

HTA Board meeting, 19 September 2024

| | |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Agenda item | 2.4 HTA Performance Report |
| Purpose: 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 performance recorded and the context provided |
| 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 | N/A |
| Identified legislative implications | N/A |

HTA Performance Report

Purpose of paper

1. This paper informs the Board of the HTA's performance in Quarter 1 (Q1) of 24/25 against our objectives and operational delivery targets.
2. In addition, it provides an early indication of the initial performance in Quarter 2 (Q2) of 24/25.
3. Core operational areas from our Business Plan with formal Key Performance Indicators have been included as topics within this paper, in the order and nomenclature from that document, so as to allow the Board easy read across. **Annex A** provides the KPI and Project Data Overview for Q1 (final) and **Annex B** gives the KPI and Project Data Overview for Q2 (latest).
4. The current Strategic Risk Register is provided for information at **Annex C**.

Action required

5. The HTA Board is asked to **note** and comment on the performance recorded and the context provided.

Regulation

6. Two out of the three Regulation-focused KPIs (inspection target and decisions on living organ donation cases) were on track at the end of Quarter 1.
7. The target for reaching a decision on 90% of completed new licence applications within 90 days of the application fee being paid was off track at the end of Quarter 1, with two out of the 10 new licence applications not reaching a decision point within 90 days.

Policy and Development

8. During Q1, the Policy and Development team developed 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.

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9. The Policy and Development team also led the HTA's work to support DHSC and the Cabinet Office on work relating to regulations for substances of human origin (SoHO) intended for human application. We supported central government with various requests for information on the potential impact of the Regulations, ahead of their publication in August 2024.
10. Policy and Development also continued to work closely with DHSC to update guidance on the disposal of pregnancy remains, following an independent review on pregnancy loss. Work in Q1 involved discussing and incorporating the views of stakeholders, who responded to DHSC's consultation on the guidance.

Information Technology

11. The Digital and IT Strategy was formally agreed by the SMT and has subsequently been shared with the Board (Authority Members). An early part of implementation of the IT Strategy is enhancing System Reliability and Availability, a core theme within the Strategy. Updates to the CRM (Customer Relationship Management) application have been identified as a key system risk and a first step. The CRM Update Business Case has been approved by SMT and approval to spend has been granted by the DHSC with the Head of IT working closely with the selected supplier on developing a contract and statement of works.
12. Our aim is to ensure that we remain compliant with Cyber security controls and maintain a good stronghold regarding our Microsoft Exposure Score. Our score has fluctuated in recent months due to changes to the Microsoft reporting tool, although remedial action has been taken to ensure that potential vulnerabilities are addressed.
13. The Data Technology and Development Team have experienced significant resource pressures in Q1 and Q2 with the loss of experienced members of staff, the management of vacancy gaps and the challenges of recruitment. The increased use of artificial intelligence by candidates in applications has significantly increased the number of applications received and activity in subsequent shortlisting.

Communications (including stakeholder engagement)

14. In the first quarter of 2024/25, the communication team's focus was divided across several key areas. The successful upgrade of the website to Drupal 10 was completed in June, although significant bug fixes were required. The calling

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of the general election on 22 May 2024 led to the postponement of proactive communication activities and the rescheduling of a face-to-face event to September 2024. However, the team continued to support corporate publications, handle reactive media inquiries, and assist with the publication of the HTA strategy.

15. Website performance exceeded performance indicators, with high satisfaction ratings and substantial document downloads. Social media engagement met performance indicators in the first two months but was limited during the pre-election period. Media coverage, particularly regarding mortuaries, provided an opportunity to raise awareness of HTA's role.
16. The team handled 29 media enquiries, predominantly in the post-mortem sector, reaching a potential total audience of 1,508,289. While proactive work on the strategy and annual review were paused due to the election period, the team continued to support them through to publication in July and August.

Corporate Services

17. Whilst the Freedom of Information KPI has been met, the enquiries KPI was narrowly missed by 1.5% at the end of Q1, which results in an Amber rating. Resource constraints within the Corporate Services team coordinating the enquiries service coupled with capacity challenges in the Regulation team providing technical responses, during May in particular, resulted in a greater number of responses being sent outside of the 10 working day target. We are pleased to note that the trajectory against this KPI is improving again and, with a continued focus on this area, we should make up the shortfall across the remainder of the financial year.

Finance

18. The table below details the position at the end of June 2024 (Q1) and the forecast position for the year ending March 2025. A more detailed report will be tabled at the next Authority meeting as we are now preparing accounts for August.

