

# 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 (16/11/16) 812
Meeting date	16 November 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)	<p>CMG reviews performance in advance of each Authority meeting, and their comments are incorporated into this Authority paper.</p> <p>The Department of Health reviews our performance at each DH Update meeting (based on the CMG paper).</p> <p>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.</p>
Organisational risk	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High
Annexes	Annex 1: Strategic performance report

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## **1. Introduction**

- 1.1.** The attached paper summarises the main performance indicators, following discussion by the Corporate Management Group (CMG) at its October performance meeting.
- 1.2.** The data relates to the position at the end of September 2016.
- 1.3.** Overall performance is good, and we are making good progress towards our strategic aims.

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## **2. Recommendation**

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

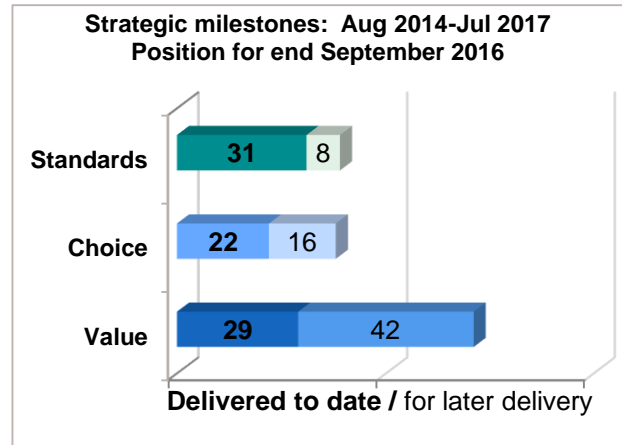
# HFEA strategic performance scorecard

## 1. Summary section

### Dashboard – September data

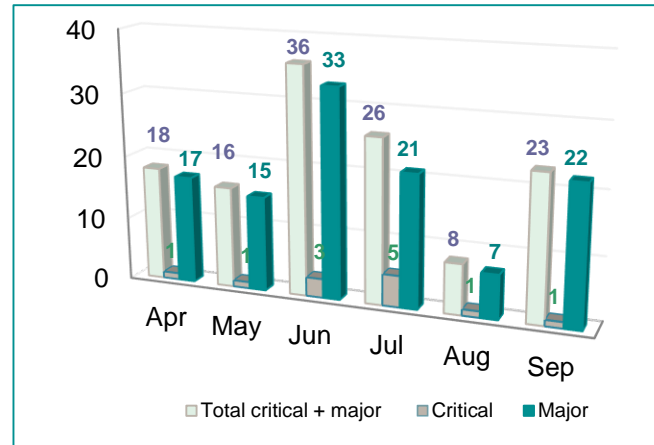
#### Strategic delivery totaliser

(see overleaf for more detail)



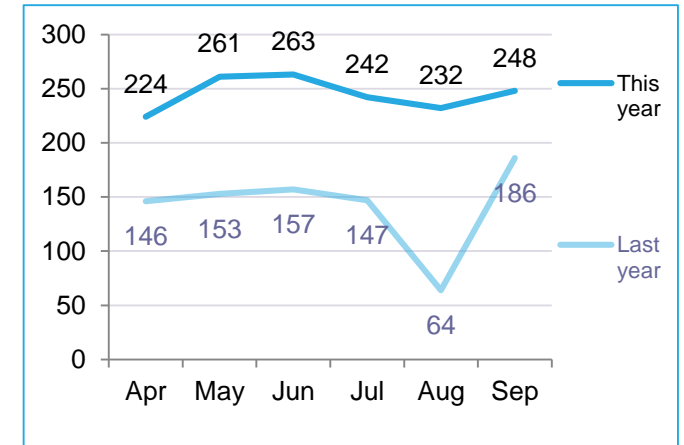
#### Setting standards:

critical and major recommendations on inspection



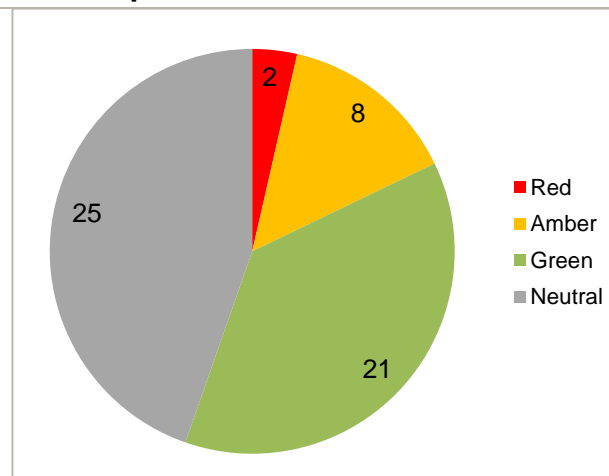
#### Increasing and informing choice:

public enquiries received (email)



Regarding public enquiries, we intend to analyse the themes and trends, and review this at the next Corporate Management Group Performance meeting.

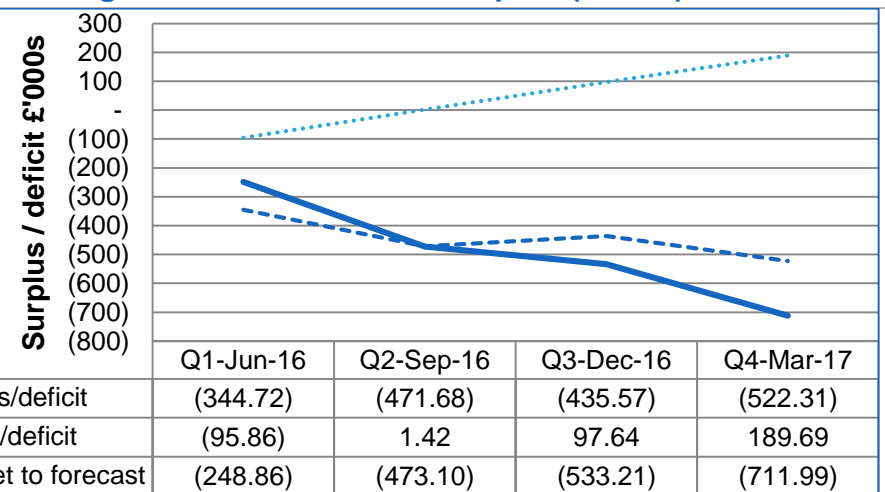
#### Overall performance - all indicators:



(See RAG status section for detail.)

