Human Fertilisation & Embryology Authority

Authority meeting

Date: 21 May 2025 – 1.00pm – 3.30pm

Venue: 2 Redman Place

Agenda item	Time
1. Welcome, apologies and declarations of interest (5)	1.00pm
2. Minutes of the meeting held on 12 March 2025 and matters arising (5) For decision	1.05pm
3. Chair and Chief Executive's report (15) For information	1.10pm
4. Committee Chairs' reports (20) For information	1.25pm
5. Annual Performance Report (30) For information	1.45pm
6. Choose a Fertility Clinic: next steps (45) For information	2.15pm
7. Phoenix Programme (30) For information	3.00pm
8. Any other business (verbal) (5)	3.30pm
9. Close	

Minutes of Authority meeting held on 12 March 2025

Details:	
Area(s) of strategy this paper relates to:	Regulating a changing environment Supporting scientific and medical innovation
Agenda item	2
Meeting date	21 May 2025
Author	Alison Margrave, Board Governance Manager
Output:	
For information or decision?	For decision
Recommendation	Members are asked to confirm the minutes of the Authority meeting held on 12 March 2025 as a true record of the meeting.
Resource implications	
Implementation date	
Communication(s)	
Organisational risk	Low

Minutes of the Authority meeting on 12 March 2025 held at 2 Redman Place, London

Members present	Julia Chain (Chair) Tim Child (online) Frances Flinter Tom Fowler Zeynep Gurtin Graham James Alex Kafetz	Alison McTavish Geeta Nargund Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup
Apologies	Christine Watson Steve Pugh, Department of Health and Social Care (DHSC)	
Observers		
Staff in attendance	Peter Thompson (Chief Executive) Clare Ettinghausen (Director of Strategy & Corporate Affairs) Rachel Cutting (Director of Compliance & Information) Tom Skrinar (Director of Finance & Resources) Paula Robinson (Head of Planning and Governance) Sophie Tuhey (Head of Planning and Governance) Joanne Anton (Head of Policy) Annabel Salisbury (Regulatory Policy Manager) Shabbir Qureshi (Risk and Business Planning Manager) Alison Margrave (Board Governance Manager)	

Members

There were 13 members at the meeting – 8 lay and 5 professional members.

1. Welcome, apologies and declarations of interest

1.1. The Chair opened the meeting by welcoming Authority members and HFEA staff.

1.2. The Chair also welcomed observers and stated that the meeting was being recorded in line with previous meetings and for reasons of transparency. The recording would be made available on the HFEA website to allow members of the public to view it.

1.3. Declarations of interest were made by:

- Geeta Nargund (clinician at a licensed clinic and licence holder)
- Anya Sizer (freelance advisory work with a licensed clinic)
- Stephen Troup (consultancy work within the fertility sector)
- Catharine Seddon (appointed to the Board and Audit Committee of the Health and Care Professions Council (HCPC) for a three-year term to February 2028)

2. Minutes of the last meeting and matters arising

2.1. The minutes of the meeting held on 22 January 2025 were agreed as a true record of the meeting and could be signed by the Chair.

Matters arising

2.2. The Chair introduced the report and informed members that the items had been actioned through the HFEA's quarterly accountability meetings with DHSC.

2.3. Members noted the matters arising report.

3. Chair and Chief Executive's report

3.1. The Chair gave an overview of her engagement with key stakeholders and her attendance at decision-making committees of the Authority.

3.2. The Chair informed members that together with the Chief Executive they attended the DHSC ALB senior leaders meeting for all Chairs and CEOs, which was held on 28 January. The Secretary of State for Health and Social Care joined this meeting and spoke about the Government's agenda and 10-year Health Plan.

3.3. The Chair informed members that she and the Chief Executive will be meeting with Baroness Merron, Parliamentary Under-Secretary of State for Patient Safety, Women's Health and Mental Health, and the HFEA's sponsor minister the next day to discuss the HFEA's proposals for law reform and our response to the Government's consultation on the 10 year-plan.

3.4. The Chief Executive reminded members that the Authority meetings in November 2024 and January 2025 had discussed several scientific developments in the fertility sector and this had generated some press coverage. On 28 January he gave an interview on the Today programme (Radio 4) on in vitro derived gametes and there maybe further public interest in these issues..

3.5. The Chief Executive informed members that he had spoken at the ACE-PCF Annual Conference on Public Bodies data, technology and innovation. He commented that the HFEA's strategy of ensuring strong and effective data through programmes such as PRISM and the Epicentre replacement project before implementing AI tools was reinforced as the correct strategy through hearing other's experiences at this event.

3.6. A member commented that there are different types of AI tools, some which affect and improve wider systems and the use of data, and other tools which can be used, for example, in the production of briefings, minutes of meetings and reports.

3.7. The Chief Executive responded that some ALBs have started working with some AI tools and the HFEA will look at how these have been adopted and lessons learnt before progressing with any implementation. The Director of Strategy and Corporate Affairs stated that the Government Communication Service had introduced an AI tool and we would review if the HFEA communications team could find them beneficial.

3.8. The Chief Executive informed members that the round table event planned for 10 March on stem cell based embryo models at Nuffield Council on Bioethics was cancelled due to a Ministerial diary clash.

Decision

3.9. Members noted the Chair and Chief Executive's report.

4. Committee Chairs' reports

4.1. The Chair introduced the report and invited Committee Chairs to add any other comments to the presented report.

4.2. The Statutory Approvals Committee (SAC) Chair (Frances Flinter) stated that the committee had considered PGT-M applications and approved the majority of these as detailed in the paper. The committee had considered and approved a PNT application from the Newcastle Fertility Centre at Life.

4.3. The Audit and Governance Committee (AGC) Chair (Catharine Seddon) informed members that the AGC had met just last week and had received reports from both internal and external auditors. The Internal Audit plan for 2025/26 had been agreed. The AGC Chair spoke of the auditors' view on revenue recognition and she assured the Authority that the committee will keep this under review and work with the staff and auditors on this matter. The AGC were informed of the review of the strategic risk register (SRR) against the recently adopted new strategy for 2025-2028, noting that the full revised SRR will come to the June AGC meeting. The AGC had received a deep dive report on implementation of the Government Functional Standards and were informed that the ALB oversight team had stated that the HFEA's approach was sufficient and proportionate. The AGC had received reports on PRISM and the Epicentre replacement project.

4.4. The SCAAC Chair (Tim Child) informed members that the minutes from the SCAAC meeting held on 3 February 2025 have been published on the HFEA website. The committee had discussed health outcomes in children conceived by ART, the impact of stress on fertility treatment outcomes and mitochondrial donation: polar body transfer. The committee also discussed the prioritisation of horizon scanning topics and the workplan for 2025/26. The SCAAC Chair reminded the Authority that the committee was recruiting for two new external advisers, and he encouraged members to forward details to suitable candidates.

4.5. The Licence Committee Chair (Graham James) stated that the new format of the committee report provided greater oversight of the work of the Executive Licensing Panel and he referred to the applications considered by this committee as detailed in the paper. He informed the Authority that the minutes of the Licence Committee meeting from 16 January 2025 had been approved, and he explained the rationale for reserved decision outcomes.

4.6. The Chair thanked all Committee Chairs for the reports and stated that committee papers and minutes are published on the HFEA website.

Decision

4.7. Members noted the Committee Chairs' reports.

5. Performance report

5.1. The Chief Executive introduced the performance report and reminded members that the Key Performance Indicators (KPIs) measure various operational aspects of the business conducted by the HFEA.

5.2. The HFEA now has 19 KPIs and two new KPIs relating to Opening the Register (OTR) have been added since January 2025. The Chief Executive stated that performance continues to be consistently strong across the KPI indicators with 12 green, two red, two amber and three neutral

indicators. He spoke to the two red KPIs and commented that sometimes an inspection report will be more involved than envisaged and the KPI will be missed due to the need to gain further information and have further discussions with a PR before finalising the report.

5.3. The Chief Executive referred to the HR KPIs and commented that whilst seasonal viruses have contributed to an increase in staff sickness, this remains under target.

5.4. Staff turnover remains green at 6.5% and is well within the 5-15% target band. The Chief Executive remarked that whilst this percentage is set to increase, the turnover is manageable and the HFEA does not currently struggle to recruit the right staff.

Compliance and Information

5.5. The Director of Compliance and Information explained that inspection KPIs are a guide and where complexities need follow up after inspection this may mean that occasionally a KPI is breached. It is important to take this extra time in some cases, as it is beneficial in terms of regulatory outcomes to gain additional information and have further discussions with a PR before finalising the report.

5.6. Members were informed that one inspection report exceeded the KPI due to the need to gain further information regarding an incident prior to finalising it.

5.7. The Director of Compliance and Information informed members that all planned inspections have been scheduled up to March 2026 and inspector teams have currently been allocated up until November 2025.

5.8. For the new financial year (April 2025 to March 2026) there are 94 inspections on the schedule, with an average of 8 per month although the Director of Compliance and Information stated that this number will likely increase in-year, due to extra inspections such as those required for new centres, or targeted visits following incidents or whistleblowing allegations.

5.9. The Director of Compliance and Information informed members that the number of OTR requests processed in the last few months was a little less than usual, due to different work requests affecting a proportion of the OTR team members' time.

5.10. Continuing, the Director of Compliance and Information stated that the OTR waiting list is currently at its lowest level for the past 12 months at 926. Progress is being made to reduce the waiting list each month and the team is closing more applications than are being received. The number of OTRs being worked on, including those ready for checking, stands at 305.

5.11. Members were informed that almost 1,600 people have received information from the OTR service within the last 12 months.

5.12. A member congratulated the team for the implementation of the OTR KPIs but questioned why the OTR waiting list and change each month had only been set at 40 per month as with this target it would take two years to close the current waiting list.

5.13. The Director of Compliance and Information reminded members of the new systems and procedures which had been implemented for the OTR team and the time it takes to fully train staff on these. The Senior Management Team had felt that 40 per month was a sensible and realistic target but this will be kept under review.

Strategy and Corporate Affairs

5.14. The Director of Strategy and Corporate Affairs informed members that media interest remains high and it is positive that the HFEA is seen as the authoritative source for information and data. Spikes can be seen in the number of website visits, especially in January which is likely due to people planning to start treatment in the new year.

5.15. Members were informed that The Guardian article on the Authority's discussions on in-vitro gametes generated significant media coverage as did a programme looking at patients in older age brackets having fertility treatment.

5.16. The Director of Strategy and Corporate Affairs informed members that we would be publishing the report of the National Patient Survey in March and that work is progressing on the annual Fertility Trends report and this is due to be published in June.

5.17. The Director of Strategy and Corporate Affairs spoke about the debate on Women's Health that was held in Westminster Hall and supported by HFEA Authority member Geeta Nargund. The HFEA's briefing on this is available on the HFEA website.

5.18. Members Tim Childs, Geeta Nargund, Alison McTavish and Stephen Troup were thanked for their contribution to the HFEA's blogs and social media posts on International Women's Day, which celebrated a few of the many pioneering women in the world of fertility. The Director of Strategy and Corporate Affairs spoke of the increased social media engagement on Instagram and LinkedIn. A member congratulated the team on their active social media engagement.

5.19. In response to a question the Director of Strategy and Corporate Affairs explained that X is used as a one-way information channel and the HFEA is following Government Communications Service advice on X including looking at potential future communication channels.

Finance, Planning and Technology

5.20. The Director of Finance, Planning and Technology informed members that, as at the end of February, an overspend of £84,000 is being forecast, before taking into account any accounting adjustments such as potential reversals to two significant provisions.

5.21. The first provision relates to aged debt, which is likely to reduce in this year's accounts. The Director of Finance, Planning and Technology spoke of the significant work that the Finance Team had undertaken to reduce the level of debt over 96 days (which has reduced by over 50% from March 2024 to £127k, with the majority relating to one clinic). In response to a question, he provided further information about the historic debt and the plans put in place with those clinics to reduce this.

5.22. The second provision relates to income and identification of likely refunds to clinics. Members were reminded that errors that have arisen in clinic's IVF/DI activity submissions as part of the transition to PRISM over the past few years have resulted in some duplicate activity being recorded, which has led to duplicate invoicing (which once corrected, requires a refund to the clinic). The HFEA created a provision at the end of 2023/24 which aimed to estimate the value of refunds that the HFEA would make to clinics in 2024/25. The Finance Team is working with the National Audit Office (NAO) to evidence the value of refunds made in year and the income provision. The NAO have some concerns about the accuracy of the HFEA's income due to corrections in clinic activity data, which was discussed in some detail at AGC in March.

5.23. The Director of Finance, Planning and Technology referred to the 2025/26 budget contained in the meeting papers and informed members that the HFEA's Grant in Aid (GIA) from the DHSC had been confirmed. Core GIA funds the HFEA's Opening the Register Service. Additional GIA agreed by the Department will cover the completion of the current Phoenix IT project and will support the HFEA in investing in cyber security and website improvements. Other costs are covered through fees, which the HFEA does not plan to increase in 2025/26.

5.24. The Director of Finance, Planning and Technology explained the assumptions made when devising the 2025/25 budget regarding income and expenditure. In response to a request for an update on the current Spending Review he said that the process was due to conclude in the summer, but added that the detailed outcome of Government Spending Reviews are often announced in the Autumn statement.

Decision

5.25. Members noted the performance report.

6. Draft Business Plan 2025/26

6.1. The Risk and Business Planning Manager introduced the paper and spoke about the proposed priorities for 2025/26.

6.2. The Risk and Business Planning Manager stated that a major programme of work is the Phoenix programme which will replace the HFEA's inspection and licensing database (Epicentre) and the information storage system with SharePoint. This programme has just commenced with an expected completion date of Spring/Summer 2026. Members were informed that this programme has an operational impact across the HFEA teams and resources will need to be managed and allocated accordingly.

6.3. The Risk and Business Planning Manager spoke about Choose a Fertility Clinic (CaFC) and stated that headline statistics are to be published in Spring 2025. Work will then continue to publish a full CaFC update in Summer 2025 and in Winter 25/26. Another planned project is the replacement of the key finance systems.

6.4. The other priorities for the 2025/26 business plan include:

- further work to progress law reform proposals
- a fees review
- work relating to implementing the new European Regulations on standards of quality and safety for substances of human origin intended for human application (the SoHO Regulation) for clinics in Northern Ireland
- an update to the multiple births policy, if required following discussion at this Authority meeting
- ongoing monitoring of the OTR service, include capacity, future demand and resources
- potential for ongoing work to review AI use in the fertility sector and related developments
- review of horizon scanning processes and related communications
- using HFEA data to highlight changes in fertility treatment, particularly where inequalities occur.

6.5. The Risk and Business Planning Manager informed members that if the government decides to take forward law reform then some of the activities currently listed would need to be de-prioritised.

