

HTA Board meeting, 27th June 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?	All
Strategic objective	All
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)
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 4 (Q4) of 23/24 against our objectives and operational delivery targets.
2. In addition, it provides an early indication of the initial performance in Quarter 1 (Q1) of 24/25.
3. Core operations 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 Q4 (final) and **Annex B** gives the KPI and Project Data Overview for Q1 (latest).

Action required

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

Regulation

5. All of the Regulation KPIs were green but for two exceptions in Quarter 4 and for the year overall.
6. For Living Organ Donation Board approvals being finalised within the required time, this was Amber, with two cases out of 291 over the course of the year (one in Quarter 2 and one in Quarter 3) being slightly late (by just a day or two). There were no implications for patients.
7. The KPI for the median age of open Corrective and Preventative Action (CAPA) plans for major shortfalls to not exceed 90 days was outside of target at the end of March (and February), having been within target at the end of January. There is no 'year to date' figure for this KPI as the measure is always a snapshot of the median age of open major CAPAs on a specific date, namely the last day of the month. Time spent on post-inspection activities, including management of CAPA plans, was identified as an issue in the Review of Inspections projects in the first half of 2023/24 and will be a focus for trialling new approaches in 2024/25.
8. Other KPIs for Regulatory Delivery were on track, with the inspection target of 222 inspections for the year being exceeded (with 226 having been undertaken)

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and the target to undertake site visits on all HA establishments in line with our statutory requirements also having been met.

Communications (including stakeholder engagement)

9. In the final quarter of the year, we handled all media enquiries to deadline, meeting the KPI for the year. Enquiries focused on a range of issues with post-mortem, organ trafficking and stem cell therapies areas of greater focus.
10. In preparation for the *Supply of Information about Transplants Regulations 2024*, our communications team developed presentation material for events in January and March and pulled together web and social media material. The new guidance has been downloaded 130 times since it was published.
11. In March, the Comms team worked with Regulation colleagues to deliver a series of webinars focused on security standards in the post-mortem sector. The webinars were attended by 164 Designated Individuals.
12. Communications also focused on developing and delivering an in-person event due in June 2024. Following the calling of the General Election, the event has been postponed until September 2024, but routine communication activity is continuing in line with the pre-election guidance.

Policy

13. During Q4, the Policy team led work to prepare for new regulations that came into force on 1 April 2024. These regulations introduced a statutory duty on relevant clinicians to report transplants or transplant-related crimes that take place outside the UK to the HTA. As a result of it falling to the HTA to handle reports, the Policy team worked with colleagues across the organisation to prioritise and deliver (or support the delivery of) the following:
 - guidance that supported clinicians to report in line with the regulations
 - updated the existing process for handling reports, and
 - communicated the regulations to relevant stakeholders.

An evaluation of the guidance, processes and impact of the regulations will take place in the 2024-25 business year.

14. Work also progressed in Q4 to strengthen the HTA's guidance on the handling of pregnancy remains, following a recommendation from an independent review on

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pregnancy loss, publishing in July 2023. Given the HTA's limited remit in relation to pregnancy loss, we continue to work closely with the Department of Health & Social Care to engage with relevant stakeholders and ensure any update to the guidance is both strengthened and fit for purpose.

15. The Policy team also completed preparatory work to facilitate the delivery of the 2023/24 review. The review aims to communicate the HTA's activity over the 2023/24 business year, including the impact that it has had on its regulated sectors and beyond. During Q4, work involved collating and understanding intel from across the organisation, as well as bringing that together to develop a working structure. Work on the review continued into Q1 of 2024/25.

Information Technology (including data and digital)

16. Both main business plan Key Performance Indicators were achieved throughout Quarter 4 with no significant risks or unexpected outages requiring any further investigation.
17. The Server Uptime availability remained well within target (at less than 3% downtime). There was 1.1% unavailability in the month of February, the main contributing factor towards this being the recently approved updates to our CRM application. Additionally, there was a new server installed, which affected the overall uptime, but this was expected due to the nature of the work required.
18. The RTANCA (Respond to an NHS cyber alert) requirement achieved full compliance in the period of Q4, never dropping below the expected level of 100%, which demonstrates an ongoing commitment to ensure that our reactions to any alerts are dealt with in accordance with the expected guidelines.

Finance

19. The table below summarises our financial position as at 31 March 2024. The figures are currently under audit but are not expected to change dramatically. We ended the year with an underspend of £430k.

