

## HTA Board meeting, 26 June 2025

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|                                       |   |
|---------------------------------------|---|
| Agenda item                           | <b>2.4 HTA Performance Report</b>   |
| 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: Operational<br>Risk 2: Reputational<br>Risk 3: Financial<br>Risk 4: Strategy<br>Risk 5: People<br>Risk 6: Security  |
| 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 at the end of Quarter 4 (Q4) of 24/25 against our objectives and operational delivery targets.
2. In addition, it provides an early indication of the initial performance in Quarter 1 (Q1) of 25/26.
3. Core operational areas from our Business Plan with formal Key Performance Indicators (KPIs) have been included as topics within this paper, in the same order as that document. We have also included some additional operational areas for Board visibility of non-KPI performance where there is something noteworthy to highlight.
4. **Annex A** provides the KPI and Project Data Overview as at the end of Q4 (final) and **Annex B** gives the KPI and Project Data Overview for Q1 (latest). 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. All Regulation KPIs were green for Quarter 4 and all but one were green for the year as a whole.
7. The KPI to reach a decision on 90% of appropriately completed new licence applications by 90 days was at 100% for Quarter 4, demonstrating a notable recovery from lower performance earlier in the year; 80% in Quarter 1, 50% in Quarter 2 and 71% in Quarter 3. Variable performance on this KPI over the year meant that overall 20 out of 25 new licence applications met the KPI criteria, giving a year-end out-turn of 80%. Hence, whilst the KPI was green for Quarter 4, it was red for the year.
8. The KPI to carry out 222 inspections for the year was slightly exceeded at 223. Also, 26 new licence application assessments were completed. These are equivalent to a full regulatory assessment, encompassing a rigorous inspection against all applicable Standards. However, as they are demand-led, the number cannot be accurately predicted at the start of the year so

have not been included in our inspection target in the past few years. We also completed 158 Evidential Compliance Assessments (ECAs) in the PM sector during this period, as detailed in a separate board paper.

9. Overall, this amounts to the HTA undertaking 249 inspections (plus 158 ECA's) in 2024/25.
10. Of the Regulation-led projects, none are rated red, and all are on track but with some delays. Our work relating to strengthening activities relating to the dignity of the deceased and Sir Jonathan Michael's Inquiry is now continuing within core business, having been closed as a project.

## **Communications**

11. This quarter saw the successful completion of the website redevelopment to enhance security and stability. The team conducted thorough user assurance testing ahead of the 9 April deployment. We converted Code E to HTML format, improving accessibility and user experience, whilst maintaining a website feedback rating of 4.5/5, exceeding our performance indicator target. Our website performance has been particularly strong this year, with 397,554 visits from 171,530 users throughout 2024/25, reflecting the importance of our digital presence as a key information source.
12. In January, we tested a focused topic approach for our social media engagement, dedicating a working week each to Code A and Living Organ Donation. This approach proved effective, with social media engagement rates remaining 2% above the yearly average. Our LinkedIn presence has been particularly impactful this year, with an engagement rating of 7.23%, significantly outperforming our target of 3.7%.
13. We issued two regulatory updates during the period in relation to the Post Mortem sector, on about guidance on capacity and the other on the use of hermetically sealed body bags.

## **Policy and Development**

14. During Q4, the Policy and Development team continued to lead the HTA's work to prepare for new Substances of Human Origin (SoHO) Regulations that become operational in NI from August 2027. Given the three-year transition period, we are currently in the scoping phase (first phase) and concluded a gap analysis of the Regulations which was submitted to the Department and the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The project team has conducted five roundtables with key

stakeholders across Northern Ireland and the wider UK during which an overview of the new regulations and our project planning was provided. Planning for phase two of the project (guidance and system development) is under way.

15. We also continued to (a) support the Department in its ongoing evaluation of whether changes to existing UK legislation on SoHO will be required and (b) engaged with the Department and other relevant regulators, as needed, to discuss and understand the impact of these EU regulations.
16. Despite capacity challenges, the team successfully met their targets for the year and delivered several key projects. Work continues on the development of a number of Memoranda of Understanding (MoUs) with key partners. Revised MoUs have been signed with UKAS and CQC, with ongoing progress on MoUs with NHSE, HFEA, and MHRA.
17. During Q4, the Policy and Development team successfully developed, finalised and signed off the annual Horizon Scanning Report for 2024/25, which was published in April 2025.