6.6. In response to a question regarding law reform the Chief Executive reminded members that there are structural issues which the Authority believes can best be resolved by the law reform proposals and that we would be having ongoing conversations with the DHSC about any prospective time frame for this. If law reform is not forthcoming during the strategic period then the Chief Executive stated that we would need to have conversations about what progress could be made without law reform.

6.7. The Chair reminded members that the Business Plan is an implementation tool for delivering the approved strategy; if law reform goes forward in the next few years then the Authority will need to pivot on some of the identified priorities.

6.8. A member noted the inclusion of the government's 10-year health plan and the acknowledgment that when this is published in Spring 2025 the Authority will need to assess if further work is needed.

Decision

6.9. Members approved the draft business plan activities section for 2025/26, noting that further development of the business plan and confirmation of the budget will follow and that Department colleagues will review the plan prior to publication.

6.10. Members noted the ongoing possibility that it may be necessary to reprioritise some areas of work, in the event of having a confirmed timetable for legislative changes to go through Parliament.

7. Effective Governance

7.1. The Chair introduced the agenda item and reminded members that every year all committees were required to review their own effectiveness using a standard or bespoke framework. The importance of this review and being able to benchmark the HFEA's governance activities was emphasised considering the concern regarding governance arrangements in some other ALBs.

7.2. The Chair stated that between September 2024 and February 2025 this review exercise was conducted by the Licence Committee, Executive Licensing Panel, Statutory Approvals Committee, the Scientific and Clinical Advances Advisory Committee, the Audit and Governance Committee and the Register Research Panel. Thanks were given to all members who participated in the reviews.

7.3. The Board Governance Manager introduced the paper and stated that the purpose of this exercise is to provide assurance over the structures established by the Authority and review the effectiveness of committees making decisions on behalf of the Authority.

7.4. The Board Governance Manager stated that this review also provides assurance to the Authority that its activities are aligned with the HFEA's statutory duties, responsibilities and objectives.

7.5. The feedback from the committees has been positive and several recommendations have been made to further enhance and improve the work of the committees. Members were informed that the relevant committee officers will work with their respective committee Chairs to implement these recommendations.

7.6. The proposed minor changes to the standing orders were explained.

7.7. A member complimented the format of the paper for showing the full extent of the reviews undertaken by the various committees and for the oversight and assurance this provides to the Authority.

Decision

7.8. Members unanimously voted in favour of the changes to the standing orders.

7.9. Members also noted the summary of actions contained in the annual review of committee effectiveness.

Action

7.10. The Board Governance Manager to publish the revised standing orders.

8. Multiple Birth Target

8.1. The Chair introduced the agenda item and stated that the dramatic reduction in multiple births from IVF over the past decade has been a real public policy success. With many clinics below the 10% target, it makes sense for the Authority to consider whether any revision is needed to the target.

8.2. The Regulatory Policy Manager reminded members that in 2007 the HFEA, with professional bodies and patient groups, launched the One at a Time campaign, and in 2012 the HFEA set the maximum multiple birth rate at 10%. This target was reached for the first time in 2017 and is still in place. Practices to reduce multiple births, such as elective single embryo transfer, have become commonplace in the sector.

8.3. Members were reminded that the multiple births target was last discussed by Authority at the September 2021 meeting, where members agreed:

- to maintain the 10% multiple births target for now and continue to monitor on inspection;
- to encourage clinics to be mindful of their multiple birth minimisation strategy in relation to patients from ethnic groups;
- a report should be published outlining the data presented to the Authority to stimulate further discussion and following that;
- discussions should be opened over time with key stakeholders, patients and clinics, with the aim of considering a future review of the 10% rate;
- that the four clinics that were outliers, should be asked why this was the case.

8.4. The Regulatory Policy Manager stated that whilst the multiple births policy has been a success there continues to be a small number of clinics who consistently exceed the maximum rate. Currently the HFEA does not have the necessary enforcement powers to directly address this problem and this will remain the case unless and until the HFEA has new powers from changes to the law.

8.5. The Regulatory Policy Manager introduced the proposed options and explained that stakeholder views on options for the multiple births policy had been sought from the Licensed Centres Panel (LCP), the Professional Stakeholder Group (PSG), and the Patient Organisation Stakeholder Group (POSG). The Multiple Births Foundation was also represented on both PSG and POSG.

8.6. In response to a question the Director of Strategy and Corporate Affairs confirmed that the report includes both fresh and frozen embryo transfer outcomes.

8.7. The Regulatory Policy Manager introduced option one ("BAU" i.e. business as usual) and explained that this option would keep the existing maximum multiple birth rate at 10% until the HFEA might have new enforcement powers following law reform. The pros, cons and resource implications for this option were explained.

8.8. Authority members discussed how successful the campaign has been and that at the time of implementation the 10% target was viewed as ambitious. Yet now the target is widely accepted, and many clinics are well below this target.

8.9. A member cautioned that any new target should not risk patients' success rates. It was noted that the 10% multiple births target had not affected the birth rate, and that the birth rate had continued to increase whilst multiple births have decreased.

8.10. Members noted that multiple births are the single greatest health risk of fertility treatment. A member commented that the HFEA's multiple births campaign has also helped to protect the public purse as the NHS bears the cost of adverse health outcomes following multiple births.

8.11. Members discussed those clinics that were outliers and how the HFEA could address those clinics which are offering unsafe clinical practices. Some members felt that more emphasis should be given to the outliers so they could be persuaded to meet the 10% target.

8.12. In response to a question the Director of Strategy and Corporate Affairs informed members of the resources that could be required to implement a new target, including an equalities impact assessment; consultation with the sector and patients; updating the Code of Practice, General Directions and other regulatory tools; what inspectors would focus on during inspections and a range of communication activities.

8.13. The Regulatory Policy Manager introduced option 2, which is to leave the rate at 10% and change how multiple birth rates are reported. The pros, cons and resource implications for this option were explained.

8.14. Members considered the option of reporting by exception and highlighting those clinics that have a higher than 10% multiple birth rate. It was discussed whether patient facing communications could highlight further the negative effects of multiple births.

8.15. A member commented that the "one at a time" policy is well accepted within the sector and noted that the British Fertility Society (BFS) had not updated its guidance on elective single embryo transfer as this practice is now so well adopted in the sector.

8.16. Members discussed whether this option could be combined with another of the options and presented as part of an ongoing journey to a lower target.

8.17. The Regulatory Policy Manager introduced option 3, which is to lower the target rate. The pros, cons and resource implications for this option were explained.

8.18. A member spoke in favour of reducing the target to further improve patient safety and increase potential cost savings for the NHS.

8.19. Members discussed that 92% of clinics are operating below the 10% target and reducing the target could be perceived as over regulation of those clinics who are already adhering to the policy. The collaborative approach to working between the HFEA and clinics was noted.

8.20. A member stated that fertility clinics in the USA are using pre-implantation genetic testing for aneuploidy (PGT-A) as a tool for reducing multiple births and there is a concern that more UK clinics follow suit. It was noted that PGT-A is currently rated red for increasing chances of having a baby for most fertility patients on the HFEA's website.

8.21. Members noted the proposed law reforms proposals regarding patient safety and how this reform could give the HFEA the power to address those outlier clinics.

8.22. The Regulatory Policy Manager introduced option 4, which is to change the target to an upper limit. The pros, cons and resource implications for this option were explained.

8.23. A member spoke about the possibility of having a range of standard variations against the national average target.

8.24. Members discussed how the sector had responded well to the target and that 52% of clinics are now under 4%. Members discussed the need to target those clinics which are not adhering to the policy.

8.25. After further discussion regarding the proposed options and whether a combination of the options could be progressed the Chair drew the discussion to a close.

Decision

8.26. The Authority agreed to implement option two (leave the rate at 10% and change how multiple birth rates are reported) and, over time, option four (change the target to an upper limit).

8.27. The Authority further agreed that the Executive should bring to the Authority in November 2025 further information on the work that would be needed to implement option three (lowering the target rate). This did not commit the Authority to this option in future.

Action

8.28. The Executive to implement the Authority's decisions regarding leaving the multiple birth rate target at 10% and changing how multiple birth rates are reported; and over time changing the target to an upper limit.

8.29. Further information should be brought to the Authority in November 2025 to enable members to take a view on the resource implications for implementing option three (lower the target rate).

9. Update on Public Body Review

9.1. The Director of Strategy and Corporate Affairs introduced the paper and reminded the Authority that the HFEA's Public Body Review (PBR) report was published in November 2023.

9.2. In January 2024, the Authority discussed the recommendations from the review and the proposed actions in response. The Authority agreed responses to the recommendations from the review, and these have been discussed at the quarterly accountability meetings with the HFEA's DHSC sponsor team.

9.3. The Director of Strategy and Corporate Affairs informed the Authority that the sponsor team had agreed that the PBR need not be on the agenda for the quarterly accountability meetings going forward after January 2025.

9.4. The Director of Strategy and Corporate Affairs informed the Authority that it is proposed that any further reporting updates be incorporated into existing reporting structure such as the Audit and Governance Committee or the Scientific and Clinical Advances Advisory Committee.

Decision

9.5. The Authority noted the update to the PBR recommendations set out in the paper and agreed to close future reviews of the actions from this meeting.

10. Any other business

10.1. The Chair thanked everyone for their active participation in the meeting which had considered a full and detailed agenda.

10.2. The Chair welcomed Sophie Tuhey, Head of Planning and Governance to the Authority and informed the Authority that this was the last meeting for Paula Robinson, Head of Planning and Governance, who would be retiring from the HFEA at the end of the month.

10.3. On behalf of the Authority the Chair expressed her sincere thanks to Paula Robinson for her commitment and dedication to the HFEA. The Chair wished Paula a long and happy retirement.

10.4. Paula Robinson reflected on her time at the HFEA and what had been achieved. She spoke of the high calibre of discussions at Authority Meetings and thanked all for their work, co-operation and support.

10.5. There being no further items of any other business the Chair closed the meeting and reminded members that the next Authority meeting will be held on 21 May 2025.

Chair's signature

I confirm this is a true and accurate record of the meeting.

Signature

Chair: Julia Chain

Date: 21 May 2025

Matters arising

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment / Supporting scientific and medical innovation
Meeting:	Authority Meeting
Agenda item:	2
Meeting date:	21 May 2025
Author:	Alison Margrave, Board Governance Manager
Annexes	

Output from this paper

For information or decision?	For discussion
Recommendation:	To note and comment on the updates shown for each item and agree that items can be removed once the action has been completed.
Resource implications:	To be updated and reviewed at each Authority meeting
Implementation date:	2025/26 business year
Communication(s):	
Organisational risk:	Low

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
12/3/2025 item 7.10	Board Governance Manager to publish the revised standing orders	Board Governance Manager	1 April 2025		Revised standing orders were published on the HFEA's website and can be found **here** Email with link to the revised standing orders was sent to: • Authority Members • Audit and Governance Committee Members • Auditors (internal and external) • Department of Health and Social Care Article published on intranet for HFEA staff
12/3/2025 item 8.28	The Executive to implement the Authority's decisions regarding leaving the multiple birth rate target at 10% and changing how multiple birth rates are reported; and over time changing the target to an upper limit.	Director of Strategy & Corporate Affairs	31 December 2025		Plan in development – timing TBC – dependant on when register data is available for inspection reports.
item 8.29	Further information should be brought to the Authority in November 2025 to enable members to take a view on the resource implications for implementing option three (lower the target rate).				Further discussion on resources involved in reviewing the 10% target to be discussed later in 2025 with Authority.

Chair and Chief Executive's report

Details about this paper

Area(s) of strategy this paper relates to:	Whole strategy
Meeting:	Authority
Agenda item:	3
Meeting date:	21 May 2025
Author:	Julia Chain, Chair and Peter Thompson, Chief Executive
Annexes	N/a

Output from this paper

For information or decision?	For information
Recommendation:	The Authority is asked to note the activities undertaken since the last meeting.
Resource implications:	N/a
Implementation date:	N/a
Communication(s):	N/a
Organisational risk:	N/a

1. Introduction

- The paper sets out the range of meetings and activities undertaken since the last Authority meeting in March 2025.
- Although the paper is primarily intended to be a public record, members are of course welcome to ask questions.

2. Activities

2.1 Chair activities

- The Chair has continued to engage with the decision-making functions of the Authority and with key external stakeholders:

    - 13 March and 29 April – Peter and I met with the Minister Baroness Merron
    - 20 April – Peter and I participated in a Parliamentary event on Stem Cell Based Embryo Models (SCBEM) organised by the London School of Economics (LSE)
    - 13 May – attended the ALB senior leaders meeting for all Chair and CEO's.
    - 20 May – sat on the interview panel to appoint new members to SCAAC

2.2 Chief Executive

- The Chief Executive has continued to support the Chair and taken part in the following externally facing activities:

    - 13 March and 29 April – met the Minister Baroness Merron
    - 15/16 April – participated the INDR Roundtable conference, 'Shaping the future of regulation', at Wolfson College, Oxford
    - 20 April – participated in the Parliamentary event on SCBEM
    - 25 April – participated in the 'Regulation of Assisted Human Reproduction Technologies in Ireland', workshop at Maynooth University
    - 13 May – attended the ALB senior leaders meeting for all Chair and CEO's.
    - 14 May – participated in the NCOB roundtable on SCBEM

Committee Chairs' reports

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Authority
Agenda item:	4
Meeting date:	21 May 2025
Author:	Caroline Pringle, Head of Licensing
Annexes	-

Output from this paper

For information or decision?	For information
Recommendation:	The Authority is invited to note this report, and Chairs are invited to comment on their committees.
Resource implications:	In budget
Implementation date:	Ongoing
Communication(s):	This information will be published on our website.
Organisational risk:	Low

1. Committee reports

1.1. The information presented below summarises Committees' work since the last report.

2. Recent committee items considered

2.1. The table below sets out the recent items considered by each committee:

Date	Items considered	Centres	Outcomes
Licence Committee:			
20 March	Renewal inspection report – Research (R0152)	The Francis Crick Institute	Approved – 3 year licence
	Renewal inspection report – Research (R0162)	The Francis Crick Institute	Approved – 3 year licence
	Unannounced targeted interim inspection report & variation of SLC T52 without application	Birmingham Women's Hospital	Approved – licence continued and varied
	Interim inspection report	Bourn Hall Clinic	Approved – licence continued
	Focused interim inspection report and variation of SLC T52 without application	Bridge Clinic	Approved – licence continued with condition and varied
	Variation of PR and variation of SLC T52 without application	Guys Hospital	Approved – licence varied
8 May	Executive update to renewal report for licensing decision	Guys Hospital	Minutes not yet approved
	Executive update to renewal report for licencing decision	NewLife Fertility	Minutes not yet approved
Other comments:	Rachel Cutting attended the meeting on 8 May 2025 to explain upcoming changes in the reporting of Professional Body Guidance.		
Executive Licensing Panel:			
17 February	Interim inspection report	CREATE Fertility, Manchester	Approved – licence continued
	Interim inspection report	Care Fertility Birmingham	Approved – licence continued
	Interim inspection report and variation of SLC T52 without application	Aria Fertility	Approved – licence continued and varied

