

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 (14/09/2016) 80	6							
Meeting date	14 September 2016	14 September 2016							
Author	Helen Crutcher, Project Risk and Performance Manager								
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 pe	riod 2014-2017							
Communication(s)		ance in advance of each rated into this Authority	n Authority meeting, and their paper.						
	The Department of Hemmeeting (based on the		nance at each DH Update						
	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		☐ High						
Annexes	Annex 1: Strategic per	formance report							

1. Introduction

Strategic performance report

- 1.1. The attached paper summarises the main performance indicators, following discussion by the Corporate Management Group (CMG) at its August performance meeting.
- **1.2.** Most of the data relates to the position at the end of June 2016.
- **1.3.** Overall performance is good. However, four performance indicators in the red, with progress on delivery of some of our strategic aims delayed.
- 1.4. The cause of these delays is slipped timelines for IfQ deliverables. These are the result of the diversion of resources to important business as usual tasks and the impact of earlier delays to beta timelines. A more detailed account of the slippages in IfQ can be found at item 7 on the agenda, paper number HFEA (14/09/2016) 807.
- 1.5. IfQ is being delivered through an Agile approach, so re-planning of timeframes is a natural part of delivery and delays are being managed. Whereas, the dates of strategic milestones have not been revised since December at the beginning of the beta phase of the programme, and so do not reflect these changes.

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 - June data

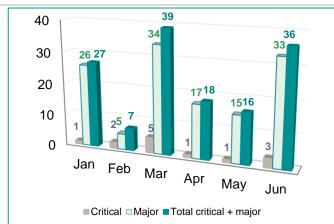
Strategic delivery totaliser

(see overleaf for more detail)



Setting standards:

critical and major recommendations on inspection



Increasing and informing choice:

public enquiries received (email)



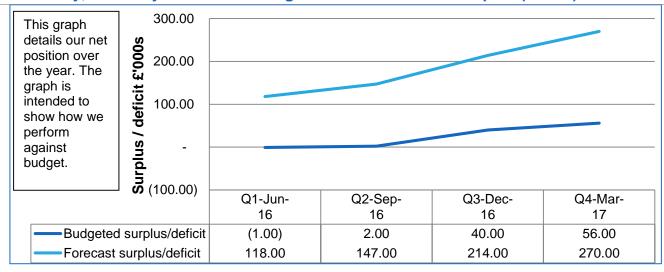
Overall performance - all indicators:

26

Red
Amber
Green
Neutral

(See RAG status section for detail.)

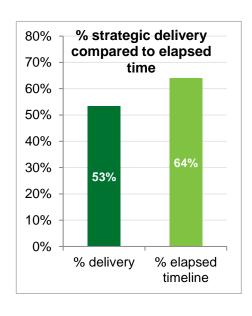
Efficiency, economy and value: Budget status: cumulative surplus/(deficit)



Dashboard - Commentary

Strategic delivery (to end of June) - summary:





It was previously necessary to re-cast the timeline for the beta phase of IfQ. We reached our next GDS gateway review point in mid-May, and passed the reviews for both the website and clinic portal (with a number of recommendations).

This meant that we could then proceed towards the public beta phase of work. Some IfQ milestones have been delayed, mainly as a result of earlier gateway process delays or because of technical interdependencies with products that are not yet ready, causing some knock-on delays for other milestones. However, we are still making good progress, and both products reached the milestone of being ready for a beta release in July (just after the period of this report). Some of our original milestones for this quarter will be delivered later than originally planned, since we will need to allow for some agile development time and iteration of the products in response to beta feedback and the continuing work on data cleansing.

Strategic delivery in May and June:

Setting standards

There were no delivery milestones for this area in May and June.

Increasing and informing choice

There were no delivery milestones for this area in May and June.

Efficiency, economy and value

In May, we successfully prepared for and passed two DH GDS assessments, for the clinic portal and for the new website and CaFC. We also commenced trial load one in preparation for our future migration of data to the new Register. We did not complete trial load one as quickly as hoped and it has been delayed from the originally anticipated date of end June 2016 to end September 2016, due to:

- Delays finalising the Data Dictionary, which inform the trial load process
- Delays finalising Release 1 of the Clinic Portal and Website which diverted resource away from trial load one.

As noted above, there are a number of linked delays owing to slippages in the IfQ programme having knock-on effects. This is manageable through agile re-planning, and work is still going well, with planning for the next stage, release two work for the Portal and EDI, well under way.

