

HTA Board meeting, 19 September 2024

Agenda item	2.3 Chief Executive's Report
For information or decision?	Information
Decision making to date?	N/A
Recommendation	The HTA Board is asked to note and comment by exception on the issues raised
Which strategic risks are relevant?	Risk 1: Regulation Risk 2: Sector Risk 3: Staff Risk 4: Financial Risk 5: Digital
Strategic objective	Efficient and Effective
Core operations / Change activity	Core operations
Business Plan item	Senior Management Team – strategic direction and leadership of operational delivery across the organisation (including risk management and seeking opportunities for ALB collaboration)
Committee oversight?	Board only
Finance and resource implications	Various due to the range of items covered
Timescales	Various due to the range of items covered
Communication(s) (internal/external stakeholders)	N/A
Identified legislative implications	N/A

Chief Executive's Report

Purpose

1. To inform the HTA Board of key or current issues from the CEO's perspective.

Action required

2. The HTA Board is asked to **note** and comment on the issues raised.

Update on Quarter 1

3. We continued to progress our regulatory and related activities against the Key Performance Indicators, sought to progress the early aspects of the 2023/24 business plan, and responded to matters arising.
4. The latter included our ongoing response to periodic requests for information from Sir Jonathan Michael's Inquiry into the offending in a hospital mortuary by David Fuller. The Inquiry is now focused on its second phase, looking beyond the events at Maidstone and Tunbridge Wells to the wider system involved in managing the deceased. The Inquiry team has called the HTA to an evidence session linked to Phase 2 later in the autumn.
5. In parallel, the HTA has continued to innovate and develop our approach to assessing compliance with regulatory obligations under our Innovation in Inspection project, which this year is prioritising trialling and implementation of changes in the Post Mortem (PM) sector. Given the importance of security standards, this was the focus of the PM-focused awareness-raising webinars for all relevant DIs in the early part of Quarter 1. We have developed Evidential Compliance Assessments (ECAs) and issued these to all PM sector establishments and the returns were assessed during Quarter 2. We also finalised our plans for a programme of unannounced inspections in the PM sector timed for late Quarter 2 and running into Quarter 3 and issued a Regulatory Update on this in August for the sector. These issues are covered in the substantive paper later on the agenda.
6. On the wider issue of the dignified handling of the deceased in other settings, I was invited to attend a meeting convened by Jacqueline Devonish, Senior Coroner for Cheshire in April. This followed concerns across the funeral director sector following the police investigation in Hull. Whilst these are matters for MoJ, DHLUC and local authorities, and it recognised by DHSC and us that we have no remit nor resources to undertake any visits, we have offered to provide

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orientation training in relation to our security standards, which may be helpful to those making any spot checks of funeral sector premises.

7. During Quarter 1, we conducted our 2024 staff survey. This was administered independently with all staff colleagues having an opportunity over a four-week period to respond to the questionnaire. There were both five-point scale (strongly agree to strongly disagree) and free text questions. The exercise closed towards the end of June. We achieved an 85.9% response rate, which is very encouraging and a good indication that the collective response is representative of the organisation as a whole. Areas covered included Purpose, Enablement, Inclusion & Wellbeing, Reward & Recognition, and Leadership & Management. We have shared the summarised feedback with staff and discussed the survey results and the proposed next steps with RemCo. We are currently hosting staff engagement sessions and the new Staff Forum will be an additional vehicle for consulting on how we can respond and enhance the staff experience, included within a new People Strategy. The aim is to develop realistic and attainable actions based within the Employee Value Proposition (EVP) categories below (to note, these are draft at this stage, and will be firmed up through further engagement):
 - Recruitment and on-boarding (getting the right people)
 - Leadership
 - Team-working, environment and culture
 - Total reward package (pay and benefits)
 - Performance and recognition
 - Support and development
8. The aim of the People Strategy is to ensure we achieve the best possible outcomes for our staff who are our most important asset and are instrumental in achieving the HTA's strategic goals. The Strategy will set out our commitment to staff and how we lead and manage our people to ensure we are successful in:
 - Attracting and retaining the best skilled workforce
 - Maintaining a culture which allows people to thrive
 - Leading, motivating, and supporting people to deliver with pride
 - Developing exceptional leaders through high quality learning and development
9. In April, we hosted a combined visit to Redman Place by staff from the Institute for Government think-tank, the Public Chairs' Forum and the Association of Chief Executives. It was an opportunity for staff from these organisations to see an ALB working "on the ground", understand more about the role of a public regulator and with that some of the current issues we are tackling, and meet some of our key staff as they developed their programmes for the coming year. Likewise, from the HTA perspective, it was good to learn more about the IfG's current work, including an independent case study into the HTA, and the areas of support

available from PCF and ACE.