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Category	Outturn	Budget	Variance	
	£	£	£	%
INCOME				
Grant in aid	703,000	763,000	(60,000)	(7.9)
Non-cash	106,672	106,672	0	0
Licence fees	4,566,770	4,614,802	(48,032)	(1.04)
Other	87,434	51,507	35,927	69.75
Totals:	5,463,876	5,535,981	(72,105)	(1.3)
Expenditure				
Salaries and wages	4,025,408	4,143,984	(118,576)	(2.9)
Shared Service	72,180	0	72,180	0
Travel, Subsistence, training, and recruitment	208,298	239,000	(30,702)	(12.8)
Conferences & Project Costs	262,893	305,500	(42,607)	(13.9)
IT & Telecoms	362,422	405,680	(43,258)	(10.7)
Legal & Professional	141,538	137,620	3,918	2.9
Consultancy	20,030	0	20,030	0
Accommodation Costs	161,168	171,358	(10,190)	(5.9)
Other Costs	102,028	24,650	77,378	313.9
Non-cash Costs	132,009	113,072	18,937	16.7
Adjustments	(454,801)	0	(454,801)	0
Totals:	5,033,173	5,540,864	(507,691)	(9.2)
Net surplus/(deficit)	430,703	(4,883)	435,586	

20. **Income** - ended the year below budget by 1.3% which was due to two things, a) adjustments made to the cost of our lease which was deducted from our grant in aid and reduction in licence fee income, revocations, and adjustments to licence portfolios. The overall position kept low due to secondment income where an additional staff member was seconded (part-time) out of the organisation for the majority of the 23/24 financial year

21. **Expenditure** – was underspent across most cost areas. The key areas are detailed below:

- Staff costs were underspend by £118k which related mainly to on-costs (PAYE and pensions). The budget was set assuming all staff would be in the scheme, but at least 10 members of staff opted out.
- Travel & Subsistence, Training, and Recruitment – underspend is mainly within training.

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- Other Costs which include staff welfare costs (cost of home-office equipment) which have increased from previous years, in addition there is the provision for bad debts which we do not budget for - £46k).
- Shared Services – the budget was set before the final agreed cost of the SLA.
- Consultancy costs – all related to the contractor used for providing support to the Fuller case and would normally have been included within project costs.
- Adjustments – the significant credit relates to the reversal of an accrual (£415k), created in 2020/21 to cover rent that was due on 151 Buckingham Palace Road. Our landlords GPA informed us that there were no outstanding invoices to be paid towards the end of February, too late to be utilised.

22. Excluding the £415k reversal, the year would have ended with a small underspend of £15k.

23. **Debtors at 31 March 2024** – our debtors at the end of the year were £264,913 represented by 52 accounts. Of this, £66,970 (25%) relate to before April 2022, with the remainder relating to April 2023 and beyond. A breakdown of total debts by sector is below.

Sector	£	%	No.of accounts
Other Government bodies	21,229	8	2
NHS	124,595	47	23
Non-NHS	119,088	45	27
Total	264,912	100	52

Audit and Risk

24. The HTA has redesigned its format for its Strategic Risk Register (SRR), with support and guidance from ARAC. The new format and content of the SRR is included as a separate item in this Board meeting and is not included in this report, but will be in future performance reports.

25. The HTA received three GIAA reports in Quarter 4:

- Portfolio management: The overall opinion of 'Moderate' assurance reflects that generally there is an effective framework of governance and controls to oversee delivery across the portfolio and a positive direction of travel to continue to build maturity.
- Reportable incidents: The audit was to provide an independent view on the effectiveness of the HTA Reportable Incidents process, and the robustness

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of the oversight arrangements in place, with a particular focus on incidents rated as 'high' or 'critical' severity. No recommendations were made, and the opinion was 'Substantial' assurance.

- Health and Safety: Overall, H&S arrangements were judged inadequate, and assurance is 'Limited.' We undertook a baseline assessment conducted in September which identified several areas that were not in compliance with H&S regulations. We have started work to address them but had been waiting for the outcome of this audit before taking forward substantive improvement work. The HTA is now focussing on ensuring H&S practices meet all essential requirements.

