

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 (06/07/2016) 799	9	
Meeting date	6 July 2016		
Author	Helen Crutcher, Project	Risk and Performance	Manager
Output:			
For information or decision?	For information		
Recommendation	The Authority is asked performance report.	to note and comment o	n the latest strategic
Resource implications	In budget		
Implementation date	Ongoing – strategic per	riod 2014-2017	
Communication(s)	CMG reviews performa comments are incorpor		Authority meeting, and their paper.
	The Department of Heameeting (based on the	•	ance at each DH Update
		n Directors. Authority's	each meeting, enhanced by views are fed back to the
Organisational risk	□ Low	☑ Medium	☐ High
Annexes	Annex 1: Strategic perfe	ormance report	

1. Introduction

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

2. Recommendation

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

Annex A - HFEA strategic performance scorecard

1. Summary section

Dashboard – April data

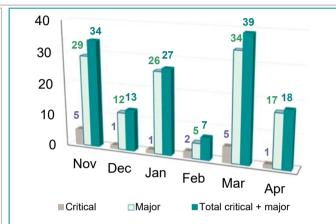
Strategic delivery totaliser

(see overleaf for more detail)



Setting standards:

critical and major recommendations on inspection



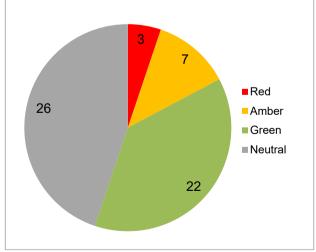
Increasing and informing choice:

public enquiries received (email)



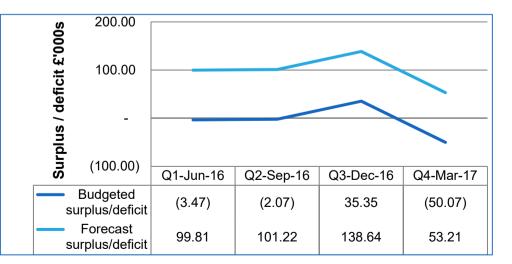
Overall performance - all indicators:

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



(See RAG status section for detail.)

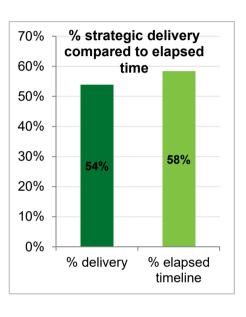
This graph details our net position as at 30 April 2016 (month one of the 2016/17 business year). The graph is intended to show how we perform against budget. The graph will become more meaningful from quarter 2 when we take a fresh look at our costs and income (re-forecast).



Dashboard - Commentary

Strategic delivery (to end of April) – 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 means that we can soon proceed to the public beta phase of work. In IfQ, much of April was spent preparing for these important gateway reviews.

Strategic delivery in April:

Setting standards

There were no delivery milestones due in this area in April.

Increasing and informing choice

Following the rescheduling of IfQ beta phase work, and the development of new content and templates for the website, we are now well positioned to ensure that patients will have access to high quality meaningful information in the new website. Preparations for the website GDS gateway review (done in May) were in full swing throughout April.

Owing to the earlier delays in the beta timeline, we have not yet reached the point where the six monthly CaFC update will appear in the new format, so this milestone will now be reached in October (the next six monthly CaFC update point).

Efficiency, economy and value

The successful focus on passing our two GDS gateways included website user testing, delayed from March. Earlier GDS approval delays (in 2015) continue to have a knock-on effect on the remainder of the IfQ timeline. So for instance the planned pre-private beta phase for release one of the clinic portal was not possible as originally planned in April. This will now occur once GDS recommendations from the recent gateway review have been addressed, over the next few sprints, as part of our continued preparations for full live beta.

Work has begun on developing the organisation's future 'blueprint'. However more work needs to follow on this, over the next six months, building in discussion and consultation with our staff as appropriate.