## Information Technology

18. IT performed well again throughout Q4. As an organisation, we achieved an average of 27 on the exposure score which is impressive compared to other ALBs. Our KPI for exposure score is 25, which is within the lowest criteria and demonstrates a commitment to ensuring excellent cyber security compliance. Our Microsoft Compliance Score was above the KPI throughout the quarter achieving 73%, which again provides evidence that we achieved against Microsoft standards. The Secure Score dipped below expected levels, achieving 82.1% against the KPI of 90%. This is a challenging KPI as it is determined by Microsoft and will change constantly as Microsoft responds to announced vulnerabilities. It is still a good score, and with the other KPIs is a strong message that our Cyber Security landscape is in a good place.
19. As part of a changing approach, IT is focusing on proactive monitoring and how we can improve early warnings to alerts before they become issues. As a Microsoft customer, we have access to tools that provide insights into potential threats and vulnerabilities. Such alerts include User Activity which monitors how our users interact with our systems. In recent months, we have had a couple of alerts about high download utilisation, which monitors how many files are being downloaded or moved within a set period, both incidents were genuine and the individuals involved had sound business reasons. These types of alerts provide a quick insight into user activity, so we can

respond before incidents are escalated. Without such systems, users could be downloading corporate sensitive information which would go unnoticed. All alerts are reviewed and analysed.

## Data

20. We met our KPIs (to publish two data sets annually and quarterly incidents data) as anticipated.

## Finance

18. This report mainly covers the period ended 31 March 2025 of the 2024/25 financial year and the table below shows our year to date position.

|                                       | Actual<br>Outturn | 2024/25<br>Annual<br>Budget | Variance    |        |
|---------------------------------------|-------------------|-----------------------------|-------------|--------|
|                                       | £                 | £                           | £           | %      |
| <b>INCOME</b>                         |                   |                             |             |        |
| Grant in Aid including RDEL           | 424,913.00        | 633,913.00                  | 209,000.00  | 33%    |
| Licence Fees                          | 5,394,623.87      | 5,309,239.00                | (85,384.87) | -2%    |
| Other                                 | 59,104.11         | 51,882.00                   | (7,222.11)  | -14%   |
|                                       | 5,878,640.98      | 5,995,034.00                | 116,393.02  | 2%     |
| <b>Staff Costs</b>                    |                   |                             |             |        |
| Salaries and Wages                    | 4,242,134.96      | 4,299,004.20                | 56,869.24   | 1%     |
| Authority Allowance                   | 123,595.77        | 139,065.84                  | 15,470.07   | 11%    |
|                                       | 4,365,730.73      | 4,438,070.04                | 72,339.31   | 2%     |
| <b>Non-salary staff costs</b>         |                   |                             |             |        |
| Travel and subsistence                | 224,137.47        | 173,500.01                  | (50,637.46) | -29%   |
| Other Staff costs <sup>1</sup>        | 62,235.52         | 70,149.99                   | 7,914.47    | 11%    |
| Recruitment                           | 61,753.86         | 30,000.00                   | (31,753.86) | -106%  |
| Training costs                        | 50,197.35         | 31,000.00                   | (19,197.35) | -62%   |
|                                       | 398,324.20        | 304,650.00                  | (93,674.20) | -31%   |
| <b>Other Operating costs</b>          |                   |                             |             |        |
| Telecommunication                     | 9,797.09          | 10,000.00                   | 202.91      | 2%     |
| ICT Development <sup>2</sup>          | 353,669.35        | 409,000.04                  | 55,330.69   | 14%    |
| Legal and Professional (Legal, audit) | 148,125.44        | 166,501.00                  | 18,375.56   | 11%    |
| Communications costs                  | 133,175.44        | 60,499.96                   | (72,675.48) | -120%  |
| Living Organ Donation costs           | 352.00            | 9,000.00                    | 8,648.00    | 96%    |
| Shared Service/ NHSBT/ Projects       | 152,669.28        | 294,500.00                  | 141,830.72  | 48%    |
| Administration costs                  | 11,979.01         | 11,500.00                   | (479.01)    | -4%    |
| Accommodation costs                   | 183,878.04        | 160,000.00                  | (23,878.04) | -15%   |
| Non-cash costs                        | 175,696.98        | 126,313.00                  | (49,383.98) | -39%   |
|                                       | 1,169,342.63      | 1,247,314.00                | 77,971.37   | 6%     |
| <b>Total expenditure</b>              | 5,933,397.56      | 5,990,034.04                | 56,636.48   | 0.9%   |
| <b>Net surplus/ (deficit)</b>         | (54,756.58)       | 4,999.96                    | 59,756.54   | -1284% |

<sup>1</sup>Other Staff costs (all-staff days, subscriptions, conferences, welfare)

