

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 (15/03/17) 826
Meeting date	15 March 2017
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

1. Introduction

- 1.1. The attached paper summarises the main performance indicators, following discussion by the Corporate Management Group (CMG) at its February performance meeting.
- 1.2. Most data relate to the position at the end of January 2017.
- 1.3. Overall performance is good, and we are making good progress towards our strategic aims. As soon as the new strategy has been launched, the existing document and indicators will be reviewed, so as to align them with the new strategy.

2. Recommendation

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

1. Summary section

Dashboard – January data

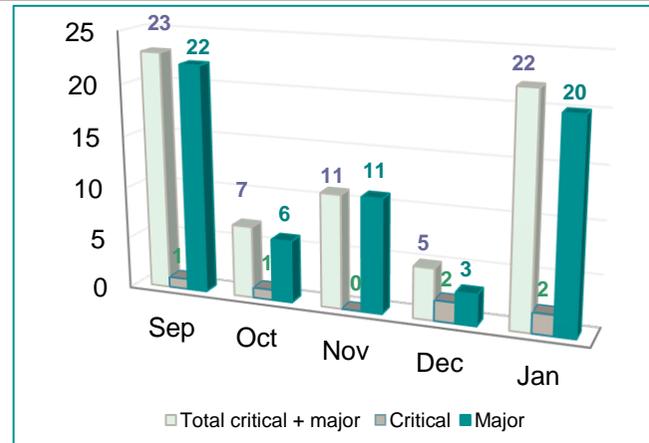
Strategic delivery totaliser

(see overleaf for more detail)



Setting standards:

critical and major recommendations on inspection

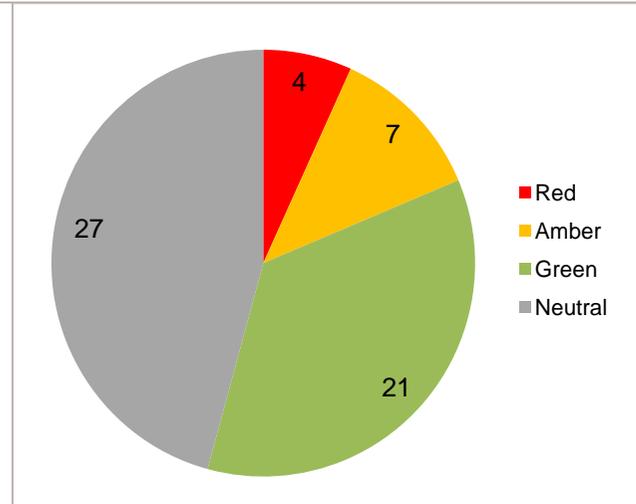


Increasing and informing choice:

public enquiries received (email)



Overall performance - all indicators:



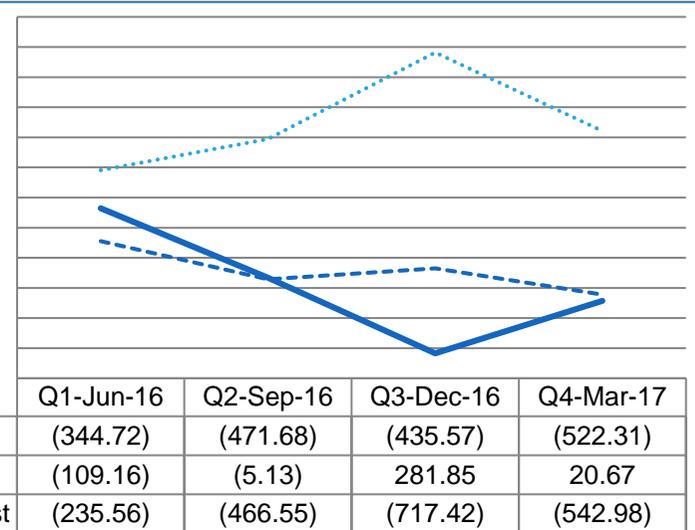
(See RAG status section for detail.)

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

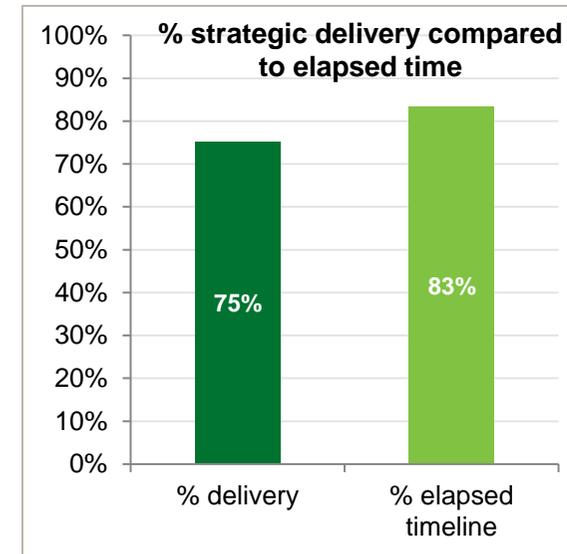
Net position over the year - how we perform against budget.

At the end of period 10 (January) we are showing a surplus of £203k, however for the month of January we were under budget by £82k. For the full year we are forecasting a surplus of £21k which is net of IfQ. With capitalisation of IfQ and the upward trend in our income, our surplus would be £80k.

Surplus / deficit £'000s



Strategic delivery (to end of January) – summary:



The remaining items to be delivered are mainly IfQ milestones, with the exception of the project work to implement new EU Directives on the import and coding of donor eggs and sperm, which have been delayed by the Brexit vote and subsequent Department of Health consultation. Some of the IfQ milestones have been delayed by earlier issues such as limited supplier resources and diversions from business as usual. At present there are a total of 29 milestones still to be delivered by the end of July (the end date for our outgoing strategy). Of these, ten items are not yet due for delivery, and 19 are overdue items. Many of these are interdependent in that one follows from another. For example, until the CaFC delivery milestone is reached, we cannot complete the related milestone of our first 6 monthly update of the new CaFC; we can't go live with the website until we have passed the GDS live gateway assessment; and so on.