The other main milestone achieved in April was our office move to 10 Spring Gardens.

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

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

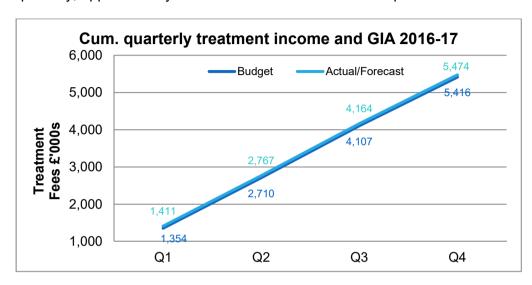
Number of working days to produce monthly management accounts. This took 14 working days compared to the <5 indicator target. This was due to the team delivering extra in-team training to increase resilience at the time, and to unforeseen leave.

Average number of working days between minutes being finalised and decision communicated to clinic (minutes forwarded and licence issued or letter sent explaining refusal of licence). This was due to IT issues causing an email containing a single decision not to send. When the issue emerged the decision was sent within 3 working days. For the same reasons, a second (related) indicator was also in the red.

No projects were on a red risk rating in April.

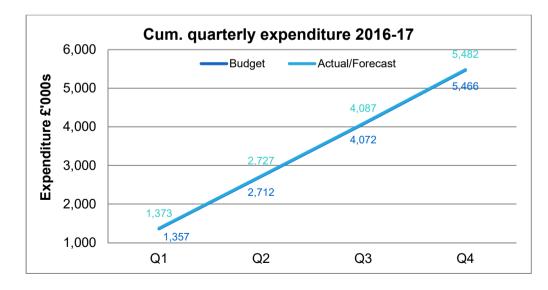
Budget status - April data

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 eleven months (3 quarters) are based on budget hence the closeness of the two lines.

As of month 1 (30 April 2016) we have exceeded our budget (a significant surplus of £436k).



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.

For the month of April we have a small surplus (£40k). The graph as the one above is showing our budget per quarter against our forecast. As we are at the start of the year the graph has little meaning. As we re-forecast (update our plans) the two lines will separate.

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:

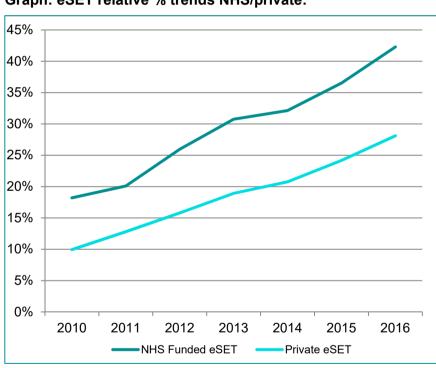
- number of risk tool alerts (and themes)
- common non-compliances (by type)
- incidents report (and themes).

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

ESET split by private/NHS:

2021 opine by privatorial or										
Funding	Year									
	2010	2011	2012	2013	2014	2015	2016			
NHS Funded:										
Recorded as	4294	4903	6264	7868	8443	9742	4740			
eSET	7%	8%	10%	13%	13%	15%	17.5%			
Not recorded as	19284	19491	17869	17717	17830	16935	6469			
eSET	33%	32%	30%	29%	28%	26%	23.8%			
Private:										
Recorded as	3422	4630	5699	6858	7736	9334	4477			
eSET	6%	8%	9%	11%	12%	14%	16.5%			
Not recorded as	31022	31546	30398	29391	29536	29281	11453			
eSET	53%	52%	50%	48%	46%	45%	42.2%			

Graph: eSET relative % trends NHS/private:



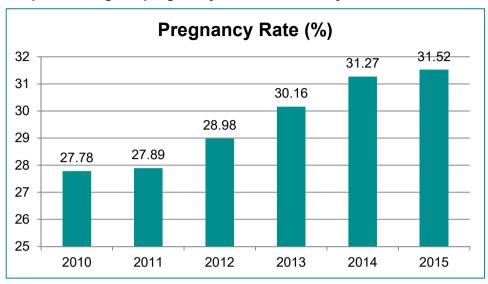
Explanatory text: Showing the total of all reported IVF treatment forms and counting those that the clinics recorded as eSET