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| | CUMULATIVE YTD | | | | 2024/25 | | | |
|---------------------------------------|------------------|------------------|------------------|---------------|---------------------|----------------------|------------------|---------------|
| | Actuals | Budget | Variance | | Forecast Outturn | Unadjusted Budget | Variance | |
| | £ | £ | £ | % | £ | £ | £ | % |
| INCOME | | | | | | | | |
| Grant in Aid incl RDEL | 229,978 | 158,478 | 71,500 | 45.12% | 633,913 | 633,913 | 0 | 0% |
| Licence Fees | 2,144,454 | 2,135,476 | 8,978 | 0.42% | 5,318,217 | 5,309,239 | 8,978 | 0.17% |
| Other | 13,771 | 12,971 | 801 | 6.17% | 52,683 | 51,882 | 801 | 1.54% |
| Total Income | 2,388,204 | 2,306,925 | 81,279 | 3.52% | 6,004,813 | 5,995,034 | 9,779 | 0.16% |
| Staff Costs | | | | | | | | |
| Total Staff Salary costs | 969,608 | 1,074,751 | (105,143) | -9.78% | 4,079,644 | 4,299,004 | (219,360) | -5.10% |
| Total Authority Allowances | 30,825 | 34,766 | (3,941) | -11.34% | 123,301 | 139,066 | (15,765) | -11.34% |
| | 1,000,434 | 1,109,518 | (109,084) | -9.83% | 4,202,945 | 4,438,070 | (235,125) | -5.30% |
| Non-salary staff costs | | | | | | | | |
| Travel and subsistence | 43,555 | 37,989 | 5,566 | 14.65% | 173,066 | 173,500 | (434) | -0.25% |
| Other Staff costs ¹ | 13,723 | 17,259 | (3,535) | -20.49% | 68,115 | 70,150 | (2,035) | -2.90% |
| Recruitment | 16,913 | 15,000 | 1,913 | 12.75% | 31,913 | 30,000 | 1,913 | 6.38% |
| Training costs | 4,632 | 7,750 | (3,118) | -40.23% | 27,882 | 31,000 | (3,118) | -10.06% |
| | 78,822 | 77,998 | 825 | 1.06% | 300,975 | 304,650 | (3,675) | -1.21% |
| Other Operating costs | | | | | | | | |
| Telecommunication | 2,518 | 2,500 | 18 | 0.73% | 10,018 | 10,000 | 18 | 0.18% |
| ICT Costs ² | 91,260 | 102,250 | (10,990) | -10.75% | 398,010 | 409,000 | (10,990) | -2.69% |
| Legal and Professional (Legal, audit) | 23,614 | 41,625 | (18,011) | -43.27% | 148,490 | 166,501 | (18,011) | -10.82% |
| Communications costs | 10,080 | 2,843 | 7,237 | 254.56% | 67,737 | 60,500 | 7,237 | 11.96% |
| Living Organ Donation costs | 0 | 0 | 0 | 0.00% | 0 | 9,000 | (9,000) | -100.00% |
| Shared | | | | | | | | |
| Service/NHSBT/Projects | 36,120 | 36,125 | (5) | -0.01% | 294,495 | 294,500 | (5) | 0.00% |
| Administration costs | 8,044 | 1,625 | 6,419 | 395.03% | 17,919 | 11,500 | 6,419 | 55.82% |
| Accommodation costs | 60,728 | 39,545 | 21,183 | 53.57% | 181,183 | 165,000 | 16,183 | 9.81% |
| Non-cash costs | 31,783 | 31,578 | 205 | 0.65% | 126,518 | 126,313 | 205 | 0.16% |
| | 264,148 | 258,091 | 6,057 | 2.35% | 1,244,371 | 1,252,314 | (7,943) | -0.63% |
| Total Costs | 1,343,404 | 1,445,606 | (102,202) | -7.07% | 5,748,290 | 5,995,034 | (246,744) | -4.12% |
| Net surplus/(deficit) | 1,044,800 | 861,319 | 183,481 | 21.30% | 256,522 | (0) | | |

Notes

- 1 Other Staff costs (all-staff days, subscriptions, conferences, welfare)
- 2 ICT Development (including IT Subscriptions, Maintenance, Consultancy)

19. Highlights of the current report are as follows:

20. Year-to-date income is up against budget by 3.5% (£81k), represented by our grant in aid draw down up £72k more than budget and a small increase in licence fees (application fees) and other income.

21. Staff Costs are below budget by £109k. As of June, there were at least 2 vacancies across the business, in addition, the budget assumes all staff (eligible) are in the pension scheme and subject to the same level of national insurance. The reality is that 85% of staff are in the pension scheme and

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national insurance rates vary according to salary – which is difficult to budget for. Non-salary staff costs are more or less on budget.

22. Other operating costs are slightly above budget by 2.4% (£6k). Variances of note are within ICT costs (£10k under), represented by no spend within Development Consultancy where the budget for the period was £10k. Legal and Professional fees are under budget by 43.3% (£18k) which relates to legal costs. Communication costs are over budget by 254.6% (£7k) represented by spend for the Website that was budgeted for later in the year. Administration costs are 395% (£6k) over budget represented by the printing cost of the 23/24 annual report and accounts. Accommodation costs are over budget due to the way we account for the lease of 2 Redman Place. This will be brought into line at month 9.
23. We are forecasting a year end surplus of £257k. This figure will change as plans are flexed throughout the year.

Finance KPI – Debtors. Below is a comparison of accounts outstanding as of June 2024 and June 2023

| Sector | 2024/25 | | | 2023/24 | | |
|-----------------------|------------|-----------------|---|------------|-----------------|-----|
| | No. of est | Value | % | No. of est | Value | % |
| NHS | 43 | £329,669 | | 14 | £ 66,799 | 15% |
| Government bodies | 4 | £131,604 | | 7 | £158,674 | 35% |
| Non-Government bodies | 36 | £221,749 | | 36 | £228,478 | 50% |
| Total | 83 | £682,749 | | 57 | £453,951 | |

24. Included within the above 24/25 figures are debts that relate to prior years as follows:

| Sector | Non-Government | Government | NHS | Total |
|--------------|----------------|---------------|-----------------|-----------------|
| 2020/21 | £6,790 | Nil | Nil | £6,790 |
| 2021/22 | £18,968 | Nil | £25,428 | £44,396 |
| 2022/23 | Nil | Nil | £12,785 | £12,785 |
| 2023/24 | £53,704 | £7,764 | £86,850 | £143,318 |
| Total | £25,758 | £7,764 | £125,063 | £212,289 |

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25. Most of the non-government accounts will need to be issued with letters before court action (action is to go to Small Claims). The Government item is one invoice which slipped through the net and will be paid. The NHS debtors are more problematic as we cannot sue but we are speaking to our DHSC Sponsor Team to see if there is any assistance that can be provided.