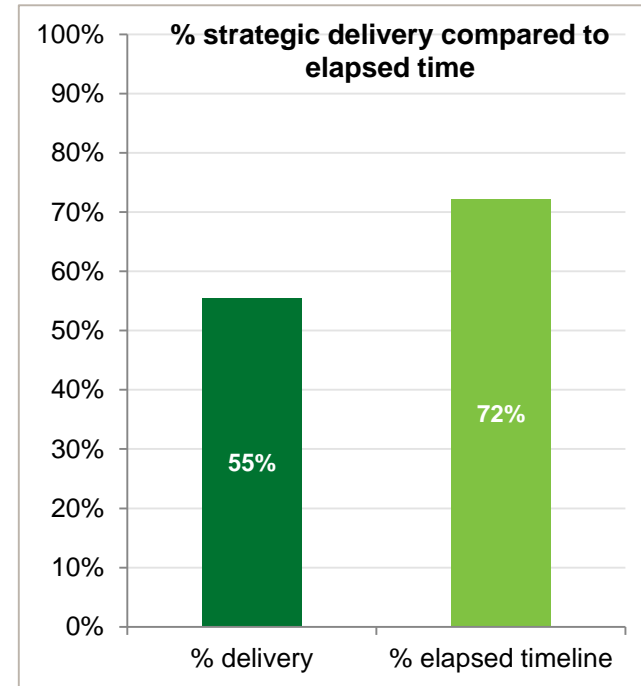
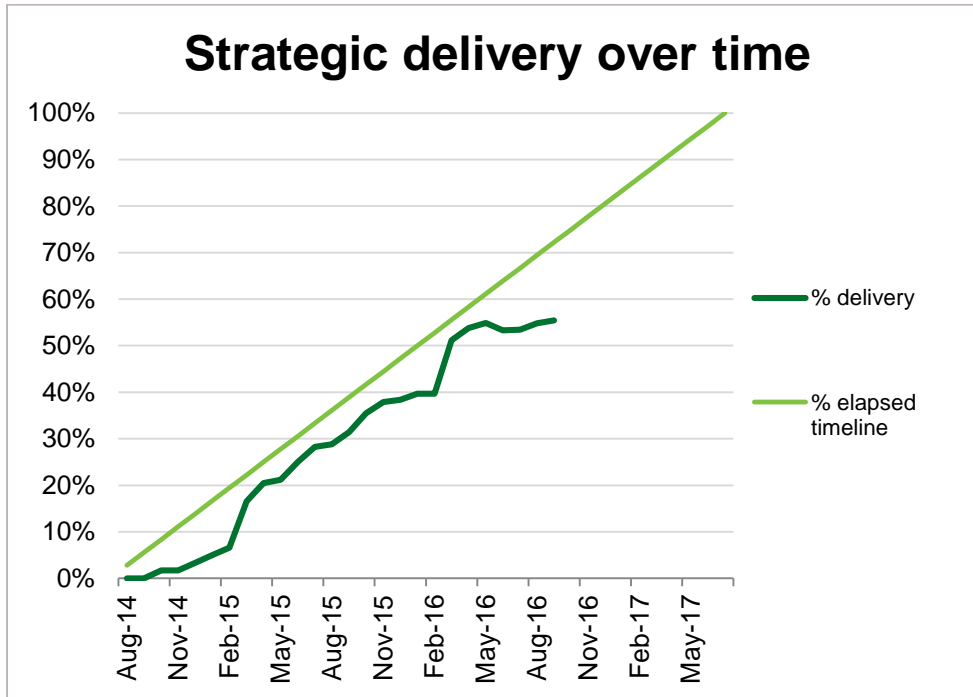
#### Efficiency, economy and value: Budget status: cumulative surplus/(deficit)

Net position over the year - how we perform against budget. At the end of September (Q2) we are more or less break even against budget. This is mainly due to the increase in our treatment fee income. For the full year we are forecasting a surplus of £190k net of IfQ. With capitalisation of IfQ and the upward trend in our income, our surplus will be greater.



## Dashboard - Commentary

### Strategic delivery (to end of September) – summary:



Progress on the Information for Quality Programme, IfQ, has been impeded by a number of issues, including legal challenge, supplier resource restrictions and development complexities during the beta phase of work. This means that a number of the due milestones from July to September have necessarily been deferred to later dates. A new timeline is now in place, which includes new GDS gateway approval dates for each product (the clinic portal and the website). Other milestones have been delivered on time, and the IfQ programme milestones will still be delivered within the overall strategic period, albeit later than first planned. Our staff are working extremely hard to ensure that the beta phase can be completed as soon as possible for both products, and are simultaneously commencing work in earnest on the internal systems and EDI elements of the programme, which together with a second release of the clinic portal, will comprise IfQ release 2 next spring.

## Strategic delivery in July-September:

### Setting standards

In July, CMG received a report back from the bi-annual meeting of the EU Competent Authorities, held in June.

In September, the annual set of Compliance reports were delivered to the Authority meeting as planned, incorporating analysis of the latest trends. The areas covered were risk tool alerts and themes, common non-compliances, and incidents.

### Increasing and informing choice

A number of linked milestones have been rescheduled owing to the earlier legal action in relation to the new website. The affected milestones are:

- Delivery of key elements of the new website, including the patient feedback mechanism and the new CaFC design (rescheduled for January 2017)
- Getting the new website design ready for GDS go-live gateway review (rescheduled for late January 2017)
- Live website delivery (rescheduled for February 2017)
- Making better use of website feedback mechanisms, video content and social media integration (a post-live benefit, so this will be rescheduled for February 2017)

We were however still able to finalise our mechanisms for producing and publishing informative and accurate material when new treatment options emerge, working in collaboration with clinics and experts. This information will eventually allow patients to be better informed and better placed to deal with treatment issues and decisions. We will regularly publish information about new treatment options on the new website, once it goes live, and we have established mechanisms via SCAAC to enable this. Our existing information about available treatments has also been rewritten and expanded for the new website.

### Efficiency, economy and value

There were five IfQ milestones originally due in this area for July, all of which were delayed. These are:

- Go-live GDS gateway review of release one of the clinic portal – this has been rearranged for November, following some resource loss into the website side of the programme and some technical development difficulties leading to additional problem-solving being necessary during public beta.
- Delivery of live release one of the clinic portal – this should now take place in early December, following our GDS gateway assessment in November.
- Go-live GDS gateway review of the new website and CaFC – this has been rescheduled for late January.
- Delivery of the completed new CaFC functionality – this has been deferred to February, following on from our go-live GDS review.
- Completion of data migration trial load one – this was delayed by resource diversions within the team, but was subsequently completed in September.

In August, both the clinic portal and website were able to enter the public beta phase, following a successful GDS gateway review. Two milestones that were due in September will now follow later, owing to the delays referenced above. These are the completion of trial loads and cleansing in the lead up to data migration, and delivery of key Register elements to achieve our goals for better data quality, including a successful migration to the new Register.