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	16119	27.78
2011	60570	16896	27.89
2012	60230	17452	28.98
2013	61834	18649	30.16
2014	63545	19872	31.27
2015	65292	20580	31.52
2016	27140	6291	23.18

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 – February data:

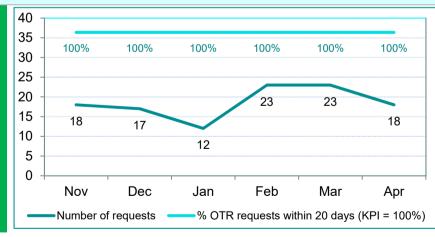
Indicator Performance **RAG** Recent trend¹ Aim² **Notes** Setting standards: improving the quality and safety of care through our regulatory activities. Licensing No KPI -Volume indicator tracked for decisions made: (no KPI target). workload **Bv ELP** 14 monitoring **By Licence** 0 purposes Committee 3 0 0 -ELP Licence Committee

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% (18)





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 trend¹ Aim² Notes

Increasing and informing choice: using the data in the Register of Treatments to improve outcomes and research.

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

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

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

month)

114,058 (138,898)





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'.

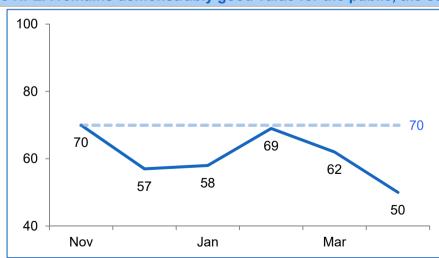
This measure may vary significantly during public beta or when the new website becomes live.

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.

