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 (20/01/2016) 780
Meeting date	20 January 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 comments are incorporated into this Authority paper. The Department of Health reviews our performance at each DH Update meeting. The Authority receives this summary paper at each meeting, enhanced by additional reporting from Directors. The Authority's views are fed back to the subsequent CMG performance meeting.
Organisational risk	☐ Low ☒ Medium ☐ High
Annexes	Annex 1: Strategic performance report – October data

1.   Introduction

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

1.2.   Most of the data relates to the position at the end of October 2015. The delivery totaliser, however, reflects the position at the end of December.

1.3.   The IfQ milestones in the totaliser have been significantly updated to reflect the latest agile planning decisions, made in December at the commencement of the beta phase. This has resulted in additional milestones being added to the calendar of future deliverables (on which the totaliser diagram is based), mainly at the key points of March, July and October 2016.

1.4.   An update on the financial position at the end of quarter three (ie, at the end of December 2015) will be given verbally at the meeting.

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

2.   Recommendation

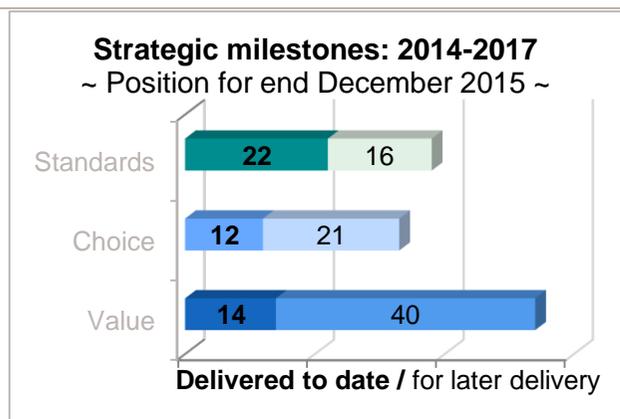**2.1.**   The Authority is asked to note the latest strategic performance report.

Annex A - HFEA strategic performance scorecard
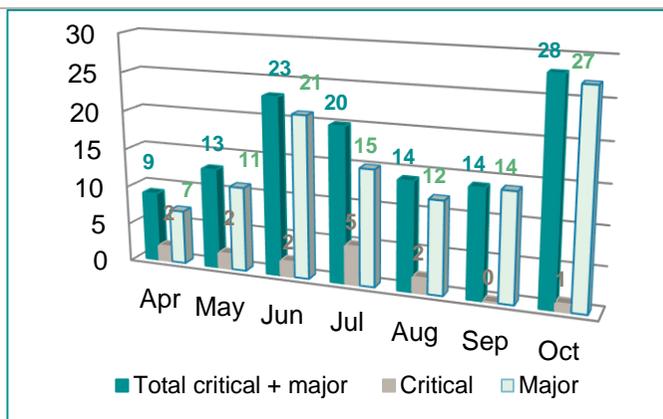
1. Summary section

Dashboard – October data

Strategic delivery totaliser
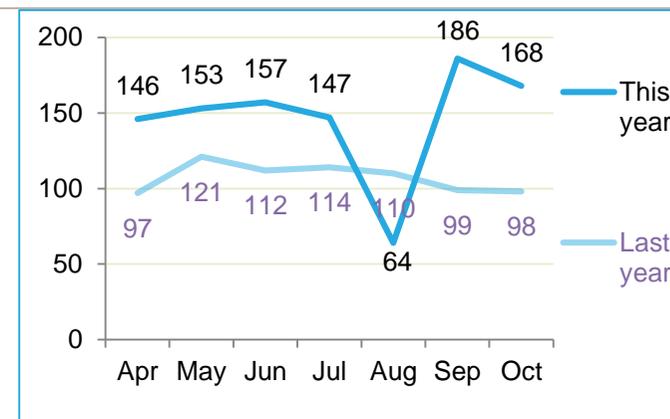
(see overleaf for more detail)

Strategic milestones: 2014-2017
~ Position for end December 2015 ~

	Delivered to date	for later delivery
Standards	22	16
Choice	12	21
Value	14	40

Delivered to date / for later delivery

Setting standards:

critical and major recommendations on inspection

Monthly data (Apr–Oct):
- Apr: Total 9, Major 7
- May: Total 13, Major 11, Critical 2
- Jun: Total 23, Major 21, Critical 2
- Jul: Total 20, Major 15, Critical 5
- Aug: Total 14, Major 12, Critical 2
- Sep: Total 14, Major 14, Critical 0
- Oct: Total 28, Major 27, Critical 1

■ Total critical + major　■ Critical　□ Major

Increasing and informing choice:

public enquiries received (email)