Current Issues

10. On 1 April 2024, [The Human Tissue Act 2004 \(Supply of Information about Transplants\) Regulations 2024](#) came into force. Between 1 April and 28 June, 10 reports were made to the HTA. As of 31 August 2024, a total of 12 reports have been received. A pulse check has been completed of the first three months by considering the number and type of reports we have received and that processes are working as intended. More information is available in the short update paper found later in the agenda.
11. Board members will be aware of our annual work to meet the requirements of the Data Security Protection Toolkit (DSPT) which concluded at the end of June with an audit confirming a healthy position for the HTA. However, DSPT is now undergoing significant changes and will eventually be replaced by the Cyber Assessment Framework (CAF). Given the scale of change, the transition is planned to take several years to complete. The HTA as an ALB is classed as a Category 1 organisation and is included in the first tranche of large organisations to undertake the CAF assessment commencing in September 24. The CAF will replace the National Data Guardian Security Standards and organisations will complete self-assessments that outcome based. The challenge for the HTA is the level of evidence required to support the outcomes and timescales for delivery. The baseline submission has been brought forward from February 25 to the end of December 24, which will impact Q3 activities as we work to understand the change and demonstrate compliance. The HTA will still be audited in Apr / May 25 and the final baseline assessment deadline is the end of June 25.
12. Global IT Outage – On Friday 21 July, an erroneous content update published by a large anti-virus organisation (CloudStrike) caused a global IT incident. This incident which affected a large number of companies and public sector bodies across the globe did not have an impact on the HTA. Our support partner confirmed that all HTA services remained operational and were continuously monitored throughout the period concerned.
13. The HTA has not been selected to undertake the Public Bodies Review self-assessment for 2024-25 with other health ALBs being reviewed this year. The key requirements that underpin the review are: governance, accountability, efficacy and efficiency. As yet, there is no indication from the new government whether the HTA will be selected for the 2025-26 programme. If we are selected for 25/26, work will commence in Q4 in readiness for the review.
14. Dr Penny Dash has undertaken an independent “Review into the operational effectiveness of the Care Quality Commission”. Her interim report was published

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on 26 July and her final report is expected in the Autumn. Whilst covering different areas of the NHS and wider health and social care sectors, we have nonetheless been interested to reflect on her initial recommendations and await her final report. In recent years, the HTA has delivered impressive operational performance and has worked closely with those whom we regulate and wider stakeholders. However, we are always keen to review how we can further refine our approach and will study her findings for any recommendations which might be considered for the HTA.

15. The HTA has provided its insights on the performance of the NHS as part of the recent review conducted by Lord Darzi, and we are studying the resulting report (Independent Investigation of the National Health Service in England) [Independent Investigation of the National Health Service in England](#) and recommendations for any areas that could be applicable to the HTA.
16. In July 2024, we published a review of our highlights and achievements over the 2023-24 business year. The review sets out how we drove forward efficiencies in our regulatory approach by taking a more proportionate stance using new and updated regulatory tools. It also shows how we developed the way we engage with our licensed establishments and key stakeholders to better understand their experiences and gain insights.
17. Regulations relating to substances of human origin (SoHO) intended for human application were published in August 2024 and will come into effect in the EU after a three-year transition period. The new Regulation applies to establishments in Northern Ireland and extends the scope of tissues and cells that require regulation and activities that would require a licence. The HTA has worked to submit requests for information to DHSC, Cabinet Office and the Northern Ireland Democratic Scrutiny Committee over recent months. We will continue to work with DHSC to understand the impact of these Regulations as well as next steps to assist with work planned for this area.
18. The HTA has also worked closely with DHSC to update guidance on the disposal of pregnancy remains, which we published in earlier in September. Aimed at professionals, the guidance sets out what is expected of establishments and services, and how women should be involved in decisions made about the disposal of pregnancy remains. These changes are a result of an independent review on pregnancy loss, commissioned by the DHSC, and led by the Maternity and Neonatal Team. The new guidance (September 24) replaces an earlier version published in March 2015. Examples of the changes include:
 - Recognising that a woman's wishes are the primary consideration.
 - Recognising that a woman's wishes may be based on a several factors (such as their personal, religious or cultural perspectives) and that these should be

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accommodated where possible.

- The importance of communicating the disposal options, the associated processes and the relevant timescales to a woman.
- The importance of communicating the difference between cremation and incineration.
- Acknowledging that pregnancy loss can impact staff involved (for example, if they have been personally impacted by pregnancy loss themselves).

19. As Board members are aware, our Director of Finance and Resources (DoFR) post is currently shared on a 50:50 basis between the HTA and HFEA (Human Fertilisation & Embryology Authority). However, the HFEA has recently gained agreement from the DHSC Sponsor Team that, due to work pressures found elsewhere across the HFEA senior team, to make the DoFR role full-time to HFEA and expand its responsibilities. As the incumbent is an HFEA employee, DHSC has also agreed that HTA can recruit another suitably qualified Director of Finance & Resources. The post is currently being recruited and the incumbent will remain in the joint role until a replacement is available.

20. My external engagements have included attendance at the different sector specific stakeholders' forums that we established under the Communications and Stakeholder Engagement strategy which the Board has previously approved. Building on this, our Stakeholder Engagement Event on 20 September is designed to enable engagement with representatives from each of the six sectors we regulate. At the event, we will cover the HTA's Review of 23/24 and the new HTA Strategy 24-27. With Designated Individuals (DIs) from each sector and other principal stakeholders, we will have another opportunity to consider key issues and receive feedback from stakeholders across the sectors we regulate.

21. Seeking to support collaboration with other partner organisations, I continue to attend the National CEOs meeting for Health ALBs, the DHSC-led ALB Senior Leaders Meeting (for Chief Executives and Chairs) and, over the last number of months, I have attended several meetings of a new network for the smaller health ALBs, which includes HRA, NHSCFA, HFEA and HSSIB, along with HTA. As part of ongoing collaboration, after this meeting, there is an opportunity later today for Board members to meet members of the HSSIB Board and to discuss areas of mutual interest with another ALB from the DHSC family.

22. The next meeting of the HTA Board will be held on Thursday 5 December at 2 Redman Place, Stratford.

Recommendation

23. The HTA Board is asked to **note** and comment on the issues raised.