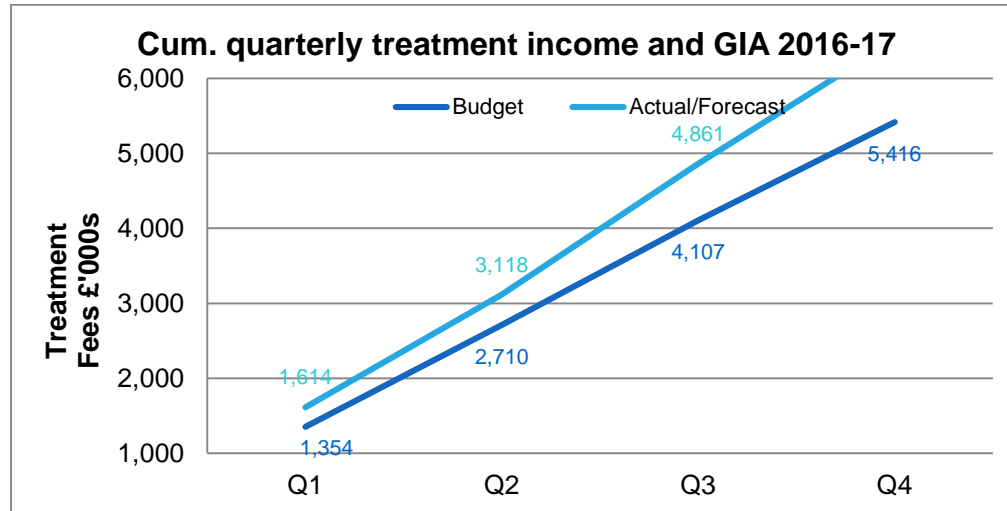
## **Red/amber/green status of performance indicators - September 2016**

The two red key performance indicators (KPIs) shown in the 'overall status - performance indicators' pie chart on the dashboard both relate to an unavoidable delay in finalising the minutes for one particular set of Committee items.

No projects were on a red risk rating in July-September.

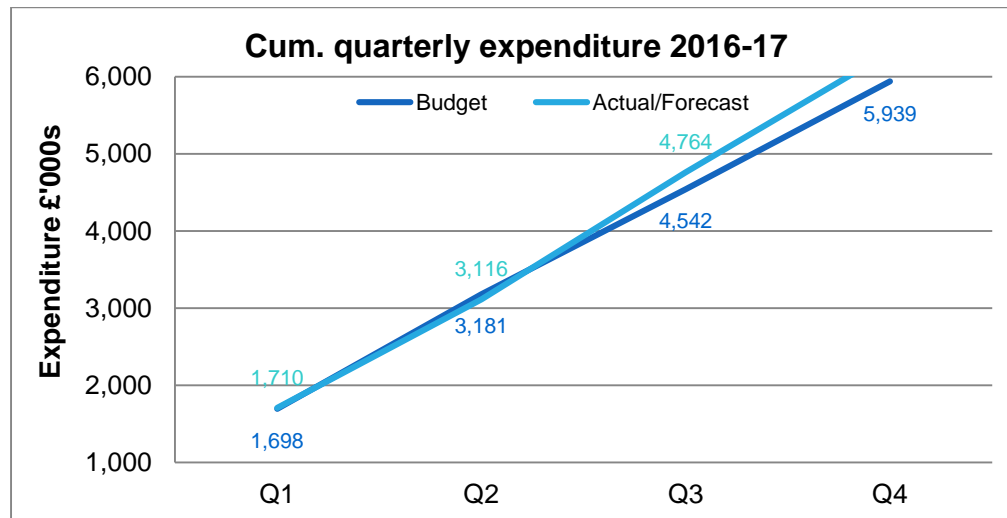
## Budget status – September data

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



This graph shows our budgeted (planned) income including grant-in-aid (GIA) compared to actuals and our best forecast for the remaining 6 months (2 quarters).

As of month six (September 2016) we have exceeded our budgeted income by £409k. We continue to monitor this and review our treatment fees to ensure there are no surprises in store.



This graph is the second component that makes up the surplus/deficit. This includes costs relating to IfQ, although they are being funded from reserves and will be transferred to the balance sheet at year end.

At the end of Q2 we have conducted further review of our costs and have held meetings with Directorates to ensure we have the most up to date information with regards future business and in particular costs for IfQ which are included. There is a £400k difference between the budgeted expenditure and our forecast. This is largely due to an increase in legal costs and IfQ.

## Quality and safety of care

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

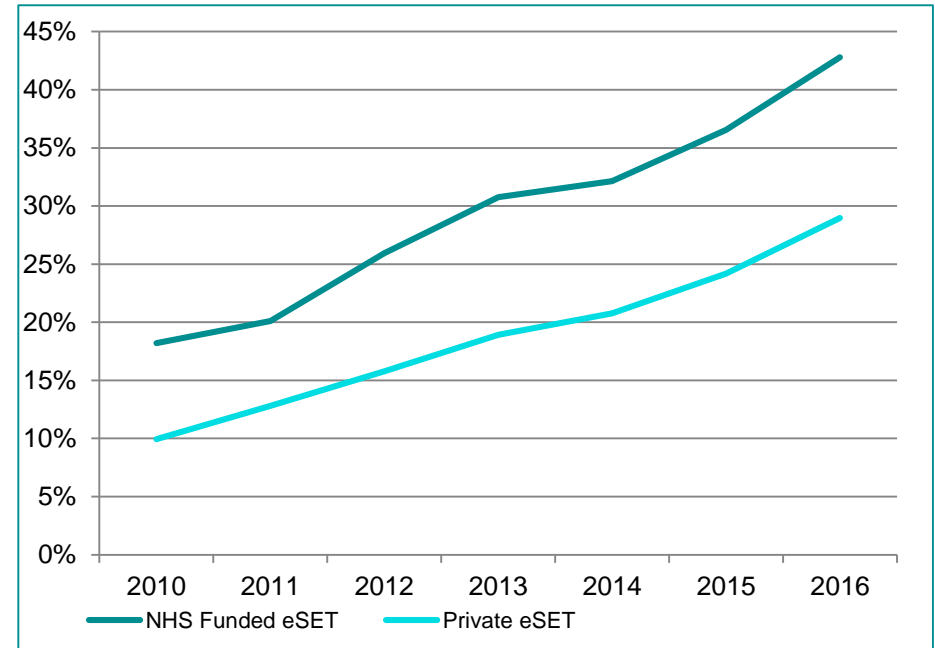
- number of risk tool alerts (and themes)
- common non-compliances (by type)
- incidents report (and themes).

The following figures and graphs were run on 21 October 2016.