	Apr	May	Jun	Jul	Aug	Sep	Oct
This year	146	153	157	147	64	186	168
Last year	97	121	112	114	110	99	98

Overall performance - all indicators:

| Colour	Value
■ Red	1
■ Amber	9
■ Green	21
■ Neutral	26
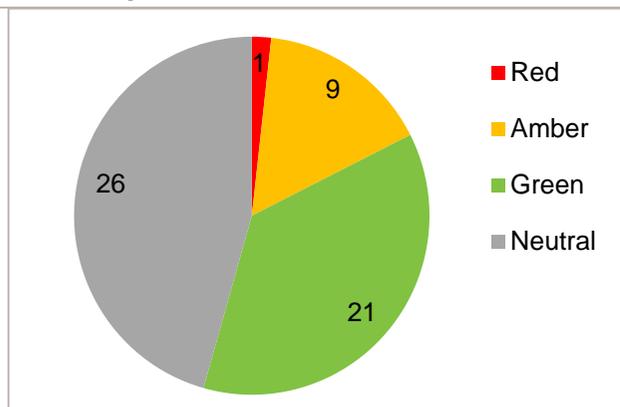
(See RAG status section for detail.)

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

This graph details our overall position as at 30 Sep 2015 (Q2) and our forecast position as at 31 March 2016. The components making up the surplus/deficit are shown by two other graphs (income and expenditure), in the budget status summary in the commentary section below.

	Q1-Jun-15	Q2-Sep-15	Q3-Dec-15	Q4-Mar-16
——Budgeted surplus/deficit	(5.04)	(53.98)	(39.66)	(71.86)
——Forecast surplus/deficit	40.79	196.01	122.18	48.36

Surplus / deficit £'000s

Dashboard - Commentary

Strategic delivery (to end of December) – summary:

Strategic delivery over time
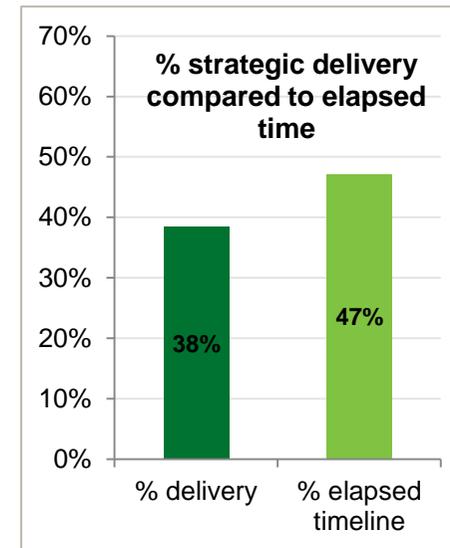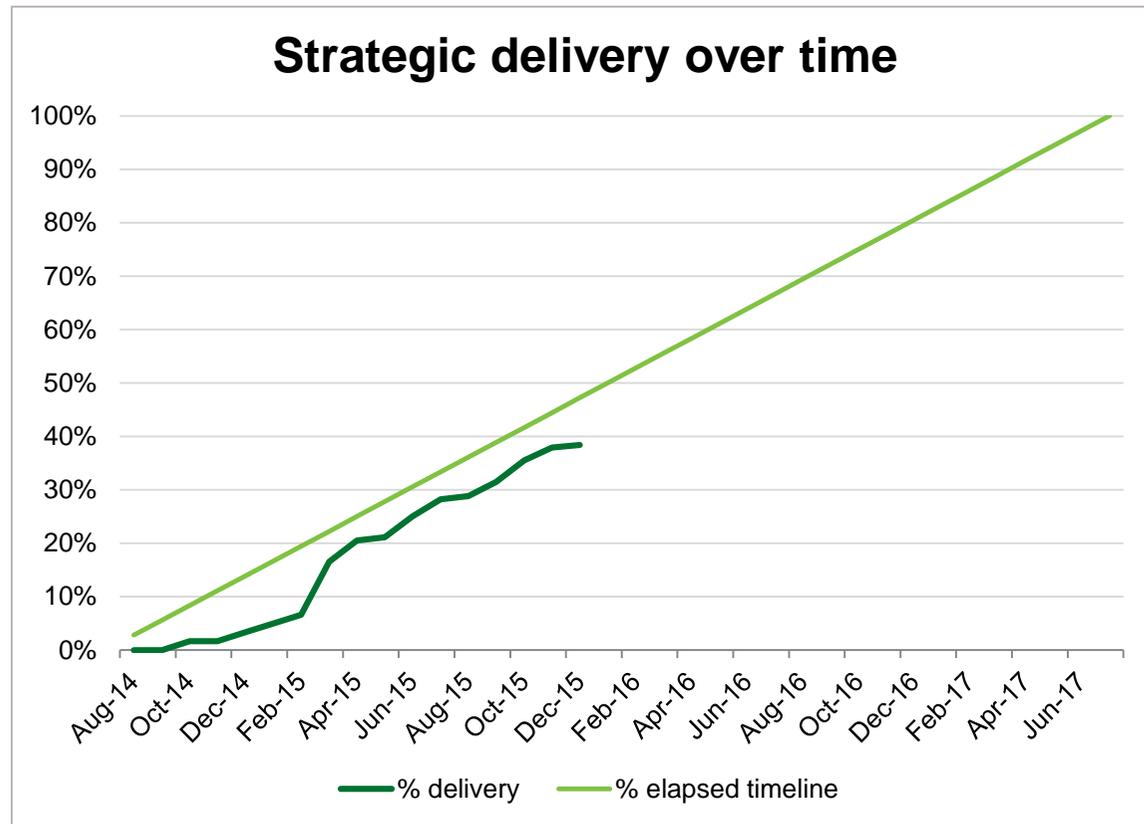
The totaliser data has been significantly updated in December, to add the main features of IfQ delivery during beta phase. The work on beta has already started. There are a large number of key IfQ milestones that will be reached in (particularly) March, July and October of 2016. Owing to the major investment 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 (albeit at risk at the time of writing, since we still await the formal GDS approval). This re-casting of the totaliser data to include more future deliverables has made us appear 'behind' on the above graph. However now that real product development has commenced (this is what the beta phase consists of), we should expect to see the delivery line start to converge with the elapsed timeline, from this point onwards.