<sup>2</sup>ICT Development (including IT Subscriptions, Maintenance, Consultancy)

19. The outturn position is within the KPI tolerance of 3% of budget. Although it is an overspend in the year, it is worth noting that we did not draw down the full GIA for 2024/25.
20. Overall we have a small deficit of £55k against budget. This is before any audit adjustments. Our audit commenced in April and is due to conclude mid-June. Below are the explanations for significant variances.
21. **Income** - year to date is under budget by £116k and is represented by a reduced drawing down of grant in aid of £209k against positive variance within Licence fees (£85k) and recharges for seconded staff (£7k).
22. **Expenditure** – year to date, expenditure is under budget by £57k. Below are explanations for the significant variances to budget.
  - Staff costs were underspent by £72k which related mainly to on-costs (PAYE and pensions). The budget was set assuming all staff would be in the scheme, the reality is that at least 10 members of staff opted out. There were posts at manager level that were unfilled for a period which has also impacted this variance.
  - Non-salary staff costs – are overspent by £72k. Significant overspends are within Travel and Subsistence impacted by general inflationary increases in the cost of travel; more inspections and the cost of home-working staff attending all-staff meetings in 2 Redman Place.
  - Recruitment costs – are over budget by £32k. This reflects the recent appointments made.
  - Training costs – overspent by £19k, which is due to spend on competency based training for regulation staff.
  - ICT Development – underspent by £55k represented by underspends within IT Support (£13k, budget a little generous); maintenance costs underspent (£18k) and General IT consultancy (£30k which historically used for CRM fixes which were unnecessary now the upgrade has completed).
  - Legal and Professional – are also underspending with the majority within legal fees (£50k). We have overspent on audit fees (internal £14k) and external (£2k). Audit fees suffered an inflationary increase.
  - Communications costs – are overspent by £73k. The bulk of this relates to support costs for our website (£61k) and the balance for hosting.
  - Shared Services and projects – the significant underspend is due to costs related to the CRM upgrade being categorised as revenue during budget setting which was in fact capitalised on completion in early March 2025).
  - Accommodation costs – are over budget by £23k which is represented by unrecoverable VAT on rent (IFRS 16 accounting standards).

23. **Debtors at 31 March 2025** – our debtors at the end of March 2025 were £141k down 54% (£124k) from March 2024. The closing debtors are represented by 140 transactions. A breakdown of total debts by sector compared to 2023/24 is below.

|                       | 2024/25    |                 |             | 2023/24    |                 |             |
|-----------------------|------------|-----------------|-------------|------------|-----------------|-------------|
| Sector                | No. of est | Value           | %           | No. of est | Value           | %           |
| NHS                   | 26         | £93,137         | 66%         | 23         | £124,595        | 47%         |
| Government bodies     | 0          | 0               | 0           | 2          | £21,229         | 8%          |
| Non-Government bodies | 15         | £4,385          | 34%         | 27         | £119,088        | 45%         |
| <b>Total</b>          | <b>41</b>  | <b>£140,522</b> | <b>100%</b> | <b>52</b>  | <b>£264,912</b> | <b>100%</b> |

24. Of the 2024/25 debts, £111k (27 invoices) were due before March 2025; £29k relates to 2023/24 and £1k from prior 2023/24. These debts are expected to be collected in 2025/26. We have written off £88k worth of bad debts (establishments that have gone into liquidation or receivership). The breakdown of reasons are below:

- 1 Ceased trading
- 2 Dissolved
- 6 have gone into liquidation
- 3 are in administration

The write-off was covered by a provision created at the end of 2023/24.

## Corporate Services

25. Performance against our KPIs for responding to enquiries and Freedom of Information (Fol) requests both recovered well in Q4, after the previously reported issue with our website, during December and January, resulted in a notable number of contacts coming through to us several weeks late. We are pleased to be able to report recovery to an Amber rating by year-end for both metrics.

## Audit and Risk

26. We have received an unqualified audit opinion from external audit at the ARAC meeting on the 10 June 2025. The production of the Annual Report and Accounts has been a particularly smooth process this year and it is

- anticipated Accounts could be laid before Parliament by the end of June.
27. The new 2025/26 HTA Strategic Risk Register was prepared at the beginning of this new financial year through discussion by staff from the Senior Management Team and the Business Delivery Team. It is provided at **Annex C** and was reviewed by ARAC members at their recent meeting on 10 June.
28. The key strategic risk that remains above tolerance is the risk around our people and a significant amount of work has been undertaken in this area under the new People Strategy and remains ongoing. Progress was discussed at both the Remuneration Committee and at ARAC. A pulse survey is being conducted at the beginning of July to test the impact of the work to date.