Audit and Risk

26. The 2024/25 audit plan is as follows:

| | |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Quarters 1 and 2: | <ul style="list-style-type: none">• DSPT (completed) |
| Quarter 3: | <ul style="list-style-type: none">• Licensing (moved from Quarter 2 due to GIAA resourcing pressures)• Payroll and Expenses• Functional Standards |
| Quarter 4: | <ul style="list-style-type: none">• HR Shared Services – Contract Management |

27. The current HTA Strategic Risk Register is at **Annex C**

Human Resources

28. The HTA staff survey was run between 24 May – 21 June 2024, a total of 20 working days, and a total of 49 responses were received, representing a participation rate of 85.9%.
29. This is an excellent response, and we have received a wealth of feedback from staff that we will use to develop a response that will form the basis of the HTA People Strategy, to be developed through the Autumn.
30. The HTA's attrition rate continues to remain at around 30%, plus or minus, which is above our target figure.
31. Sickness levels have moved up during the Q1. Whilst they are below and within the 3% KPI target, we are monitoring this development during the Spring months.

| | Apr | May | Jun |
|-------------------------------------------------------|------------|------------|------------|
| Attrition rate no more than 20% [reported monthly] | 31.4% | 33.3% | 29.7% |
| Staff sickness no more than 3% [reported monthly] | 2% | 2.2% | 2.4% |

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32. As part of the HTA's focus on health and wellbeing, we are looking to provide training for colleagues interested in becoming mental health first aiders (MHFA).

Quarter 2 early insights

33. Details of early Q2 performance are given at **Annex B**:
34. Current overall Business Plan **RAG** rating is **Amber**:
- Core operations: some key KPIs are at risk of being missed including Regulation, Finance and HR metrics
 - Change activities: projects are all currently on track to deliver / complete as expected by year-end
35. Path to **Green**:
- Core operations: focus greater management attention on KPIs in Q2
 - Change activities: continue as planned. The Regulatory Insight Model and Index project has subsequently progressed, with the required Data Analyst now in post and the project work reprofiled from September.

Recommendation

36. The HTA Board is asked to **note** and comment on the performance recorded and the context provided.

**Annex A – Quarterly Board Data Overview, 24/25 Quarter 1 Final Position
Core Operations**

| Business Plan KPIs | | <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid green; padding: 5px; text-align: center;">7 On Track</div> <div style="border: 1px solid orange; padding: 5px; text-align: center;">1 At Risk</div> <div style="border: 1px solid red; padding: 5px; text-align: center;">3 Off Track</div> </div> | | | | | | Apr | May | Jun | Jul | Aug | 24/24 YTD |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------|--|--|------|-----|-----|-----|-----|-----|-----------|
| | | Approach to Regulation | | | | | | | | | | | |
| Regulation | 222 compliance assessments across all sectors [reported quarterly against planned allocation] | Reported Quarterly | | 67 | | | 67 | | | | | | |
| | 99% of panel and non-panel cases actioned within 10 and 5 working days respectively [reported monthly] | 100% | 100% | 100% | | | 100% | | | | | | |
| | Support healthcare provision and life -sciences by decisions being reached on 90% of completed new licence applications within 90 days of the application fee being paid [reported quarterly] | Reported Quarterly | | 80% | | | 80% | | | | | | |
| Trust and Confidence | | | | | | | | | | | | | |
| DTD | Publish two datasets per year [reported annually] | Reported Annually | | | | | | | | | | | |
| | Publish quarterly incidents data [reported annually] | 100% | Reported Annually | | | | 100% | | | | | | |
| Use of Information | | | | | | | | | | | | | |
| DTD | Server downtime less than 3% (within working hours and excluding planned testing) [reported monthly] | 0% | 0.1% | 1.9% | | | 0.7% | | | | | | |
| | 100% of RTANCA (NHS cyber security alert) notifications actioned / replied to within 48 hours [reported monthly] | 100% | 100% | 100% | | | 100% | | | | | | |

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Business Plan KPIs

7
On Track

1
At Risk

3
Off Track

| | | Apr | May | Jun | Jul | Aug | 24/24 YTD |
|--------------------------------|-------------------------------------------------------------------------|--------------------|-------|-------|-----|-----|-----------|
| Efficient and Effective | | | | | | | |
| Perf & Corp Gov | 95% of enquiries are answered within 10 working days [reported monthly] | 99% | 89.6% | 91.8% | | | 93.5% |
| | 100% of FOIs responded to within 20 working days [reported quarterly] | Reported Quarterly | | 100% | | | 100% |
| Resources | Actual spend within 1% of forecast [reported quarterly] | Reported Quarterly | | 4% | | | 4% |
| | Debt no more than 3% of income at year end [reported annually] | Reported Annually | | | | | |
| | Unqualified external audit opinion received [reported annually] | Reported Annually | | | | | |
| | Attrition rate no more than 20% [reported monthly] | 31.4% | 33.3% | 29.7% | | | 29.7% |
| | Staff sickness no more than 3% [reported monthly] | 2% | 2.2% | 2.4% | | | 2.2% |