Strategic delivery for September to December

1.   **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.

2.   **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.

3.   **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 the item will not now be heard by the approval board until January 2016. For the time being we are proceeding with the beta phase at risk, since otherwise we would need to stand down our suppliers and the programme would lose impetus. Detailed beta phase planning has been completed, setting out the products and user stories that will be built and tested in each beta 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 October 2015
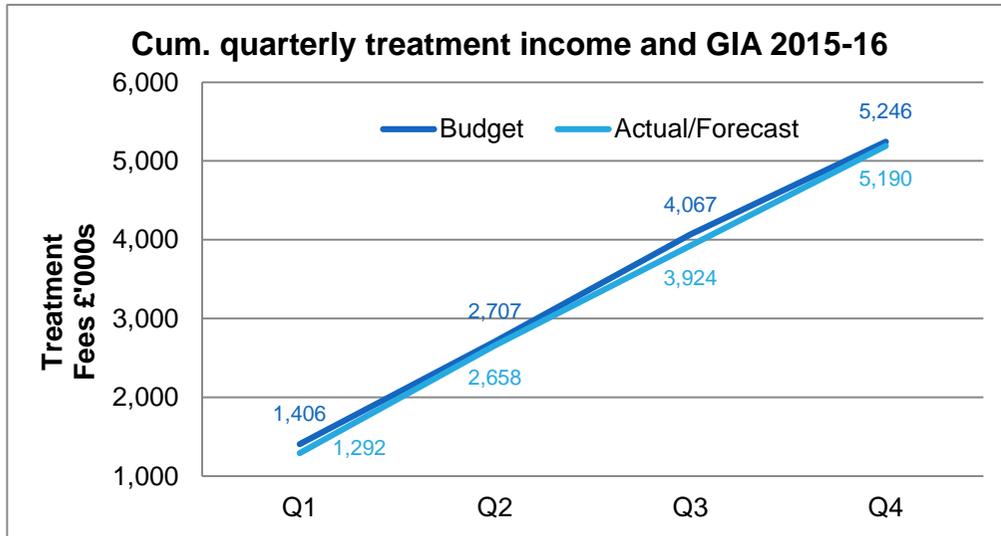
The red key performance indicator (KPI) shown in the 'overall status - performance indicators' pie chart on the dashboard is as follows:

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 October this indicator was performing at 57% in 20 working days, due to illness and special leave in the inspectorate. However no report was sent later than 28 working days, and the overall indicator for the whole end-to-end licensing process was unaffected, and remains within its KPI.

Several projects are currently rated amber for risk, based mainly on resourcing strains while we also deliver the Information for Quality Programme and a range of other work. It is also worth noting that both turnover and sickness absence are on amber. Our turnover is at 18.5% (compared to a target of 5-15%), while our sick leave was at 2.8% in October, which is unusually high for us. It is worth noting, however, that we recently dropped our KPI from 3% to 2.5%, and have also put some effort into reminding managers to record sickness leave promptly so that we can be certain it is fully recorded in time for the figures each month to be reported.

Budget status – October 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. A verbal update on the position at the end of quarter three will be given at the meeting.