Date	Items considered	Centres	Outcomes
	Interim inspection report and variation of SLC T52 without application	Avenues	Approved – licence continued and varied
	Variation of LH and variation of SLC T52 without application	Complete Fertility Centre Southampton	Approved – licence varied
	Variation of LH and variation of SLC T52 without application	TFP GCRM Fertility	Approved – licence varied
	Variation of LH and variation of SLC T52 without application	TFP Nurture Fertility	Approved – licence varied
	Variation of PR (Research)	Newcastle Fertility Centre at Life	Approved – licence varied
3 March	Interim inspection report	Agora Clinic Brighton	Item withdrawn from meeting
	Interim research inspection report	Centre for Human Reproductive Science	Approved – licence continued
	Variation of PR and variation of SLC T52 without application	Fertility Unit Barking, Havering and Redbridge Hospitals Trust	Approved – licence varied
	Variation of premises and name (Research)	Human Embryo Research Centre	Approved – licence varied
	Special Directions to allow continuation of licensed activity (R0152 and (R0162)	The Francis Crick Institute	Approved
1 April	Initial inspection report	Orian Gametes	Approved – 2 year licence
	Interim inspection report and variation of SLC T52 without application	Cryos International UK Ltd	Approved – licence continued and varied
	Interim research inspection report (R0026)	St Mary's Hospital	Approved – licence continued
	Interim research inspection report (R0026)	Maternal and Fetal Health Research Centre, St Mary's Hospital	Approved – licence continued
	Interim research inspection report (R0026) and variation of research activities to add storage	University of Manchester	Approved – licence continued and varied
	Variation of PR	Avenues	Approved – licence (and ITE certificate) varied

Date	Items considered	Centres	Outcomes
14 April	Renewal inspection report	TFP Oxford	Approved – 4 year licence (and ITE certificate)
	Renewal inspection report	The Evewell Harley Street	Approved – 4 year licence (and ITE certificate)
	Interim inspection report and variation of SLC T52 without application	Semovo Liverpool	Approved – licence continued and varied
	Interim inspection report and variation of SLC T52 without application	Care Fertility - Plymouth	Approved – licence continued and varied
30 April	Renewal inspection report	Future Health Biobank	Approved – 4 year licence
	Interim inspection report and variation of SLC T52 without application	Care Fertility Woking	Approved – licence continued and varied
	Interim research inspection report (R0142)	Centre for human development, stem cells and regeneration	Approved – licence continued
	Variation of research premises (R0193)	Human Embryo Research Centre	Approved – licence varied
	Variation of LH and variation of SLC T52 without application	NUH Life Fertility Services	Approved – licence varied
	Variation of LH and variation of SLC T52 without application	CREATE Fertility London, Wimbledon	Approved – licence varied
	Variation of LH and variation of SLC T52 without application	CREATE Fertility, London St Paul's	Approved – licence varied
13 May	Renewal inspection report	Care Fertility Bath	Minutes not yet approved
	Renewal inspection report	London Sperm Bank (LSB), London Bridge	Minutes not yet approved
	Variation of PR and variation of SLC T52 without application	Bourn Hall Wickford	Minutes not yet approved
Other comments:	None.		

Licensing Officer decisions:			
March and April	26 ITE import certificates	Various	All granted

Date	Items considered	Centres	Outcomes
27 February	Variation - change of LH	Avenues	Approved – licence varied
7 March	Variation - change of LH	Cryos International UK Ltd	Approved – licence varied
Other comments:	None		

Statutory Approvals Committee:			
25 February	PGT-M: Three M Syndrome 1 (3M1), OMIM #273750	TFP Oxford Fertility	Approved
	PGT-M: Coenzyme Q9 Deficiency, OMIM *612837	TFP Oxford Fertility	Approved
	PGT-M: Structural Heart Defects and Renal Anomalies Syndrome (SHDRA), OMIM #617478	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
	PGT-M: Spherocytosis, Type 1 (SPH1), OMIM #182900	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
	Special direction to import sperm from South Africa	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
24 March	PGT-M: Poirier-Bienvenu Neurodevelopmental Syndrome (POBINDS), OMIM #618732	Care Fertility Nottingham	Approved
	PGT-M: Ichthyosis, Congenital, Autosomal Recessive 1 (ARCI1), OMIM #242300	Care Fertility Nottingham	Approved
	PGT-M: Megacystis-Microcolon-Intestinal Hypoperistalsis Syndrome 2 (MMIHS2), OMIM #619351	Guys Hospital	Approved
29 April	PGT-M: Metaphyseal Chondrodysplasia, Schmid Type (MCDS), OMIM #156500	Guys Hospital	Minutes not yet approved
	PGT-M: Autoimmune Lymphoproliferative Syndrome, Type IA (ALPS1A), OMIM #601859	Care Fertility Nottingham	Minutes not yet approved

Date	Items considered	Centres	Outcomes
	PGT-M: Dyggve-Melchior-Clausen Disease (DMC), OMIM #223800	Guys Hospital	Minutes not yet approved
	PGT-M: Medical sex selection in addition to Breast Ovarian Cancer Familial Susceptibility (BRCA2 and BRCA1), OMIM numbers: *113705, *600185 and #612555	Care Fertility Nottingham	Minutes not yet approved
	Special directions for import of sperm from the USA	Care Fertility London	Minutes not yet approved
	Special directions for export of sperm to Spain	Care Fertility Manchester	Minutes not yet approved
Other comments:	When considering PGT-M applications, the Committee frequently considers not only the specific condition applied for, but also other similar conditions. In such cases, more than one condition may be authorised for testing.		

Audit and Governance Committee:

Audit and Governance Committee (AGC) has not had a full meeting since the last report to Authority, but an exceptional meeting was held on 3 April to consider the Executive's proposal to impair the value of PRISM as currently included on the HFEA's balance sheet. The timing of this discussion was to allow the impairment to be included in the HFEA's Annual Report and Accounts and external audit process.

A further exceptional AGC meeting was held on 30 April to consider the Executive's recommendations to: (1) publish an Interim CaFC in May using the headline metrics proposed and suggested caveats; and (2) verify the Full CaFC in one exercise, combining 2023 and 2024 data. Both recommendations were approved. The next AGC meeting is 17 June 2025.

Scientific and Clinical Advances Advisory Committee:

Scientific and Clinical Advances Advisory Committee has not met since the last report to Authority. The next meeting is 9 June 2025.

3. Recommendation

3.1. The Authority is invited to note this report. The information will be updated on the HFEA website.

3.2. Comments are invited, particularly from the committee Chairs.

Human Fertilisation & Embryology Authority

Annual performance report

April 2024 - March 2025

Evgenia Savchyna
Corporate Performance Officer
21/05/2025

www.hfea.gov.uk

About this paper

Details about this paper	
Area(s) of strategy this paper relates to:	Whole strategy
Meeting:	Authority
Agenda item:	Item 5
Meeting date:	21/05/2025
Author:	Evgenia Savchyna, Corporate Performance Officer
Contents	Latest review and key trends Management summary Summary financial position Key performance indicators

Output from this paper	
For information or decision?	For information
Recommendation:	To discuss
Resource implications:	In budget
Implementation date:	Ongoing
Communication(s):	The Corporate Management Group (CMG) reviews performance in advance of each Authority meeting, and their comments are incorporated into this Authority paper. The Authority receives this summary paper at each meeting, enhanced by additional reporting from Directors. Authority's views are discussed in the subsequent CMG meeting. The Department of Health and Social Care reviews our performance at each DHSC quarterly accountability meeting (based on the CMG paper).
Organisational risk:	Medium

Human Fertilisation & Embryology Authority

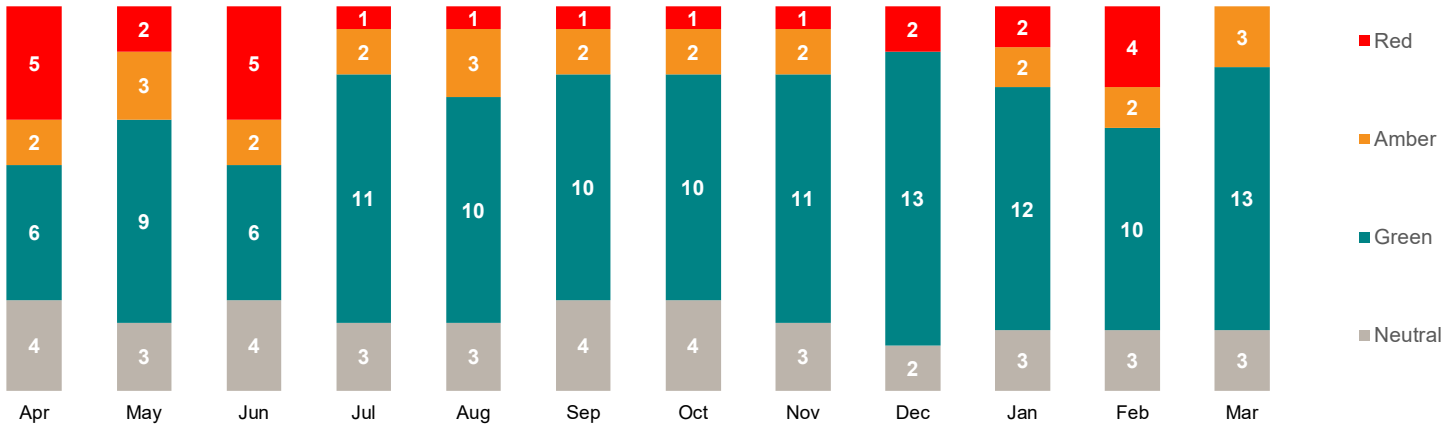
Key performance indicators

Human Fertilisation & Embryology Authority

Summary for 2024/25

- HFEA performance across all 19 KPIs has been consistently strong and improving all year. In March, thirteen indicators rated Green, three Amber, three Neutral, and none Red.
- Compliance has performed consistently well all year, undertaking all scheduled inspections and a number of additional visits in response to regulatory concerns. The end-to-end licensing KPIs were invariably met, and all licensing decisions were delivered on time.
- Applications for embryo testing to avoid serious inherited diseases using PGT-M were processed to target across the year.
- All licensing decisions met the KPIs for each committee: Licensing Office, Executive Licensing Panel, Licence Committee and Statutory Approvals Committee.
- OTR performance varied from month to month, but there is a general upward trend, and March saw a record number of applications processed (211). The waiting list for all types of application is now significantly lower than at the start of the year.
- Information requests were dealt with within KPIs. All bar one FOI inquiry was processed on time and all PQs were responded to within timescales set by DHSC. The number of email enquiries received was up on last year, while telephone enquires were down slightly. Themes varied across enquiry types.
- Proactive media enquiries were largely driven by our statistical publications: Fertility Trends, Family Formations and the National Patient Survey all attracted significant media attention, leading to increased social media engagement and a slight spike in website homepage views.
- Staff sickness was generally below 2.5% target, in part driven by one employee remaining on long-term leave. Staff turnover declined significantly over the year and is currently under 4%, its lowest for a long time.
- Finance KPIs showed a strong improvement performance across the year. A focussed effort on reducing aged debt has brought Debt Collection close to target, and the average number for Debtor Days has been low and well within the revised target. Invoices have consistently been paid within 10 days.