Four milestones originally planned for completion in June have been deferred to August or September. The total number of delayed items is now 11, but these are all linked to the same changes to the IfQ timeline, and are being addressed. They are:

- Data cleansing (this was originally expected to complete in April, but has taken longer)
- Getting more explicit patient experience data into inspection reports (this was originally due to be in place by the end of June, but depends on the new CafC, which is not yet in place).
- Release 1 of the clinic portal was originally due to reach private/limited beta in March, and has been delayed.
- The first full 6 monthly update of the new CafC was originally due to take place in April, but this depends on moving into first live beta, and then full live.
- The original plan was for the clinic portal to go to early adopters for user testing as part of moving to live beta this has been delayed from April.
- Organisational 'blueprinting'. The planned departmental review of processes has been deferred to December, since more early 'vision' work on the future conformation of the organisation is needed first. Early thinking on this has started.
- Trial load 1 completion prior to other trial loads prior to data migration this was originally due to finish in May, but has taken longer than expected, as indicated above.
- Portal R1 full (post-private) beta was originally due to be in progress during June.
- The Portal 'go live' gateway review was originally scheduled for June, and will now be rescheduled for later (this is dependent on obtaining and addressing feedback from live beta).
- Similarly, the website was originally scheduled to go live in June or July, and will need to have a later gateway review (again, dependent on obtaining live beta feedback first).
- Trial load 2 has been delayed from an original intended date of June, by the over-running of trial load 1.

Red/amber/green status of performance indicators as at June 2016

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

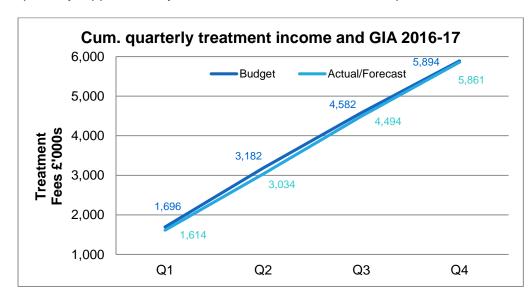
In June unexpected loss of power to the HFEA offices affected three indicators. The power outage lasted for three working days and resulted in no access to the organisation's documents and licensing database. The first affected indicator is the percentage of finalised Licence Committee, SAC, representations hearing and ELP decisions published on HFEA website within five working days of Chair sign-off. The KPI for this indicator is 100%. In June this was 65% due to seven sets of minutes being published later than expected. The second of the affected indicators was the average number of working days between minutes being finalised and decision communicated to clinics (minutes forwarded and licence issued or letter sent explaining refusal of licence). The KPI for this indicator is 100% published within two days however, again, because there was no access to the organisation's documents and database, only 81% of the 21 decisions (17) were sent on time, with 4 delayed. The third indicator affected by the power outage was the subset of the figure above, which only includes those items that followed from an inspection (renewals, interims, unannounced, change of premises and new centres).

In June we also missed the KPI for the average number of working days from day of inspection to the day the draft report is sent to the PR. The KPI for this indicator is 90% to be sent to clinics within 20 working days. In June 50% (3 of the 6 reports) were sent within this timeframe. Of the three late reports, one report was sent at 23wd. One report was sent at 28wd due to a complex inspection with a number of considerations which required the undertaking of a management review which delayed the report. One report was sent at 31wd due to the inspection process being delayed because of difficulty finding peer reviewer. The inspector was unable to complete the assessment (and inspection report) until the peer review was returned.

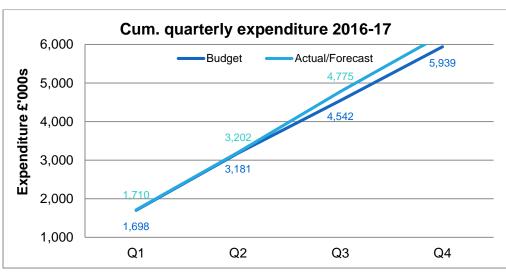
No projects were on a red risk rating in June.

Budget status - June 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 what is actually happening. The remaining ten months (3 quarters) are based on budget hence the closeness of the two lines. As of month 3 (30 June 2016) we have exceeded our budgeted income by £262k. A detailed analysis of treatment cycles has been undertaken, see commentary for explanation.



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.

We are three months into the new business year and have undertaken a review of costs and plans for the remainder of the year. The forecast figures therefore have been adjusted to take into account known expenses to be incurred throughout the year.