### ESET split by private/NHS:

Funding	Year						
	2010	2011	2012	2013	2014	2015	2016
<b>NHS Funded:</b>							
Recorded as eSET	4289	4903	6264	7870	8444	9748	9348
	7%	8%	10%	13%	13%	15%	17%
Not recorded as eSET	19287	19490	17870	17719	17824	16923	12497
	33%	32%	30%	29%	28%	26%	23%
Relative eSET %	18%	20%	26%	31%	32%	37%	43%
<b>Private:</b>							
Recorded as eSET	3422	4630	5699	6857	7737	9344	9229
	6%	8%	9%	11%	12%	14%	17%
Not recorded as eSET	31024	31547	30398	29393	29514	29313	22637
	53%	52%	50%	48%	46%	45%	42%
Relative eSET %	10%	13%	16%	19%	21%	24%	29%

Graph: eSet % trends NHS/private:



**Explanatory text:** Showing the total of all reported IVF treatment forms and counting those that the clinics recorded as eSET

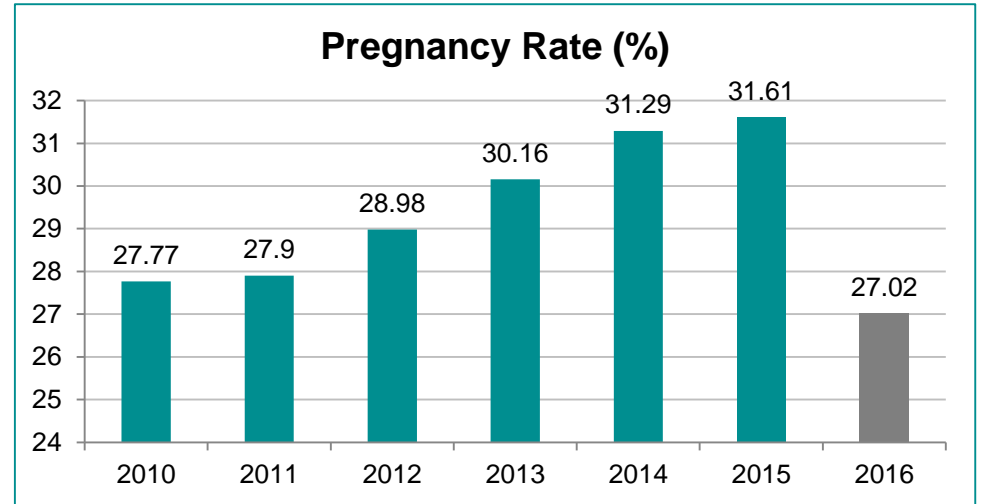
From February 2016 data onwards, we updated this graph to display the relative percentages of eSET for NHS and privately funded cycles, rather than the percentage of all treatments as was previously shown. This relative approach gives a clearer picture, given that the number of overall cycles completed in the private sector is significantly higher than the number of NHS cycles. We have retained the raw figures in the table, so that the 'all treatment' numbers can still be seen as well.



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

Years	All cycles	Pregnancies	Pregnancy rate %
2010	58022	16112	27.77
2011	60571	16897	27.90
2012	60231	17455	28.98
2013	61839	18652	30.16
2014	63519	19876	31.29
2015	65328	20653	31.61
2016	53712	14515	27.02

Graph showing the pregnancy rate over recent years:


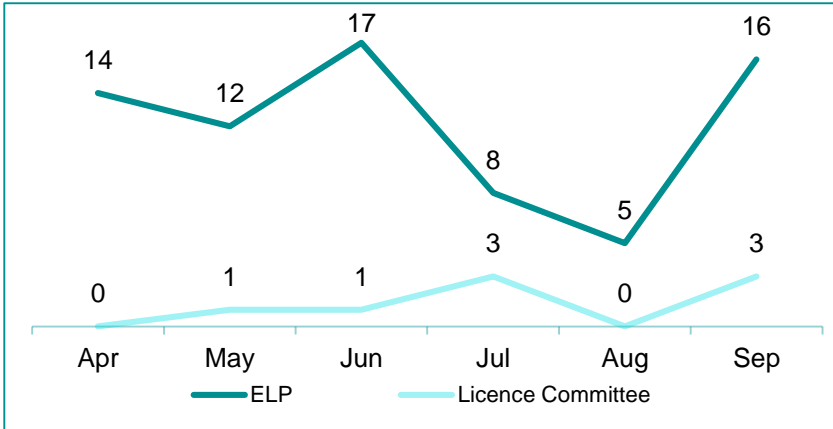

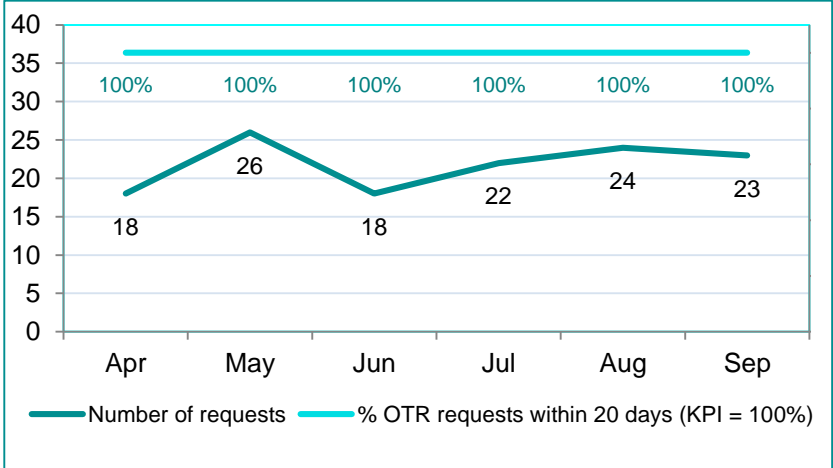


**Explanatory text:** Looking at all IVF treatment forms, and providing a count of pregnancies - as recorded on the early outcome form.

2016 figures are in grey since there is always a lag in reporting pregnancies, which means that the figure will not be fully representative until early 2017.

## 2. Indicator section

### Key performance and volume indicators – September data:

Indicator	Performance	RAG	Recent trend <sup>1</sup>	Aim <sup>2</sup>	Notes
<b>Setting standards: improving the quality and safety of care through our regulatory activities.</b>					
<b>Licensing decisions made:</b> <ul style="list-style-type: none"> <li>- By ELP</li> <li>- By Licence Committee</li> </ul>	16 3			No KPI – tracked for workload monitoring purposes	Volume indicator (no KPI target).
<b>Setting standards: improving the lifelong experience for donors, donor-conceived people, patients using donor conception, and their wider families.</b>					
<b>Percentage of Opening the Register requests responded to within 20 working days</b>	100% (23)			Maintain at 100%	KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time)

<sup>1</sup> Blue dashed line in graphs = KPI target level. This line may be invisible when performance and target are identical (eg, 100%).