## **Health and Safety**

29. There was one incident reported formally in relation to fumes at an inspection in February coming from an adjacent room. The member of staff felt unwell but recovered quickly and the CQC provided us with the appropriate advice and guidance. There are no current known H&S issues.
30. We have assessed our H&S offering and to make improvements we have agreed with CQC that H&S advice will be delivered by them to HTA under a new SLA. We discussed this at ARAC and will provide a further update at the next meeting in October. The highest risk areas are remote working and site visits, and hence this is where our immediate focus will be. We held a health and safety meeting with staff and it was agreed to form an internal Health and Safety Committee that will meet quarterly and be led by the Director of Finance & Resources.

## **Human Resources**

31. On the HR Front, our sickness absence rates were within target at 2.3% across 24/25, whilst the attrition rate remained higher than target, at 26.1% in March, for a target of 20%. Without fixed term posts, the rate in March was lower at 22.8%.

## **Quarter 4 summary**

32. Core operations: At year-end we met or exceeded almost all of our KPIs, including our stretch target to undertake 222 compliance assessments. Other notable successes include our efficient financial outturn and the stable performance of our wider support services and platforms. There were three exception areas; two where performance matched our usual activity levels



(decisions on new licence applications and staff attrition) but fell short of our stretch targets, and one (responsiveness to enquiries / Fols) which was adversely impacted by a technical IT issue that arose in December and January but was quickly rectified.

33. Change activities: By year-end, we had completed the *must-do* projects that we committed to for 24/25. We continued to support Sir Jonathan Michael's independent inquiry, made tangible innovations and improvements to how we undertake our inspections and regulatory assessments, and established a horizon scanning and insight process. Alongside these, we completed key work to identify areas where we can improve efficiency and effectiveness, completing projects to establish a new data and technology strategy, implementing a regulatory insight model and index (RIMI) and updating our CRM platform so that it is fit for purpose. Another area of focus was developing a People strategy to support staff and assist the team to work in optimal ways.

## Quarter 1 early insights

34. Details of early Q1 performance are given at **Annex B**:
35. The current overall Business Plan **RAG** rating is **Green**:
36. Core operations: Although too early in the year to be able to report a complete cohort, it is positive to note that our KPIs for system availability, responding to enquiries and staff sickness are all being achieved. Our KPIs related to panel cases and staff attrition (for which we have two KPIs for greater transparency) are not rated 'green' but our performance is broadly as anticipated for these areas of activity. Whilst attrition remains higher than target, we have seen a reduction in the first quarter of 25/26, compared to Q4 of 24/25. There will be a pulse survey in early July to determine if the early work of the People strategy has started to make a positive impact.
37. Change activities: good progress is being made with Business Cases and Project Initiation Documents already being developed for the majority of our 25/26 projects.
38. Financial Position as of 31 May 2025 – as of Month 2, our income is slightly over budget by £16k. This relates mainly to licence fee income from the Human Application sector. Establishments were billed in April (£2.4m). Our grant in aid will be drawn down in June and will be included in Q2's report. Year-to-date, we are posting a surplus of £50k against budget. We begin forecasting at the end of Q2.

## Recommendation

39. 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 4 Final Position

### Core Operations

| Business Plan KPIs |   |                    |      |      |                    |      |      |                    |      | 9<br>On Track |                    | 2<br>At Risk |       | 2<br>Off Track |                 |  |
|--------------------|---|--------------------|------|------|--------------------|------|------|--------------------|------|---------------|--------------------|--------------|-------|----------------|-----------------|--|
|                    |   | Apr                | May  | Jun  | Jul                | Aug  | Sep  | Oct                | Nov  | Dec           | Jan                | Feb          | Mar   | 24/5<br>YTD    |                 |  |
|                    | Approach to Regulation  |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                |                 |  |
| Regulation         | 222 compliance assessments across all sectors [reported quarterly against planned allocation]   | Reported Quarterly |      | 67   | Reported Quarterly |      | 55   | Reported Quarterly |      | 57            | Reported Quarterly |              | 44    | 223            |                 |  |
|                    | 99% of panel and non -panel cases actioned within 10 and 5 working days respectively [reported monthly]   | 100%               | 100% | 100% | 100%               | 100% | 100% | 99%                | 100% | 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 |      | 50%  | Reported Quarterly |      | 71%           | Reported Quarterly |              | 100%  | 80%            |                 |  |
|                    | Trust and Confidence  |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                |                 |  |
| DTD                | Publish two datasets per year [reported annually]   | Reported Annually  |      |      |                    |      |      |                    |      |               |                    |              |       | 100%           | 100%            |  |
|                    | Publish quarterly incidents data [reported annually]  | Reported Annually  |      |      |                    |      |      |                    |      |               |                    |              |       | 100%           | 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%   | 0%   | 0%                 | 0.5% | 0.01%         | 0.04%              | 0.03%        | 0.02% | 0.04%          |                 |  |
|                    | 100% of RTANCA (NHS cyber security alert) notifications actioned / replied to within 48 hours [reported monthly]  | 100%               | 100% | 100% | 100%               | 100% | 100% | 100%               | 100% | 100%          | 100%               | 100%         | 100%  | 100%           |                 |  |
|                    |   |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                | YTD CALCULATION |  |
|                    |   |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                | CUMULATIVE      |  |
|                    |   |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                | AVERAGE         |  |
|                    |   |                    |      |      |                    |      |      |                    |      |               |                    |              |       |                | LATEST MONTH    |  |

