or items marked for delivery)	**April:** To be worked up once the product backlog is in place (during the early period of delivery, following full approval and completion of tendering).
Quarterly	Benefits: value (£) of tangible benefits planned to the delivered by the programme	Is the value of the benefits increasing or decreasing – could trigger a review of the business case?	**April:** No figure available at this stage - to be worked up post-approval and completion of tendering.