Change Activities

Project Summary Status – Overall RAG Heatmap for *Board Review*

| | | Apr 24 | May 24 | Jun 24 | Commentary for Board Review | |
|------------|---------------------------------|----------------|--------|--------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Fuller Independent Inquiry | Nicky Harrison | A | A | A | Live work packages - continue to maintain, respond and support as required |
| | Innovation in inspection | Nicky Harrison | G | G | G | Workstream 'Security Standards' focused on PM sector, in-play: rolling out activities aligned to outlined security enforcement strategy and piloting evidence-based assurance programme |
| | Public Bodies Review | Louise Dineley | W | W | W | Not started |
| | Facilitate an in-person event | Louise Dineley | A | R | G | The team reworked the delivery plan, paused work due to deliver in June and moved it to August. June's focus was on re-doing the work of April to invite stakeholders to the new date |
| | Establish an insight network | Louise Dineley | W | W | W | Not started |
| | Publish a 2023/24 review | Louise Dineley | G | A | A | Plans to publish the 2023-24 review changed due to the general election and it will be published once a grid slot is available (ie, late-July at the earliest). The Project Manager has checked the review to ensure it strikes the right tone post-election |
| | Data and Technology strategy | Louise Dineley | G | G | G | IT Strategy shared with the SMT for final approval |
| | Complete backlog updates to CRM | Louise Dineley | W | W | W | Not started |

Project Summary Status – Overall RAG Heatmap for *Board Review*

| Project | | Sponsor | Apr 24 | May 24 | Jun 24 | Commentary for Board Review |
|------------|------------------------------------|----------------|--------|--------|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Regulatory Insight Model and Index | Louise Dineley | A | R | R | The RIMI design and development phase has not commenced due to work pressures, mainly DSPT, the recruitment of a Data Analyst who plays a key role in RIMI and confirmation of the funding allocation |
| | Review records management | Louise Dineley | W | W | W | Not started |
| | Replace our current finance system | Tom Skrinar | W | W | W | Not started |
| | Outsource Human Resources | Tom Skrinar | W | W | W | No update provided [assumed on track, in Delivery Stage of Lifecycle] |
| | Develop a People strategy | Tom Skrinar | W | W | W | No update provided [assumed on track, in Ideas Stage of Lifecycle] |
| All | Portfolio | All SMT | A | A | A | Amber due to Resourcing issues |

Annex B – Quarterly Board Data Overview, 24/25 Quarter 2 Latest Position

Core Operations

| Business Plan KPIs | | 7 On Track | | | | | 1 At Risk | 3 Off Track |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|------|--------------------|-----|--------------|----------------|
| | | Apr | May | Jun | Jul | Aug | 24/24 YTD | |
| Approach to Regulation | | | | | | | | |
| Regulation | 222 compliance assessments across all sectors [reported quarterly against planned allocation] | Reported Quarterly | | 67 | Reported Quarterly | | 67 | |
| | 99% of panel and non-panel cases actioned within 10 and 5 working days respectively [reported monthly] | 100% | 100% | 100% | 100% | | 100% | |
| | Support healthcare provision and life-sciences by decisions being reached on 90% of completed new licence applications within 90 days of the application fee being paid [reported quarterly] | Reported Quarterly | | 80% | Reported Quarterly | | 80% | |
| Trust and Confidence | | | | | | | | |
| DTD | Publish two datasets per year [reported annually] | Reported Annually | | | | | | |
| | Publish quarterly incidents data [reported annually] | 100% | Reported Annually | | | | 100% | |
| Use of Information | | | | | | | | |
| DTD | Server downtime less than 3% (within working hours and excluding planned testing) [reported monthly] | 0% | 0.1% | 1.9% | 0% | | 0.8% | |
| | 100% of RTANCA (NHS cyber security alert) notifications actioned / replied to within 48 hours [reported monthly] | 100% | 100% | 100% | 100% | | 100% | |

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Business Plan KPIs

| | | |
|----------------------|---------------------|-----------------------|
| 7 On Track | 1 At Risk | 3 Off Track |
|----------------------|---------------------|-----------------------|

| | | Apr | May | Jun | Jul | Aug | 24/24 YTD |
|--------------------------------|-------------------------------------------------------------------------|--------------------|-------|--------|--------------------|-----|-----------|
| Efficient and Effective | | | | | | | |
| Perf & Corp Gov | 95% of enquiries are answered within 10 working days [reported monthly] | 99% | 89.6% | 91.8 % | 96.0% | | 94.1% |
| | 100% of FOIs responded to within 20 working days [reported quarterly] | Reported Quarterly | | 100% | 100% | | 100% |
| Resources | Actual spend within 1% of forecast [reported quarterly] | Reported Quarterly | | 4% | Reported Quarterly | | 4% |
| | Debt no more than 3% of income at year end [reported annually] | Reported Annually | | | | | |
| | Unqualified external audit opinion received [reported annually] | Reported Annually | | | | | |
| | Attrition rate no more than 20% [reported monthly] | 31.4% | 33.3% | 29.7% | 25% | | 25% |
| | Staff sickness no more than 3% [reported monthly] | 2% | 2.2% | 2.4% | 2.1% | | 2.2% |