Strategic delivery in December and January:

Setting standards

Project work on the new EU requirements relating to the import and coding of donor eggs and sperm remains on hold pending further Department of Health advice in the wake of the Brexit vote. A consultation is expected to be released shortly. Meanwhile, detailed planning to enable us to manage the timeline for implementation has taken place.

Increasing and informing choice

In this area there are six overdue milestones, all relating to IfQ work on the website and CaFC. Therefore all our efforts have been focused on preparing the website for a GDS service assessment in March, which will unlock the overdue milestones.

Efficiency, economy and value

The new clinic portal went live in January.

Meanwhile, data cleansing has continued, but there has been some diversion of effort in order to assist clinics with the current data verification exercise, which is an essential part of the groundwork for achieving improved data quality.

In addition, work is in progress on our new organisational structure, with a staff consultation in February. The new structure has been designed to enable us to maximise the benefits of IfQ.

Red/amber/green status of performance indicators – January 2017

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

Average number of working days from day of inspection to the day the draft report is sent to the PR

- In January, there were two reports due, and both were slightly delayed owing to the inspector's heavy workload that month. We achieved an average of 27 working days, compared to our target of 20 working days.

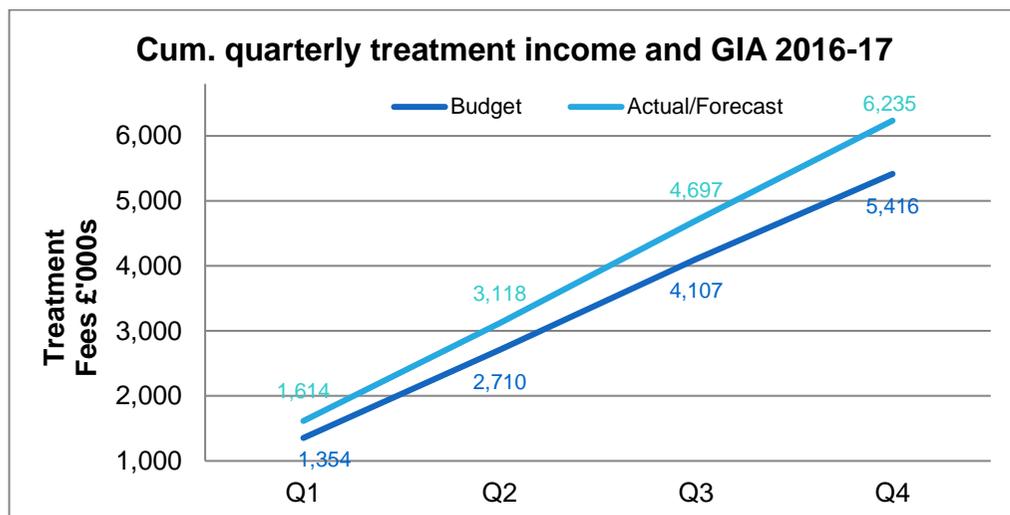
Average number of working days between minutes being finalised and decision communicated to clinic (minutes forwarded and licence issued or letter sent explaining refusal of licence).

- Seven of the 14 items minuted were circulated within three days, compared to our target of two days, due to a member of staff being still in training. This outcome is also reflected in another indicator which records performance on a sub-set of the items minuted, and so that indicator was in the red for the same reason.

The Information for Quality programme is also currently rated red, owing to resourcing issues, delays in finalising contract negotiations, and other delays in completing the website and CaFC. The Authority has a separate item on IfQ on the agenda for the March meeting.

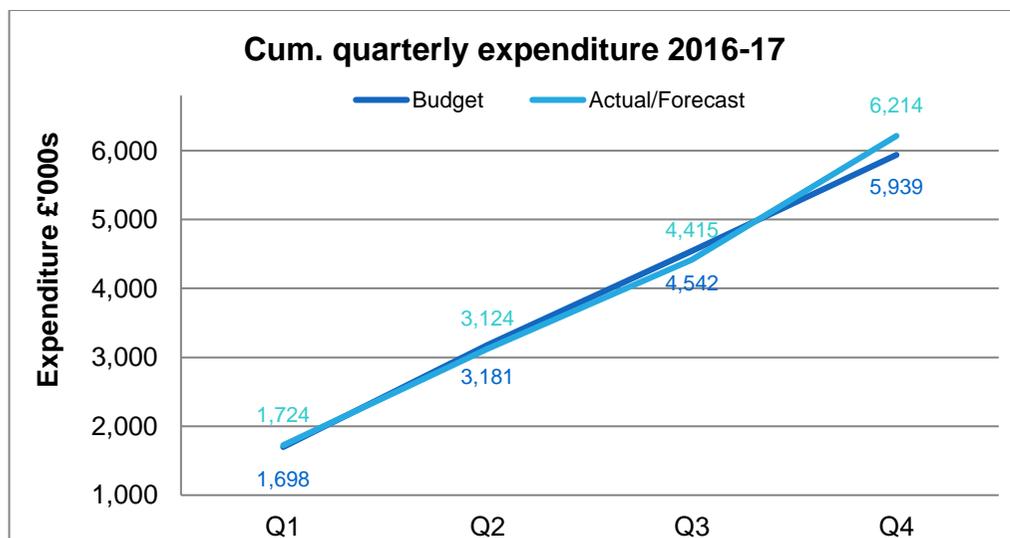
Budget status – January data

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 two months.

As of month 10 (January 2017) we have exceeded our total budgeted treatment fee income by £636k.



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.

The year-to-date position shows we are under budget by £123k (2.5%). This includes costs for IfQ and accruals for legal spend.

Our year end forecast position prior to removing IfQ costs is an overspend against budget of £376k. This is due to our legal budget being different from our actual spend by £261k.