HTA meeting papers are not policy documents.  
Draft policies may be subject to revision following the HTA Board meeting

## Business Plan KPIs

**9**  
On Track

**2**  
At Risk

**2**  
Off Track

|                 |   | Apr                | May   | Jun   | Jul   | Aug                | Sep   | Oct   | Nov                | Dec   | Jan   | Feb                | Mar   | 24/25 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% | 97.3%              | 96.5% | 97.4% | 96.5%              | 74.7% | 89.4% | 95.4%              | 89%   | 92.7%     |  |
|                 | 100% of FOIs responded to within 20 working days [reported quarterly]   | Reported Quarterly |       | 100%  |       | Reported Quarterly | 100%  |       | Reported Quarterly | 83.3% |       | Reported Quarterly | 100%  | 95.8%     |  |
| Resources       | Actual spend within 1% of forecast [reported quarterly]                 | Reported Quarterly |       | -4%   |       | Reported Quarterly | -11%  |       | Reported Quarterly | -5%   |       | Reported Quarterly | 0.6%  | 0.6%      |  |
|                 | Debt no more than 3% of income at year end [reported annually]          | Reported Annually  |       |       |       |                    |       |       |                    |       |       |                    | 2.2%  | 2.2%      |  |
|                 | Unqualified external audit opinion received [reported annually]         | Reported Annually  |       |       |       |                    |       |       |                    |       |       |                    | *     | *         |  |
|                 | Attrition rate no more than 20% [reported monthly]                      | 31.4%              | 33.3% | 29.7% | 34.5% | 33.9%              | 30.4% | 28.6% | 27.8%              | 26.3% | 25%   | 28.3%              | 26.1% | 26.1%     |  |
|                 | Staff sickness no more than 3% [reported monthly]                       | 2%                 | 2.2%  | 2.4%  | 2.1%  | 2.4%               | 1.8%  | 1.7%  | 2.5%               | 1.8%  | 1.9%  | 1.1%               | 0.9%  | 2.3%      |  |

\*Not due for reporting till May/June 2025

| YTD CALCULATION |              |
|-----------------|--------------|
|                 | CUMULATIVE   |
|                 | AVERAGE      |
|                 | LATEST MONTH |

## Change Activities

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

| Activities | Project   | Sponsor        | Jan 25 | Feb 25 | Mar 25 | Commentary for Board Review  |
|------------|---|----------------|--------|--------|--------|--|
|            | Fuller Independent Inquiry<br><i>[Must do]</i>                        | Nicky Harrison | A      | A      | A      | Project <b>completed</b> (subject to April PSMT approval)<br><i>[Work will continue into 25/26 as part of core operations]</i>         |
|            | Innovation in inspection<br><i>[Should do]</i>                        | Nicky Harrison | A      | A      | A      | Project <b>completed</b> (subject to April PSMT approval)<br><i>[Project will run into 25/26, albeit with a new scope / structure]</i> |
|            | Substances of Human Origin<br><i>[Must do]</i>                        | Louise Dineley | A      | A      | A      | Project <b>continues</b> into 25/26  |
|            | Public Bodies Review<br><i>[Must do** if notified]</i>                | Louise Dineley | W      | W      | W      | Project <b>not required</b> in 24/25   |
|            | Facilitate an in-person event<br><i>[Must do]</i>                     | Louise Dineley | C      | C      | C      | Project <b>completed</b>   |
|            | Establish a horizon scanning and insight process<br><i>[Could do]</i> | Louise Dineley | G      | G      | G      | Project <b>completed</b> (subject to April PSMT approval)  |
|            | Publish a 2023/24 review<br><i>[Must do]</i>                          | Louise Dineley | C      | C      | C      | Project <b>completed</b>   |
|            | Data and Technology strategy<br><i>[Must do]</i>                      | Louise Dineley | C      | C      | C      | Project <b>completed</b>   |