Change Activities

Project Summary Status – Overall RAG Heatmap for *Board Review*

| | | May 24 | Jun 24 | Jul 24 | Commentary for Board Review |
|------------|---------------------------------|--------|--------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Fuller Independent Inquiry | A | A | A | Live work packages - continue to maintain, respond and support as required |
| | Innovation in inspection | G | G | G | Workstream 'Security Standards' focused on PM sector, in-play: rolling out activities aligned to outlined security enforcement strategy and piloting evidence-based assurance programme |
| | Public Bodies Review | W | W | W | Not started |
| | Facilitate an in-person event | R | G | G | 75 attendees confirmed, 6 people on waiting list. HTA strategy due 20 Aug, following the publication the speaking notes will be developed and then ppt materials. Request for video content to create additional content for the day. 3 clips received so far. |
| | Establish an insight network | W | W | A | Status set as amber due to the impact of working on short deadline high priority work associated with the substance of human origin (SoHO) EU Regulation |
| | Publish a 2023/24 review | A | A | A | The 2023-24 review was published on 30 July 2024. The Project Manager is in the process of closing down the Project and has shared a Lessons Learnt template for all involved to complete to ensure learning is captured for future reviews. |
| | Data and Technology strategy | G | G | C | Project completed |
| | Complete backlog updates to CRM | W | W | G | Business Case for the 2nd Phase of the CRM updates have been approved in principle by the SMT. The next stage in this process is getting agreement from the digital department within DH to agree the spend. |

Project Summary Status – Overall RAG Heatmap for *Board Review*

| Project | | Sponsor | May 24 | Jun 24 | Jul 24 | Commentary for Board Review |
|------------|------------------------------------|----------------|--------|--------|--------|---------------------------------------------------------------------------------------------------------------------------------------|
| Activities | Regulatory Insight Model and Index | Louise Dineley | R | R | R | The RIMI design and development phase has not commenced due to work pressures, mainly DSPT and confirmation of the funding allocation |
| | Review records management | Louise Dineley | W | W | W | Not started |
| | Replace our current finance system | Tom Skrinar | W | W | W | Not started |
| | Outsource Human Resources | Tom Skrinar | W | W | W | No update provided [assumed on track, in Delivery Stage of Lifecycle] |
| | Develop a People strategy | Tom Skrinar | W | W | W | No update provided [assumed on track, in Ideas Stage of Lifecycle] |
| All | Portfolio | All SMT | A | A | A | Amber due to missing updates |

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| Category | Red | Amber | Green |
|----------|----------------------------------|-----------------------------------|-------------------------|
| KPI | Performance is >10% below target | Performance is = 1%-10% of target | Performance is = target |

| Category | Red | Amber | Green | Blue | White |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------|
| Project | There is significant risk that the overall Activity will be delivered late or will fail to deliver everything within scope against the agreed baseline plan. | There is a risk that one or more milestones may be late, or that the full scope will not be delivered. However, there is a good possibility of implementing mitigations to bring the plan back on track to meet the schedule and delivery as planned. | Overall Activity is on track to be delivered against the baseline plan and there is no, or minimal risk of milestones being delivered late. | Project complete | Project not live |

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Annex C – Strategic Risk Register, 24/25 Current

| | | Risk Scoring Matrix | | | | |
|-------------------------------------------------|--------------------------|---------------------------------|----------------------------------|-------------------------------------|-----------------------------------------|-----------------|
| IMPACT | 5. Very High | 5 Medium | 10 Medium | 15 High | 20 Very High | 25 Very High |
| | 4. High | 4 Low | 8 Medium | 12 High | 16 High | 20 Very High |
| | 3. Medium | 3 Low | 6 Medium | 9 Medium | 12 High | 15 High |
| | 2. Low | 2 Very Low | 4 Low | 6 Medium | 8 Medium | 10 Medium |
| | 1. Very Low | 1 Very Low | 2 Very Low | 3 Low | 4 Low | 5 Medium |
| | | Likelihood | | | | |
| Risk score = Impact x Likelihood | 1. Rare (≤3%) | 2. Unlikely (3%-10%) | 3. Possible (10%-50%) | 4. Likely (50%- 90%) | 5. Almost certain (≥90%) | |