Quality and safety of care

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

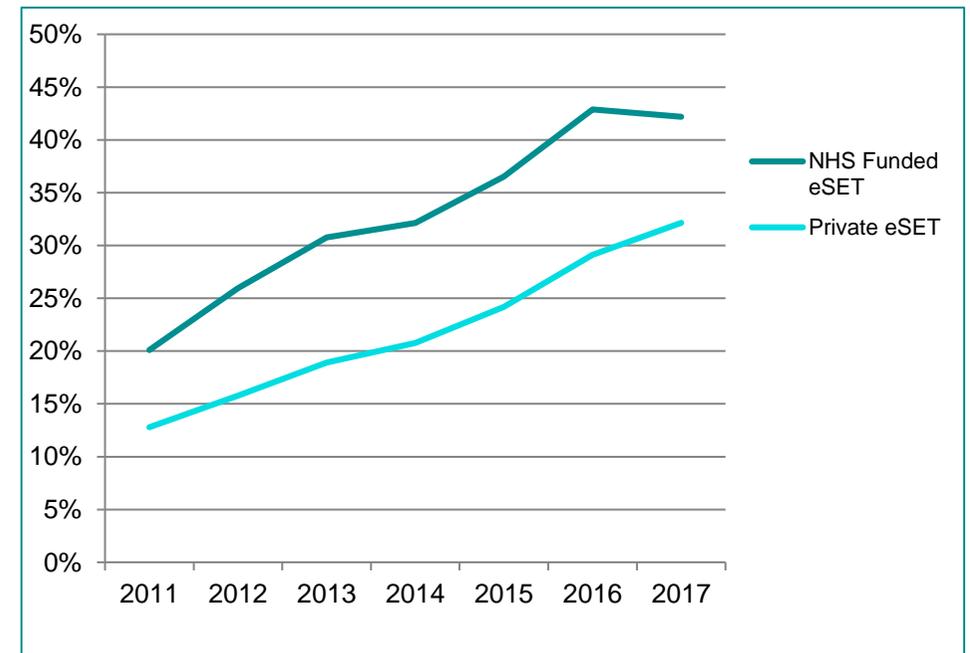
- number of risk tool alerts (and themes)
- common non-compliances (by type)
- incidents report (and themes).

The following figures and graphs were run on 22 February 2017.

ESET split by private/NHS:

Funding	Year						
	2011	2012	2013	2014	2015	2016	2017
NHS Funded:							
Recorded as eSET	4903	6263	7871	8443	9749	11739	1443
	8%	10%	13%	13%	15%	17%	18%
Not recorded as eSET	19490	17869	17719	17823	16941	15636	1977
	32%	30%	29%	28%	26%	23%	25%
Relative eSET %	20%	26%	31%	32%	37%	43%	42%
Private:							
Recorded as eSET	4626	5698	6857	7734	9354	11626	1442
	8%	9%	11%	12%	14%	17%	18%
Not recorded as eSET	31550	30400	29392	29528	29339	28316	3044
	52%	50%	48%	46%	45%	42%	39%
Relative eSET %	13%	16%	19%	21%	24%	29%	32%

Graph: eSet % trends NHS/private:



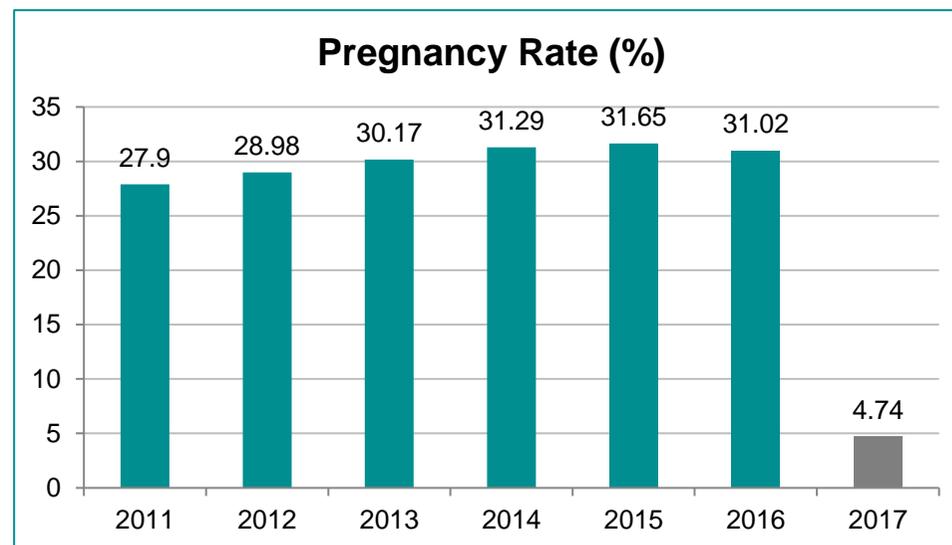
Explanatory text: Showing the total of all reported IVF treatment forms and counting those that the clinics recorded as eSET.

The graph above displays the relative percentages of eSET for NHS and privately funded cycles, rather than the percentage of all treatments. 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, however, so that the raw '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 %
2011	60570	16897	27.9
2012	60230	17455	28.98
2013	61839	18654	30.17
2014	63528	19878	31.29
2015	65383	20694	31.65
2016	67318	20884	31.02
2017	7906	375	4.74

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.

2017 figures are in grey since there is always a lag in reporting pregnancies, which means that the figure will not be meaningful until much later in the year. These figures were produced at only seven weeks into the new calendar year.