Cum. quarterly treatment income and GIA 2015-16

	Budget	Actual/Forecast
Q1	1,406	1,292
Q2	2,707	2,658
Q3	4,067	3,924
Q4	5,246	5,190

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

As of the second quarter of the year (30/9/15) we are not far off our budget (a shortfall of only £49k). We continue to monitor treatment fees as the trend continues to be downward.

Cum. quarterly expenditure 2015-16

	Budget	Actual/Forecast
Q1	1,410	1,228
Q2	2,762	2,462
Q3	4,015	3,735
Q4	5,318	4,991
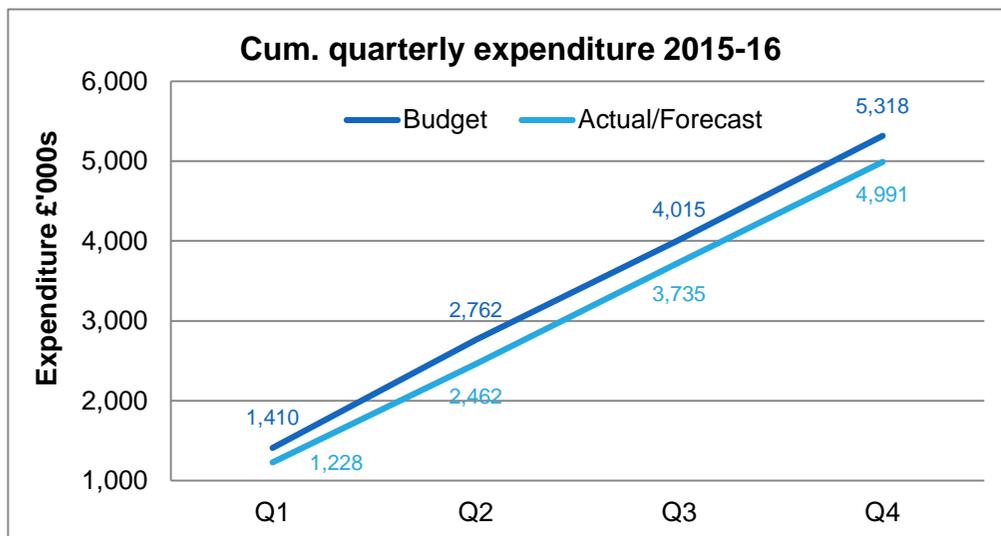
This graph is the second component that makes up the surplus/deficit. This excludes costs relating to IfQ, since this is being funded from reserves and accounted for separately.

We are currently under spending against budget (£200k) which is relative to our reduced income. The underspend has been added to by inclusion of receipts of £90k from legal cases where we were awarded costs. Our year end forecast is showing an under spend of £177k. This position will change as more information is known and on-going pieces of work are completed.

Quality and safety of care

The following figures and graphs are drawn from a data run on 2 December 2015.

ESET split by private/NHS:

Funding	Year					
	2010	**2011**	**2012**	**2013**	**2014**	**2015***
NHS Funded:						
Recorded as eSET	4294	4903	6264	7868	8443	8947
	7%	8%	10%	13%	13%	15%
Not recorded as eSET	19283	19492	17869	17723	17837	15653
	33%	32%	30%	29%	28%	26%
Private:						
Recorded as eSET	4629	5698	6856	7731	8509	3422
	6%	8%	9%	11%	12%	14%
Not recorded as eSET	31019	31545	30400	29387	29560	26922
	53%	52%	50%	48%	46%	45%

Graph: eSet % trends NHS/private:
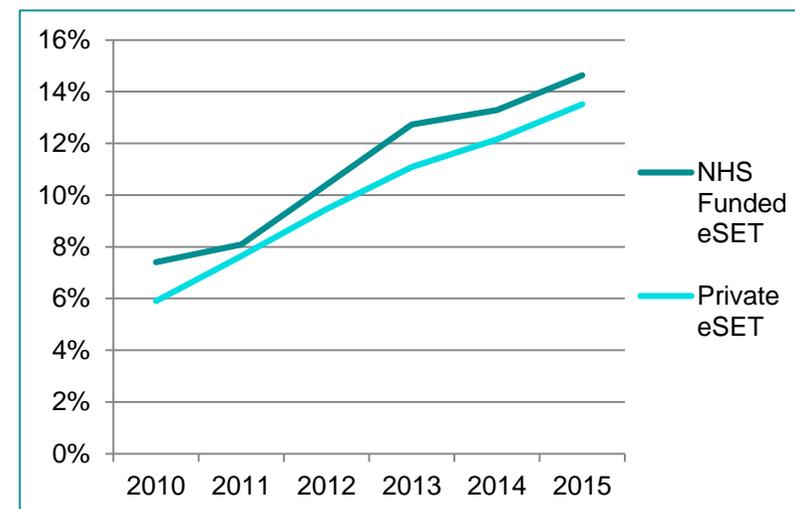
* NB Data for 2015 was still incomplete at the time the report was run.