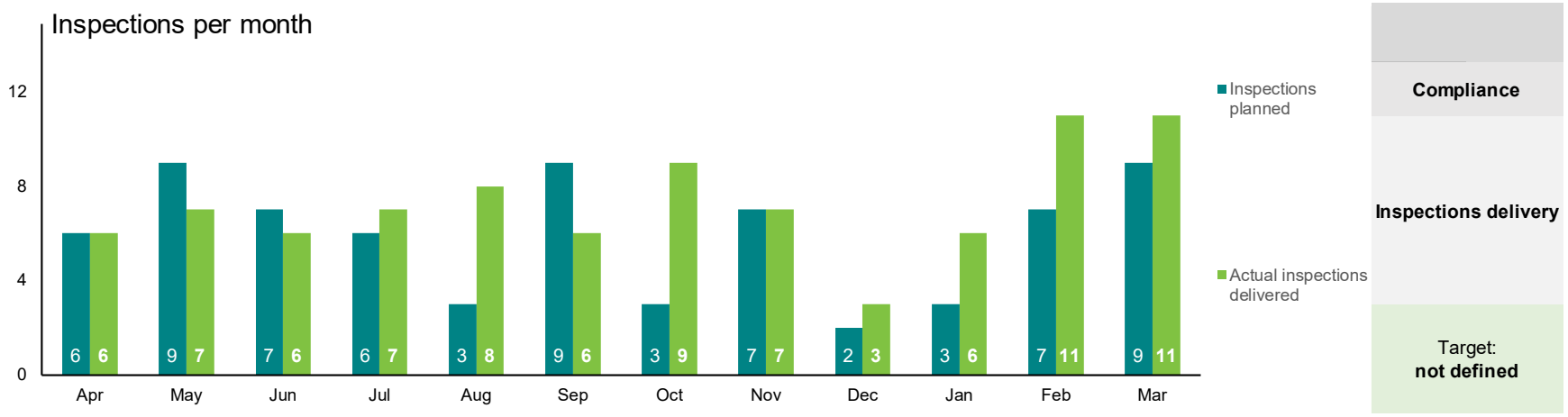
RAG status over last 12 months



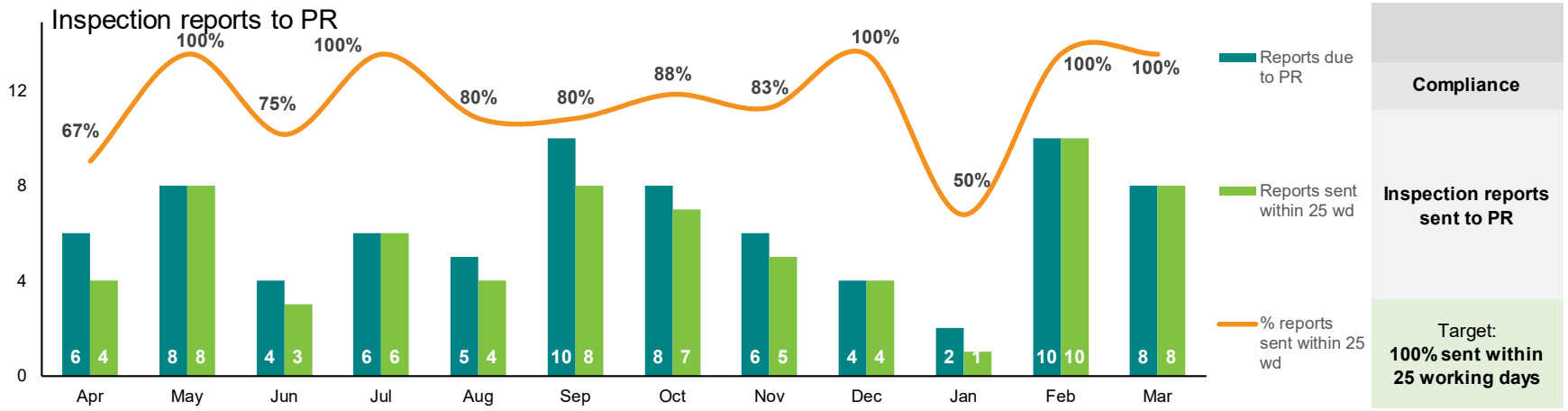
RAG status over last 12 months

19 KPIs in total for each month starting from Jan 2025

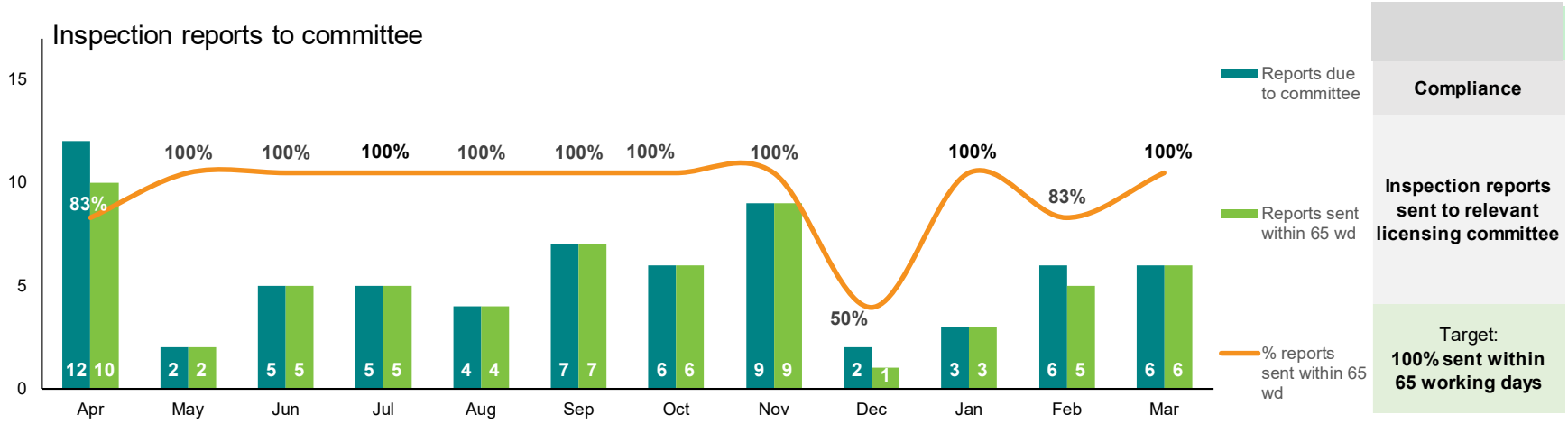
KPI performance over the last year has been variable with the following averages across the year:
Red = 2.1 Amber = 2.1 Green = 10.1 Neutral = 3.25



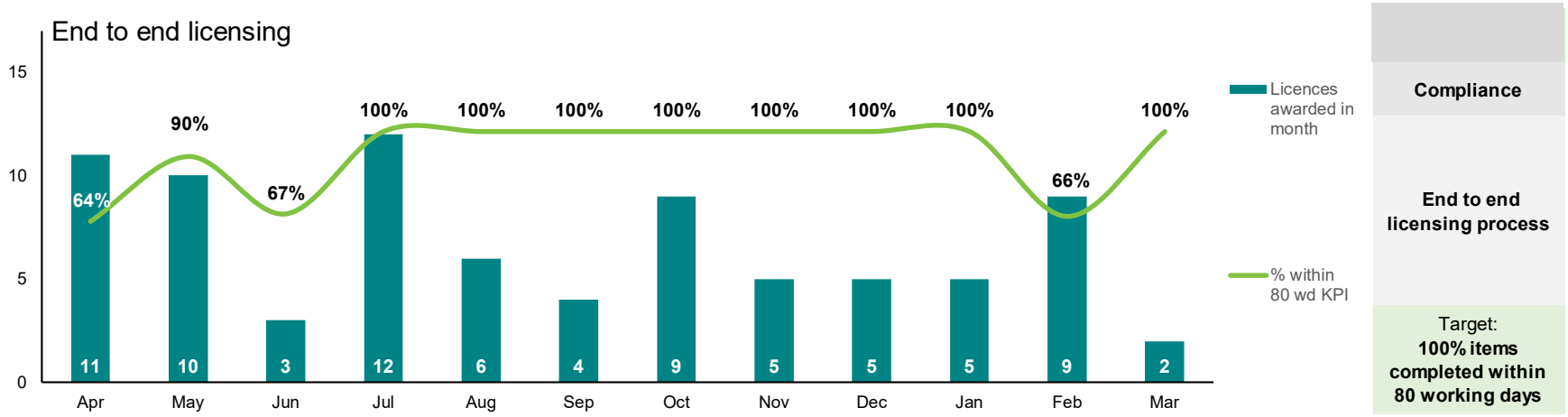
Undertook 86 inspections over the year, 15 more than planned. Additional inspections/clinic visits were due to regulatory concerns.



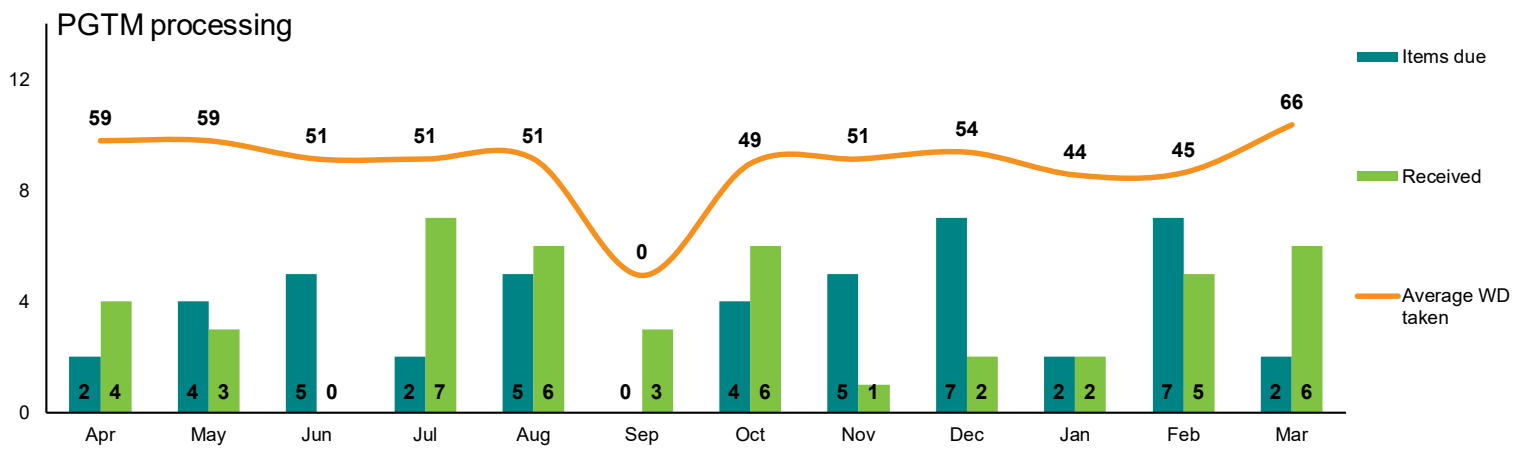
A steady improvement across the year in reports to PR. The dips in performance are often caused by particularly complex inspection reports where we have prioritised quality over KPIs.



KPI met in 10 months across the year. Inspection reports vary in complexity and report KPI also impacted by any delays in reports being returned to inspectors.



KPI met in 8 months out of 12; an average KPI of 91% has been achieved for 'End to end licensing'. All licences issued on time.

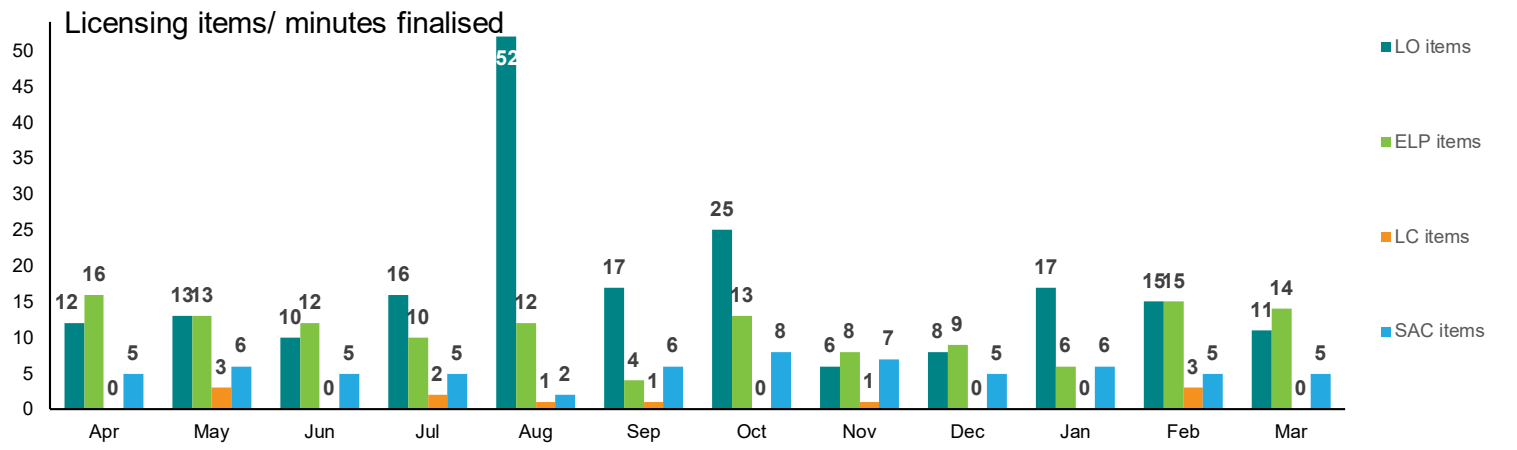


Compliance

PGTM processing efficiency

New target - Dec 24: **100% within 60 working days**

Numbers of PGT-M applications have been consistent with the previous year. All but two (in March 2025) have been processed within the agreed KPI's.