2. Indicator section

Key performance and volume indicators – January 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: <ul style="list-style-type: none"> - By ELP - By Licence Committee 	8 0	↑	<table border="1"> <caption>Licensing Decisions</caption> <thead> <tr> <th>Month</th> <th>ELP</th> <th>Licence Committee</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>16</td> <td>3</td> </tr> <tr> <td>Oct</td> <td>7</td> <td>0</td> </tr> <tr> <td>Nov</td> <td>7</td> <td>0</td> </tr> <tr> <td>Dec</td> <td>8</td> <td>0</td> </tr> <tr> <td>Jan</td> <td>8</td> <td>0</td> </tr> </tbody> </table>	Month	ELP	Licence Committee	Sep	16	3	Oct	7	0	Nov	7	0	Dec	8	0	Jan	8	0	No KPI – tracked for workload monitoring purposes	Volume indicator (no KPI target).
Month	ELP	Licence Committee																					
Sep	16	3																					
Oct	7	0																					
Nov	7	0																					
Dec	8	0																					
Jan	8	0																					
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% (14)	★	<table border="1"> <caption>Percentage of OTR requests within 20 days</caption> <thead> <tr> <th>Month</th> <th>Number of requests</th> <th>% OTR requests within 20 days (KPI = 100%)</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>23</td> <td>100%</td> </tr> <tr> <td>Oct</td> <td>21</td> <td>100%</td> </tr> <tr> <td>Nov</td> <td>22</td> <td>100%</td> </tr> <tr> <td>Dec</td> <td>25</td> <td>100%</td> </tr> <tr> <td>Jan</td> <td>14</td> <td>100%</td> </tr> </tbody> </table>	Month	Number of requests	% OTR requests within 20 days (KPI = 100%)	Sep	23	100%	Oct	21	100%	Nov	22	100%	Dec	25	100%	Jan	14	100%	Maintain at 100%	KPI: 100% of complete OTR requests to be responded to within 20 working days (excluding counselling time)
Month	Number of requests	% OTR requests within 20 days (KPI = 100%)																					
Sep	23	100%																					
Oct	21	100%																					
Nov	22	100%																					
Dec	25	100%																					
Jan	14	100%																					

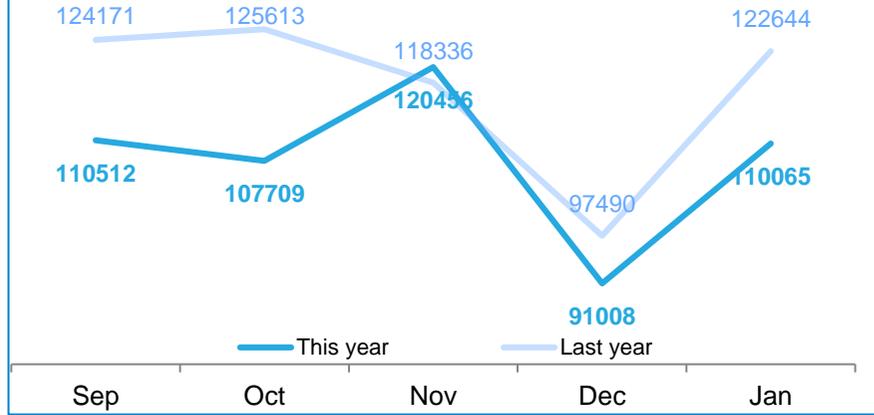
¹ Blue dashed line in graphs = KPI target level. This line may be invisible when performance and target are identical (eg, 100%).

² Direction in which we are trying to drive performance. (Are we aiming to exceed, equal, or stay beneath this particular KPI target?)

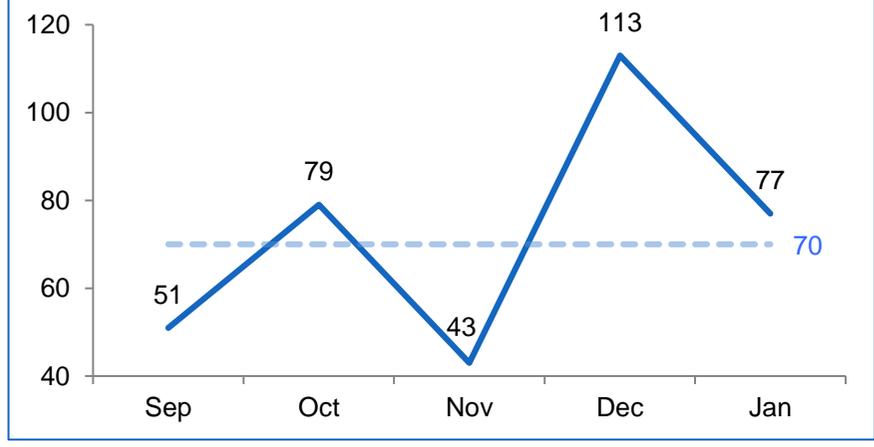
Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes
Increasing and informing choice: using the data in the Register of Treatments to improve outcomes and research.					

See graphs relating to quality and safety of care – previous section.

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

<p>Number of visits to the HFEA website (compared with previous year) (trend arrow indicates movement since previous month)</p> <p>110,065 (122,644)</p>		 <table border="1"> <caption>Number of visits to the HFEA website</caption> <thead> <tr> <th>Month</th> <th>This year</th> <th>Last year</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>110512</td> <td>124171</td> </tr> <tr> <td>Oct</td> <td>107709</td> <td>125613</td> </tr> <tr> <td>Nov</td> <td>120456</td> <td>118336</td> </tr> <tr> <td>Dec</td> <td>91008</td> <td>97490</td> </tr> <tr> <td>Jan</td> <td>110065</td> <td>122644</td> </tr> </tbody> </table>	Month	This year	Last year	Sep	110512	124171	Oct	107709	125613	Nov	120456	118336	Dec	91008	97490	Jan	110065	122644	<p>No KPI – tracked for general monitoring purposes.</p> <p>Volume indicator showing general website traffic compared to the same period in previous year. Measured on the basis of ‘unique visitors’.</p>
Month	This year	Last year																			
Sep	110512	124171																			
Oct	107709	125613																			
Nov	120456	118336																			
Dec	91008	97490																			
Jan	110065	122644																			

Efficiency, economy and value: ensuring the HFEA remains demonstrably good value for the public, the sector and Government.