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:

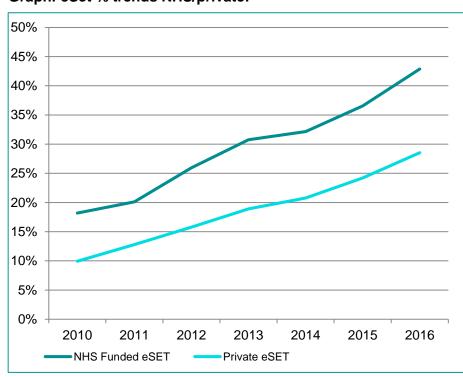
- number of risk tool alerts (and themes)
- common non-compliances (by type)
- incidents report (and themes).

The following figures and graphs were run on 2 August 2016.

ESET split by private/NHS:

Funding	Year							
	2010	2011	2012	2013	2014	2015	2016	
NHS Funded:								
Recorded as	4289	4903	6264	7870	8444	9746	6683	
eSET	7%	8%	10%	13%	13%	15%	18%	
Not recorded as	19287	19490	17870	17718	17824	16922	8904	
eSET	33%	32%	30%	29%	28%	26%	23%	
Relative eSET %	18%	20%	26%	31%	32%	37%	43%	
Private:								
Recorded as	3422	4630	5699	6857	7737	9340	6452	
eSET	6%	8%	10%	11%	12%	14%	17%	
Not recorded as	31024	31547	30398	29392	29502	29244	16156	
eSET	54%	52%	51%	48%	47%	45%	42%	
Relative eSET %	10%	13%	16%	19%	21%	24%	29%	

Graph: eSet % trends NHS/private:



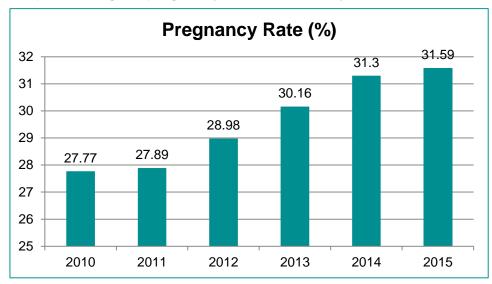
Explanatory text: Showing the total of all reported IVF treatment forms and counting those that the clinics recorded as eSET

As of February 2016 data, 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	60570	16896	27.89
2012	60231	17455	28.98
2013	61837	18650	30.16
2014	63507	19875	31.3
2015	65252	20611	31.59
2016	38196	9650	25.26

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 it is still quite early in the year, and there is always a lag in reporting pregnancies.

2. Indicator section

Key performance and volume indicators – June data:

Indicator Performance **RAG** Recent trend¹ Aim² **Notes** Setting standards: improving the quality and safety of care through our regulatory activities.

Licensina decisions made:

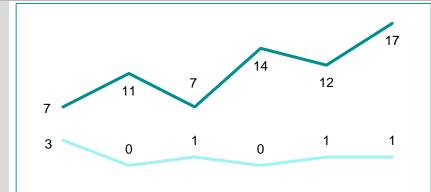
> **By ELP** 17 **By Licence**

> > Committee

1

100%

(18)



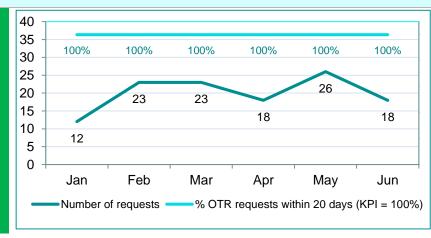
Licence Committee

Volume indicator No KPI tracked for (no KPI target). workload monitoring purposes

Setting standards: improving the lifelong experience for donors, donor-conceived people, patients using donor conception, and their wider families.

-ELP

Percentage of **Opening the Register requests** responded to within 20 working days



Maintain at 100%



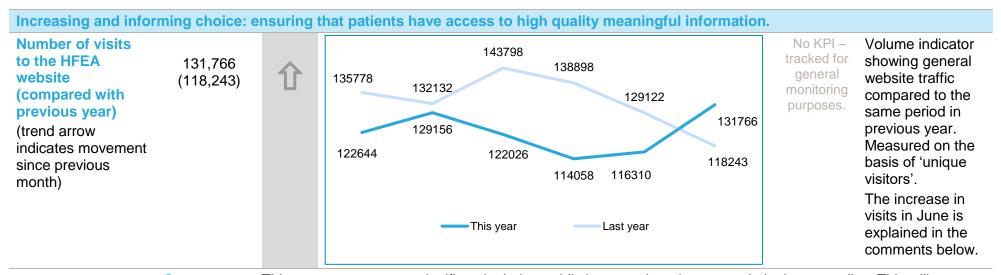
KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time)

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 in	forming choice: us	sing the data	in the Register of Treatments to improve outcomes and res	earch.	