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

|            | Project   | Sponsor                | Jan 25 | Feb 25 | Mar 25 | Commentary for Board Review  |
|------------|---|------------------------|--------|--------|--------|--|
| Activities | Complete backlog updates to CRM <i>[Must do]</i>      | Louise Dineley         | G      | G      | G      | Project <b>completed</b> (subject to April PSMT approval)  |
|            | Regulatory Insight Model and Index <i>[Must do]</i>   | Louise Dineley         | G      | G      | G      | Project <b>completed</b> (subject to April PSMT approval)  |
|            | Review records management <i>[Should do]</i>          | Louise Dineley         | W      | W      | W      | Project <b>not undertaken</b> in 24/25<br><i>[Work will be progressed in 25/26 as part of core operations]</i> |
|            | Replace our current finance system <i>[Should do]</i> | Katrina Leighton-Hearn | W      | W      | W      | Project <b>not undertaken</b> in 24/25<br><i>[Project will be progressed in 25/26]</i>                         |
|            | Outsource of Human Resources <i>[Must do]</i>         | Katrina Leighton-Hearn | C      | C      | C      | Project <b>completed</b>   |
|            | Develop a People strategy <i>[Must do]</i>            | Katrina Leighton-Hearn | G      | G      | G      | Project <b>completed</b> (subject to April PSMT approval)  |
| All        | Project delivery                                      | All SMT                | G      | G      | G      | Delivered all <i>must do</i> items as planned  |

**Annex B – Quarterly Board Data Overview, 25/26 Quarter 1 Latest Position****Core Operations****Business Plan KPIs****3**  
On Track**1**  
At Risk**2<sup>^</sup>**  
Off Track

|            |   | Apr                | May | Jun | Jul                | Aug | Sep | Oct                | Nov | Dec | Jan                | Feb | Mar | 25/26 YTD |  |
|------------|---|--------------------|-----|-----|--------------------|-----|-----|--------------------|-----|-----|--------------------|-----|-----|-----------|--|
|            | Approach to Regulation  |                    |     |     |                    |     |     |                    |     |     |                    |     |     |           |  |
| Regulation | [1] 222 compliance assessments across all sectors [reported quarterly against planned allocation]   | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | XX        |  |
|            | [2] Decisions reached on 70% of new licence applications within 90 days of the application fee being paid (rolling annual average) [reported quarterly] | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | Reported Quarterly |     | XX  | XX        |  |
|            | [3] 99% of panel and non -panel cases actioned within 10 and 5 working days respectively [reported monthly]   | 96%                | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | 96%       |  |
|            | Trust and Confidence  |                    |     |     |                    |     |     |                    |     |     |                    |     |     |           |  |
| N/A        | N/A   | N/A                |     |     |                    |     |     |                    |     |     |                    |     |     |           |  |
|            | Use of Information  |                    |     |     |                    |     |     |                    |     |     |                    |     |     |           |  |
| DTD        | [4] 99% system availability across our core essential functions, outside of scheduled maintenance routines and system patching [reported monthly]       | 100%               | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | 100%      |  |
|            | [5] Bi-annual open datasets are assessed, validated and published within 10 weeks of quarter end [reported annually]                                    | Reported Annually  |     |     |                    |     |     |                    |     |     |                    |     | XX  | XX        |  |

## YTD CALCULATION

CUMULATIVE

AVERAGE

LATEST MONTH

HTA meeting papers are not policy documents.