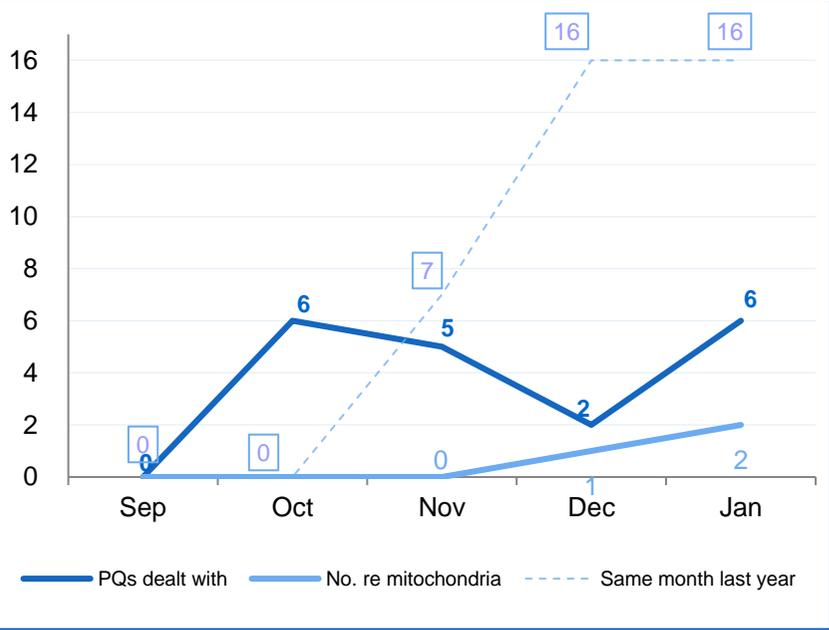
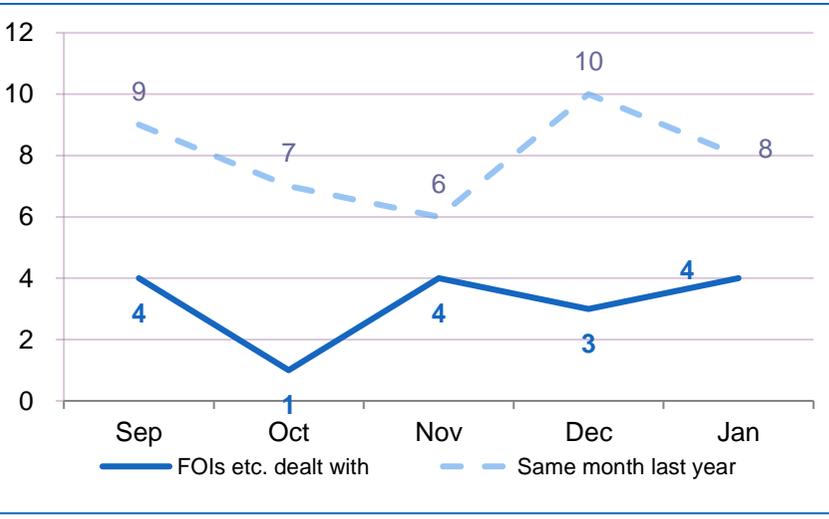
<p>Average number of working days taken for the whole licensing process, from the day of inspection to the decision being communicated to the centre.</p> <p>77 working days</p>		 <table border="1"> <caption>Average number of working days for licensing process</caption> <thead> <tr> <th>Month</th> <th>Working Days</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>51</td> </tr> <tr> <td>Oct</td> <td>79</td> </tr> <tr> <td>Nov</td> <td>43</td> </tr> <tr> <td>Dec</td> <td>113</td> </tr> <tr> <td>Jan</td> <td>77</td> </tr> </tbody> </table> <p>Target: 70 working days</p>	Month	Working Days	Sep	51	Oct	79	Nov	43	Dec	113	Jan	77	<p>KPI: Less than or equal to 70 working days.</p> <p>Return to 70wd or less</p>
Month	Working Days														
Sep	51														
Oct	79														
Nov	43														
Dec	113														
Jan	77														

Commentary: In December, one report was inadvertently not scheduled for a committee in a timely way, due to a combination of issues. The centre’s licence was never at risk of lapsing. Since that time, there has been an improvement in the overall performance on this indicator.

Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes
Monthly percentage of PGD applications processed within three months (66 working days).	100%	★		Maintain 100%	KPI: 100% processed (i.e. considered by SAC) within three months (66 working days) of receipt of completed application.
Average number of working days taken.	52	★			

Commentary: In December, two applications were processed in 68wd and 69wd respectively, which is only slightly longer than the target. Both were complex applications involving multi-type conditions and requiring specialist peer review.

Annualised (rolling year) percentage of PGD applications processed within three months (66 working days)	90%	↓		Maintain 100%	KPI: As above. (Annualised score). Dips in the monthly performance will have an impact on the annualised figure.
Average number of working days taken.	54	★			

Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes																								
Number of requests for contributions to Parliamentary questions	Total = 6		 <table border="1" data-bbox="801 132 1630 762"> <caption>Number of requests for contributions to Parliamentary questions</caption> <thead> <tr> <th>Month</th> <th>PQs dealt with</th> <th>No. re mitochondria</th> <th>Same month last year</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Oct</td> <td>6</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nov</td> <td>5</td> <td>0</td> <td>7</td> </tr> <tr> <td>Dec</td> <td>2</td> <td>1</td> <td>16</td> </tr> <tr> <td>Jan</td> <td>6</td> <td>2</td> <td>16</td> </tr> </tbody> </table>	Month	PQs dealt with	No. re mitochondria	Same month last year	Sep	0	0	0	Oct	6	0	0	Nov	5	0	7	Dec	2	1	16	Jan	6	2	16	No KPI – tracked for general monitoring purposes.	Volume indicator. Last year's numbers were notably high, for a period. Many of those PQs related to the work we were then doing on the mitochondria scientific review.
Month	PQs dealt with	No. re mitochondria	Same month last year																										
Sep	0	0	0																										
Oct	6	0	0																										
Nov	5	0	7																										
Dec	2	1	16																										
Jan	6	2	16																										
Number of Freedom of Information (FOI), Environmental Information Regulations (EIR) requests and Data Protection Act (DPA) requests	4		 <table border="1" data-bbox="801 770 1630 1289"> <caption>Number of Freedom of Information (FOI), Environmental Information Regulations (EIR) requests and Data Protection Act (DPA) requests</caption> <thead> <tr> <th>Month</th> <th>FOIs etc. dealt with</th> <th>Same month last year</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>4</td> <td>9</td> </tr> <tr> <td>Oct</td> <td>1</td> <td>7</td> </tr> <tr> <td>Nov</td> <td>4</td> <td>6</td> </tr> <tr> <td>Dec</td> <td>3</td> <td>10</td> </tr> <tr> <td>Jan</td> <td>4</td> <td>8</td> </tr> </tbody> </table>	Month	FOIs etc. dealt with	Same month last year	Sep	4	9	Oct	1	7	Nov	4	6	Dec	3	10	Jan	4	8	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.						
Month	FOIs etc. dealt with	Same month last year																											
Sep	4	9																											
Oct	1	7																											
Nov	4	6																											
Dec	3	10																											
Jan	4	8																											

Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes												
Staff sickness absence rate (%) per month.	1.4%	★	<table border="1"> <caption>Staff Sickness Absence Rate (%)</caption> <thead> <tr> <th>Month</th> <th>Rate (%)</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>0.3%</td> </tr> <tr> <td>Oct</td> <td>3.5%</td> </tr> <tr> <td>Nov</td> <td>2.3%</td> </tr> <tr> <td>Dec</td> <td>1.0%</td> </tr> <tr> <td>Jan</td> <td>1.4%</td> </tr> </tbody> </table>	Month	Rate (%)	Sep	0.3%	Oct	3.5%	Nov	2.3%	Dec	1.0%	Jan	1.4%	<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 (%)																
Sep	0.3%																
Oct	3.5%																
Nov	2.3%																
Dec	1.0%																
Jan	1.4%																
Cash and bank balance	£2,357k	↓	<table border="1"> <caption>Cash and Bank Balance (£k)</caption> <thead> <tr> <th>Month</th> <th>Balance (£k)</th> </tr> </thead> <tbody> <tr> <td>Sep</td> <td>£2,363</td> </tr> <tr> <td>Oct</td> <td>£2,243</td> </tr> <tr> <td>Nov</td> <td>£2,205</td> </tr> <tr> <td>Dec</td> <td>£2,578</td> </tr> <tr> <td>Jan</td> <td>£2,357</td> </tr> </tbody> </table>	Month	Balance (£k)	Sep	£2,363	Oct	£2,243	Nov	£2,205	Dec	£2,578	Jan	£2,357	<p>Reduce</p>	<p>KPI: To move closer to minimum £1,520k cash reserves (figure agreed with DH).</p>
Month	Balance (£k)																
Sep	£2,363																
Oct	£2,243																
Nov	£2,205																
Dec	£2,578																
Jan	£2,357																

Management
accounts

Income & Expenditure Account

Jan-2017

Accounting Period

[Period 10 16-17](#)

Cost Centre Name

[All Cost Centres](#)

Department Name

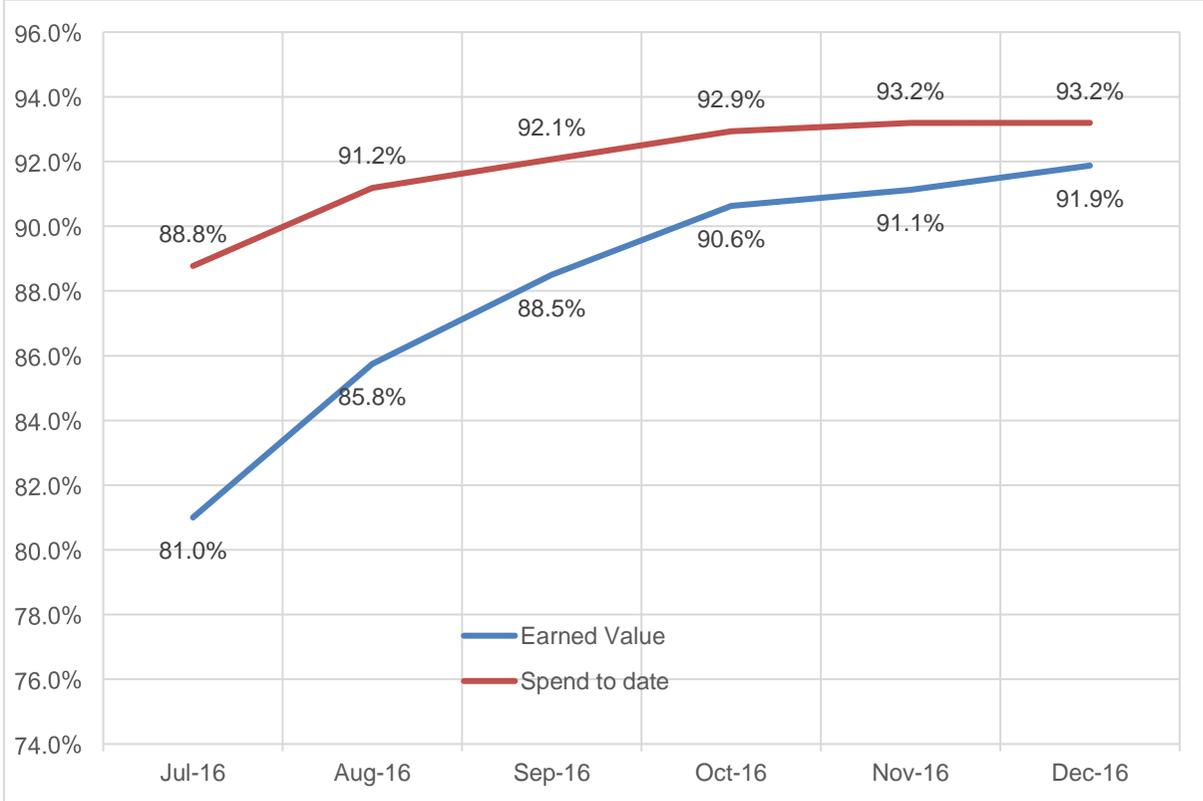
[All Departments](#)