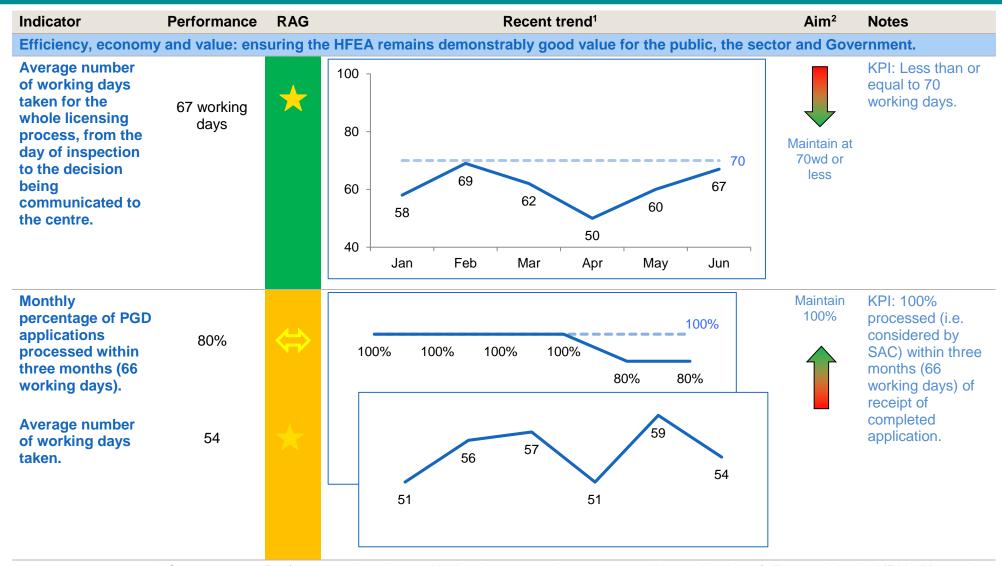
See graphs focused on quality of outcomes – after dashboard page.



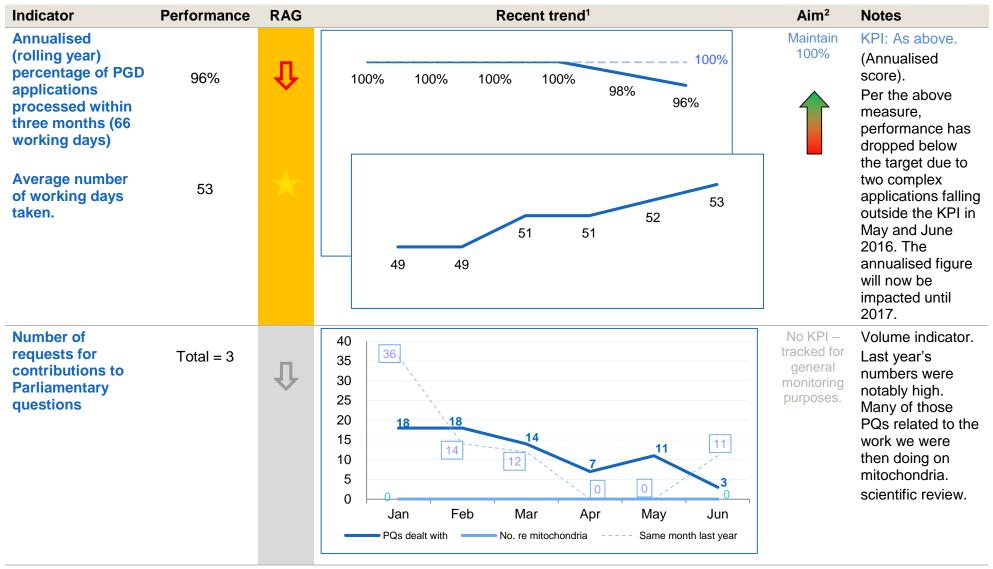
Commentary: This measure may vary significantly during public beta or when the new website becomes live. This will mean that new data will not be comparable with the previous year until we have a year's worth of this new data.

June saw a huge surge in interest in the surrogacy options page, with an increase of some 300% on the previous year and a rate two and a half times higher than the average top ranking pages. The spike – which occurred between Monday 27 to Wednesday 29 June (peaking on Tuesday) saw 23,000 page views, compared with normal traffic which varied between around 6,000 and 10,000 page views a day over the month.