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| | | | | | | | | | |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------|---------------|---------------------|--------------------------------|-----------------------------|-----------------------|
| Updated by | | Nicolette Harrison | | | | Updated date | | 17/06/2024 | |
| Risk name | | Risk 1: Notable regulation failure leading to public harm and/or loss of public/professional confidence in the HTA | | | | | | | |
| Risk levels | Inherent risk levels | | | Residual risk levels | | | Optimal risk level | Tolerable risk level | Risk tolerance |
| | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | | | |
| | 3 | 5 | 15 | 2 | 4 | 8 | 5 | 8 | At tolerance |
| Risk owner | Nicolette Harrison | | Link to strategy | Approach to regulation | | | Trend since last update | | ↔ |
| Cause | <ul style="list-style-type: none"> - Failure to identify notable regulatory non-compliance - Regulation is not transparent, accountable, proportionate, consistent and targeted - Regulation is not sufficiently agile to respond to changes in sectors - Insufficient capacity and/or capability. This includes insufficient expertise, reductions in staffing from attrition, inadequate contingency planning, recruitment difficulties (including Independent Assessors [IAs]), inadequate adherence to agreed policies and procedures (especially in relation to decision-making) - Poor quality or out of date policies and procedures - Failure to fully follow-up on identified risks and issues. - Inability to access relevant technical expertise; for example, to support the assessment of regulated activities or premises. | | | | | | | | |
| Effect | <ul style="list-style-type: none"> - Compromise of patient safety - Loss of public confidence - Loss of professional confidence - Loss of trust and respect from people in regulated sectors, potentially leading to greater non-compliance and challenging of decisions B14 - Reputational damage - Technical regulatory decisions re process or risk management that turn out to be incorrect | | | | | | | | |
| Existing controls | <ul style="list-style-type: none"> - Regulatory model that provides a range of proactive and targeted regulatory assessments - Well established processes supporting our core business; Regulatory decision-making framework including police referral policy and process - Training and development: Structured induction for new staff; Directorate Training Days; budget conference attendance; starting a Directorate Training Needs Analysis - Specialist expertise identified and recruited to ensure a broad range of knowledge across sectors and developing areas - In exceptional circumstances, scope for limited reallocation of resource to priority areas - Access to specialist legal advice for novel or complex matters | | | | | | | | |
| Actions to improve mitigation | <ul style="list-style-type: none"> - Investing resource in cross-organisational work to develop considered operational policy positions on new or complex areas [Ongoing - mostly concept in initiation phase between Regulation Directorate and newly-expanded Policy Team in DTD Directorate] - Developing and implementing a programme of continuing professional development for Regulation Staff [ONGOING - Training Needs Analysis to be developed with support of CQC's HR shared service 'Learning Academy' over Quarter 2] - Access to expert advisory group(s) [ONGOING - HTA has some existing engagement in sub-sector specialist advisory panels for HA; exploring options to identify and access to other specialists on an <i>ad hoc</i> basis for specific novel or highly specialist topics] | | | | | | | | |
| Owners | Nicolette Harrison | | | | | | | | |

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HTA 19-24 ANNEX C

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| Updated by | Nicolette Harrison | | | | | Updated date | 17/06/2024 | | |
| Risk name | Risk 2: Misperception of the HTA's role and reach or poor external relationships leading to gaps in sectoral risk management | | | | | | | | |
| Risk levels | Inherent risk levels | | | Residual risk levels | | | Optimal risk level | Tolerable risk level | Risk tolerance |
| | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | | | |
| | 3 | 5 | 15 | 2 | 4 | 8 | 4 | 8 | At tolerance |
| Risk owner | Nicolette Harrison | | Link to strategy | Trust & confidence | | | Trend since last update | | ↔ |
| Cause | <ul style="list-style-type: none"> - Complex regulatory landscape creates potential for confusion (for the public and sectors) about regulatory remits of different regulators; real or perceived regulatory gaps - Issues managing intersections in remits between different regulators - HTA's formal regulatory framework, including legislation, may not keep pace with sector developments and so may not be able to effectively manage emerging risks - Lack of clarity about changes in responsibilities eg following any legislative changes - Lack of HTA insight into broader pressures and issues affecting our sectors that may be indicators of new or emerging risks - Lack of suitable engagement or information or intelligence-sharing mechanisms between the HTA and other regulators, relevant agencies or law enforcement impedes the HTA's ability to share and escalate concerns or to refer concerns or issues to other more appropriate agencies, where relevant | | | | | | | | |
| Effect | <ul style="list-style-type: none"> - Diminished professional confidence in the adequacy of the legislation and/or the regulatory framework operated by HTA - Reduced public confidence in regulation of matters relating to human tissue - Reputational damage | | | | | | | | |
| Existing controls | <ul style="list-style-type: none"> - Horizon scanning process; Communications and Engagement Strategy; Formal and informal engagement with, and feedback from, our sectors and stakeholders - Effective management of HTA's public profile to maintain awareness and professionalism and deal with media enquiries, including developing HTA lines and positions - Active management of professional stakeholders, in our sectors, other bodies, other Government Departments and Devolved Administrations, including providing advice - Regular engagement with DHSC sponsorship team and Substances of Human Origin (SoHO) team on matters which might impact public and professional confidence - Identifying and taking action on issues where we believe these will support public and professional confidence - HTA representation on relevant multi-agency groups and forums, including particularly those dealing with new and emerging issues or innovative practice - Maintaining and utilising existing Memoranda of Understanding (MOUs) and Information Sharing Agreements with other relevant bodies eg other regulators - Maintaining, utilising and periodically updating relevant HTA policies and processes (eg the Police Referral and Warrants Policy) | | | | | | | | |
| Actions to improve mitigation | <ol style="list-style-type: none"> 1) - Wider awareness-raising activities following conviction of private hospital for licensing breach in 2023/24 [ONGOING - paused during pre-election period] 2) - Reviewing and updating existing Memoranda of Understanding (MOUs) and Information Sharing Agreements (ISAs), especially with CQC and other health regulators [ONGOING - initiated revival of review of HTA/CQC MOU / ISA in Quarter 1; should be complete by end of Quarter 3] 3) - Joining (as an observer) the NHSE-led 'Mortuary Oversight Group' [ONGOING - Initiated Quarter 1 - should be complete by end of Quarter 2] 4) - Joining the Health and Social Care Regulators Forum and Emerging Concerns Protocol [ONGOING - exploration during Quarter 1; should be initiated during Quarter 2] 5) - Revision of the horizon scanning process planned for 2024-25 to ensure it is fit for purpose and proportionate [ONGOING throughout 2024/25] 6) - HTA Annual Review of 2023/24 published and shared in Stakeholder event [ONGOING - deferred to late Quarter 2 because of pre-election period] | | | | | | | | |
| Owners | Nicolette Harrison | | | | | | | | |