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

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	16895	27.89
2012	60231	17453	28.98
2013	61834	18649	30.16
2014	63571	19875	31.26
2015	60031	16253	27.07

Graph showing the pregnancy rate over recent years:

Pregnancy Rate (%)

Year	Rate
2010	27.78
2011	27.89
2012	28.98
2013	30.16
2014	31.26
2015	27.07
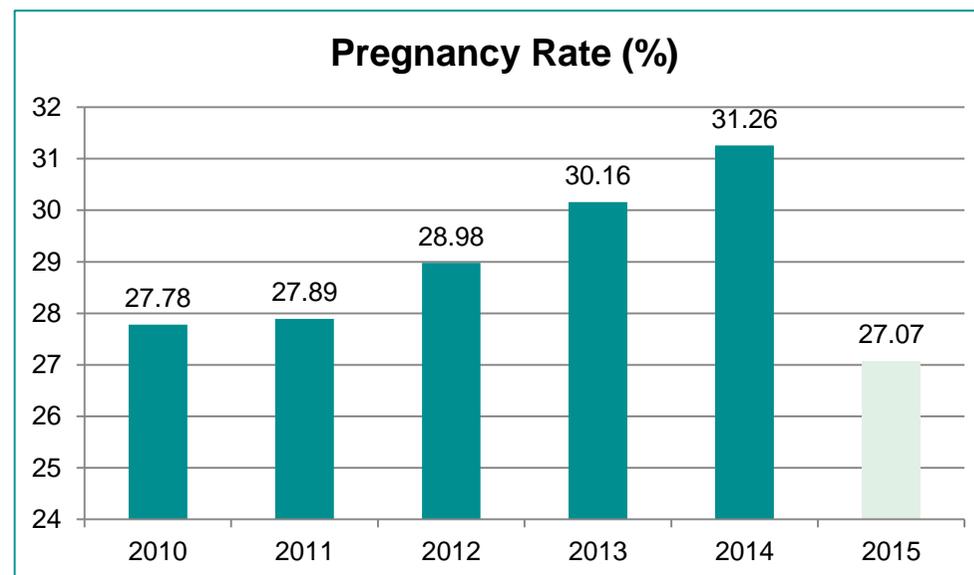
Explanatory text: Looking at all IVF treatment forms, and providing a count of pregnancies - as recorded on the early outcome form.

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 – October 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**	12 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% (28)	⭐		Maintain at 100%	KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time) The dip in August reflected the summer holiday period.
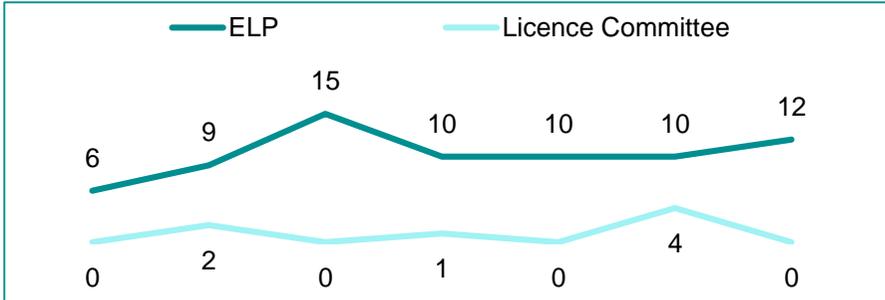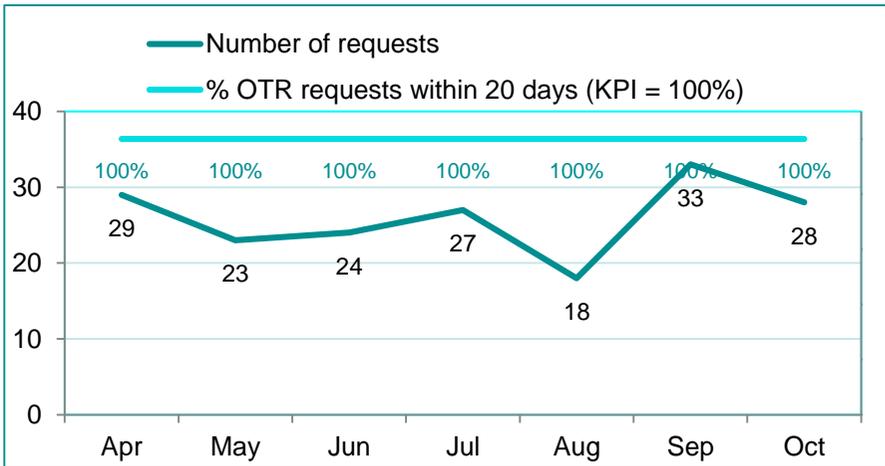
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[1] Blue dashed line in graphs = KPI target level. This line may be invisible when performance and target are identical (eg, 100%).