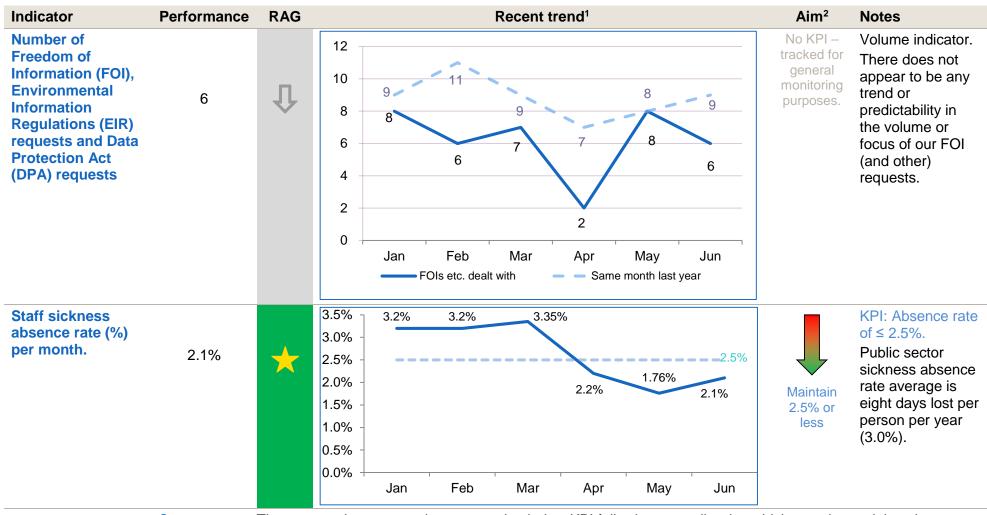
Investigation has shown that 44% of the traffic in that time period came from India (compared to 18% in the UK). Initial views in identifying the cause of the spike was the recent ban on surrogate services in India to foreigners – however this is still not passed in law. The more likely reason was the news that a Bollywood, single male, actor, Tusshar Kapoor, had become a father via surrogacy which was announced in the Indian media around the dates quoted above



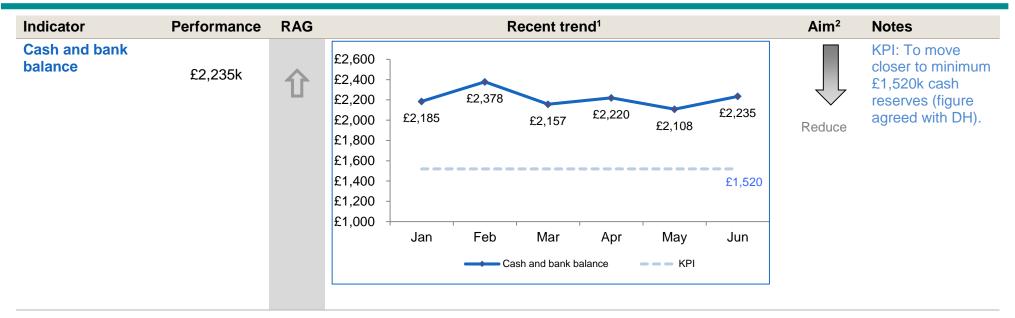
Commentary: Performance has dropped below the target due to two complex applications falling outside the KPI in May and June 2016. In each case this was due to the committee deferring the items in order to obtain additional legal advice on the 'significant risk' test.



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 in the coming months once the report of the most recent expert panel scientific review is published.



Commentary: The current absence rate has returned to below KPI following an earlier rise which was due mainly to long-term sick leave and seasonal illnesses. This was investigated and did not demonstrate a trend towards problematic sickness absence, though we will continue to monitor this.



Indicator

Management accounts:

Notes

Performance RAG			ent tren	-			
Management accounts: May 2016:							
Income & Expenditure Account							
Accounting Period	May-20	016					
		Year to	Date			Full Year	
			Variance	% Variance			
	Actual YTD Bu		YTD	YTD	Forecast	Budget	Vari
	£	£	£	%	£	£	
Grant-in-aid	_	_	_	0	958	958	
Licence Fees	928	756	(172)	(23)	4,472	4,472	
Other Income	-	1	1	61	6	6	
Total Income	929	757	(172)	(0)	5,436	5,436	
Revenue Costs - Charged to Expenditure							
Salaries (excluding Authority)	447	452	4	(1)	2,666	2,679	
Shared Services	20	20	-	, O	97	81	
Employer's NI Contributions	42	42	-	1	254	247	
Employer's Pension Contribution	93	97	4	(4)	572	573	
Authority salaries inc. NI Contributions	24	24	-	1	146	146	
Temporary Staff costs	21	-	(21)	0	30	-	
Other Staff Costs	40	38	(2)	5	265	265	
Other Authority/Committee costs	36	50	14	(28)	301	301	
Other Compliance Costs	3	7	4	(61)	28	28	
Other Strategy Costs	6	13	7	(53)	142	142	
Facilities Costs incl non-cash	121	115	(6)	5	488	488	
IT costs Costs	21	15	(6)	36	93	93	
Legal Costs	47	56	9	(16)	400	400	
Professional Fees	14	11	(2)	20	67	67	
Total Revenue Costs	936	940	5	(1)	5,547	5,507	
Total Surplus/(Deficit) before Capital & Project costs	(7)	(183)	(177)	(96)	(111)	(70)	
IFQ & Other Project Costs - Reserves funded	92	104	12	(12)	472	472	
Other Capital Costs	1	-	(1)	0	100	100	
TOTAL NET ACTIVITY	86	(79)	(166)		462	502	

Performance RAG	R	ecent t	rend ¹				Aim	² N
Management accounts: June 2016:								
Income & Expenditure Account	Jun-2	016						
Accounting Period Cost Centre Name Department Name	Period 3 16-17 All Cost Centres All Departments							
		Year to D	ate		Uncommitted		Full Year	
	-		/ariance %	Variance				
	Actual YTD B	-	YTD	YTD	Bal for the Year	Forecast	Budget	Variance
	£	£	£	%	£	£	£	£
Grant-in-aid	234	235	(1)	(0)	719	953	958	(5)
Licence Fees	1,380	1,118	262	23	3,542	4,922	4,472	450
Other Income	1	2	(0)	(18)	5	6	6	-
Total Income	1,615	1,354	262	19	4,266	5,881	5,436	445
Revenue Costs - Charged to Expenditure								
Salaries (excluding Authority)	667	677	9	(1)	2,000	2,668	2,679	(11)
Shared Services	26	26	(0)	0	71	97	81	17
Employer's NI Contributions	65	62	(3)	4	190	255	247	7
Employer's Pension Contribution	140	145	5	(3)	429	569	573	(3)
Authority salaries inc. NI Contributions	37	36	(0)	1	109	146	146	0
Temporary Staff Costs	32 59	-	(32)	4	55 403	55		55
Other Staff Costs Other Authority/Committee costs	59 56	57 75	(0) 19	1 (25)	193 237	252 294	265 301	(13)
Other Compliance Costs	5	9	4	(47)	18	294	28	(8) (5)
Other Compliance Costs Other Strategy Costs	12	23	11	(47)	123	135	142	(7)
Facilities Costs incl non-cash	181	152	(29)	19	310	492	488	5
IT costs Costs	28	23	(5)	21	61	89	93	(4)
Legal Costs	206	88	(118)	135	390	596	400	196
Professional Fees	19	17	(2)	14	47	67	67	-
Total Revenue Costs	1,533	1,391	(141)	10	4,235	5,737	5,507	230
Total Surplus/(Deficit) before Capital & Project costs	82	(37)	403	1,074	32_	144	(70)	215
IFQ & Other Project Costs - Reserves funded	226	343	117	(34)	342	567	477	90
Other Capital Costs	1	-	(1) *		99	100	100	-
TOTAL NET ACTIVITY	(146)	(380)	288		472	812	507	305

<u> </u>				, 0, ,			
Indicator	Performance	RAG	Recent trend ¹	Aim ² Notes			
Commentary:	Summarised m	nanagement accou	unts – commentary May 2016				
	Income						
	As of 31 May (month 2) of the 2016/17 business year, we have seen a positive variance against our budget of £172k. Our treatment fees are above that expected and it is possible it relates to new clinics coming on line and the increase in treatment fee by £5 approved by HMT early this year.						
	Expenditure						
	analyse in detail	where these unde	ow that we have underspent against budget by £5 erspends are, however there are key areas which are work undertaken, (£5.6k) within IT and (£2k) w	are overspending. These are; facilities			
	IfQ and other p	roject costs					

IfQ is underspent against budget by £12k or 12%. The costs for IfQ will be reviewed each quarter as we progress towards final build of its components with a view to capitalising them at year end which will impact positively on the Income and Expenditure account.