<sup>2</sup> 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 <sup>1</sup>	Aim <sup>2</sup>	Notes
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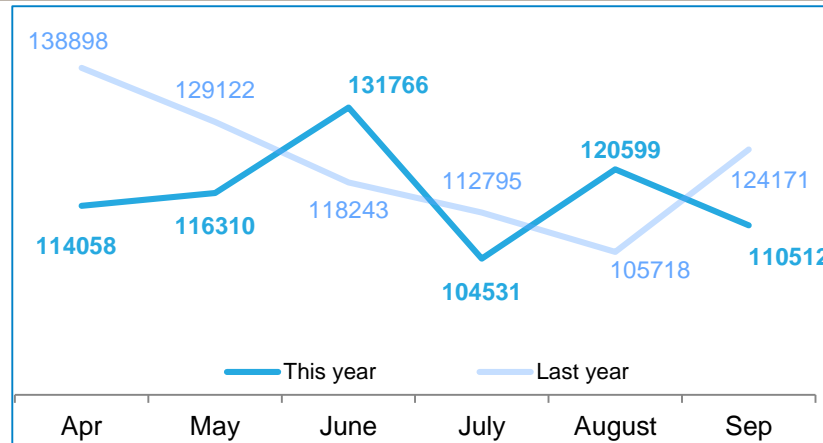
**Increasing and informing choice: using the data in the Register of Treatments to improve outcomes and research.**

See graphs focused on quality of treatment outcomes – above.

**Increasing and informing choice: ensuring that patients have access to high quality meaningful information.**

**Number of visits to the HFEA website (compared with previous year)**  
 (trend arrow indicates movement since previous month)

124,171  
(110,512)

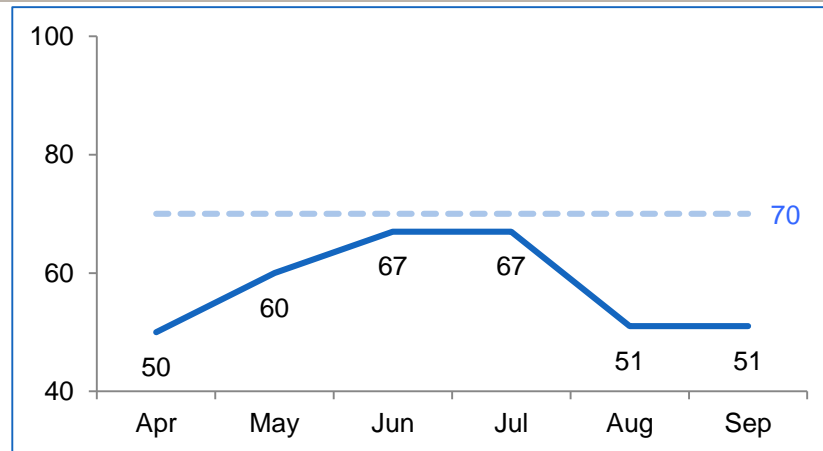


No KPI – tracked for general monitoring purposes.  
 Volume indicator showing general website traffic compared to the same period in previous year. Measured on the basis of 'unique visitors'.

**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.**

51 working days



KPI: Less than or equal to 70 working days.  
 Maintain at 70wd or less

Indicator	Performance	RAG	Recent trend <sup>1</sup>	Aim <sup>2</sup>	Notes														
<b>Monthly percentage of PGD applications processed within three months (66 working days).</b>	100%	★	<table border="1"> <caption>Monthly percentage of PGD applications processed within three months (66 working days)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>100%</td> </tr> <tr> <td>May</td> <td>80%</td> </tr> <tr> <td>Jun</td> <td>80%</td> </tr> <tr> <td>Jul</td> <td>100%</td> </tr> <tr> <td>Aug</td> <td>67%</td> </tr> <tr> <td>Sep</td> <td>100%</td> </tr> </tbody> </table>	Month	Percentage	Apr	100%	May	80%	Jun	80%	Jul	100%	Aug	67%	Sep	100%	Maintain 100%	KPI: 100% processed (i.e. considered by SAC) within three months (66 working days) of receipt of completed application.
Month	Percentage																		
Apr	100%																		
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<b>Average number of working days taken.</b>	59	★	<table border="1"> <caption>Average number of working days taken</caption> <thead> <tr> <th>Month</th> <th>Average number of working days</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>51</td> </tr> <tr> <td>May</td> <td>59</td> </tr> <tr> <td>Jun</td> <td>54</td> </tr> <tr> <td>Jul</td> <td>54</td> </tr> <tr> <td>Aug</td> <td>58</td> </tr> <tr> <td>Sep</td> <td>59</td> </tr> </tbody> </table>	Month	Average number of working days	Apr	51	May	59	Jun	54	Jul	54	Aug	58	Sep	59		
Month	Average number of working days																		
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Sep	59																		
<p><b>Commentary:</b> Performance dropped below the target due to two complex applications falling outside the KPI in May and June 2016. In each case this was due to the committee deferring the items in order to obtain additional legal advice on the 'significant risk' test. In August it was necessary to rearrange one of the committee dates, resulting in one item exceeding the KPI.</p>																			
<b>Annualised (rolling year) percentage of PGD applications processed within three months (66 working days)</b>	94%	↔	<table border="1"> <caption>Annualised (rolling year) percentage of PGD applications processed within three months (66 working days)</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>100%</td> </tr> <tr> <td>May</td> <td>98%</td> </tr> <tr> <td>Jun</td> <td>96%</td> </tr> <tr> <td>Jul</td> <td>96%</td> </tr> <tr> <td>Aug</td> <td>94%</td> </tr> <tr> <td>Sep</td> <td>94%</td> </tr> </tbody> </table>	Month	Percentage	Apr	100%	May	98%	Jun	96%	Jul	96%	Aug	94%	Sep	94%	Maintain 100%	KPI: As above. (Annualised score). Performance has dropped below the target due to two complex applications falling outside the KPI in May and June 2016. The annualised figure will now be impacted until 2017.
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Indicator	Performance	RAG	Recent trend <sup>1</sup>	Aim <sup>2</sup>	Notes
Number of requests for contributions to Parliamentary questions	Total = 0	↔		No KPI – tracked for general monitoring purposes.	Volume indicator. Last year's numbers were notably high. Many of those PQs related to the work we were then doing on mitochondria. scientific review.

**Commentary:** Although there have not been mitochondria related requests to report over the last few months, it is likely that interest in mitochondria will increase once more shortly, once the report of the most recent expert panel scientific review is published. The recent lull in PQs was due to the Parliamentary recess.