Human Resources

26. We continue to work with our HR provider to develop and improve processes in our new shared service. The HTA Resources team now has a new team member who will lead on developing and improving the current service with HR (which had been delayed due to losing the internal HTA HR team during transition). Working with HR, there will be a priority-driven focus on service areas for improvement (e.g. recruitment and on-boarding first), alongside a systematic update of HR policies. The new team member will also support organisational development, including the People Strategy.
27. We launched a full HTA People Survey in May, which was open for staff to complete over a four-week period. The survey is being run by HR, and we expect a report in July. This report will form the basis of the work to develop the people strategy later in the year.
28. Our staff turnover as of 31 March is 30.6%. We had 16 leavers over the 23/24 financial year, which is similar to last year (16, 2022/23). The KPI target in 24/25 is 20%.
29. Sickness absence for the last quarter of 23/24 was 1.01% and for the year was within the KPI at 2.57% .
30. Q4 Mandatory training saw 94% of staff complete the following training sessions:
 - Freedom of information
 - Introduction to UK Equality Legislation and
 - Managing sickness absence

Quarter 1 early insights

31. Current overall Business Plan **RAG** rating is **Amber**:

- Core operations: all KPIs are currently on track
- Change activities: there have been some requests to move back intended project start dates due to insufficient staff resources at the start of year, and flagged overcommitment in DTD directorate, in particular.

32. Path to **Green**:

- Core operations: continue as planned

33. Change activities: agreed revised Project dates (at the May PSMT meeting), catch up Lifecycle stages (to be caught up during June)]

Recommendation

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

Annex A – Quarterly Board Data Overview, 23/24 Quarter 4 Final Position

Core Operations

Business Plan KPIs					8	1	2
					On track	Amber	Off track
		Nov	Dec	Jan	Feb	Mar	23/24 YTD
Operational Delivery							
R e g	222 inspections covering all sectors [measured quarterly against projection for the quarter]	26	13	11	16	14	226
	100% of panel cases actioned within 10 working days	100% (24/24)	96.7%(30/31)	100% (24/24)	100% (24/24)	100% (35/35)	99% (289/291)
	100% of required HA inspections are undertaken during the business year	N/A	N/A	N/A	N/A	100%	100%
	Median age of open Corrective and Preventative Actions (CAPAs) for major shortfalls should not exceed 90 days	84	93	85	114	145	N/A
D T & D	90% media responses provided to deadlines	100% (5/5)	50% (2/4)	100% (4/4)	% (/)	100% (5/5)	91% (32/35)
	Server downtime less than 3% (within working hours and excluding planned testing)	0%	0%	0%	1.1%	0%	0.09%
	100% of RTANCA (NHS cyber security alert) notifications actioned / replied to within 48 hours	100%	100%	100%	100%	100%	100%
P & C G	100% of FOIs responded to within 20 working days	100% (3/3)	100% (1/1)	100% (1/1)	100% (1/1)	100% (4/4)	100% (28/28)

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	Nov	Dec	Jan	Feb	Mar	23/24 YTD
People & Capability						
Surplus of income / expenditure no more than 5% of budget	2.00%	4.00%	4.00%	0.80%	0.30%	TBC
Debt no more than 3% of income at year end	N/A	N/A	N/A	N/A	5%	5%
Unqualified external audit opinion received	N/A	N/A	N/A	N/A	N/A	Received
Attrition rate no more than 15%	28.80%	35.80%	35.80%	33.30%	31.30%	30.60%
Staff sickness no more than 3%	8.00%	2.82%	0.43%	1.15%	0.74%	2.57%

Change Activities

Project Summary Status – Overall RAG Heatmap for Board Review

Project		Jan 24	Feb 24	Mar 24	Commentary for Board Review
Activities	Create a new HTA strategy	A	G	G	Project completed (subject to April PSMT approval)
	Public Bodies review	W	W	W	Project not required in 23/24
	Assessment of our impact	G	C	C	Project completed
	Establish an insight network	W	W	W	Project postponed to 24/25
	Data collection exercise	G	G	G	Project completed
	Review of inspections	A	A	A	Project completed
	Independent Inquiry (Fuller)	A	A	A	Project continues into 24/25
	Living Organ Donation approvals	W	W	W	Project not required in 23/24
	Retained EU Law Bill	W	W	W	Project not required in 23/24
	Windsor Framework	W	W	W	Project not required in 23/24
	Guidance on pregnancy loss	W	W	W	Project not required in 23/24
	Respond to external reviews	W	W	W	Project not required in 23/24

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Project Summary Status – Overall RAG Heatmap for Board Review