[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.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Increasing and informing choice: ensuring that patients have access to high quality meaningful information.					
Number of visits to the HFEA website compared to previous year (trend arrow indicates movement since previous month)	125,613 145,444	⇧		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.	59 working days	⭐		Maintain at 70wd or less	KPI: Less than or equal to 70 working days.
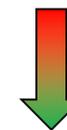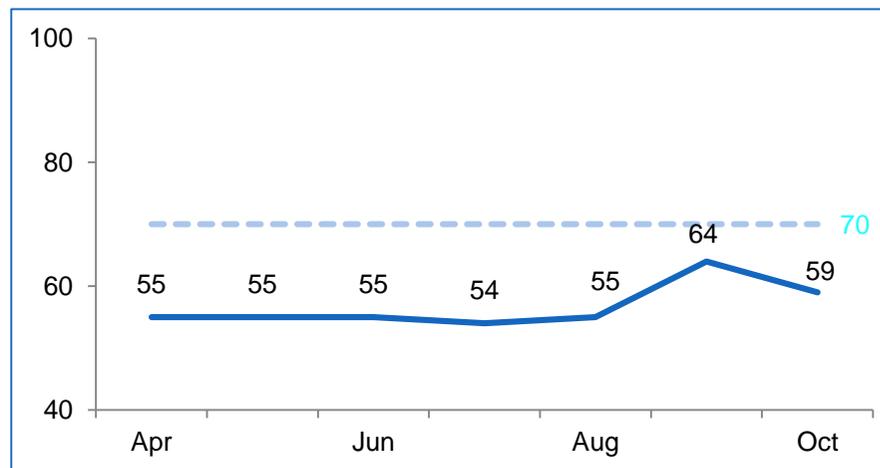
This year / Last year chart values: 138898, 129122, 118243, 112795, 110357, 124849, 145444 (This year); 105988, 104769, 114257, 100282, 105718, 124171, 125613 (Last year)

Licensing process chart (Apr–Oct): 55, 55, 55, 54, 55, 64, 59; target line 70

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Monthly percentage of PGD applications processed within three months (66 working days).	100%	⭐	100% 100% 100% 100% 100% 100% 100% 100%	Maintain 100%	KPI: 100% processed (i.e. considered by LC/ELP) within three months (66 working days) of receipt of completed application.
Average number of working days taken.	59	⭐	44 47 45 47 52 53 59		
Annualised (rolling year) percentage of PGD applications processed within three months (66 working days)	96%	⬅➡	100% 91% 92% 93% 96% 96% 96% 96%	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.
Average number of working days taken.	50	⭐	52 51 50 48 49 50 50		

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Number of requests for contributions to Parliamentary questions	Total = 0	⟷		No KPI – tracked for general monitoring purposes.	Volume indicator.
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.

Indicator	Performance	RAG	Recent trend[1]	Aim[2]	Notes
Staff sickness absence rate (%) per month.	2.8%	⬆		Achieve 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	£2,458k	⬇		Reduce	KPI: To move closer to minimum £1,520k cash reserves (figure agreed with DH).
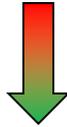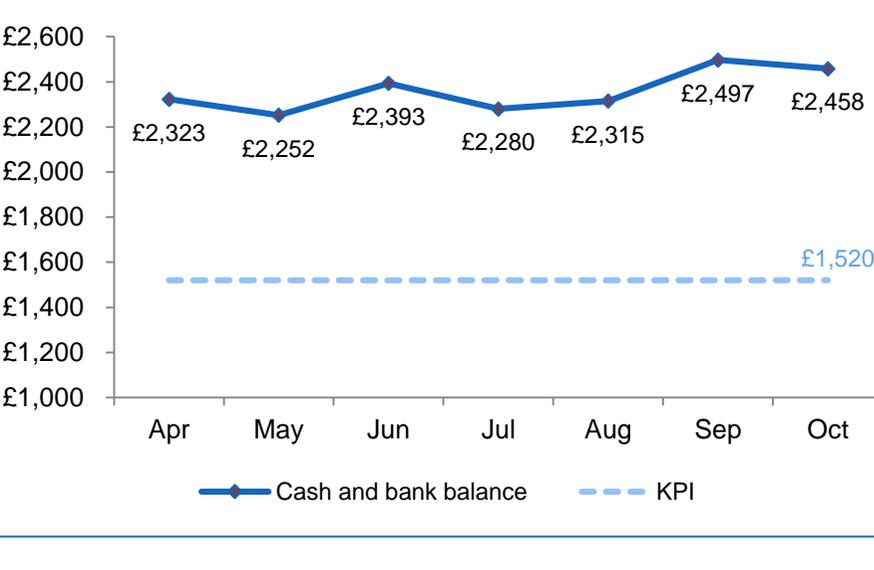
Management accounts:

October accounts:

Income & Expenditure Account	Oct-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	560	560	-	1,120	1,120	-
Licence Fees	2,465	2,487 -	22	4,097	4,120 -	23
Other Income	53	4	50	56	6	50
Total Income	**3,078**	**3,050**	**28**	**5,273**	**5,246**	**27**
Revenue costs - Charged to Expenditure						
Salaries	2,125	2,216 -	91	3,712	3,807 -	95
Other Staff costs	134	145 -	11	251	258 -	7
Authority/Committee costs	90	103 -	13	162	166 -	4
Other Compliance costs	37	23	14	58	39	19
Other Strategy costs	51	105 -	54	178	175	3
Facilities costs incl non-cash	198	209 -	11	341	355 -	14
IT costs costs	52	62 -	10	106	106	-
Legal costs	138	277 -	139	257	340 -	83
Professional Fees	49	39	11	78	68	10
Total Revenue costs	2,873	3,178 -	305	5,142	5,314 -	172
Total Surplus/(Deficit) before Capital & Project costs	**205 -**	**128**	**333**	**130 -**	**69**	**199**
Capital & Project - Reserves funded						
IFQ	358	526 -	167	935	1,135 -	200
Donor Support	8	9 -	1	20	20	-
Other Capital costs	-	-	-	100	100	-
TOTAL NET ACTIVITY	**366**	**535 -**	**168**	**1,055**	**1,255 -**	**200**

Commentary: **Summarised management accounts October 2015 – commentary**

Income

Treatment fee income improved slightly up to the end of October with the shortfall now approximately 1% less than expected. We continue to keep a close eye on this. The forecast income reflects the earlier shortfall on treatment fees and the unbudgeted legal award made.

Expenditure

Year to date expenditure is almost 10% below budget at the end of October. Legal costs continue to be less than expected at this point in the year and the salary budget is underspent, due to vacancies.

A detailed review of the likely spending for the remainder of the year was conducted after the end of quarter two and the forecast reflects the current expectation. A further review will be conducted in January (post Q3). Before spend on IfQ, we are forecasting overall expenditure to be 3% lower than what we have budgeted.

IfQ and Other Project costs

The pace of spend increased slightly in October (cumulative spend now at £358k compared to budget of £526k) with the year to date underspend reducing to 32%. Likely expenditure for the rest of the year has been reviewed and re-profiled. We expect that £200k (18%) of the total £1,135k will now be spent in 2016/17. We have informed the DH of this development.

IfQ indicators: October update

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?	**October:** The annual health check is scheduled to be commenced in December.
Monthly	Timescales: burndown chart showing remaining estimate of work.	Is there scope creep/over-run?	**October:** Throughout October the team has continued to refine the way that sprint progress is monitored and recorded using TFS online throughout Alpha. The team is on-track to provide meaningful data from Beta phase.
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.	**October:** Resource usage figures have been provided to the end of Alpha, with those figures considered by the IfQ Programme Board. Measures are being put in place to ensure monthly reporting figures are produced by Reading Room in a timely manner and validated at the Project Board level.
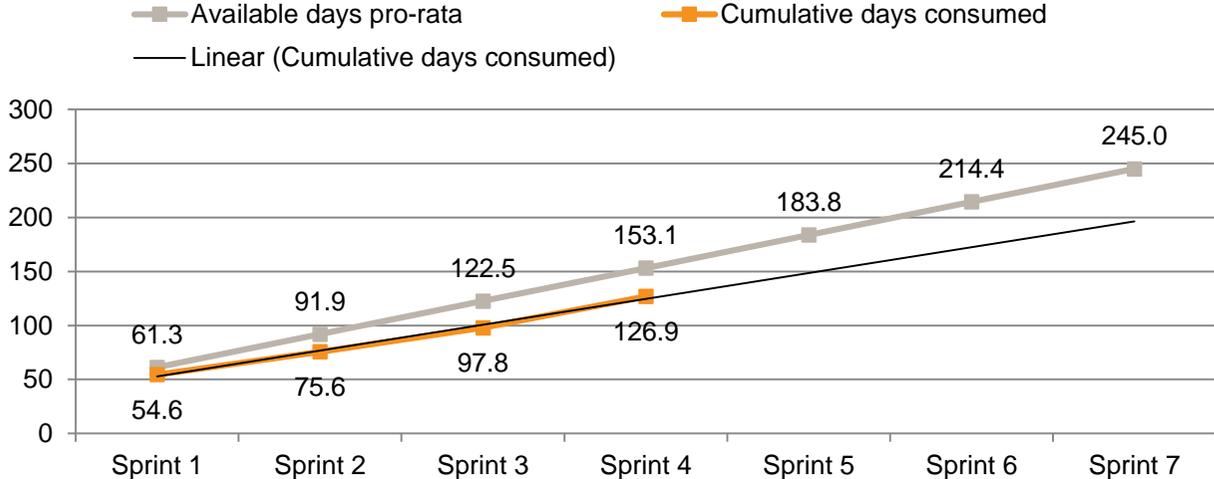
Available days pro-rata   **Cumulative days consumed**

