

Audit and Governance Committee Paper

Paper Title:	Information Assurance
Paper Number:	[AGC (10/6/2015) 460]
Meeting Date:	10 June 2015
Agenda Item:	9
Author:	Sue Gallone
For information or decision?	Information
Resource Implications:	None
Implementation	N/A
Communication	N/A
Organisational Risk	Not to have an assessment would undermine the Annual Governance Statement and improvement required may not be identified and acted upon.
Recommendation to the Committee:	The Committee is asked to note the SIRO's assessment of information governance and discuss.
Evaluation	Annually, to inform the consideration of the annual report and accounts
Annexes	A: compliance with IGT requirements

Information Assurance

Background

1. It is a Cabinet Office (CO) requirement that boards receive assurance about information risk management. This provides for good governance in its own right, ensures that the board is involved in information assurance and informs the Audit and Governance Committee's consideration of the Annual Governance Statement (AGS). The Senior Information Risk Officer (SIRO) makes an annual report to the Accounting Officer to inform the AGS and this paper provides that report for the Committee's purposes too. The report is also reviewed by the Senior Management Team (SMT).
2. The Department of Health (DH) requires arms length bodies (ALBs) to make a similar report to them, to inform their departmental reporting to CO. A preliminary report was made to DH in February 2015, at their request, subject to review and agreement by SMT and AGC in June 2015.
3. My assessment, and the reports, are based on the requirements of the NHS Information Governance toolkit (IGT) and the Security Policy Framework (SPF) [Security policy framework - Publications - GOV.UK](#). The HFEA holds patient data although we do not use the patient information in the same way as the NHS institutions at which the IGT is aimed. The HFEA has attempted to complete the IGT on-line, although we have found the level of detail not to be appropriate to a small, self-standing organisation such as the HFEA and somewhat prescriptive. Therefore I have completed my assessment by interpreting these requirements for the HFEA and also by considering the requirements set out in the SPF.
4. ALBs are also asked to assess themselves and report against the 10 Steps to Cyber Security, the guidance issued as part of the Government's cyber security strategy [10 Steps to Cyber Security](#). My assessment is included in this report.

Recommendation

5. Members are asked to note the assessment set out in this paper.

Report

6. Annex A of this paper records compliance with the requirements of the NHS IGT, as appropriate to the HFEA.
7. The key actions the HFEA needs to implement from the IGT toolkit are:

- Communicate our policies (information governance and information security) and ensure these are understood
 - Monitor compliance with policies
 - Develop our information for service users
 - Document information processes (this is planned in our Information for Quality programme)
 - Review network security events more formally
 - Risk assess information assets more formally
 - Develop oversight of records management
8. There is also a need for me as SIRO to gain greater assurance that other technical IT areas are well controlled and to review evidence in all areas to support information provided by the Head of IT.
9. My high level assessment of the 10 areas relating to cyber security is:
- i. Information risk management – action required to formally risk assess information assets (as above)
 - ii. Secure configuration – considered satisfactory, based on assurances from IT team
 - iii. Network security - considered satisfactory, based on assurances from IT team
 - iv. Managing user privileges – satisfactory
 - v. User education and awareness – policies need to be communicated and assurance sought that these are understood
 - vi. Incident management – satisfactory
 - vii. Malware prevention – considered satisfactory, based on assurances from IT team
 - viii. Monitoring – considered satisfactory, based on assurances from IT team
 - ix. Removable media controls - satisfactory
 - x. Home and mobile working – satisfactory.
10. The HFEA has a sound culture of protecting information and staff have a good understanding of the need and protocols. There have been no incidents of data

loss in 2014/15 and there is a good track record of properly protecting information and systems. Satisfactory penetration testing last took place in March 2012 and the Head of IT performs monthly vulnerability assessments. Further external penetration testing is planned for 2015/16 after the next server upgrade. There are clear instructions to staff, policies have been updated recently and are being communicated to staff. There are other actions to take, as identified above, to ensure full compliance with requirements.

11. On the basis of the information and assurances received from the Head of IT, and my observations, information security is not at risk at the HFEA. Information risk is being managed but there are areas to work on to be fully compliant with requirements. An action plan is being developed.

Annex A – HFEA's compliance with IGT requirements

Audit and Governance Committee

Paper Title:	Implementation of Audit Recommendations – Progress Report
Paper Number :	[AGC (10/06/2015) 462 MA]
Agenda Item:	11
Meeting Date:	10 June 2015
Author:	Wilhelmina Crown
For information or decision?	Decision
Resource Implications:	As noted in the enclosed summary of outstanding audit recommendations
Communication	CMG
Organisational Risk	As noted in the enclosed summary
Recommendation to the Committee:	AGC is requested to review the enclosed progress update and to comment as appropriate.

Annexes		Summary of Recommendations		
Recommendation Source	Status / Actions	2011/12 to 2013/14	2014/15	Total
Internal – DH Internal Audit	To complete	1	3	4
	Complete	3	5	8
External Auditor – NAO	To complete	1	-	1
COUNT		5	8	13

1. Report

- 1.1. This report presents an update to the audit recommendations paper presented to this committee in March 2015.
- 1.2. Two new recommendations agreed by this committee at the last meeting have been added.
- 1.3. Recent updates received from Action Managers are recorded in this document.
- 1.4. Recommendations are classified as high (H), medium (M), low (L) or N/A for advisory.
- 1.5. Eight recommendations are noted as completed and the remaining are in hand.
- 1.6. Of the five remaining outstanding, two recommendations are classified as high, two as medium and one as low
- 1.7. Progress with the implementation of the remaining outstanding audit recommendations will be provided to future meetings of this committee and to CMG on a quarterly basis.