Project		Sponsor		Jan 24	Feb 24	Mar 24	Commentary for Board Review
Activities	Duty to report	Louise Dineley	R	R	G	Project completed (subject to April PSMT approval)	
	IT strategy requirements	Louise Dineley	W	W	G	Project completed (subject to April PSMT approval)	
	Records management review	Louise Dineley	W	W	W	Project not required in 23/24	
	Finance system review	Tom Skrinar	W	W	W	Project not required in 23/24	
	People strategy development	Tom Skrinar	W	W	W	Project not required in 23/24	
	Performance management review	Tom Skrinar	W	W	W	Project not required in 23/24	
	Data & Security Protection Toolkit	Louise Dineley	C	C	C	Project completed	
	Develop RIMI (Regulatory Insight Model & Index)	Louise Dineley	A	A	A	Project continues into 24/25	
	Start the outsource of IT	Louise Dineley	W	W	W	Project not required in 23/24	
	Outsource HR	Tom Skrinar	A	A	A	Project continues into 24/25	
All	Portfolio	All SMT	A	A	G	Overall RAG status set to Green as revised cohort of 23/24 Projects that were agreed with Board are completing as intended	

Annex B – Quarterly Board Data Overview, 24/25 Quarter 1 Latest Position

Core Operations

								5 On Track	0 At Risk	0 Off Track
		Apr	May	Jun	Jul	Aug	24/24 YTD			
		Business Plan KPIs								
		Approach to Regulation								
Regulation	222 compliance assessments across all sectors [reported quarterly against planned allocation]	Reported Quarterly								
	99% of panel and non-panel cases actioned within 10 and 5 working days respectively [reported monthly]	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								
		Trust and Confidence								
DTD	Publish two datasets per year [reported annually]	Reported Annually								
	Publish quarterly incidents data [reported annually]	100%						100%		
		Use of Information								
DTD	Server downtime less than 3% (within working hours and excluding planned testing) [reported monthly]	0%						0%		
	100% of RTANCA (NHS cyber security alert) notifications actioned / replied to within 48 hours [reported monthly]	100%						100%		

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Business Plan KPIs

5
On Track

0
At Risk

0
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]	100% (1 of 1)					100% (1 of 1)
	100% of FOIs responded to within 20 working days [reported quarterly]	Reported Quarterly					
Resources	Actual spend within 1% of forecast [reported quarterly]	Reported Quarterly					
	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]						
	Staff sickness no more than 3% [reported monthly]						

Change Activities

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

Project		Sponsor	Feb 24	Mar 24	Apr 24	Commentary for Board Review
Activities	Fuller Independent Inquiry	Nicky Harrison	A	A	A	Live work packages in progress, continue to maintain, respond and support as required. Change control required to change title
	Changes to compliance assessments	Nicky Harrison			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				Change control to remove the dates (keeping the placeholder in the plan 'as and when this review occurs')
	Facilitate an in-person event	Louise Dineley			A	Venues have been booked. Invites sent and 40 people have confirmed attendance, with six declined
	Establish an insight network	Louise Dineley				Change Control required to put start date back to July 24
	Publish a 2023/24 review	Louise Dineley			G	The first draft of the 2023-24 review has been shared with BDT, SMT and the Chair for comment and feedback has been received. A SMT paper accompanied the first draft, which highlight the timeline and key risks
	Data and Technology strategy	Louise Dineley			G	Change Control to change title and end date to Sept 25
	Complete backlog updates to CRM	Louise Dineley				Change Control required to put start date back to July 24

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

Project		Sponsor	Feb 24	Mar 24	Apr 24	Commentary for Board Review
Activities	Regulatory Insight Model and Index	Louise Dineley	A	A	A	There has been no progress with the next stage planning due to other work pressures, mainly DSPT. The appointment of the DA role and confirmation around funding are also contributory factors
	Review records management	Louise Dineley				Change Control required to put start date back to July 24
	Replace our current finance system	Tom Skrinar				
	Outsource Human Resources	Tom Skrinar				Change Control required to put start date back to June 24
	Develop a People strategy	Tom Skrinar				Change Control required to put start date back to June 24
All	Portfolio	All SMT			A	Amber due to Resourcing issues and overdue Lifecycle Stages

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Red	Amber	Green	Blue	White
<p>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.</p>	<p>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.</p>	<p>Overall Activity is on track to be delivered against the baseline plan and there is no, or minimal risk of milestones being delivered late.</p>	<p>Activity is complete having delivered all deliverables within scope, time, quality, cost and met benefits targets.</p>	<p><i>Activity not live.</i></p>