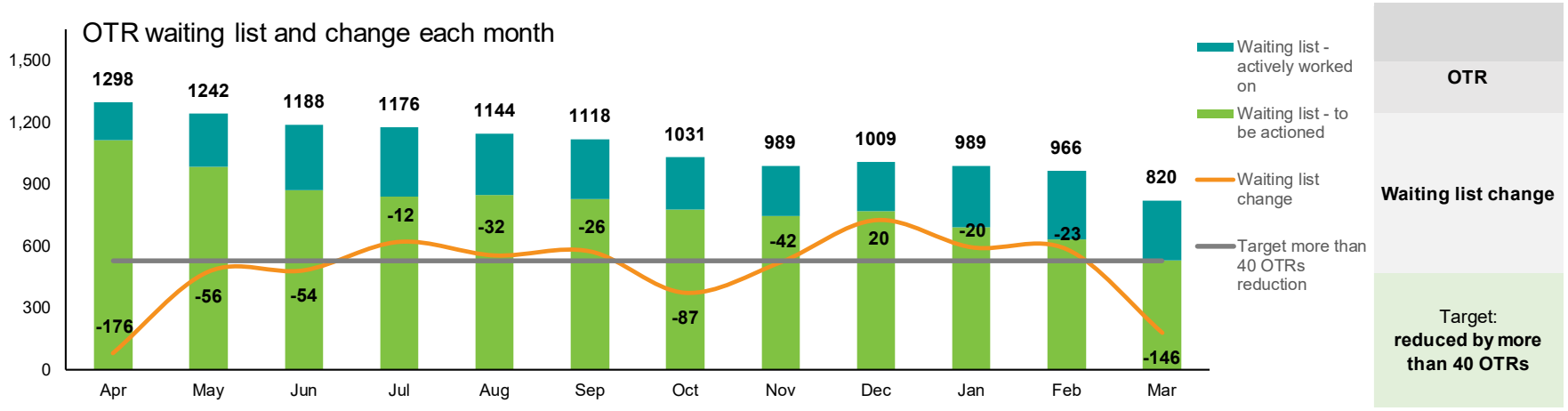


Licensing

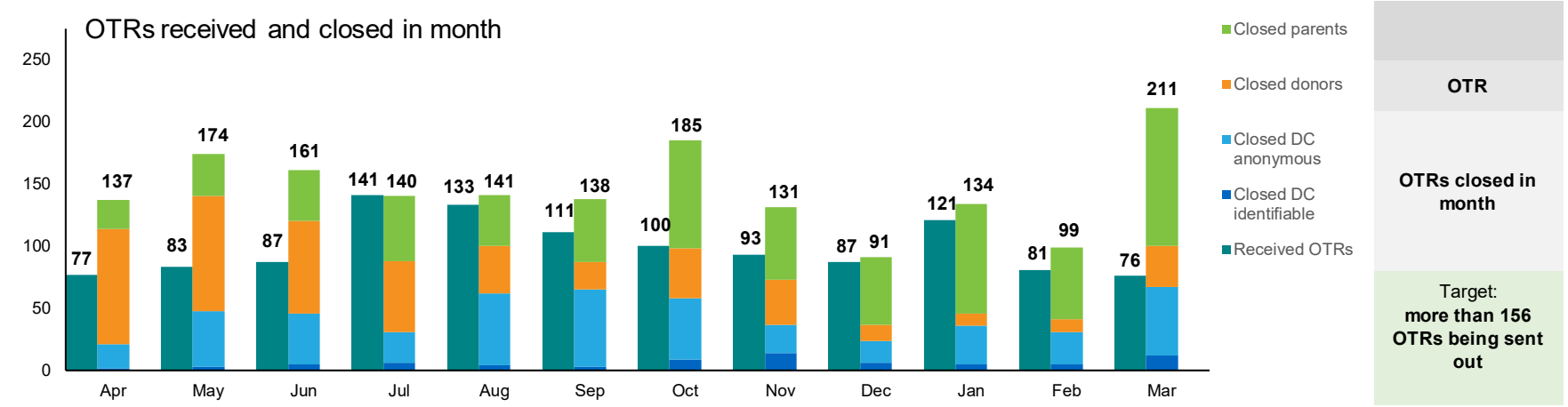
Licensing efficiency

Targets:
LO - 5 WD
ELP - 10 WD
LC - 15 WD
SAC - 20 WD

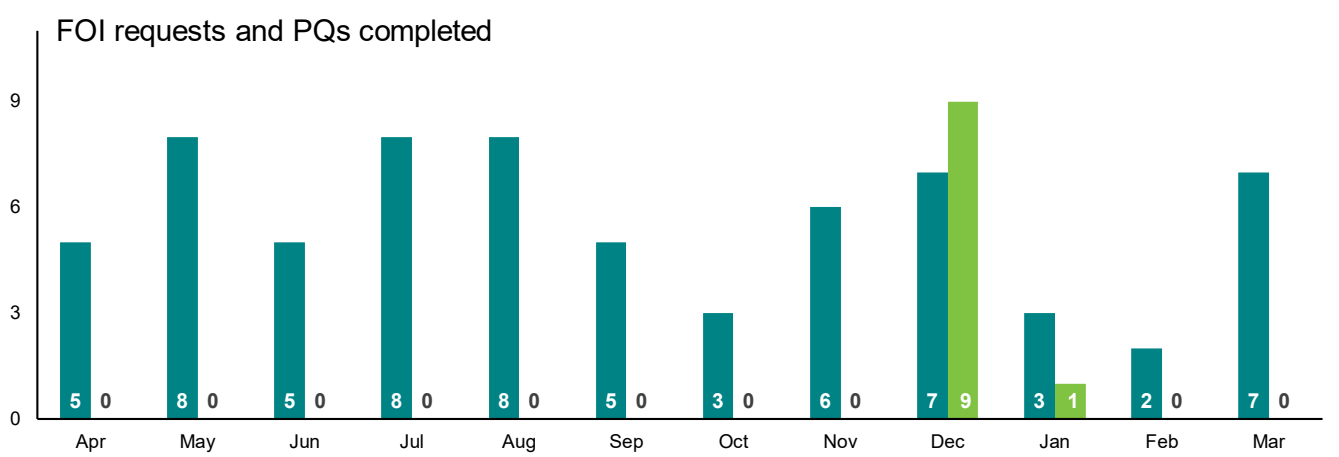
Activity levels through the three committees have been largely consistent with the previous year. However, there was a 25% increase in the number of Licensing Officer items, which was the result of one Danish sperm bank changing premises, requiring updates to the ITE certificates of 40 centres. KPIs for minutes have been met throughout the year.



The number of OTRs in the waiting list have been reducing steadily over the year and is now just under half of the all time high following new resources and IT systems. Looking ahead, if trends continue then we should see applicants waiting noticeably shorter periods for their response.



The number of applications received and closed has varied considerably month by month. The performance in March 2025 was the best on record with 211 applications closed. The team are performing well, and all are now able to contribute to the processing of all types of application.

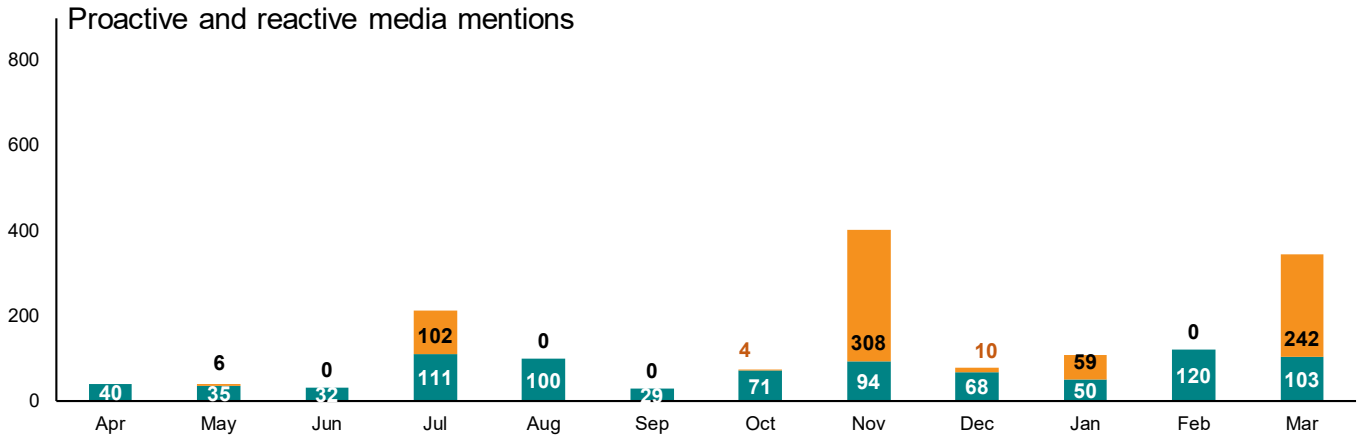


Intelligence

FOI and PQ completed

Targets:
FOI - 20 WD
PQ - set by DHSC

FOI KPI was met across the year, with the exception of one complex request that required additional time. The complexity of FOIs this year has increased with requests mainly relating to clinic information, donation, human resources, and finance. All PQs were responded to DHSC on time and covered data and donation.

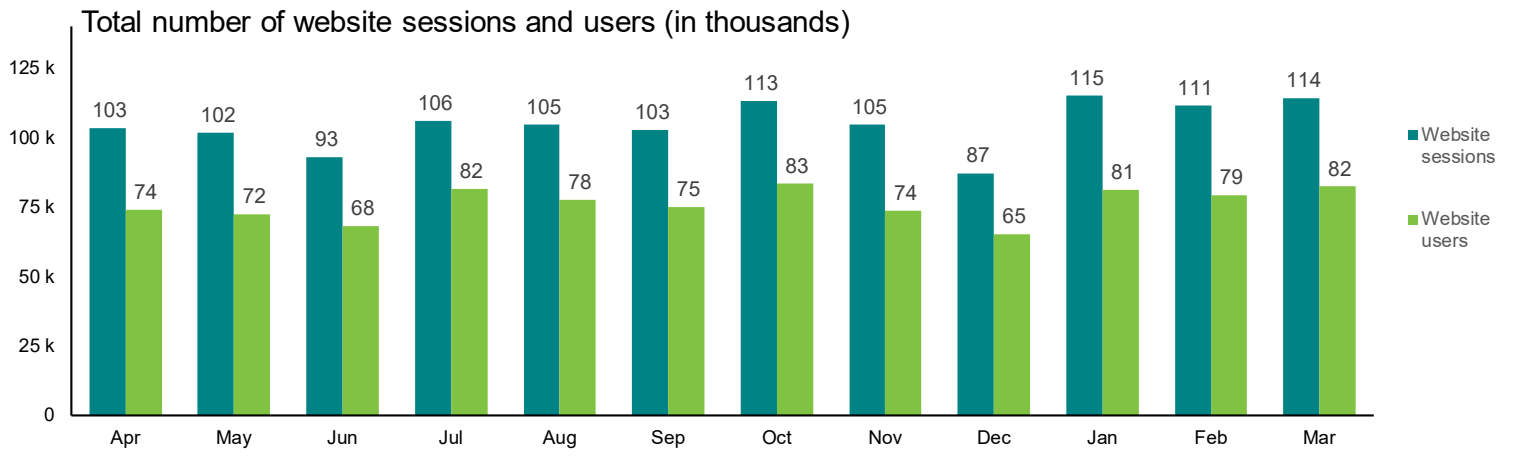


Comms

Total media mentions (proactive and reactive split from April 2024)

Target:
not defined

Our reports on Fertility Trends (July) Family Formations (November) and the National Patient Survey (March) achieved most of the proactive coverage. The reactive coverage illustrates continuing public and media interest in different aspects of treatment or in response to incidents.

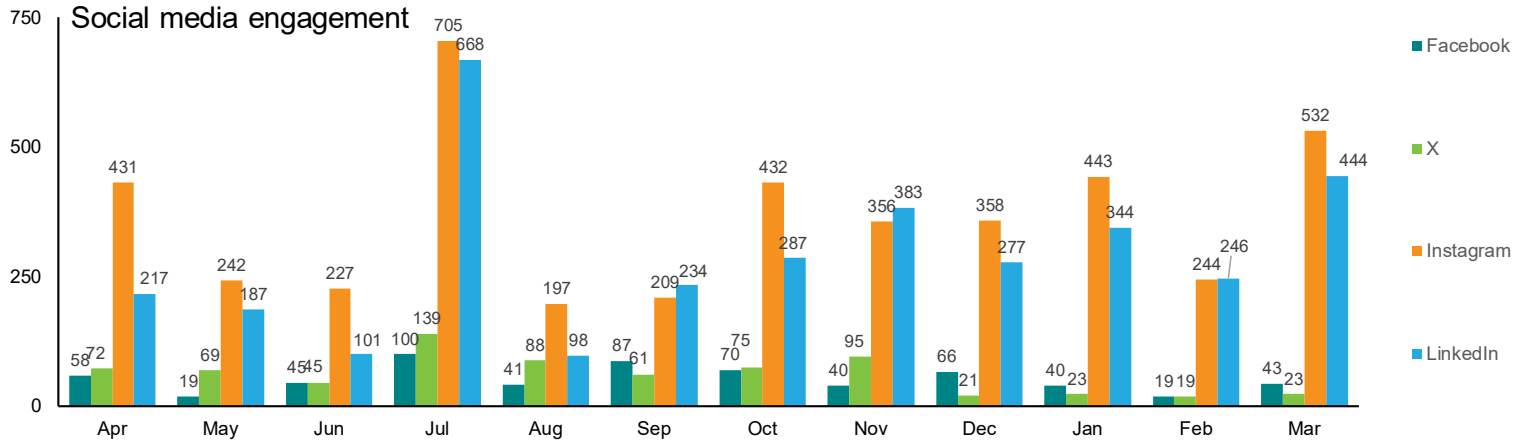


Comms

Total number of website sessions and users (Internal traffic excluded from October 2023)

Target: **not defined**

We saw around 100,000 more sessions and 80,000 more users compared to the previous performance year. This correlates with the National Patient Survey, which found an increase in the number of patients using the HFEA website as a source of information about treatment.

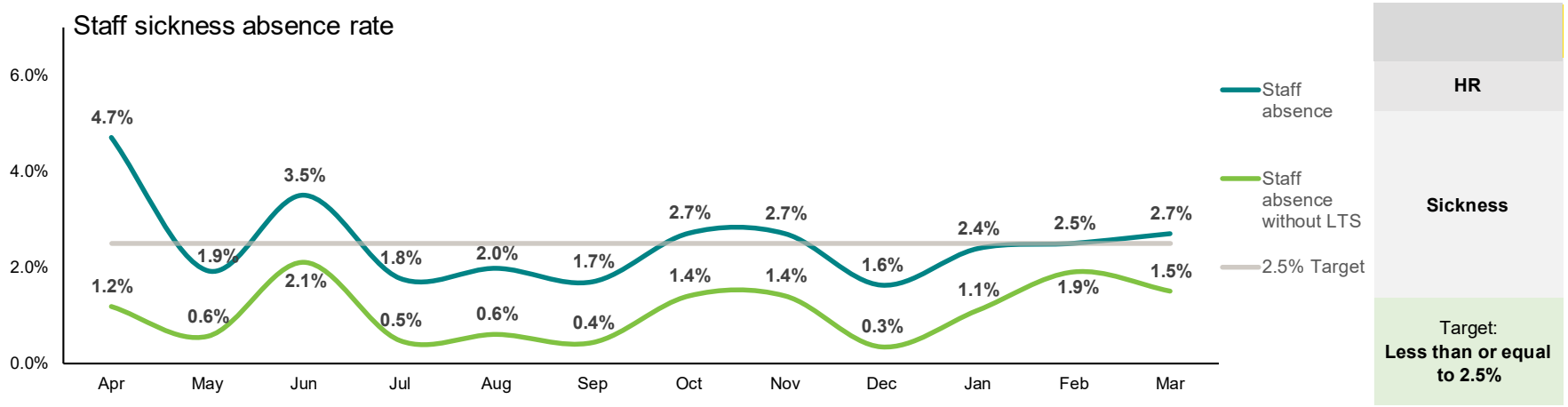


Comms

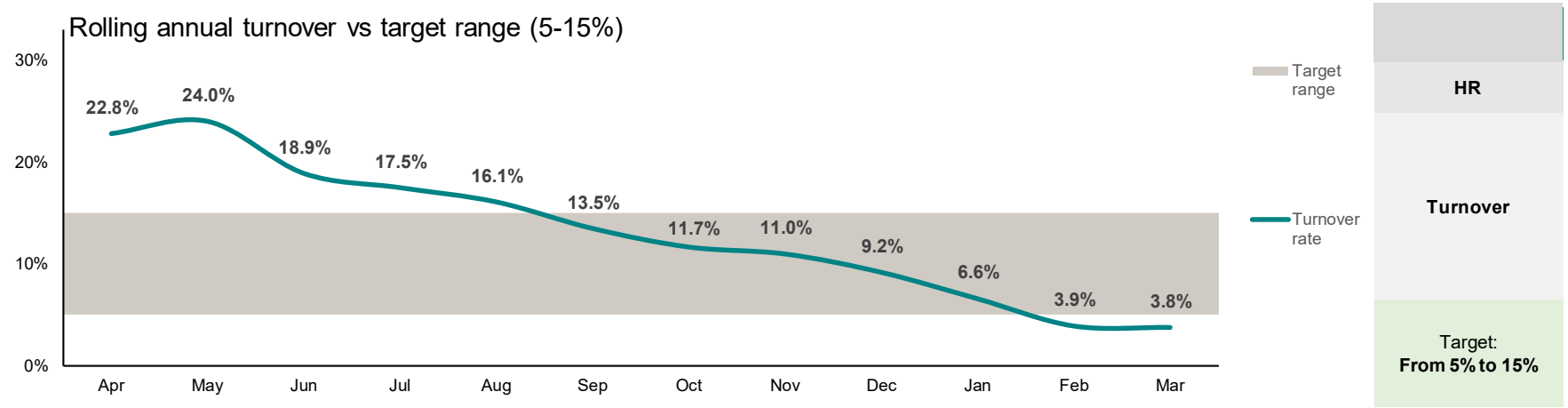
Engagement across social media

Target: **not defined**

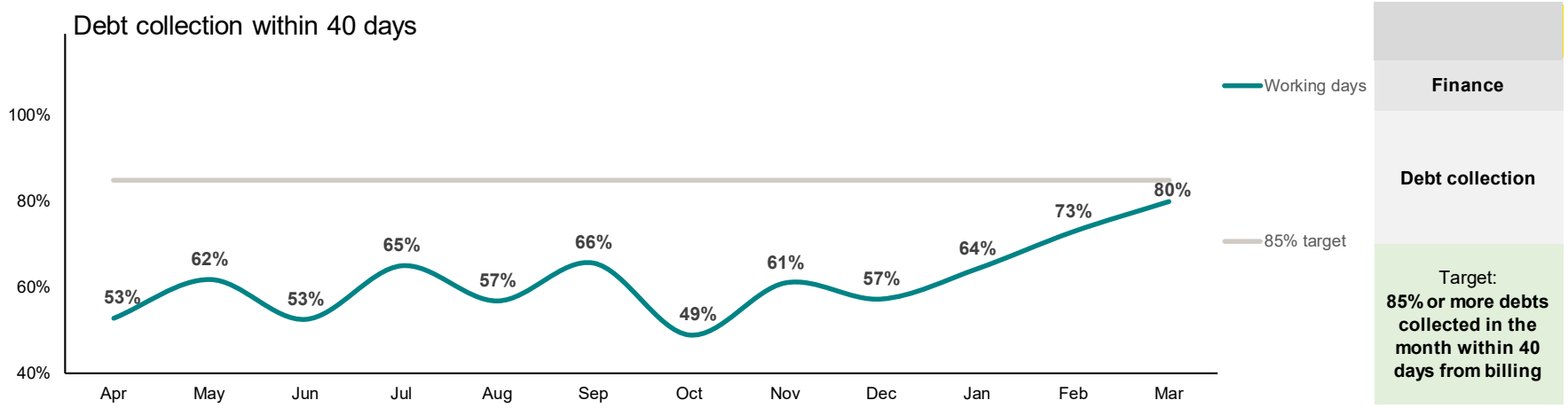
Instagram and LinkedIn remain our most successful channels for engaging with patients and professionals respectively. Months of higher engagement correlate with key publications (Fertility Trends, National Patient Survey) and stakeholders actively amplify our content.