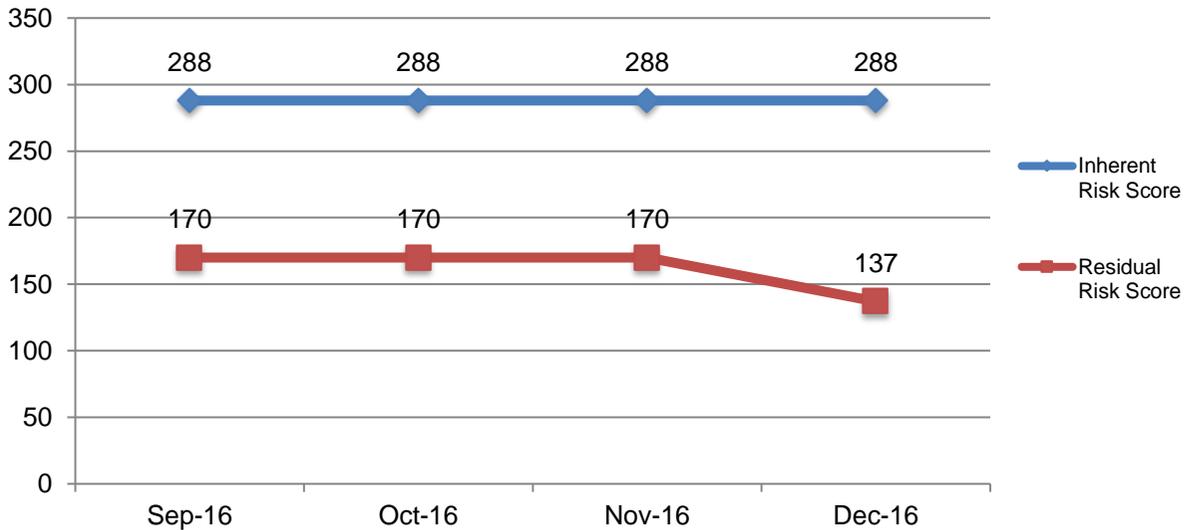
	Year to Date				Full Year		
	Actual YTD £	Budget YTD £	Variance	% Variance	Forecast £	Budget £	Variance £
			YTD £	YTD %			
Grant-in-aid	703	704	1	0	933	938	(5)
Licence Fees	4,304	3,668	(636)	(17)	5,298	4,472	826
Other Income	3	5	2	35	4	6	(2)
Total Income	5,010	4,376	(634)	(14)	6,235	5,416	819
Revenue Costs - Charged to Expenditure							
Salaries (excluding Authority)	2,153	2,232	79	(4)	2,580	2,679	(99)
Shared Services	54	69	15	(22)	60	81	(21)
Employer's NI Contributions	220	206	(13)	7	246	247	(2)
Employer's Pension Contribution	465	477	12	(3)	551	573	(22)
Authority salaries inc. NI Contributions	121	121	0	(0)	145	146	(1)
Temporary Staff costs	100	-	(100)		138	-	138
Other Staff Costs	191	223	31	(14)	249	265	(15)
Other Authority/Committee costs	101	130	29	(22)	148	156	(8)
Other Compliance Costs	15	24	10	(40)	16	28	(12)
Other Strategy Costs	44	86	42	(49)	109	142	(33)
Facilities Costs incl non-cash	373	415	42	(10)	475	488	(22)
IT costs Costs	88	77	(11)	14	110	93	17
Legal Costs	386	339	(48)	14	661	400	261
Professional Fees	58	56	(2)	4	69	67	2
Total Revenue Costs	4,368	4,455	87	(2)	5,555	5,361	183
<i>Total Surplus/(Deficit) before Capital & Project costs</i>	<i>642</i>	<i>(79)</i>	<i>(720)</i>	<i>(915)</i>	<i>680</i>	<i>55</i>	<i>636</i>
IFQ & Other Project Costs - Reserves funded	439	475	36	(8)	659	477	182
TOTAL NET ACTIVITY	203	(554)	(757)		21	(422)	454
Other Capital Costs	49	75	26	(35)	100	100	-

Indicator	Performance	RAG	Recent trend ¹	Aim ²	Notes
Commentary:	Summarised management accounts – commentary for January 2017				
	Income				
	As at the end of period 10 (January) we are exceeding our total income budget by £634k (14%). By the end of January, our treatment fee income for the year has increased by a total of £636k (17.3%). Subject to any corrections from clinics in the last two months of this financial year, we will finish this year around £800k over budget.				
	Expenditure				
	Reporting by exception:				
	There is an over-spend within staff costs for the year-to-date of 0.2% (slightly less than reported in Q3). This small amount relates to contingent labour costs (temporary staff) incurred to back-fill key staff working on the IfQ programme. The forecast year end position is expected to be 0.2% below budget. This is based on information received at our Q3 finance meetings. This position may change. Our legal spend is the area that remains a point of focus. For the year-to-date we are overspending on the legal budget by £48k (14%). Our forecast outturn in legal spend is £261k above budget. Legal costs are always difficult to predict and budget for. There are no other areas of significant over or underspends.				
	IfQ and other project costs				
	For the year-to-date, IfQ is showing an underspend against budget of 7% (£34k) and is forecast to overspend by 39% (£182k). This takes into account extra budget agreed by SMT. This overspend will reduce by £90k at the end of March, because the additional budget was subsequently declined by DH. The year-to-date position looks different to that being forecast due to the timing of invoices, which will come at the end of the programme. The increase in spend by year end is due to delays and the requirement to complete the programme by Q1 of 2017/18. A thorough review of required resource is being undertaken.				