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| Updated by | | Tom Skrinar | | | | | Updated date | | 14/06/2024 | |
| Risk name | | Risk 3: Inability to progress core activities due to insufficient staff capacity and capability to deliver organisational goals | | | | | | | | |
| Risk levels | Inherent risk levels | | | Residual risk levels | | | Optimal risk level | Tolerable risk level | Risk tolerance | |
| | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | | | | |
| | 4 | 5 | 20 | 4 | 4 | 16 | 9 | 9 | Above tolerance | |
| Risk owner | Tom Skrinar | | | Link to strategy | Efficient & effective | | | Trend since last update | | ↔ |
| Cause | <ul style="list-style-type: none"> - General high staff turnover putting recruitment pressure on managers and capacity pressures on broader teams to cover gaps - Turnover of staff in key roles that are 'single points of failure', leading to gaps in essential capability - Poor leadership and line management practices, including unclear objectives. Also poor job design and recruitment techniques and/or poor support from HR. - Poor prioritisation or insufficiency of resources - Poor H&S and risk assessment and monitoring of staff safety | | | | | | | | | |
| Effect | <ul style="list-style-type: none"> - Lack of key expertise leading to organisational inability to deliver key objectives or to effectively manage risk - Insufficient staff capacity to manage the extent of the HTA's core duties and corporate responsibilities. - Poor deployment of staff leading to inefficient working and increasingly pressured staff leading to further loss of staff - Reduction in staff resilience, or inability to protect staff in the workplace, leading to sickness absence and staff loss. Poor advice from HR not resolving issues. | | | | | | | | | |
| Existing controls | <ul style="list-style-type: none"> - Recruitment to identified vacancies and skills gaps ongoing. Succession planning, talent management and future skills needs to be developed further. - Prioritisation of resources (human and financial) against organisational tasks and objectives to ensure pinch points are recognised and staff not overloaded - Business Planning to map out anticipated Human Resources work and Portfolio Management to track / support / report delivery of such - Good governance cycles recording the proposals / decisions / actions related to specific Human Resources work - Business Continuity Plan (and Critical Incident Response Plan) arrangements / training / testing | | | | | | | | | |
| Actions to improve mitigation | <ul style="list-style-type: none"> - Staff survey and review of HR MI to ensure there is a clearer senior understanding of staffs' feelings and situations [Q2 2024] - People Strategy for the period 2025 - 2028, starting with the staff survey, that focusses on valuing and supporting employees to deliver [Q3 2024] - Revision of people policies and procedures that protect staff, including Health and Safety, risk assessments and sickness management [throughout 2024/25] - Development of the HTA leadership team and managers, and improvements to how we manage performance. [Ongoing] - Stengthen L&D and induction processes to ensure staff are equipped to succeed in their roles [alongside People Strategy] - Leavers / handover process formalised via a checklist to ensure corporate knowledge is retained [throughout 2024/25] - Development of a staff forum to support networking and a focus on social / organisation culture and to have a stronger staff voice in the organisation. [Q2 2024] | | | | | | | | | |
| Owners | Tom Skrinar | | | | | | | | | |

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| Updated by | | Tom Skrinar | | | | | Updated date | | 14/06/2024 | |
| Risk name | | Risk 4: There is a risk that the HTA has insufficient or ineffective management of its financial resources | | | | | | | | |
| Risk levels | Inherent risk levels | | | Residual risk levels | | | Optimal risk level | Tolerable risk level | Risk tolerance | |
| | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | | | | |
| | 4 | 5 | 20 | 3 | 3 | 9 | 6 | 9 | At tolerance | |
| Risk owner | Tom Skrinar | | | Link to strategy | Efficient & effective | | Trend since last update | | ↔ | |
| Cause | <ul style="list-style-type: none"> - Under-recovery of income / poor debt recovery (including regulated establishment inability to pay) or inability to forecast variable income accurately - Failure in setting a robust operating budget or to effectively prioritise work and / or manage costs / efficiencies - Unexpected significant cost pressures (eg legal, urgent infrastructure investment, etc) or budget change requests from DHSC or HMT arising in year - Inability to robustly control expenditure / manage operating budgets or failure to adhere to HMT and Cabinet Office Standards (finance and commercial) - System of control unable to prevent fraud / error or adapt to new risks - Insufficient finance resource to manage transactions or support sound financial management / finance system no longer fit for purpose | | | | | | | | | |
| Effect | <ul style="list-style-type: none"> - Late or non-payment of HTA debt leading to reputational damage / pressures on suppliers / staff - Resources lost due to fraud, error or avoidable fees/charges - Inability to stay within budget leading to leading to the need to stop work or to lose the confidence of DHSC. - Inability to manage costs over the longer term leading to unreasonable increases in licence fees or requests for further public funding. - Reputational risk to the Accounting Officer, increased scrutiny (including the PAC) and difficulties in gaining business case approval | | | | | | | | | |
| Existing controls | <ul style="list-style-type: none"> - Budget management framework to control and review spend and take early action when diverging from budget. - Close engagement with DHSC sponsors and finance, with timely openness about financial position and pressures to allow amendments to budget/access reserves. - Financial projections, cash flow forecasting and monitoring, good communications between finance and operational teams allows robust financial management. - Robust licence fee modelling and rigorous debt recovery procedure ensures income comes in as expected. - Annual external audit and internal audits of financial processes and control environment to identify weaknesses in procedure. - Horizon scanning for changes to DHSC funding and networking with DHSC and ALB FDs regarding Spending Reviews, etc to ensure we can engage effectively | | | | | | | | | |
| Actions to improve mitigation | <ul style="list-style-type: none"> - Improved internal financial monitoring and management and teach-ins for SMT, including a focus on resource use. [Q3 2024] - Action plan to move from rudimentary to basic level of maturity on the GovS:013 Functional Standards [throughout 2024/25] - Develop plans to improve structure, systems and processes across HTA and HFEA finance teams to improve efficiency and staff development [throughout 2024/25] - Focus on financial and commercial skills and awareness of HTA managers. [throughout 2024/25] | | | | | | | | | |
| Owners | Tom Skrinar | | | | | | | | | |