50 working

days



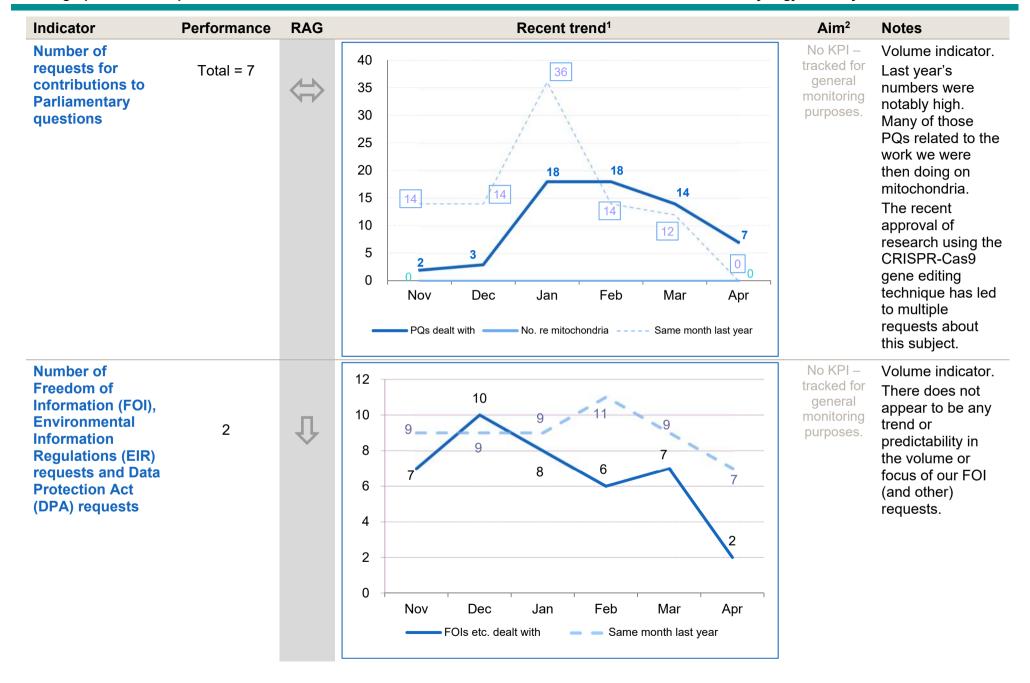
Maintain at

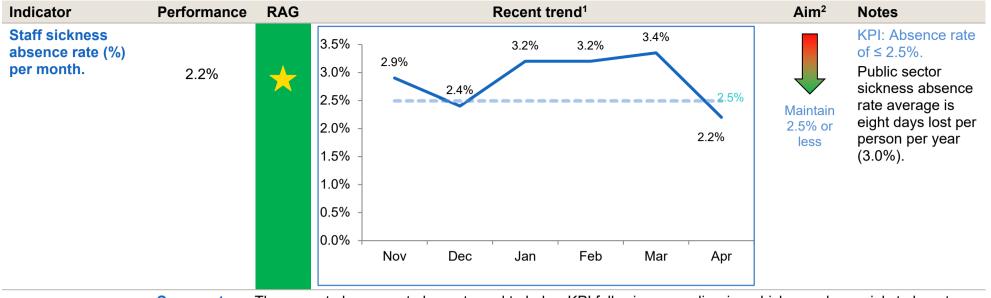
70wd or

less

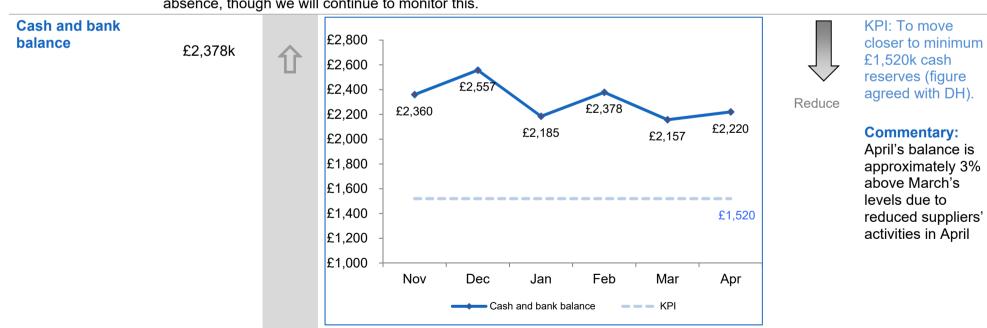
KPI: Less than or equal to 70 working days.







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.



Notes

Indicator	Performance RAG		Red	ent tren	d ¹			Aim ²
Management	April accounts:							
accounts:	Income & Expenditure Account							
	Accounting Period	Apr-	2016					
			Year	to Date			Full Year	
		Actual VTD	Budget YTD	Variance YTD	% Variance YTD	Forecast	Budget	Variance
		£	£	£	%	£	£	£
	Grant-in-aid	-	-	-	-	958	958	-
	Licence Fees	458	400	(58)	(14)	4,472	4,472	-
	Other Income	450	1	1 (57)	100	<u>6</u>	6	-
	Total Income	458	401	(57)	(0)	5,436	5,436	-
	Revenue Costs - Charged to Expenditure							
	Salaries (excluding Authority)	216	295	79	(27)	2,662	2,679	(16)
	Shared Services	14	14	-	-	81	81	=
	Employer's NI Contributions	20	-	(20)	-	250	247	2
	Employer's Pension Contribution	46	-	(46)	-	572	573	(1)
	Authority salaries inc. NI Contributions	12	12	(0)	1	146	146	- 0
	Temporary Staff costs Other Staff Costs	8 23	- 19	(8) (3)	18	8 265	265	8
	Other Authority/Committee costs	18	25	(3) 7	(29)	301	301	-
	Other Compliance Costs	(3)	2	5	(241)	28	28	_
	Other Strategy Costs	3	7	3	(48)	142	142	-
	Facilities Costs incl non-cash	58	55	(3)	5	488	488	-
	IT costs Costs	14	8	(6)	76	93	93	-
	Legal Costs	45	21	(24)	118	400	400	-
	Professional Fees	6	6	(0)	1	67	67	<u>-</u>
	Total Revenue Costs	479	463	(16)	4	5,500	5,507	(6)
	Total Surplus/(Deficit) before Capital & Project costs	(21)	(62)	(41)	(66)	(64)	(70)	6
	IFQ & Other Project Costs - Reserves funded	85	54	(31)	58	472	472	-
	Other Capital Costs	1	-	(1)	-	100	100	-
	TOTAL NET ACTIVITY	(108)	(116)	(8)		508	502	6

Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes
Commentary:					
commontary.	Summarised n	nanagement accounts for April			

Income

April is the first month of the 2016/17 business year. We have seen a small increase in treatment fee income (£57k). We believe this may be due to clinics submitting treatment forms in April that relate to prior periods.

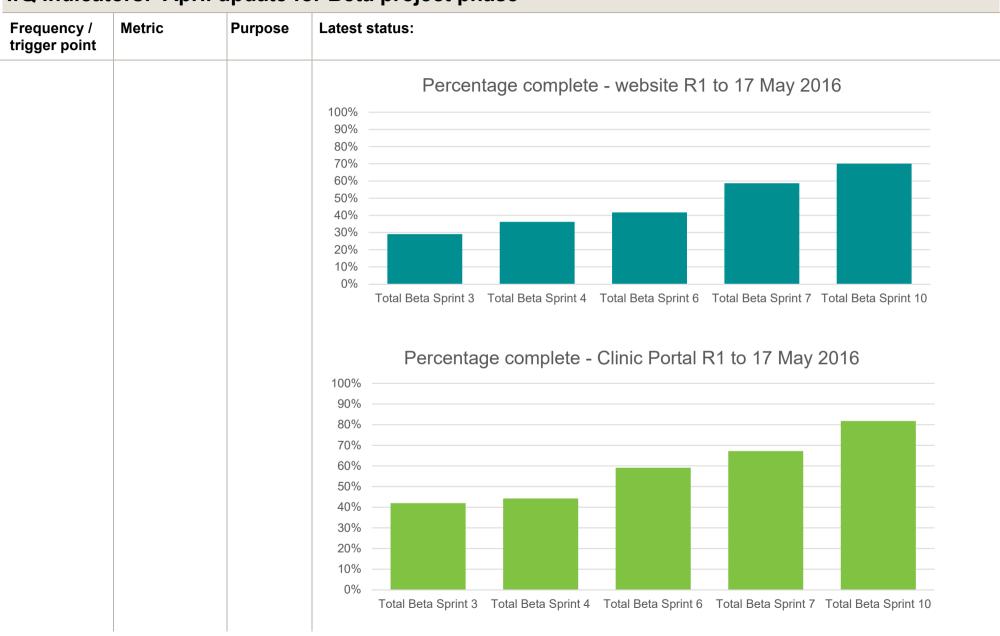
Expenditure

The accounts show that for the month of April, we have overspent by £16k or 3.5% before IfQ spend against budget. This is largely due to overspends on legal (£24k), IT (£6K) and £3k within Finance and Facilities. These are however, offset by underspends within both the Compliance and Strategy directorates (£15k). Within Finance we are accruing for rent and rates based upon CQC's charges as we have yet to receive an invoice from NICE, our new landlords.

IfQ and other project costs

Last year we transferred over £600k of cost of IfQ to Assets under Construction which means we will fully capitalise these costs at the end of the calendar year. For the first month of 2016/17 we have overspent against plan by £31k or 58%. We are planning to spend in the region of £470k for the whole year. Therefore IfQ spends will be doubly monitored by both the PMO and Finance teams.