Last year we transferred over £400k of cost of IfQ to Assets under Construction, it is expected that a similar figure will be capitalised at year end subject to review.

Summarised management accounts – commentary June 2016

Income

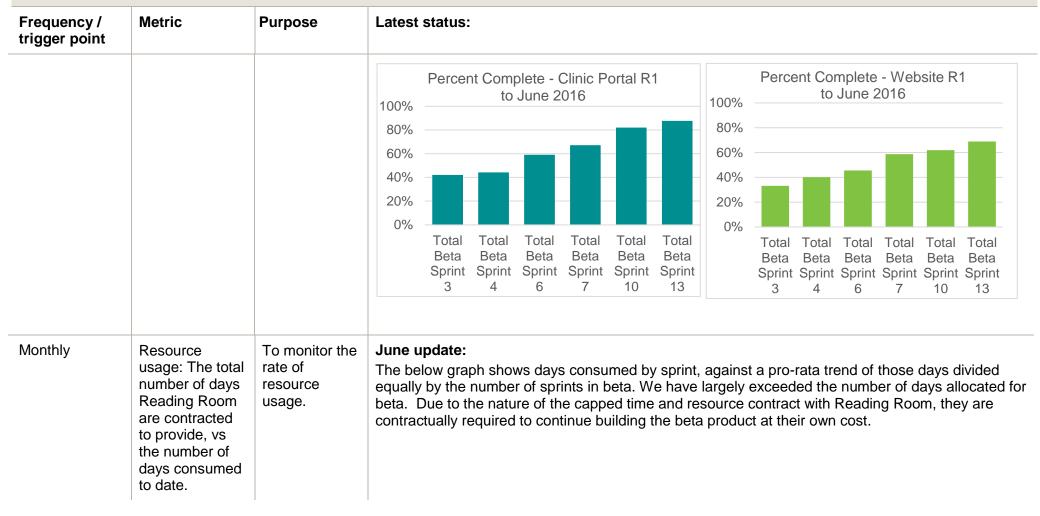
At the end of Q1 (30 June) we have a YTD variance on Treatment fee income of 23% (£262k more than budget). Q1's income relates to treatment fees billed in April and May and an accrual based on data from our billing system for June's treatments. We have now undertaken a detailed analysis of treatment cycles over the last three years to assess whether there is a pattern to clinics reporting. A conservative adjustment has been factored into the yearend forecast figure of £450k but it could be higher. We continue to monitor and update our analysis to ensure we capture figures that are as accurate as our data allows.

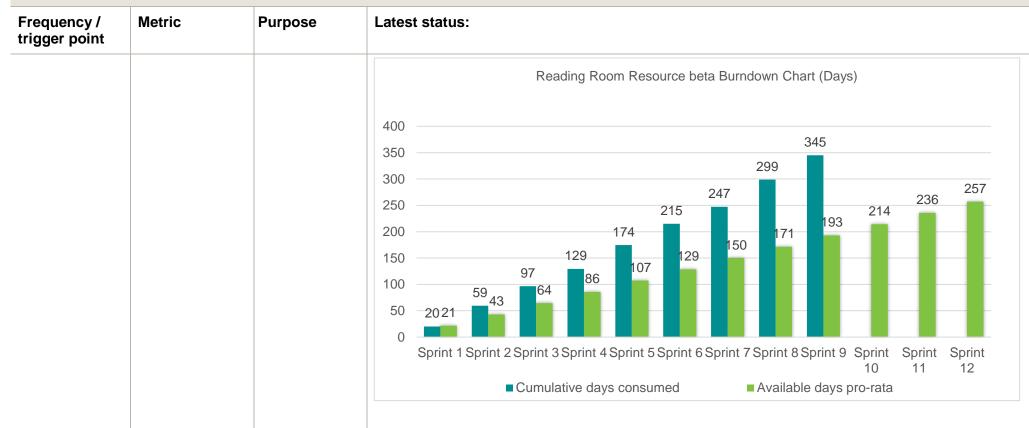
Expenditure

Year to date expenditure is currently £141k (15%) above budget. The main areas of overspend are within Legal £118k or 35% over budget. This over spend is due to accruing for costs relating to number of litigations and a compensation payment (£116k which is yet to be confirmed). Our facilities costs are slightly up against budget due to charges from CQC for occupation costs for April and May which are the final rental charges payable at the end of our lease.