——— Linear (Cumulative days consumed)

Available days pro-rata: Sprint 1: 61.3, Sprint 2: 91.9, Sprint 3: 122.5, Sprint 4: 153.1, Sprint 5: 183.8, Sprint 6: 214.4, Sprint 7: 245.0

Cumulative days consumed: Sprint 1: 54.6, Sprint 2: 75.6, Sprint 3: 97.8, Sprint 4: 126.9

IfQ indicators: October update

Frequency / 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. Currently, 25% of the value of the 1.8M programme cost at completion has been attributed to each project. **October:** Earned value continued to increase well through October in line with the development of design prototypes for Website/CaFC and Clinic Portal. In addition, foundational work in the internal systems and data migration processes was completed, with continued progress at a whole-of programme level expected throughout November.

Earned value

Project	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Websites and CaFC	10%	12%	15%	15%	17%	20%
Clinic Portal	10%	12%	15%	15%	17%	20%
Register and internal systems	5%	7%	8%	10%	12%	15%
Discovery	100%	90%	95%	100%	100%	100%
IfQ Total earned value	31%	30%	33%	35%	37%	39%
% of spend to date	**38%**	**39%**	**43%**	**44%**	**45%**	**48%**

IfQ indicators: October update

Frequency / trigger point	Metric	Purpose	Latest status:
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?	**October:** No key requirements lost.
Monthly	Stakeholder engagement: combined stakeholder engagement score	Are we keeping stakeholders with us? Is it getting better or worse?	**October:** We have continued to hold the fortnightly show and tell sessions to keep staff up to date. Internal and external stakeholders took part in the user testing for the website. CaFc and portal.

	June 16 - July 15		July 16 - Aug 15		Aug 16 - Sept 15		Sept 16 - Oct 15	
	Page views	Unique	Page views	Unique	Page views	Unique	Page views	Unique
IfQ Homepage	0	0	60	27	45	20	30	14
Juliet's Blog	30	23	9	9	11	10	3	3
IfQ Blog 1	0	0	22	7	6	5	7	5
IfQ Blog 2	0	0	5	3	7	7	4	4
IfQ Blog 3	0	0	0	0	10	10	4	2
IfQ Blog 4	0	0	0	0	10	7	8	5
IfQ Blog 5	0	0	0	0	0	0	9	7
IfQ Blog 6	0	0	0	0	0	0	4	3
IfQ Glossary	0	0	0	0	0	0	10	6

IfQ indicators: October update

Frequency / trigger point	Metric	Purpose	Latest status:
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better (could identify death by a thousand cuts)?	**October:** Key areas of risk for the Programme remain stable from September. These remain centered on data migration work, in particular regarding decisions about timing for cleansing and migrating 'must' and 'should' data, and striking an appropriate balance with achieving sufficient quality. These risks are being proactively managed, with IfQ Programme Board reviewing the details of the work in August, and deciding appropriate resourcing and timing parameters for the work in September. A second key area of risk for the IfQ programme has been determining the delivery and resourcing plan to support the required internal systems work. A key milestone for addressing this area of risk was achieved in September, through finalising the IfQ programme plan. The overall risk score for the IfQ Programme has increased again, relating primarily to the risk of delayed beta commencement having impacts on key milestones and programme budget. This risk is being managed by IfQ Programme Board, who have agreed to progress to Beta phase at risk in anticipation of expected GDS approval following the already achieved DH approval process.

IfQ indicators: October update

Frequency / trigger point	Metric	Purpose	Latest status:
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.	**October:** Reporting is expected to be able to commence from the beta stage onwards.