IfQ indicators: January 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>December to January update:</p> <p>A security audit for the IS project has been completed, and the outcomes confirmed the previous report done during penetration testing. Our security systems are sound. The recommendations from the audit will be addressed by the team and incorporated into release two (R2) or business as usual (BAU) work. Overall the programme has been delayed due to several factor including a complex contractual relationship over resources with Reading Room (RR), lack of internal resources owing to frequent diversions to manage BAU, and priorities at key milestone points, like the portal going live and the CaFC verification exercise. These challenges continue to delay R2, impacting the programme as a whole. The organisational restructuring is a further risk factor for IfQ, and could potentially impact performance and/or capacity over the next few months.</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>December to January update:</p> <p>The clinic portal has now gone live, although remaining bugs will have to be addressed by RR and the IS project team, as they come to light. The full implementation of portal support into BAU is also to be done. The website work was being seriously delayed due to the lack of RR resources, extended negotiations relating to contract completion, and support for the portal going live. The GDS live assessment will take place on 8 March and RR have now allocated resources accordingly.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="779 901 1339 1401"> <table border="1"> <caption>Percent complete - clinic portal R1 to January 2017</caption> <thead> <tr> <th>Total Beta Sprint</th> <th>Percent Complete</th> </tr> </thead> <tbody> <tr> <td>Total Beta Sprint 19</td> <td>92.5%</td> </tr> <tr> <td>Total Beta Sprint 21</td> <td>93.5%</td> </tr> <tr> <td>Total Beta Sprint 23</td> <td>94%</td> </tr> <tr> <td>Total Beta Sprint 27</td> <td>96%</td> </tr> </tbody> </table> </div> <div data-bbox="1348 901 1930 1401"> <table border="1"> <caption>Percent complete - website R1 to January 2017</caption> <thead> <tr> <th>Total Beta Sprint</th> <th>Percent Complete</th> </tr> </thead> <tbody> <tr> <td>Total Beta Sprint 19</td> <td>70%</td> </tr> <tr> <td>Total Beta Sprint 21</td> <td>80%</td> </tr> <tr> <td>Total Beta Sprint 23</td> <td>80%</td> </tr> <tr> <td>Total Beta Sprint 27</td> <td>85%</td> </tr> </tbody> </table> </div> </div>	Total Beta Sprint	Percent Complete	Total Beta Sprint 19	92.5%	Total Beta Sprint 21	93.5%	Total Beta Sprint 23	94%	Total Beta Sprint 27	96%	Total Beta Sprint	Percent Complete	Total Beta Sprint 19	70%	Total Beta Sprint 21	80%	Total Beta Sprint 23	80%	Total Beta Sprint 27	85%
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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>  <table border="1" data-bbox="763 368 1966 1169"> <caption>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>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> <tr> <td>Oct-16</td> <td>90.6%</td> <td>92.9%</td> </tr> <tr> <td>Nov-16</td> <td>91.1%</td> <td>93.2%</td> </tr> <tr> <td>Dec-16</td> <td>91.9%</td> <td>93.2%</td> </tr> </tbody> </table> <p>Note: this metric will be discontinued once the beta phase is finished and billed.</p> <p>December to January update: The spend to date has risen slightly compared to last month and is now again joining the earned value. As we reach the end of beta (and thus most of the expenditure on the contract) and complete the live phase we expect the earned value to reach its peak reflecting the beta work being finished.</p>	Month	Earned Value (%)	Spend to date (%)	Jul-16	81.0%	88.8%	Aug-16	85.8%	91.2%	Sep-16	88.5%	92.1%	Oct-16	90.6%	92.9%	Nov-16	91.1%	93.2%	Dec-16	91.9%	93.2%
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Monthly	Stakeholder engagement: combined score (internal plus external events or communications)	Are we keeping stakeholders with us? Is it getting better or worse?	<p>December to January update: The focus of the IfQ communications work over the last 2 months has been around the clinic portal. Actions have included emails to PRs and Clinic Focus articles related to the launch of the new portal.</p> <p>Engagement score = 4</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>December to January update: The line graph below 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 Programme decreased slightly in December 2016 following a review of the risk register, in which the mitigation actions for a small number of the risks were updated. The risk register will continue to be monitored and reviewed throughout the next few months.</p>  <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Inherent Risk Score</th> <th>Residual Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sep-16</td> <td>288</td> <td>170</td> </tr> <tr> <td>Oct-16</td> <td>288</td> <td>170</td> </tr> <tr> <td>Nov-16</td> <td>288</td> <td>170</td> </tr> <tr> <td>Dec-16</td> <td>288</td> <td>137</td> </tr> </tbody> </table>	Month	Inherent Risk Score	Residual Risk Score	Sep-16	288	170	Oct-16	288	170	Nov-16	288	170	Dec-16	288	137
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			<p>The major risks are associated with resources, timescales, regulatory monitoring, quality, financial, development, patient information, data security and business continuity.</p> <p>In addition, a risk relating to organisational change has been added to the strategic risk register, and this could entail delivery risks for IfQ. This is also being managed closely.</p> <table border="1"> <caption>Risk Level Data from Chart</caption> <thead> <tr> <th>Metric</th> <th>1-Insignificant</th> <th>2-Minor</th> <th>3-Moderate</th> <th>4-Major</th> <th>5-Critical</th> </tr> </thead> <tbody> <tr><td>Timescales</td><td>0</td><td>0</td><td>4</td><td>2</td><td>0</td></tr> <tr><td>Stakeholder Engagement</td><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Service transition</td><td>0</td><td>1</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Resources</td><td>0</td><td>0</td><td>5</td><td>5</td><td>1</td></tr> <tr><td>Reputation</td><td>0</td><td>0</td><td>2</td><td>0</td><td>0</td></tr> <tr><td>Regulatory monitoring</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Quality</td><td>1</td><td>0</td><td>5</td><td>6</td><td>0</td></tr> <tr><td>Patient information</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Operational</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td></tr> <tr><td>Financial</td><td>0</td><td>0</td><td>1</td><td>1</td><td>0</td></tr> <tr><td>Development</td><td>0</td><td>0</td><td>1</td><td>2</td><td>0</td></tr> <tr><td>Design</td><td>1</td><td>0</td><td>1</td><td>0</td><td>0</td></tr> <tr><td>Data security</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr> <tr><td>Clinic Costs</td><td>0</td><td>1</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>Business Continuity</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td></tr> </tbody> </table>	Metric	1-Insignificant	2-Minor	3-Moderate	4-Major	5-Critical	Timescales	0	0	4	2	0	Stakeholder Engagement	1	0	0	0	0	Service transition	0	1	1	0	0	Resources	0	0	5	5	1	Reputation	0	0	2	0	0	Regulatory monitoring	0	0	0	1	0	Quality	1	0	5	6	0	Patient information	0	0	0	1	0	Operational	0	0	1	2	0	Financial	0	0	1	1	0	Development	0	0	1	2	0	Design	1	0	1	0	0	Data security	0	0	0	1	0	Clinic Costs	0	1	0	0	0	Business Continuity	0	0	0	1	0
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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>December to January update:</p> <p>The benefits realisation value should be reviewed based on the business case. No issues have been raised regarding benefits realisation to date.</p> <p>A full benefits realisation review will be conducted once the programme has been completed.</p>																																																																																																