	I	1	
Frequency / trigger point	Metric	Purpose	Latest status:
At programme set-up / major reorganisation / new tranche	MSP health check overall score achieved / maximum score as a %	Is the programme set up to deliver?	April update: The MSP health check has been completed with the final report also completed. This should be circulated in June.
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?	April update: The Programme continued to progress well through to end Beta Sprint 10. Both services passed their DH led GDS assessments to progress to public beta at the end of Beta Sprint 10, endorsing the completed work. Notwithstanding, work remains to finalise all remaining user stories in Beta, with the significant pieces remaining being the 'detailed statistics' pages for the Website, and the 'online applications' piece for the Clinic Portal. The below charts provides 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 wor 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, sthere isn't an objective measure of completion between the two for this measure.



Frequency / trigger point	Metric	Purpose	Latest status:
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.	April update: The below graph shows days consumed by sprint, against a pro-rata trend of those days divided equally by the number of sprints in Beta. We have exceeded the number of days allocated by the contractor for Beta. However, due to the nature of the capped time and resource contract with Read Room, they are contractually obliged to continue building the Beta product at their own cost. Reading Room Resource Beta Burndown Chart (Days) Autoria Sprint 1 Sprint 2 Sprint 3 Sprint 4 Sprint 5 Sprint 6 Sprint 7 Sprint 8 Sprint 9 Sprint Sprint Sprint 1 Sprint 2 Sprint

	The state of the s					
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; and the defined dataset, discovery, stakeholder engagement etc. 25% of the value of the 1.8M programme cost at completion has been attributed to each of these elements. April update:			
			The earned value and spend to date are still joining up, with a slight difference compared to last month's figures. We are expecting the spending figures to increase in the upcoming month, mainly due to the Beta invoices and Internal Systems external contractors who have started the work on			

security/CLAS3.

Also note that the percentage increase in the earned value measures the work underway for delivery of the project and not against the agile 'definition of done' assessment. For the April period the main focus was on ensuring existing work was ready for GDS assessment, through bug fixing and other similar activities. As a result, the proportionate level of new work underway was less than in previous months.

³ CLAS stands for CESG Listed Adviser Scheme; CESG stands for the Communications-Electronics Security Group (a branch of GCHQ), the national technical authority for information assurance.

Frequency / trigger point	Metric	Purpose	Latest status:
			Earned Value Spend to date
			70.0% 61.3% 64.8% 67.0% 70.0%
			50.0% 49.0% 53.8%
			40.0% 30.0% 39.3% 41.3%
			20.0% Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16
Monthly	Stakeholder engagement: combined stakeholder engagement score (internal plus external stakeholder events or communi- cations)	Are we keeping stakeholders with us? Is it getting better or worse?	March. In March there was a lot of IfQ stakeholder activity as we held our annual conference and the IfQ stakeholder group meeting. The conference included presentations about the new website and CaFC and gave delegates the chance to ask questions about the new products. Total combined score = 4 April. In April the patient stakeholder group met, and the website product owner gave a presentation on the new website and CaFC search that was very well received. The group complimented him on the design of the new website. There was also a show and tell session for staff. Total combined score = 2
Monthly	Risks: sum of risk scores (L x I)	Is overall risk getting worse or better	April update: The below line graph represents the overall IfQ risk score, which combines the perceived impact and likelihood of the current risks on hand each month. The overall risk score for the IfQ

Frequency / trigger point	Metric	Purpose	Latest status:	
		(could identify death by a thousand cuts)?	Programme has decreased during the last period. 140 120 106 100	
			80 60 40 23 28 33 32	Inherent Risk Score Residual Risk Score
			Jan-16 Feb-16 Mar-16 Apr-16 The majority of the risks are associated with timescales, data security, devecontinuity. The Audit and Governance Committee received additional inform	