Draft policies may be subject to revision following the HTA Board meeting

## Business Plan KPIs

**3**  
On Track

**1**  
At Risk

**2^**  
Off Track

|                  |   | Apr                | May | Jun | Jul | Aug                | Sep | Oct | Nov                | Dec | Jan | Feb                | Mar | 25/26 YTD |  |
|------------------|---|--------------------|-----|-----|-----|--------------------|-----|-----|--------------------|-----|-----|--------------------|-----|-----------|--|
|                  | <b>Efficient and Effective</b>  |                    |     |     |     |                    |     |     |                    |     |     |                    |     |           |  |
| <b>P&amp;CG</b>  | [6] 90% of enquiries answered within 10 working days [reported monthly]   | 97.9%              | XX  | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | 97.9%     |  |
|                  | [7] 100% of FOIs (Freedom of Information requests) responded to within 20 working days [reported quarterly]                   | Reported Quarterly |     | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  | XX        |  |
| <b>Resources</b> | [8] Actual spend within 3% of budget [reported quarterly]   | Reported Quarterly |     | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  | XX        |  |
|                  | [9] Debt no more than 5% of income at year end [reported annually]  | Reported Annually  |     |     |     |                    |     |     |                    |     |     |                    | XX  | XX        |  |
|                  | [10] Unqualified external audit opinion received [reported annually]  | Reported Annually  |     |     |     |                    |     |     |                    |     |     |                    | *   | *         |  |
|                  | [11] 100% of 'reportable incidents' reported to HSE (Health and Safety Executive) within 10 working days [reported quarterly] | Reported Quarterly |     | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  |     | Reported Quarterly | XX  | XX        |  |
|                  | [12] Staff sickness no more than 3% [reported monthly]  | 2%                 | XX  | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | 2%        |  |
|                  | [13 a] Attrition rate excluding planned exits (Fixed Term Contracts) no more than 18% [reported monthly]                      | 24.1%              | XX  | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | 24.1%     |  |
|                  | [13 b] Total attrition rate no more than 20% [reported monthly]   | 31%                | XX  | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | XX  | XX                 | XX  | 31%       |  |

\*Not due for reporting until May / June 2026

^NB our performance in terms of staff attrition is scrutinised by 2 KPIs for 25/26 (with and without fixed term contracts, 13 a / b) but represents 1 area of performance



## Change Activities

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

|            |  | Project   | Sponsor                | Feb 25 | Mar 25 | Apr 25 | Commentary for Board Review   |
|------------|--|---|------------------------|--------|--------|--------|---|
| Activities |  | Innovation in inspection<br><i>[Must do]</i>  | Nicky Harrison         | A      | A      | A      | Project stages are disrupted by high(er) priority activities (ie Fuller); best efforts to resume linl activities and complete within stated timeline <i>[Project expected to run into 26/27, albeit with a new scope / structure]</i>               |
|            |  | Living Organ Donation approvals<br><i>[Must do]</i>   | Nicky Harrison         | W      | W      | W      | Not started <i>[Project expected to complete in 25/26]</i>  |
|            |  | Substances of Human Origin <i>[Must do]</i>   | Louise Dineley         | A      | A      | A      | The delivery team began establishing the phase two plan using information from gap analysis findings, five stakeholder roundtables, and internal consultations with Finance, Licensing, and IT <i>[Project expected to run into 26/27]</i>          |
|            |  | Review of Codes of Practice<br><i>[Should do]</i>   | Louise Dineley         | W      | W      | G      | The Project is on track and Project Initiation has commenced <i>[Project expected to run into 26/27, subject to May PSMT Change Control]</i>  |
|            |  | Implement Change Authority Board process within Information Technology<br><i>[Could do]</i> | Louise Dineley         | W      | W      | A      | Scoping for the Change Management Solution is underway, with system identification completed. Resource reallocation to other workstreams has impacted progress, shifting the Project status to Amber <i>[Project expected to complete in 25/26]</i> |
|            |  | Replace our current finance system<br><i>[Could do]</i>                                     | Katrina Leighton-Hearn | W      | W      | W      | Not started <i>[Project expected to complete in 25/26]</i>  |
|            |  | Implement our People strategy<br><i>[Should do]</i>   | Katrina Leighton-Hearn | W      | W      | G      | People Strategy launched across the organisation. Detailed implementation plan to be discussed at June's Remuneration Committee. <i>[Project expected to run into 26/27]</i>  |
| All        |  | Project delivery  | All SMT                | G      | G      | G      | On track to deliver all <i>must do</i> items as planned   |

| Category | Red  | Amber  | Green  |
|----------|--|--|--|
| KPI / PI | <ul style="list-style-type: none"> <li>If performance is &gt;10% below target</li> </ul> | <ul style="list-style-type: none"> <li>If performance is = 1%-10% of target</li> </ul> | <ul style="list-style-type: none"> <li>If performance is = target</li> </ul> |