Number of Freedom of Information (FOI), Environmental Information Regulations (EIR) requests and Data Protection Act (DPA) requests	4	↓		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.
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Indicator	Performance	RAG	Recent trend <sup>1</sup>	Aim <sup>2</sup>	Notes														
Staff sickness absence rate (%) per month.	2.1%	★	<table border="1"> <caption>Staff sickness absence rate (%) per month</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>2.2%</td> </tr> <tr> <td>May</td> <td>1.8%</td> </tr> <tr> <td>Jun</td> <td>2.1%</td> </tr> <tr> <td>Jul</td> <td>1.9%</td> </tr> <tr> <td>Aug</td> <td>1.1%</td> </tr> <tr> <td>Sep</td> <td>0.3%</td> </tr> </tbody> </table>	Month	Rate (%)	Apr	2.2%	May	1.8%	Jun	2.1%	Jul	1.9%	Aug	1.1%	Sep	0.3%	<p>Maintain 2.5% or less</p>	<p>KPI: Absence rate of ≤ 2.5%. Public sector sickness absence rate average is eight days lost per person per year (3.0%).</p>
Month	Rate (%)																		
Apr	2.2%																		
May	1.8%																		
Jun	2.1%																		
Jul	1.9%																		
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Cash and bank balance	£2,235k	↑	<table border="1"> <caption>Cash and bank balance</caption> <thead> <tr> <th>Month</th> <th>Balance (£k)</th> </tr> </thead> <tbody> <tr> <td>Apr</td> <td>£2,220</td> </tr> <tr> <td>May</td> <td>£2,108</td> </tr> <tr> <td>Jun</td> <td>£2,235</td> </tr> <tr> <td>Jul</td> <td>£1,999</td> </tr> <tr> <td>Aug</td> <td>£2,141</td> </tr> <tr> <td>Sep</td> <td>£2,363</td> </tr> </tbody> </table>	Month	Balance (£k)	Apr	£2,220	May	£2,108	Jun	£2,235	Jul	£1,999	Aug	£2,141	Sep	£2,363	<p>Reduce</p>	<p>KPI: To move closer to minimum £1,520k cash reserves (figure agreed with DH).</p>
Month	Balance (£k)																		
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**Commentary:**

In July, increased supplier activities contributed to an 11% reduction in the bank balance. However August saw an increase, owing mainly to successful chasing of debts over 60 days. The increase in September resulted again from debt chasing, and also from moneys received from grant in aid.

Management accounts:

Management accounts: September 2016:

Income & Expenditure Account		Sep-2016						
Accounting Period		<a href="#">Period 6 16-17</a>						
Cost Centre Name		<a href="#">All Cost Centres</a>						
Department Name		<a href="#">All Departments</a>						
		Year to Date				Full Year		
		Actual YTD	Budget YTD	Variance YTD	% Variance YTD	Forecast	Budget	Variance
		£	£	£	%	£	£	£
Grant-in-aid		469	469	-	-	933	938	(5)
Licence Fees		2,647	2,238	410	18	5,572	4,472	1,100
Other Income		2	3	(1)	(23)	6	6	-
<b>Total Income</b>		<b>3,119</b>	<b>2,710</b>	<b>409</b>	<b>15</b>	<b>6,511</b>	<b>5,416</b>	<b>1,095</b>
<b>Revenue Costs - Charged to Expenditure</b>								
Salaries (excluding Authority)		1,330	1,345	15	(1)	2,653	2,679	(26)
Shared Services		42	44	2	(4)	61	81	(19)
Employer's NI Contributions		131	124	(7)	6	268	247	21
Employer's Pension Contribution		281	287	6	(2)	572	573	(1)
Authority salaries inc. NI Contributions		73	73	(0)	1	146	146	1
Temporary Staff costs		65	-	(65)		111	-	111
Other Staff Costs		119	123	8	(7)	249	265	(16)
Other Authority/Committee costs		132	151	19	(13)	293	301	(8)
Other Compliance Costs		7	15	9	(57)	20	28	(7)
Other Strategy Costs		25	45	20	(45)	133	142	(9)
Facilities Costs incl non-cash		244	266	22	(8)	483	488	(4)
IT costs Costs		57	46	(11)	23	89	93	(4)
Legal Costs		327	201	(125)	62	656	400	256
Professional Fees		35	34	(2)	5	68	67	-
<b>Total Revenue Costs</b>		<b>2,867</b>	<b>2,754</b>	<b>(110)</b>	<b>4</b>	<b>5,802</b>	<b>5,507</b>	<b>294</b>
<i>Total Surplus/(Deficit) before Capital &amp; Project costs</i>								
		251	(44)	519	1,177	709	(90)	801
IFQ & Other Project Costs - Reserves funded		329	472	143	(30)	567	477	90
Other Capital Costs		10	25	15	(61)	100	100	-
<b>TOTAL NET ACTIVITY</b>		<b>(88)</b>	<b>(541)</b>	<b>361</b>		<b>1,377</b>	<b>487</b>	<b>891</b>

Indicator	Performance	RAG	Recent trend <sup>1</sup>	Aim <sup>2</sup>	Notes
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## Summarised management accounts – commentary September 2016

### Income

At the end of Q2 (September), our treatment fee income is up on budget by 18% (£410k), a small increase from the August position. We are also forecasting a significant increase in budget. It is difficult to know how accurate our forecasting is as clinic treatment patterns may change. At present we expect income to exceed £5.5m.

### Expenditure

Expenditure in Q2 is up against budget for the following reasons:

Staff costs are above budget by £15k due to contingent labour (agency staff) costs incurred to back-fill key staff working on the IfQ programme. IT costs for the year-to-date are above budget by £11k due to consumable costs which have increased as a result of both IfQ and business as usual. It is however, difficult to separate these costs.

Legal costs for the year to date are also above budget by £125k. This is because there were large bills in the month of September and accruals (for the quarter) for further work. The outcomes of cases could mean either that we receive our costs (if we win), which would positively impact on our year end position, or we may incur further costs.

### IfQ and other project costs

For the year to date, IfQ is showing an underspend against budget by 30% (£142k) and is forecast to overspend by 16% (£90k) at year-end which takes into account extra budget agreed by SMT. We continue to monitor these costs in detail quarterly and liaise with the programme team to ensure all costs are accounted for.