Staff sickness has been under target over the last 12 months. The decline in the number of long-term sick absence cases, will have an impact on the absence rate.



Staff turnover has dropped continually and significantly over the year. We will continue to monitor turnover and collate data from exit interviews to help minimise any sudden rise in exits from the organisation.

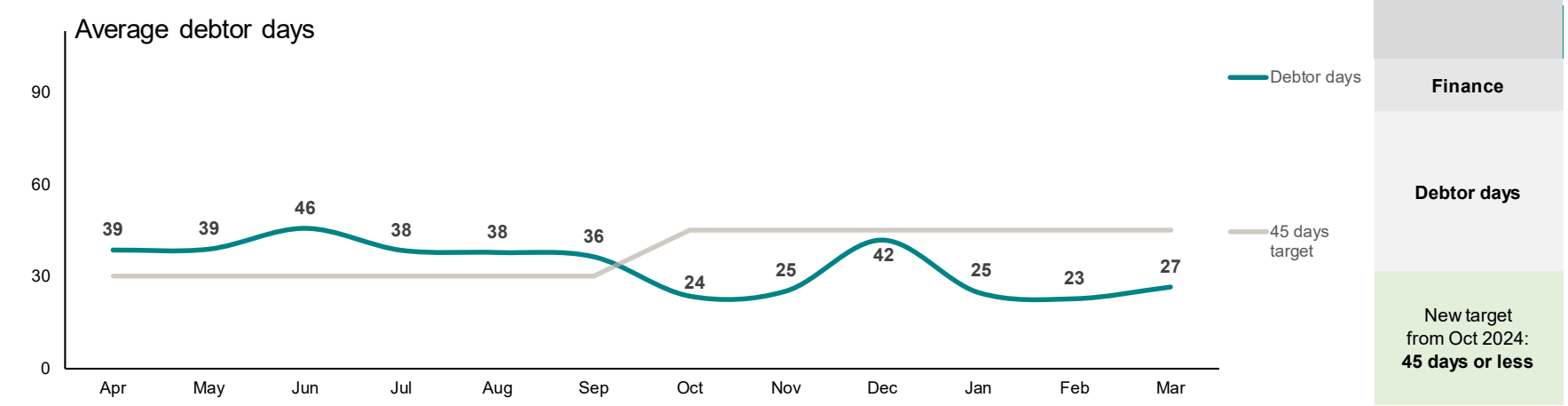


Finance

Debt collection

Target:
85% or more debts collected in the month within 40 days from billing

The debt collection KPI has fluctuated as we continued to target those debts that were over 96 days. We have reduced this aged debt significantly and the impact is starting to show as we move towards our target of 85%.

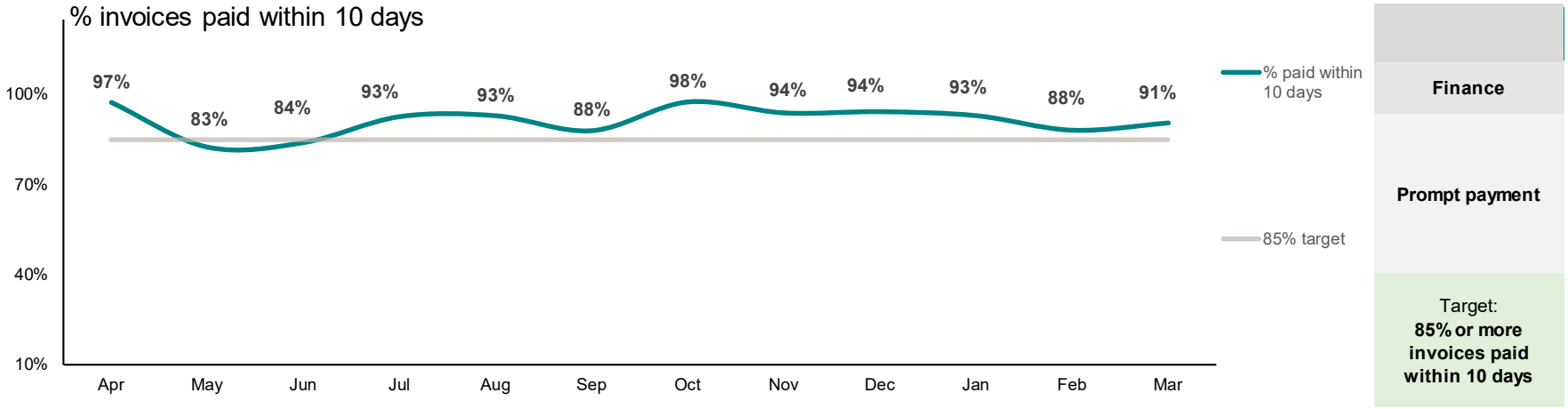


Finance

Debtor days

New target
from Oct 2024:
45 days or less

This KPI has been consistently low across the year demonstrating our efficient creditor control processes. We have ended the year at 27 days which compares well against sector standard which is above 40 days.

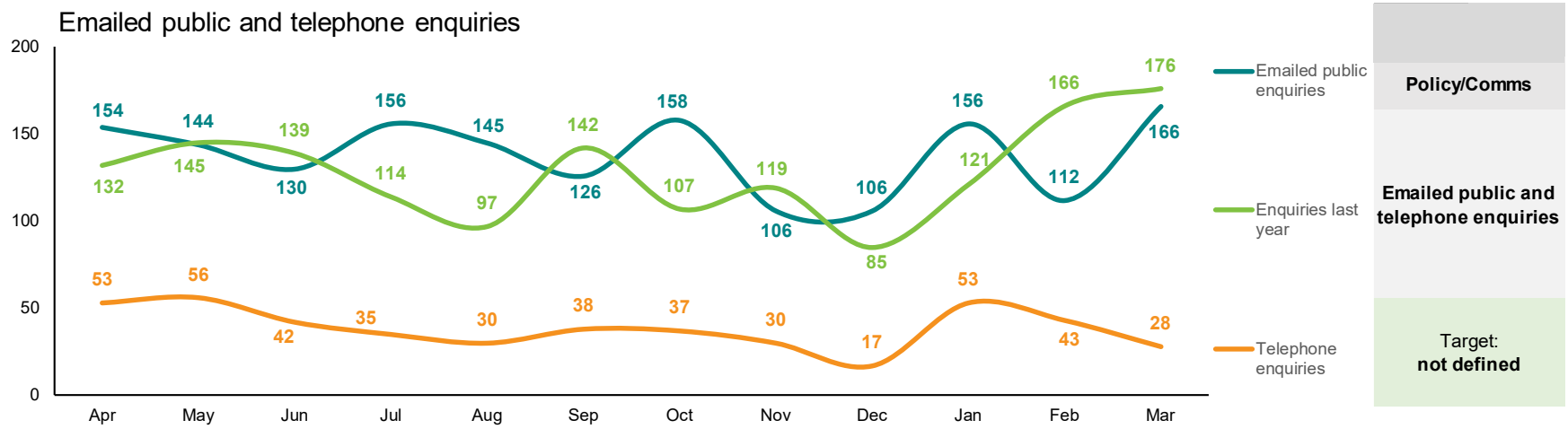


Finance

Prompt payment

Target: **85% or more invoices paid within 10 days**

KPI has been met in 10 months out of 12. We aim to make weekly payments to our suppliers and this KPI has ended the year at over 90%. This keeps the HFEA well within the voluntary Better Payment Practice Code (BPPC) target of 95% within 30 days.



Policy/Comms

Emailed public and telephone enquiries

Target: **not defined**

1553 email enquiries were received this year, up from 1474 in 2023-24, and 1132 in 2022-23. 462 enquiries calls were received this year, compared to 504 last year. Common call and email enquiry themes included Opening The Register, patients who were unhappy with an aspect of their treatment, starting treatment/CaFC, medical queries, screening and testing, sperm/egg donation, and transfer of gametes. We also received enquiries about Apricity, following its closure in December.

Human Fertilisation & Embryology Authority

Finance Report

Period to end March 2025

Tom Skrinar
Director of Finance, Planning and Technology
21/05/25

www.hfea.gov.uk

Summary financial position as of 31 March 2025

Type	Actual YTD £'000s	Budget YTD £'000s	Variance Actual vs Budget £'000s
Income	(7,607)	(8,231)	(624)
Expenditure	7,474	8,231	757
Total Surplus/(Deficit) pre-audit	**133**	**0**	**133**

At the end of the financial year (31 March 2025) we are posting a pre-audit surplus of £133k. The main reason for this position is an underspend against our planned project costs, in particular the Phoenix project (to replace our inspection and licensing IT system), which commenced in February rather than earlier in the year as planned (though the majority of the Pheonix underspend was matched by a reduction our Grant-in-Aid from the Department of Health and Social Care). A breakdown of specific items is detailed in later slides.

There has been a significant number and value of refunds paid to clinics in 2024/25 as corrections have been made relating to duplicate activity submitted in error by clinics to PRISM over the past few years. A provision for these refunds, raised in the 2023/24 HFEA accounts, has reduced the impact on the HFEA's finances in 2024/25. The exact values will be reviewed and confirmed as part of the audit.

Human Fertilisation & Embryology Authority

2024/25 Income – Year ended 31 March 25

Year end	YTD Actual	YTD Budget	Variance
	£'000s	**£'000s**	**£'000s**
Income			
DHSC Funding	410	846	(436)
DHSC Funding – non-cash	232	232	-
Licence Fees	6,751	7,052	(301)
Other income	214	101	113
Total	**7,607**	**8,231**	**(624)**

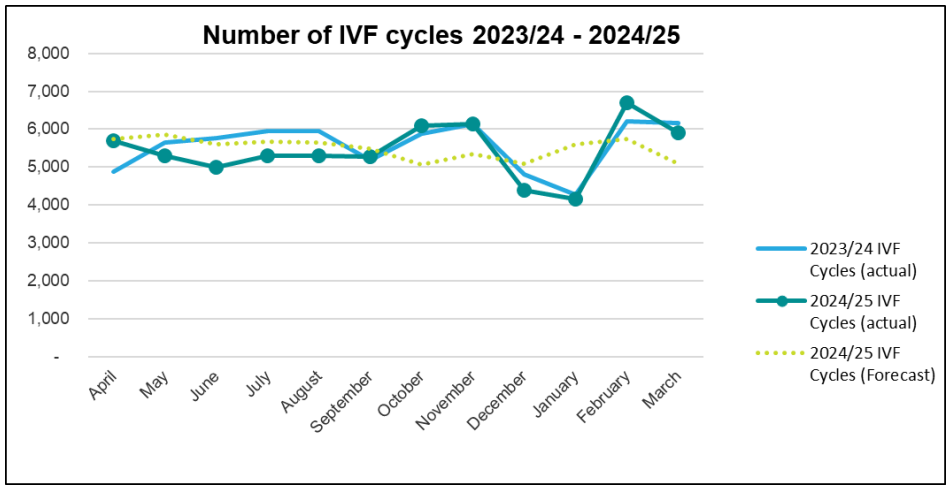
INCOME

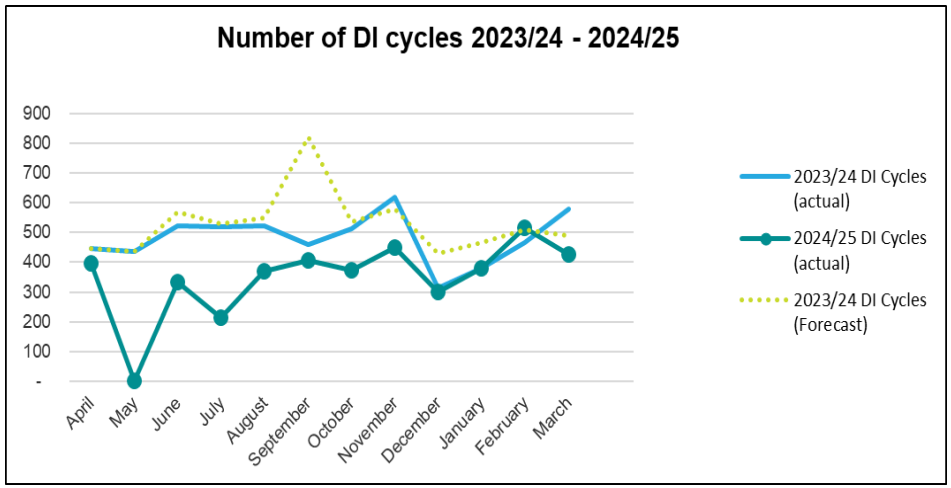
Year to date, our total income is under budget by 7.6%. The key factors affecting this variance are:

- Grant in aid (GIA) – we have not drawn down our full allocation as planning for the implementation of the replacement for Epicentre (our Licence Management System) has changed and the bulk of the work will now take place in the 2025/26 business year (for which funds have been secured from DHSC).
- Licence fees - IVF/DI activity has been impacted by the corrections that our clinics make to submissions which results in refunds and therefore reductions in our income. We have undertaken detailed analysis prior to the audit to assure ourselves we know most of the reasons for the corrections (and that the refunds are reasonable).
- Other income – mainly interest received on our bank balance (£165k).