| Category            | Red   | Amber   | Green   | Blue   | White  |
|---------------------|---|---|---|--|--|
| Overall Project RAG | <ul style="list-style-type: none"> <li>If one or more of the Plan, Benefits, Cost and Resources RAGs are RED</li> </ul> | <ul style="list-style-type: none"> <li>If one or more of the Plan, Benefits, Cost and Resources RAGs is AMBER and none are RED</li> </ul> | <ul style="list-style-type: none"> <li>If all of the Plan, Benefits, Cost and Resources RAGs are GREEN</li> </ul> | <ul style="list-style-type: none"> <li>Project complete</li> </ul> | <ul style="list-style-type: none"> <li>Project not live</li> </ul> |
| Plan                | <ul style="list-style-type: none"> <li>If more than one Key Date or Milestone is off-track</li> </ul>                   | <ul style="list-style-type: none"> <li>If one Key Date or Milestone is off-track</li> </ul>   | <ul style="list-style-type: none"> <li>If no Key Dates or Milestone are off-track</li> </ul>                      |  |  |
| Benefits            | <ul style="list-style-type: none"> <li>If more than one Benefit is off-track</li> </ul>                                 | <ul style="list-style-type: none"> <li>If one Benefit is off-track</li> </ul>   | <ul style="list-style-type: none"> <li>If no Benefits are off-track</li> </ul>                                    |  |  |
| Cost                | <ul style="list-style-type: none"> <li>If Spend is &gt;3% over / under forecast</li> </ul>                              | <ul style="list-style-type: none"> <li>If Spend is 1%-3% over / under forecast</li> </ul>   | <ul style="list-style-type: none"> <li>If Spend is within 1% of forecast</li> </ul>                               |  |  |
| Resource            | <ul style="list-style-type: none"> <li>If more than one identified Role has no assigned Resource</li> </ul>             | <ul style="list-style-type: none"> <li>If one identified Role has no assigned Resource</li> </ul>   | <ul style="list-style-type: none"> <li>If all identified Roles have assigned Resource</li> </ul>                  |  |  |

## Security risks

| Updated by  |   | Louise Dineley   |   |                      |                    |            | Updated date            |                      | June 2025                                  |  |
|---|---|--|---|----------------------|--------------------|------------|-------------------------|----------------------|--|--|
| Risk name   |   | Failure to invest, maintain and use IT systems in line with business needs and security standards could result in a successful cyber attack or data loss |   |                      |                    |            |                         |                      |  |  |
| 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          | 9                       | 9                    | At tolerance                               |  |
| Risk owner  | Louise Dineley  |  |   | Link to strategy     | Use of information |            | Trend since last update |                      | ↔  |  |
| Management commentary - on current live risks   | Over the last 12 months the HTA has targeted development activity to strengthen its IT security posture and resilience of its systems to minimise data loss or downtime of our systems. This resilience and reliability is critical for day to day remote working and increasing level of mobile working. The increased and continued threat from cyber attacks means that our systems and controls (policies, processes and people) are subject to continuous improvement and updating. An immediate priority is to ensure our systems are maintained, kept up to date and are supported. Currently there is one system that is not supported although there are plans to replace this in 2025/26. This risk is currently accepted and is being managed locally. The threat posed from cyber crime is increasing and requires controls to be continually reviewed. In addition to focusing on controls we also need to mitigate the potential impact of a successful attack. The impact and disruption to the business and its delivery of effective regulation has the potential to be significant. The speed of any recovery and its completeness determined by continuing exposure to known vulnerabilities, data and information loss. |  |   |                      |                    |            |                         |                      |  |  |
| Management commentary - views on mitigation   | Our Digital and IT Strategy provides a roadmap for achieving the ambition and the required resilience against the risk. The Strategy is a three year strategy with significant progress made in year 1 to provide a foundation for further developments subject to ongoing and planned investment in core systems and interfaces. There are plans in 2025/26 to bring any remaining systems back into support (Q3 onwards). A work programme to strengthen our information and records management is currently being drafted. This will help manage our information and recovery through clear storage and retention protocols. It is anticipated that this programme will commence in Q2. Ongoing strengthening of our security performance is independently validated as part of the annual Cyber Assessment Framework (CAF) submission. Our 2024/25 CAF submission will be submitted by 30 June 2025 and supported by action plans for remedial action.  |  |   |                      |                    |            |                         |                      |  |  |
| Risk external interdependencies   |   |  | Control arrangements  |                      |                    |            |                         |                      | Owner                                      |  |
| Impact of Spending Review on the HTA's ability to maintain an ongoing level of investment |   |  | The improvement programme to support continued development of our systems and controls through prioritised an annual investment . Our ambition is one of continual improvement to ensure we remain responsive to the changing presentation of risks and threats. As far as possible cyber security and data loss will be mitigated by secure designs, with the reliance on human behaviours as a last line of defence. Monitoring of our systems and their performance is a standing item at each ARAC meeting with operational reports provided to the Director of DTD on a monthly basis. |                      |                    |            |                         |                      | Director of Data, Technology & Development |  |