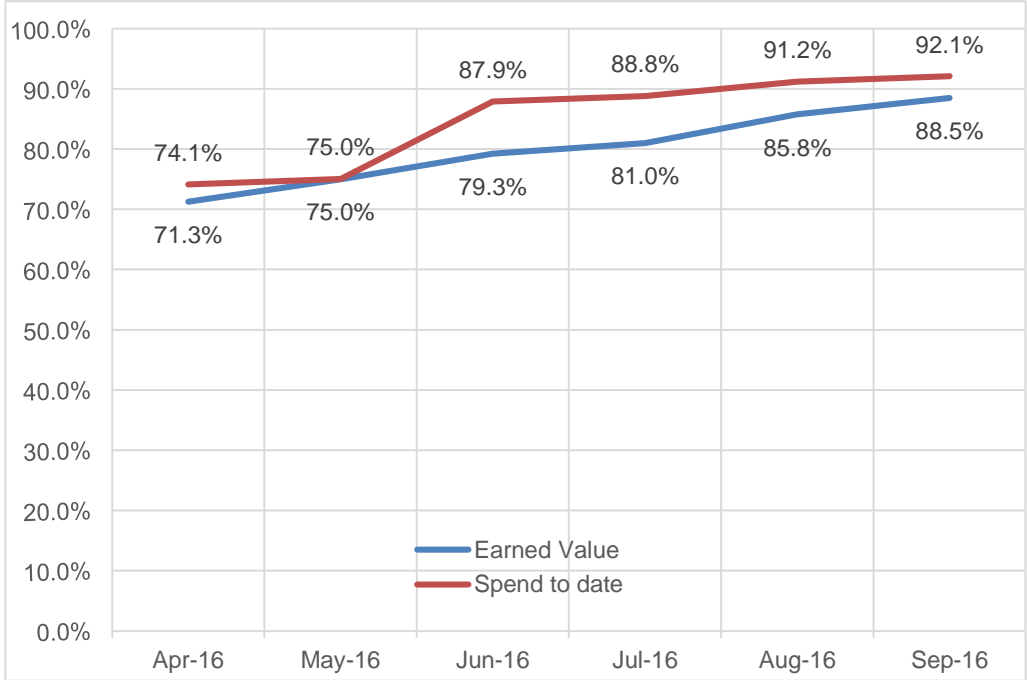
## IfQ indicators: September update for beta project phase

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?	<p><b>July to September update:</b></p> <p>The MSP health check was completed with the final report circulated to the IfQ programme board. More work is to be scheduled in order to comply with the original health check assurance plan agreed by CMG, especially on the Internal Systems project side.</p>
Monthly	Timescales: we changed the burndown chart showing remaining estimate of work to a chart showing percentage of works complete.	Is there scope creep/over-run?	<p><b>July to September update:</b></p> <p>Both the website and clinic portal have entered the public beta phase. Feedback so far has been great, with bug fixing and changes being addressed and dealt with by the programme team. The work on beta remains to be finished and is delayed as explained earlier in this report.</p> <p>Significant delays have occurred across the programme affecting both the end of release one and the start of release two due to difficulties securing RR resources and resource diversions to complete planned work.</p> <p>Release two work is progressing relatively well, after an initial delay, with the first components of our API and data structure having been made available to EPRS providers on 5 October. Data migration trial load one has been completed and the external supplier to provide assurance on the Register migration has been contracted.</p> <p>The internal systems project team managed to address and overcome some serious blockages in order to progress the completion of the portal. This has also impacted on the timeline but the achieved work remains positive overall.</p> <p>The charts below provide weighted data on the work completed for both website and portal. The data includes all the features completed on each project for front end, back end design and API related work. The weighting takes into consideration the level of complexity for each feature to calculate the percentage complete. It should be noted that each is completed by the product team for that product, so there is no objective comparator between the two – for this measure.</p>

## IfQ indicators: September update for beta project phase

Frequency / trigger point	Metric	Purpose	Latest status:																						
			<div style="display: flex; justify-content: space-around;"> <div data-bbox="833 240 1370 730"> <p>Percent Complete - Clinic Portal R1 to Sep 2016</p> <table border="1"> <caption>Percent Complete - Clinic Portal R1 to Sep 2016</caption> <thead> <tr> <th>Sprint</th> <th>Percent Complete</th> </tr> </thead> <tbody> <tr> <td>Total Beta Sprint 6</td> <td>~60%</td> </tr> <tr> <td>Total Beta Sprint 7</td> <td>~68%</td> </tr> <tr> <td>Total Beta Sprint 10</td> <td>~82%</td> </tr> <tr> <td>Total Beta Sprint 13</td> <td>~88%</td> </tr> <tr> <td>Total Beta Sprint 17</td> <td>~92%</td> </tr> </tbody> </table> </div> <div data-bbox="1384 240 1928 730"> <p>Percent Complete - Website R1 to Sep 2016</p> <table border="1"> <caption>Percent Complete - Website R1 to Sep 2016</caption> <thead> <tr> <th>Sprint</th> <th>Percent Complete</th> </tr> </thead> <tbody> <tr> <td>Total Beta Sprint 10</td> <td>~62%</td> </tr> <tr> <td>Total Beta Sprint 13</td> <td>~70%</td> </tr> <tr> <td>Total Beta Sprint 17</td> <td>~75%</td> </tr> <tr> <td>Total Beta Sprint 19</td> <td>~82%</td> </tr> </tbody> </table> </div> </div>	Sprint	Percent Complete	Total Beta Sprint 6	~60%	Total Beta Sprint 7	~68%	Total Beta Sprint 10	~82%	Total Beta Sprint 13	~88%	Total Beta Sprint 17	~92%	Sprint	Percent Complete	Total Beta Sprint 10	~62%	Total Beta Sprint 13	~70%	Total Beta Sprint 17	~75%	Total Beta Sprint 19	~82%
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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.	<p><b>July to September update:</b></p> <p>We have exceeded the number of days allocated for beta. Due to the nature of the capped time and resource contract with Reading Room, they are contractually required to continue building the beta product at their own cost.</p>																						

## IfQ indicators: September update for beta project phase

Frequency / trigger point	Metric	Purpose	Latest status:																					
Monthly	Cost: earned value (% complete * estimated spend at completion)	Is the spend in line with milestone delivery?	<p>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.</p> <p><b>July to September update:</b>                      The spend to date has increased slightly between August and September and is now again joining the earned value. As we reach the end of beta and complete the live phase we expect the earned value to reach its peak reflecting the work completed.                      Resourcing issues remain a challenge in completing all elements of beta, and this has an impact on work completion and therefore the earned value.</p>  <table border="1"> <caption>Line Chart Data: Earned Value vs Spend to date</caption> <thead> <tr> <th>Month</th> <th>Earned Value (%)</th> <th>Spend to date (%)</th> </tr> </thead> <tbody> <tr> <td>Apr-16</td> <td>71.3%</td> <td>74.1%</td> </tr> <tr> <td>May-16</td> <td>75.0%</td> <td>75.0%</td> </tr> <tr> <td>Jun-16</td> <td>79.3%</td> <td>87.9%</td> </tr> <tr> <td>Jul-16</td> <td>81.0%</td> <td>88.8%</td> </tr> <tr> <td>Aug-16</td> <td>85.8%</td> <td>91.2%</td> </tr> <tr> <td>Sep-16</td> <td>88.5%</td> <td>92.1%</td> </tr> </tbody> </table>	Month	Earned Value (%)	Spend to date (%)	Apr-16	71.3%	74.1%	May-16	75.0%	75.0%	Jun-16	79.3%	87.9%	Jul-16	81.0%	88.8%	Aug-16	85.8%	91.2%	Sep-16	88.5%	92.1%
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## IfQ indicators: September update for beta project phase