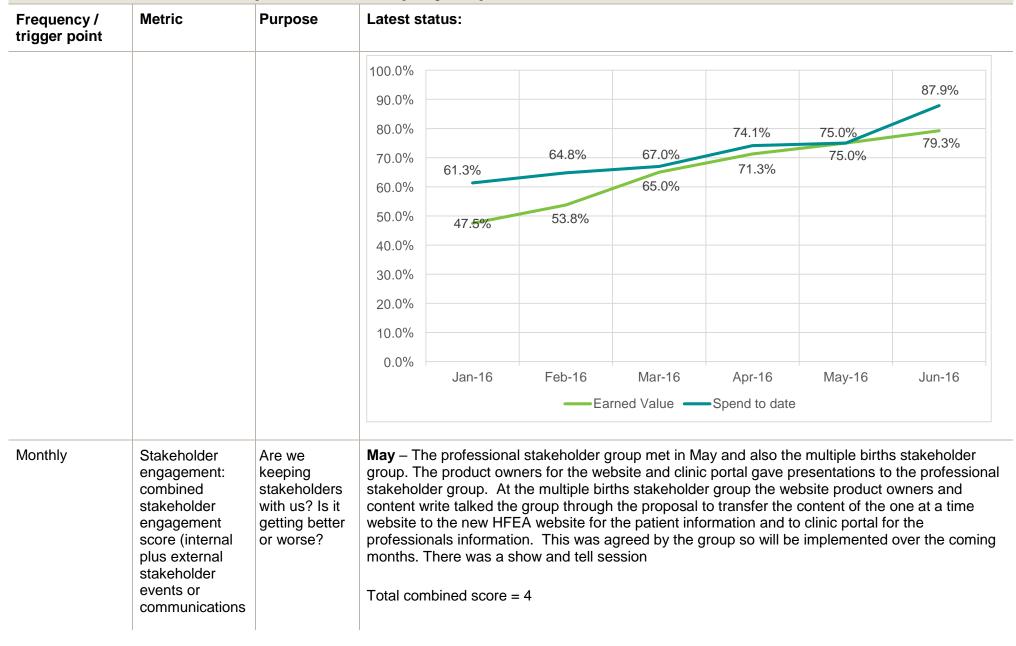
Indicator	Performance RAG	Recent trend ¹	Aim ² Notes		
	IfQ and other project costs				
	IfQ is currently under spending against budget by 34%. Year to date and forecast to overspend by 19% at year-end in lin extra budget agreed by SMT. The costs for IfQ will be reviewed each quarter as we progress towards final build of its components with a view to capitalising them at year end which will impact positively on the Income and Expenditure accordingly.				
		er-spend against budget of £230k, however this does in entrol of legal spend we could end the year on a positive			

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?	June update: The MSP health check has been 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 agreed by CMG especially on the IS side.
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?	June update: The programme team continued to press towards releasing both the website and clinic portal to public beta, throughout June. This involved addressing a number of bugs on the website related to data quality, to ensure our data was being presented correctly. On the Clinic Portal, the focus was around ensuring the correct user access privileges and security measures were in place in advance of sending login credentials to centres. In addition, significant bugs were discovered around the performance charts on the portal, that required attention prior to release to public beta. Following approval, Release 2 work was progressed throughout June with the team finalising the development environment architecture and commencing work on prototype for EDI. The first few weeks of R2 EDI prototype work are focused on building a system that allows basic information to be entered about people – participants, donors and partners. The below charts provide weighted data on the work completed for both website and CP. 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 isn't an objective measure of completion between the two – for this measure.





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: website 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. June update:
			A slight gap between the earned value and spend to date is to be noted, although we should consider that the spend to date take into consideration RR beta cost which in reality has not been spent yet.



Frequency / trigger point	Metric	Purpose	Latest status:		
)		June - In June the IfQ stakeholder group met and were shown the products that had been developed in preparation for public beta. This was the only stakeholder engagement. Total combined score = 1		
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better (could identify death by a thousand cuts)? June update: The below line graph represents the overall IfQ risk score, which combines to and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month. The overall risk score and likelihood of the current risks on hand each month.	The below line graph represents the overall IfQ risk score, which combines the perceived imparand likelihood of the current risks on hand each month. The overall risk score for the IfQ Programme has increased this month mainly due to the remaining beta phase and the potential impact on R2 progress. 140 120 133		
		60 40 20			60 40 33 32 35
			Mar-16 Apr-16 May-16 Jun-16 ➡Inherent Risk Score ——Residual Risk Score		
			The major risk scores are associated with timescales, data security, development and busi continuity		