Human Fertilisation & Embryology Authority

2024/25 Income - YTD Actual vs Budget





IVF / DI Activity

The above graphs depict the volumes of IVF and DI cycles, comparing activity for the 2023/24 and 2024/25 financial years as of M12 (March). As mentioned previously, refunds of IVF/DI cycles impact activity levels. In some periods, actual activity is much lower than forecast, where our forecast was based upon pre-PRISM periods.

IVF activity ended the year 2.4% (1,589 cycles) lower than 2023/24 and DI volumes were 27.8% (1,607 cycles) lower than the same period.

The volume of corrections (refunds) appears to now be reducing. This should have an impact on how we account for these refunds going forward in that an adjustment to our income each month to take account of possible refunds will likely need to be done to ensure we are not over-stating our income.

Human Fertilisation & Embryology Authority

2024/25 Expenditure at year-end

As of March-25	YTD Actual	YTD Budget	Variance
	£'000s	**£'000s**	**£'000s**
Expenditure			
Salaries/Wages	5,609	5,552	57
Other Staff costs	225	210	15
Other costs	203	245	(42)
Project Costs	60	809	(749)
Facilities (estates) costs	496	492	4
IT Costs	601	587	14
Legal and Professional	280	336	(56)
Total	**7,474**	**8,231**	**757**

Key Variances

Salaries/wages – ended the year slightly above budget by 1% (£57k) which is largely due to increased pension costs and contingent labour (temporary) staff costs.

Other Staff costs – are over budget by £15k. These costs are mainly represented by travel and subsistence for inspections, training, recruitment, staff welfare. Most of these costs ended the year under budget. Two areas that were over budget were; Staff Training (£28k over) where more external training was required whilst our internal platform undergoes a review and Staff Welfare (£11k over budget) where there are some costs which are difficult to budget for such as staff referrals to occupational health.

2024/25 Expenditure for the year ended March 2025

- **Other costs** – are £42k below budget. Significant areas of overspend are within Inspector Advisor fees £6k over budget and Donor Information – costs relating to the Donor Conceived Register, £18k over budget. These are offset by underspends in all other areas.
- **Project costs -** significant underspend due to the Pheonix project kicking off late in February hence the lack of expenditure against budget (£749k).
- **IT Costs –** are underspent by £14k which is due to reduced spend against telephony costs (£10k); support costs £6k; low value hardware and software £7k and consumables spend £13k. Offsetting these is an overspend against IT Subscriptions (Microsoft Office 365 licences) higher than budget (£48k). These costs relate to the number of staff who require access to our network and systems whether that be permanent or temporary staff.
- **Legal and Professional** – is under budget by £56k, represented by our legal spend year to date under budget by £75k. It is likely our legal spend may increase in 2025/26 where there are cases pending
- Offsetting this underspend is an overspend on both internal and external audit fees (£20k in total). The fees are increasing as the auditors increase their scope. In particular, the external audit fee increase reflects the work conducted around the duplication of cycles billed. It is expected that the fee for 25/26 be as high as 24/25 if not higher.

2025/26

- **Budget** – We have agreed our funding from the Department of Health and Social Care; Grant in aid of £740k which has been secured to cover the cost of the Pheonix project in addition to funding OTR £277k. Directors have been issued with their delegation letters (authorisation to manage/spend their budgets).
- **Fees** – there has been no increase to either IVF or DI fees this year. We are looking at our fee structure in 25/26 which should also align with the completion of the Pheonix project (new Epicentre) which will be instrumental in helping us charge fees appropriately.

Human Fertilisation & Embryology Authority

Choose a Fertility Clinic: next steps

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Authority
Agenda item:	6
Meeting date:	21 May 2025
Author:	Rachel Cutting, Director Compliance and Information Kevin Hudson, PRISM Programme Manager Peter Thompson, Chief Executive
Annexes	Annex 1: Chief Executive letter to PRs 7 May

Output from this paper

For information or decision?	For information
Recommendation:	The Authority is asked to: • note the progress made on updating CaFC this year and the work planned to the end of 2025. • consider the issues we might raise in the planned consultation. • consider the merits of undertaking a wider review, beginning in 2026, of how our various data sources might be unified or presented differently in future.
Resource implications:	Within budget
Implementation date:	Consultation on CaFC metrics and publication of 'full' CaFC later in 2025
Communication(s):	To licensed clinics and patient groups, as appropriate
Organisational risk:	Medium

1. Introduction

1.1. The HFEA has a duty to provide advice and information to licensed clinics, patients and the wider public. We do that in a variety of ways, including the publication of clinic level performance data through the Choose a Fertility Clinic (CaFC) function on our website.

1.2. CaFC provides verified information on all UK licensed fertility clinics. Each clinic has a dedicated website page with the following information (as relevant):

- how HFEA inspectors rate the clinic
- how patients rate the clinic
- pregnancy and birth rates from different fertility treatments
- multiple birth rates
- waiting times for donated eggs, sperm or embryos (clinic inputted)
- details of the treatments offered, staffing and facilities at each clinic (clinic inputted).

The viewer can also choose to view more detailed statistics on clinic performance.

1.3. The migration of our Register data to a new database and the introduction of our new data submission system PRISM has meant that the data in CaFC is outdated and of limited use for the purposes of choosing a clinic. The Authority has recognised this issue and CaFC has the following health warning:

> *"The data shown below is old because we are rolling out a new system for clinics to submit their data to us. This is a large project requiring clinics to check data for over 420,000 cycles. Once complete in 2025, you will be able to see data on treatments from January 2020 to December 2023, and births from January 2019 to December 2022.*
>
> *The Choose a Fertility Clinic pages show data on births from 2018, and pregnancies from 2019. Clinics may have their own more recent data, which can't be compared to a national average and remains unverified by the HFEA until our new system is completed."*

1.4. The Audit and Governance Committee (AGC) have undertaken strategic oversight of PRISM programme on behalf of the Authority and accordingly AGC has also overseen progress on updating CaFC.

1.5. The data in CaFC will be updated in two stages in 2025. The first 'interim' CaFC is scheduled to launch in May and will provide headline success metrics for pregnancies to 2023 and birth rates to 2022. The second 'full' CaFC verification process will conclude later in 2025 and provide both headline success metrics and detailed statistics on pregnancies to 2024 and birth rates to 2023.

1.6. For some time now, the HFEA priority for CaFC has been to update the data as this is central to its primary purpose: to provide patients with reliable, verified clinic level performance data to assist individual choice about where to have treatment. With the launch of the 'interim' CaFC and work soon to be underway to verify the data for the 'full' CaFC later this year, we can now turn our attention to whether the metrics in CaFC are still the right ones, and looking further ahead, begin to consider the form that CaFC might take given other data developments, like the inspector dashboards we are working on to improve data availability for inspections, which could in future be adapted for public use.

1.7. The aim of this paper is to provide information on the progress of updating the data in CaFC (section 2); seek views on the issues we might raise in a planned short, focused consultation

later this year on the metrics in CaFC (to inform the next full CaFC) (section 3); and to sketch the outlines of a longer term 'direction of travel' for CaFC (section 4).

2. Updating the data in CaFC

2.1. The 'interim' CaFC update began in mid-February, when 90 clinics were issued with a short calculation sheet that showed their overall success rates for all patients for each year from 2019 to 2023 and subsidiary calculation rates for patients under 38, aged 38 and over, multiple birth rates and donor inseminations. The 'interim' CaFC focused on just two headline metrics: births per embryo transferred and multiple births. For this exercise only, births per embryo transferred has been measured two ways: a 'composite' rate (comprising all treatments – fresh, frozen, donor and PGT-A) and a 'fresh' only rate. The ongoing Register validation work with a minority of clinics meant that it was not possible to separate donor treatments from frozen treatments generally, so the 'composite' rate was the only way of including frozen treatments which have grown significantly in recent years. The issues raised by different metrics are discussed in section 3 below.

2.2. Clinics were asked to check that the totals used for embryo transfers and live birth events matched their own totals and to respond to the HFEA team with any queries. In 19 cases, clinics asked for a breakdown of the cycles that made up their totals which was provided. By mid-April, 77 clinics had reviewed their data, made amendments where required and signed off their calculations for the 'interim' CaFC. As noted above, publication of the 'interim' CaFC is scheduled for May.

2.3. As the 'interim' CaFC 'composite' rate includes all embryo transfers a caveat will be included on those clinics' CaFC pages who have a higher than national average use of donor eggs and/or PGT-A explaining why this has impact and that this may make it harder to compare that clinic against the national average and other clinics.

2.4. Given the relative speed of 'interim' sign off, we propose to repeat this process for the 'full' CaFC for 2023 (birth rates) and for 2024 (pregnancies). We will provide to each clinic a calculation of their total success rates for each of those years and then provide additional lists of data or supplemental subsidiary calculations where is required.

2.5. We will do the verification for 2023 and 2024 together and present the calculation for both years on a single sign off sheet. We anticipate sending these to clinics in June. As there is much more data to be verified in a 'full' CaFC clinics will need more time than in the interim exercise so we intend to give them to the end of the Summer 2025 to review and sign off their 2023 and 2024 data.

2.6. There has been regular communication with clinics about the updating of CaFC this year, including a short survey as described in the letter of 7 May to PRs (see Annex A).

2.7. The Authority is asked to note the progress made on updating CaFC this year and the work planned to the end of 2025.

3. Headline metrics

3.1. The headline metrics for CaFC were agreed in 2016-17. The metrics were:

- Birth per embryo transferred – this is based on the number of births (counted as a single birth event) divided by the total number of embryos transferred, for fresh cycles with the patient's own eggs.
- Births per egg collection – based on the number of births (counted as a single birth event) divided by the total number of egg collections over a 12 month period and following their usage over a maximum of 24 months.
- Multiple births – based on the total number of multiple birth events divided by the total number of birth events.

3.2. The decision to adopt these metrics followed a period of consultation and beta testing. It reflected Authority policy concerns including that metrics should assist in the reduction of multiple births. The balance of treatment activity in the sector and multiple birth practices have both changed significantly since then. In summary:

- **The balance of fresh and frozen cycles has changed** – 20% of IVF cycles in 2012 used frozen embryos, in 2022 that had increased to around 45% of cycles. Moreover, we have observed that many large clinics now undertake significantly less than 40% of fresh treatments in their overall mix of treatments provided. In such circumstances a headline metric based solely on fresh transfers risks providing an unrepresentative picture of individual clinic performance.
- **Multiple births have decreased** - from 17% in 2012 to around 4% today.
- **The use of donor treatments has increased** - from 11% in 2012 to around 16% of IVF cycles in 2022. Typically, where donor eggs are younger than the age of the patient it increases the likelihood of success.
- **The growth in the number of cycles which use PGT-A, sometimes alongside 'batching cycles'** - both these developments, either separately or together, can impact on the accuracy of the birth per embryo transferred metric. This is because: first, the metric doesn't take into account where the patient has undergone egg collection and testing and shows no 'normal' embryos and therefore an embryo transfer doesn't occur; second, when cycles are 'batched' the patient undergoes multiple cycles with PGT-A from which an embryo is selected; third it doesn't reflect the multiple cycles undertaken to achieve an embryo transfer (NB. batching is also undertaken without PGT-A and again this wouldn't reflect the number of cycles undertaken to reach embryo transfer). In sum, PGT-A and batching may therefore elevate the rate based on per embryo transferred and risks undermining the effectiveness of births per embryo transferred as a fair measure of clinic performance.

3.3. While the predominant fertility treatment in the UK is still fresh or frozen transfer with own eggs, the growth in donor eggs and the use of PGT-A, especially when combined with batching cycles, raise questions as to whether our current headline metrics are the most useful ones to inform patient choice now or in the future.

3.4. As noted above, for the 'interim' CaFC we decided to present two headline metrics: birth per embryo transferred (measured two ways: a 'consolidated' rate involving all transfers (including frozen, donor and PGT-A etc) and a 'fresh' rate, based on fresh transfers of own eggs as used since 2017) and multiple births. Given the issues set out above, at AGC on 30 April we sought the committee's agreement to undertake a short, focused consultation with the sector and patient groups later this year on the most appropriate metrics for the upcoming 'full' CaFC and thereafter.

3.5. We have not yet decided the form of the consultation or the questions to be consulted on, but the sorts of issues we plan to raise include:

- Is the continued use of a metric based on fresh, own eggs still helpful given the rise in frozen treatments?
- Should fresh and frozen rates be combined?
- Should donor cycles or those using PGT-A, be included in or excluded from any headline metric? If they are included does this make clinic comparisons and to the national average fair, given the varied use across the sector?
- Should there be different metrics for different types of treatments, for example per cycle started or per egg collection?
- Has a multiple births metric outlived its usefulness now that the national average is under 4%? And does this mean the per embryo transferred metric is less significant now single embryo transfer is routine practice?

3.6. We have long had ambitions to present cumulative birth rates which will be possible with. PRISM once we have resolved the missing thaw linkages.

3.7. **We would welcome Authority views on the issues we might raise in the planned consultation.**

4. Looking further ahead

4.1. By the end of 2025 CaFC will be updated with data to the end of 2024 with, depending on the outcome of the proposed consultation set out at section 3 above, an updated set of headline metrics. At that stage the information programme that begun with PRISM will be complete.

4.2. We could decide to rest there. Our view, however, is that the work we have undertaken over the past few years provides an opportunity to consider how best the HFEA should use data for regulatory purposes and present data for patients and the wider public.

4.3. The HFEA website now has a range of public facing data. It has individual clinic pages with clinic level data and national data (the 'national average'). It has annually updated data on our dashboard and as published in our regular reports, as well as in response to enquiries, parliamentary questions and Freedom of Information requests. In addition, we are using the knowledge gained from the development of the public dashboard to provide clinic level data to inspectors to inform their regulatory oversight work. We also provide Register data to researchers through the publication of the anonymised register and via applications for identifiable data to the Register Research Panel.

4.4. Once the CaFC update has been completed and we are publishing up to date information, we should review the different information sources outlined in the paragraph above and consider whether they can be brought together in a more unified or different way.

4.5. **We would welcome Authority views on the merits of undertaking a wider review, beginning in 2026, of how our various data sources might be unified or presented differently in future.**

5. Recommendations

5.1. The Authority is asked to:

- note the progress made on updating CaFC this year and the work planned to the end of 2025.
- consider the issues we might raise in the planned consultation.
- consider the merits of undertaking a wider review, beginning in 2026, of how our various data sources might be unified or presented differently in future.