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| Updated by | | Louise Dinely | | | | | Updated date | | 23/04/2024 | |
| Risk name | | Risk 5: Failure to make use of available data, digital and technology to ensure systems are kept up to date and support the delivery of business activities. | | | | | | | | |
| Risk levels | Inherent risk levels | | | Residual risk levels | | | Optimal risk level | Tolerable risk level | Risk tolerance | |
| | Likelihood | Impact | Risk level | Likelihood | Impact | Risk level | | | | |
| | 5 | 4 | 20 | 3 | 4 | 12 | 9 | 9 | Above tolerance | |
| Risk owner | Louise Dineley | | | Link to strategy | Use of Information | | Trend since last update | | ↔ | |
| Cause | <ul style="list-style-type: none"> - Core systems identified as either approaching or out of support in the event of an incident - Data management is inconsistent across the business limiting opportunities to optimise and make use of information and intelligence. - Ageing business technology systems that have evolved rather than be designed limit alignment to business needs and / or opportunities for digital developments. - Staff confidence and capability in data and digital services can limit developments - Cyber Security changes in compliance requirements and standards not aligned to business capabilities - Knowledge and intellectual property of HTA systems is held by third party supplier - Inconsistency in data and information management practices is a limiting factor in our ability to make better use of information held. | | | | | | | | | |
| Effect | <ul style="list-style-type: none"> - IT breach and/or loss of sensitive data - Increased risk of system and process vulnerabilities being exploited by third parties resulting in restricted access or system failure - Loss of core IT systems required by HTA staff to deliver their work - Options that make use of existing technology and digital developments need to be adopted to address inefficient ways of working and reduce manual work-arounds - Knowledge and insight that can be obtained from data holdings results in poor quality regulation or opportunities for improvement being missed - Reliance on manual processes and single points of contact to bridge digital gaps - Large volume of data and records held beyond designated retention schedules impacting on storage, records management, data quality and information governance - Digital ambition such as the use or consideration of AI in regulated activities is constrained and / or not understood to determine compliance with standards - Limited internal resourcing capacity risks maintaining a reliance on third party supplier support | | | | | | | | | |
| Existing controls | <ul style="list-style-type: none"> - Policies, processes and practices covering all aspects of system security and data management have been reviewed, revised and or updated on a 12 month schedule. - Data relating to establishments securely stored with the Customer Relationship Management System (CRM) - Appropriate procedures to manage personal data including GDPR compliance. - Staff training in key business systems and mandatory annual training on policies and required controls - Training and development of professional competence part of annual PDPs and performance reviews - IT systems protected and assurances received from 3rd party suppliers that protection is up to date - System performance analytics available and reported monthly - Business Planning to map out anticipated Information Technology and Data work and Portfolio Management to track / support / report delivery for example 2024/25 Business plans and identified projects covering updates and data development (including AI) - Ongoing knowledge gathering and transfer from third party suppliers and wider health system partners - Compliance with DSPT 2024 assessment and forward look to Cyber Essentials Plus. | | | | | | | | | |
| Actions to improve mitigation | <ul style="list-style-type: none"> - Agreed Digital and IT Strategy 2024-27 sets the direction of travel through a defined vision, mission and priorities. - Plans in place to communicate and embed the strategy from early Q2 2024/25. These priorities will inform projects delivered through the annual business planning process to drive change, improvement and identify opportunities to strengthen and or / exploit the use of current systems and data holdings. - Priorities identified for 2024/25 aim to establish a strong foundation through supported systems, resourcing and developments to strengthen future digital capacity and capability. These include: CRM update (phase) 2 - Q4 2024/25; Pilot of AI - Q3 2024/25; RIMI - initial build to agreed indicators Q4 2024/25; Data publications - Q2 2024/25 and Q4 2024/25. - The increased and continued threat posed through cyber security is kept under continual review with formal assurance reported on a quarterly basis. Reports to ARAC - Mitigation of the risk through controls and actions is dependent on an ongoing commitment and prioritisation of resources relative to the risk. It is anticipated that the risk will move to within tolerance on commencement of the CRM update scheduled for Q2 2024/25. | | | | | | | | | |
| Owners | Louise Dineley 14/06/2024 | | | | | | | | | |

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