Frequency / trigger point	Metric	Purpose	Latest status:
Monthly	Stakeholder engagement: combined stakeholder engagement score - internal plus external stakeholder events or communications	Are we keeping stakeholders with us? Is it getting better or worse?	<p><b>July</b></p> <p>In July we launched the beta versions of the clinic portal and website to clinic staff only. This was communicated via clinic focus as we were busy preparing for the beta site to go live. Total combined score = 1</p> <p><b>August</b></p> <p>In August we launched the public beta version of the new website. We have run a social media awareness campaign alongside this to encourage people to complete the survey and provide their feedback. We contacted the members of our stakeholder groups to make them aware that the beta site was live. We didn't hold any formal stakeholder meetings but we engaged with clinic staff via clinic focus and asked them to log into the beta version of the portal. Total combined score = 3</p> <p><b>September</b></p> <p>The feedback on the beta version of the new website continued and we promoted this using our social media channels. We included articles in the September edition of clinic focus about giving feedback on the beta version of the website and what's happening with the second phase of the clinic portal. We held a workshop for clinic staff for them to give their views about how we present data on the new CaFC tool. We also sent separate communications to the EPRS providers (who supply the systems by which clinics submit data to us). Total combined score = 5</p>
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better (could identify death by a thousand cuts)?	<p><b>July to September update:</b></p> <p>The line graph below represents the overall IfQ risk score, which combines the perceived impact and likelihood of the current risks each month. The overall risk score for the IfQ programme has increased significantly following a review done by the project team. It reflects both an actual increase in risk (and issues) and the team's due diligence in updating the risk log to reflect the latest events. The increase relates primarily to the latest issues around the withholding of contractor resource, and resulting strains on internal resources, with business as usual also impacting at times on IfQ work. This is compounded by the programme timeline having to be extended, as key programme resources are leaving or about to depart the organisation.</p>

# IfQ indicators: September update for beta project phase

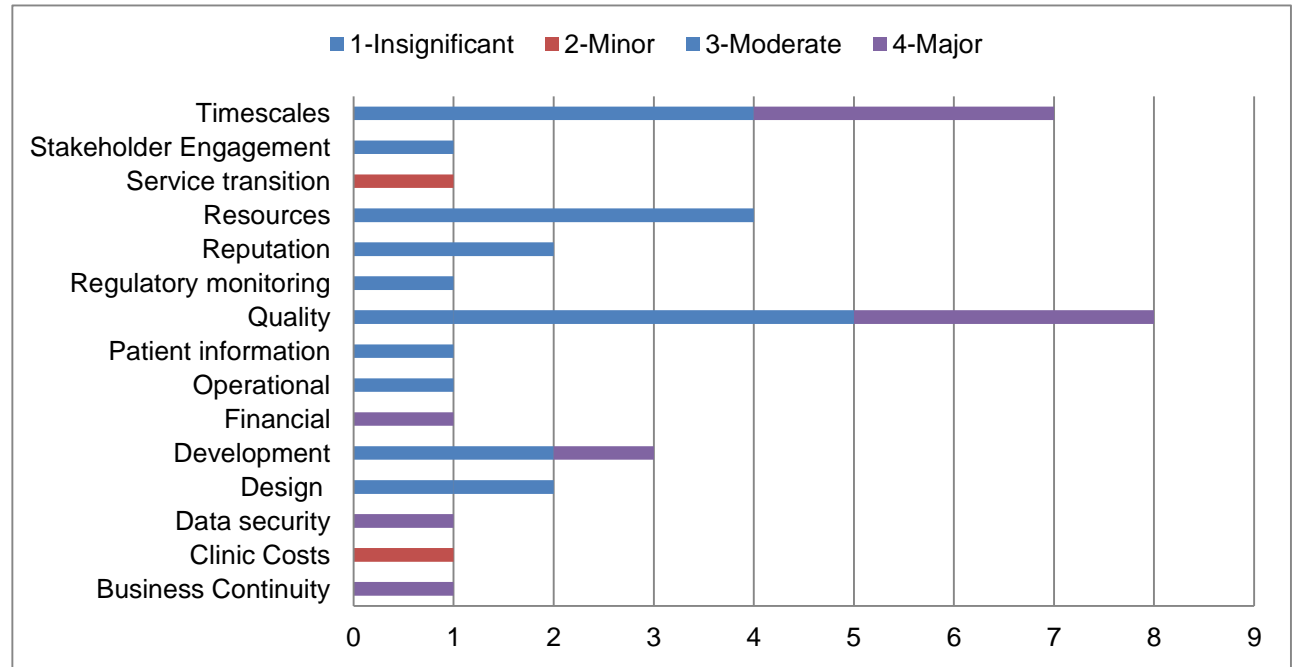
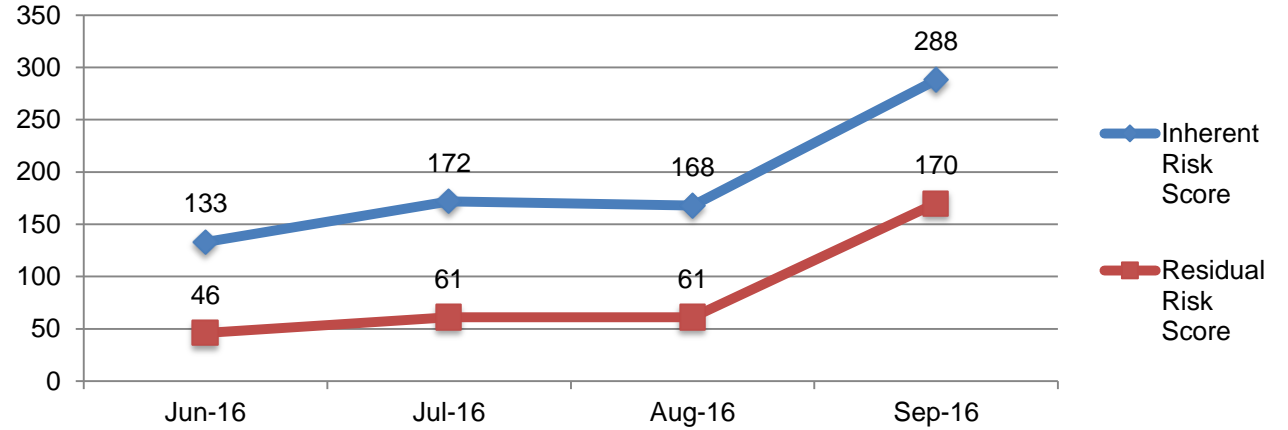
Frequency / trigger point

Metric

Purpose

Latest status:

The major risks are associated with timescales, quality, financial, development, data security and business continuity.



## IfQ indicators: September update for beta project phase

Frequency / trigger point	Metric	Purpose	Latest status:
Quarterly	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?	<p><b>July to September update:</b> The benefits realisation value should be reviewed based on the business case. No issues have been raised regarding benefits realisation to date.</p>