Annex A – Chief Executive letter to PRs 7 May 2025

Chief Executive letter to PRs

By email only

2 Redman Place
London
E20 1JQ
T 020 7291 8200
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7 May 2025

Dear PRs

Re: Choose a Fertility Clinic (CaFC) next steps

I write further to my letters of 14 December and 28 March regarding the verification and publication of CaFC data in 2025.

'Interim' CaFC

In my letter of 28 March I sought clinic views on whether you supported the publication of an interim CaFC publication. The survey closed on 11 April by which time 62 clinics had responded (68% of all licensed clinics). The results were as follows:

- 79% of respondents (49 clinics) were in favour of the interim CaFC publication
- 19% of respondents (12 clinics) preferred publication of the full CaFC only
- 1 clinic was happy either way.

The HFEA's Audit and Governance Committee (AGC) met on 30 April to consider the results of the survey together with information on the progress of the verification exercise. AGC decided that we should publish an interim CaFC in May for all those clinics that had verified their data. As set out in my letters of 14 December and 25 March, the interim CaFC will consist of three headline metrics for treatments in the calendar year 2022:

- Live birth rate per embryo transferred – the 'composite rate' taking account of all IVF treatment split by age (under 38 and 38 and over)
- Live birth rate per embryo transferred – the 'fresh rate' comprising only fresh, stimulated IVF using own eggs split by age (under 38 and 38 and over)
- Multiple birth rates split by age (under 38 and 38 and over).

AGC decided that where a clinic's 'composite' rate included an above national average number of cycles utilising either PGT-A or donor egg treatments then explanatory text should be added to their CaFC pages to advise that this makes it more difficult to compare the clinic's rate against the national average or other clinics.

As of the time of writing, 77 clinics (83% of all applicable licensed clinics) have verified their data and will therefore be included in the interim CaFC which will be published in mid-May. A final sign-off date for clinics to be included in the first publication, and confirmation on the date of publication, will follow shortly. Clinics that have been unable to complete the verification process, or indicated that they did not wish to be included

in the interim CaFC, will maintain their current headline figures, as set out in my letter of 17 December. Clinics that miss the deadline, but complete verification later can move to the interim CaFC over time.

'Full' CaFC

I had previously advised that the publication of the first 'full' CaFC in 2025 would be in two stages: the first covering treatments to December 2023 to be published in the summer and the second covering treatments to December 2024 to be published around the end of the year. Our thinking at that time was that this would spread the work involved in the verification process. However, the experience of the verification process for the interim CaFC now suggests to us that it would be a more efficient use of clinic time to undertake a single verification exercise covering both 2023 and 2024 data. This would also enable more timely reporting of the 'births per egg collection' metric which requires three years of data. The publication date has yet to be set but it will most likely be in the last quarter of 2025. Kevin Hudson will contact you shortly on the verification process.

The decision to move to a single verification process this year will also allow us time to undertake a consultation with clinics and patient groups on the most appropriate headline metrics for the full CaFC publication. The current headline metrics have not been reviewed since the re-launch of CaFC in 2016/2017. The fertility sector and the mix of treatments offered has changed significantly since then and it is therefore timely to reflect on whether these are still the most appropriate headline metrics. We will provide further details of this exercise in due course.

Looking to the future

Lastly, I want to note that during 2026 we will start a wider piece of work, recognising that much has changed in the provision of information and the mix of treatments since the current iteration of CaFC was launched. We will consider how we publish different types of data on our website that are used by patients, the public and clinic staff.

Yours,

Peter Thompson
Chief Executive

Phoenix Programme

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Authority
Agenda item:	7
Meeting date:	21 May 2025
Author:	Luke Reader, IT Project Manager Tom Skrinar, Director Finance, Planning and Technology
Annexes	Annex A – Learning from the CQC IT Transformation project

Output from this paper

For information or decision?	For information
Recommendation:	The Authority is invited to note: • the case for change to replace historic HFEA IT systems • the funding and commercial decisions that led to the appointment of our IT development partner • progress and timescales for the project, including governance and risk management
Resource implications:	In budget
Implementation date:	Currently June 2026
Communication(s):	This information will be published on our website.
Organisational risk:	Medium

1. Background

1.1. The HFEA has a core set of operational systems that it relies on to deliver its business. Some of those systems have reached, or surpassed their useful lives, with one key system in particular no longer running on a supported operating system nor receiving security updates. The risk of system failure has at times been significant, as has been communicated to the Authority. Furthermore, the systems no longer represent an efficient or effective tool for staff and user experience is poor.

1.2. The HFEA commenced scoping a replacement and improvement programme in the summer of 2023, looking at the following systems:

- The **Epicentre** system manages key processes such as scheduling inspections, writing inspection reports, managing licence applications, complaints and incidents, etc., as well as issuing licences. The system was created internally over 15 years ago and is no longer supported. Its failure would be highly disruptive for the HFEA and would effectively prevent us from managing inspections or issuing licenses
- The HFEA's **Clinic Portal** is the external web interface used by our regulated clinics, who use it to submit critical information to the HFEA such as licence applications. It is no longer delivering the service we require and suffers from significant performance issues.
- **Content Manager** is an outdated document management system that no longer meets our needs in a modern way and restricts our ability to maximise the value of the information that we hold.

1.3. This paper provides an update on this programme, which has now become the Phoenix Programme (as named by HFEA staff by popular vote).

2. Intended Benefits

2.1. The over-riding aim of the Phoenix programme is to replace those aging systems with modern, cloud-based solutions that will be resilient and efficient and also provide us with options to innovate more easily, for example through use of AI, by having a much more effective and accessible structure for our data. The main benefits are listed below:

- System stability and resilience – achieved by hosting the systems on industry-standard platforms
- Improved efficiency of staff processes – through having key data in one system, and improvements such as automation of some of the Inspectors' tasks
- Clinic staff experience improvements – new Clinic Portal won't crash and will be easier to use, resulting in fewer queries back to the HFEA
- Better data-management – will support stronger reporting and responses to queries, FOIs, legal cases, etc, (including potentially through AI-based apps).

3. Scoping, funding and procurement

3.1. To ensure that we would acquire a solution that met our needs as effectively as possible, we undertook detailed early scoping of requirements through engagement with HFEA staff, supported by an external consultancy that knew the organisation well. We also engaged widely with other Health ALBs and Department of Health and Social Care (DHSC) colleagues to learn lessons from their experiences. The over-riding feedback was to focus on a clear and detailed spec, run a comprehensive and open procurement process and ensure there was sufficient budget to be able to appoint bidders on quality more than on cost.

3.2. Through this engagement we gained the support of the DHSC commercial team in managing the procurement process for us, as well as support in bidding for additional Grant-in Aid through the Department's business planning process. The Department accepted and funded our bid in 2024/25 but, due to a number of timing issues we were not able to procure a solution as quickly as we expected in that year and did not draw down the funding, but requested to roll the funding over into 2025/26, which DHSC agreed to.

3.3. The DHSC Procurement team provided a range of support and advice in finalising our spec and bid documentation and, from August 2024, ran a full commercial process on our behalf. The aim was to appoint a supplier that could provide the right skills and experience to deliver our technical requirements whilst working as an effective partner for the HFEA. The Chief Inspector and the (then) Head of Licensing were involved in the selection process to ensure the main users of the systems were fully represented.

3.4. We received a competitive range of bids from 20 applicants. Microsoft partner **Ceox** (that focuses on MS-technology implementations into UK public sector organisations) was selected via the tender process, scoring second highest in the quality score, but being better priced. A Full Business Case[1] was submitted to the Authority Chair and two other members prior to contract signing, as per HFEA policy, on 17 January, and was approved.

3.5. The contract covers the three system replacements and 12 months of initial support, with a base value of **£699k** (including VAT), split broadly as follows:

- To end of March 2025: £60k;
- 2025/26 £568k;
- 2026/27 £56k;
- 2027/28: £14k.

4. Timelines and progress

4.1. The Contract began on 17th Feb 2025.

4.2. The current dates for the new system launches (these dates are flexible and will be adjusted if required to meet business demands) are:

- Content Manager to SharePoint: October 2025
- Epicentre and the Clinic Portal June 2026

[1] This can be provided separately to Members if requested

4.3. These dates are flexible and will be adjusted if required to meet business demands

4.4. The programme plan is split into 4 phases: Discovery, Design, Deliver, and Optimise.

4.5. We do not intend to put any new system live until user involvement and testing has shown it is fit for purpose.

4.6. The Discovery and Design phases have taken place. Subject Matter Experts (SMEs) from all HFEA departments have been involved including in 13 recorded Discovery Workshops. Clinic users of the Clinic Portal have also been consulted for their views and most-desired-improvements for the new Clinic Portal. The outputs from Ceox have included target process descriptions and process-flows which have been shared back to the SMEs to check alignment.

4.7. The Deliver phase is being run as a series of 2-week sprints, with the intention that each sprint delivers an agreed piece of functionality with user involvement and testing. The Epicentre work is being done in phases, with Business Support Inspection Support (BSIS) being addressed first, then Licensing, followed by Inspections. Work on the new Clinic Portal is underway and will run in parallel. And the Content Manager work, which involves the migration of our records to SharePoint, is scheduled to run August to October.

4.8. The rest of 2025 is occupied by the build aspect of the Deliver phase and represents the bulk of the supplier's work-effort on Phoenix.

4.9. During the Deliver phase we are playing back the Ceox-written agile-based 'user stories' to the SMEs for review to ensure they are fit-for-purpose. And once the new Clinic Portal is deemed ready we will again talk to clinics to validate it with them before launch. The end-result of the Deliver phase will be a set of live fit-for-purpose systems with validated migrated data from the current systems.

4.10. The final Optimise phase will encompass early-life support and ongoing support and enhancements. The supplier Ceox are contracted to deliver this for 12 months after the final system go-live.

5. Governance and risk management

5.1. We have continued to engage with other organisations to learn from their experiences in implementing major IT change programmes and managing risk (see Annex A for our review of the learning from the recent CQC IT Transformation Project). There are clearly a number of areas that will need close attention as we progress, and we are maintaining a detailed RAID (Risks, Assumptions, Issues, and Dependencies) log between us and Ceox. The key risks identified for current focus are:

- Users unable to provide sufficient time to do effective user testing (we have been as flexible as possible to allow the right number of users to participate in testing – it is a very busy year for inspectors, but they are fully aware of the benefits to be gained through their active involvement in designing the inspection system)
- Users not accepting changes (mitigated through close engagement with users and robust organisational change management)
- Scope Creep (mitigated by keeping to spec as far as possible to avoid delays and rabbit holes)
- Nugatory work driven by incorrect design/build assumptions (via Agile Sprints)

5.2. Good governance and communication is essential for a programme of this size, both to ensure that work is being delivered to the requisite standard and that expenditure is being correctly managed and controlled, and to manage and reduce risks particularly around the operational impacts of the system and process changes to the organisation.

5.3. Senior accountable HFEA personnel are engaged, including a Sponsor (an HFEA Director, Tom Skrinar), a Product Owner (an HFEA Head of Service), and a dedicated Project Manager.

5.4. A monthly Programme Board is held with these managers and their counterparts from the supplier Ceox. This meeting covers progress, costs, risks and variances.

5.5. A weekly Update Email is issued to all relevant HFEA and Ceox staff, which sets the tone for open transparency and invites feedback and observations in return. Good communications with staff are essential to keep them up-to-date and engaged in the process. A dedicated page has been set up on the HFEA staff intranet as a repository of news and updates on the Phoenix Programme.

5.6. A monthly verbal update is given to Corporate Management Group (CMG) by the Phoenix project manager.

5.7. A quarterly update is given to Audit & Governance Committee (AGC) by the Phoenix project manager – in writing from June.

6. Conclusion

6.1. This is a complex and challenging change programme, but it has a significant opportunity for success. There is a clear focus from senior management, well-defined desired outcomes and the positive engagement of HFEA staff. We have also built a good early working relationship with the suppliers Ceox. As we progress, our focus will be to maintain this positive level of engagement to ensure that we can foster the right mix of pragmatism and innovation to deliver the IT improvements that the HFEA really needs.

7. Recommendations for the Authority

7.1. The Authority is invited to note the programme, and the governance structure in place for managing and reporting against it.

Annex A

Learning from the CQC IT Transformation Project

The Care Quality Commission (CQC) have published a lessons-learned report into their own IT Transformation Project which had significant challenges: **Independent IT review: executive summary - Care Quality Commission**.

This has been covered in other media including The Health Service Journal: **The Download: Lessons from the CQC's failed transformation project | Expert Briefing | Health Service Journal**.

A precis of the causes of the failings identified is as follows:

- The CQC plan was too ambitious (a £99 million transformation for an organisation of circa 3k staff)
- CQC leadership was not equipped to handle change at scale
- The project attempted to change too many things at once
- Unrealistic timetables were inflexible, leading to the use of temporary staff on the project and technical mistakes
- Unrealistic projected financial savings
- Lack of accountability and controlled governance
- High senior-team turnover led to diffusion of the project's aims and direction
- Project objectives were 'wishy-washy' (c.v.), not measurable and didn't provide clear direction
- There was a lack of a data-led culture.

The HFEA has taken a pro-active approach to minimise these risk areas, viz:

- Ambition at a feasible scale – less than a £1million transformation for an 85-strong organisation (about one-third of the scale of the CQC project).
- The HFEA leadership is supportive of the change and have hired a project manager with specific system-transformation organisational-change experience. The internal communications team have engaged with the project from the outset.
- We aim to separate the changes where possible – the Content Manager rollout is scheduled to land months ahead of the Epicentre/Portal release.
- Phoenix timescales can be flexed. No fixed deadlines have been set. There is agreement that doing this right is the first priority, and speed/cost are a meaningful second priority
- Phoenix isn't predicated on financial savings, though they should accrue over time with operational efficiencies.
- Accountability – we have a named sponsor (at Director level), product owner (a Head of Service), project manager, and similar supplier roles.

- Governance – we have monthly programme boards and CMG reporting, quarterly AGC reporting, and a weekly project update to all parties.
- Senior-team turnover – this risk is of course present and is outside of the control of this programme. But our clear objectives (see below) should allow the project direction to remain on track nonetheless.
- Objectives – at its core, Phoenix aims to put 3 systems (Epicentre, Clinic Portal, Content Manager) onto modern, resilient and fully supported (Microsoft) platforms, with no loss of functionality. We will of course explore and develop improvements to functionality/reliability/user experience, but there are no over-riding requirements to fundamentally change how we do our work or how our supporting systems should be set up (though clearly having a system that is flexible and 'future-proof' as far as possible will be key and can facilitate change in future).
- In terms of a data-led culture, HFEA managers and users are well-aware of the issues of the currently-dispersed storage and use of data across Epicentre and many individual spreadsheets in particular. One of Phoenix's stated aims is to provide a 'Single source of truth' for each area of data, as far as practical, which is supported by staff.