2. Recommendation

AGC is requested to review the enclosed summary of recommendations and updated management responses.

Recommendations
2011- 14 Audit Cycle

2011 - 12	Title	Section	Grade	Findings	Risk / Implication	Recommendation	Management Response	Action Manager	Date
2011-12	Review of Supplier Maintenance	1	L	<p>Guidance for Supplier Maintenance: Documentary guidance exists which sets out the financial authorities and responsibilities over procurement, purchasing and payment for goods and services. However, some of the detailed guidance needs to be updated. The HFEA Ordering and Payment Procedures are based on the Barclays Business Master system, which has been replaced by the Barclays Internet Banking system. The HFEA Financial Reporting Procedures do not reflect the current suite of management accounting reports.</p>		<p>HFEA Ordering and Payment Procedures should be updated to reflect the use of the Barclays Internet Banking system. HFEA Financial Reporting Procedures should be updated to reflect the current suite of management accounting reports.</p>	<p>Agreed. The Financial Procedures will be updated to reflect this and other recommendations arising from this audit, and also updates to the Authority's Fraud and Anti-Theft Policy. June 2012 update: The finance procedures have been revised in draft and presented to CMG. Recommendations from the meeting are due to be incorporated and finance training arranged for staff new to their financial responsibilities / who would like a refresher. September 2012 update: The Financial Procedures – the main document setting out procedures and processes for all staff – have been updated and are on the intranet. Revisions include reference to the Fraud and Anti-Theft Policy; changes in staffing; and enhancement of T&S information in line with DH policy. The detailed procedures in use by only the finance team have been substantially updated. The banking procedures refer to Barclays Internet banking. Some detailed procedures remain to be updated, it is anticipated this will be completed by end October. November 2012 update: The finance SOP on the HFEA's Ordering and Payment of goods and services has been updated to reflect the use of Barclays Internet Banking. The imminent delivery of the SAGE 200 project will radical transform the financial system and processes currently in place. It is therefore recommended that all other documents are reviewed after the new system is introduced. March 2013 update: The Sage 200 project is underway. The financial procedures and finance team SOPs will be subject to material revisions to reflect the forthcoming (1 April 2013) introduction of WAP (to facilitate online processing of purchase orders to payment). June 2013 update: Pending resolution of the technical problems with the new WAP system the revisions to the financial procedures were also delayed. The WAP system went live on 3rd June and revised summary financial procedures are to be presented to this meeting. Some of the individual detailed procedures will be completed subsequently. Aug 2013 update: Delayed due to finance team restructuring. In addition, an annual review of the existing suppliers database will be written into the standard operating finance documentations which is planned to be completed by November 2013 Nov 2013 update Now expected in Dec 2013 Feb 2014 update A review of time and availability resources has necessitated moving this piece of work back in Q1 of 2014-15. This recommendation relates to the updating of SOP's which are internal to finance staff only. May 2014 update Awaiting completion by Director of Finance and Facilities Internal audit planned in Q1 2014/15 to update this recommendation September 2014 Update Finance policies and SOPs to be updated. November 2014 Update As above. Financial controls audit is to look at existing policies to highlight "gaps" and any identified will be incorporated February 2015 update Policies for Procurement and Budgetary Control have been updated and agreed. The Financial Procedures Manual is the final document to be produced and will be drafted by the end of March. May 2015 update: Financial procedures now in place Recommendation complete</p>	Head of Finance	<p>April-12</p> <p>July-12</p> <p>October-12</p> <p>May-13</p> <p>March / April 2013</p> <p>July-13</p> <p>November-13</p> <p>December-13</p> <p>April-14</p> <p>June-14</p> <p>December-14</p> <p>February-15</p> <p>March-15</p> <p>Complete</p>
	Data Confidentiality	4	L	<p>Information Asset Register A number of policies are in place that relate to the management of information, including: - Information Classification and Retention; - Records Management; and - Information Access. These policies do not reference HFEA's Information Asset Register (IAR) which is used to apply a security classification to information assets. HFEA use different security classifications to define the controls which are to be applied to data sets.</p>	<p>Policies related to information management may be applied without consideration of the security classifications documented in the</p>	<p>Management should review the policies related to information management to consider whether those policies require linking to the IAR.</p>	<p>1. This is a good suggestion which we will progress during 2012. November 2012 update In progress, a meeting has been arranged to initiate changes. March 2013 update: The OGSIRO has recently issued documents relevant to risk appetite and security for information assets. This needs to be taken account of in the review, which has been delayed. June 2013 update: Work delayed Nov 2013 update Now expected in Dec 2013 Feb 14 update - due to workload pressures, this has been delayed again. It is now firmly scheduled to be completed end March 2014 May 14 update Policies to be updated after IfQ changes - discussion to take place by end June 2014 to see if interim update possible September 2014 Update These policies form part of the Information Governance toolkit and are currently being reviewed. It is anticipated that the reviews will be completed by November 2014. November 2014 Update - Work in progress January 2015 Update Policies to be reviewed. The new anticipated completion date end May 2015 May 2015 update: The policies have been completed and will be considered at the CMG meeting in May Recommendation complete</p>	<p>Director of Finance / SIRO</p> <p>Head of IT</p>	<p>November-12</p> <p>December-12</p> <p>May-13</p> <p>September-13</p> <p>December-13</p> <p>April-14</p> <p>December-14</p> <p>November-14</p> <p>January-15</p> <p>May-15</p> <p>Complete</p>

2011 - 12	Title	Section	Grade	Findings	Risk / Implication	Recommendation	Management Response	Action Manager	Date
P W C	R I S K M A N A G E M E N T	2	M	Risks are significantly summarised within the HLRR and the supporting Assurance Framework has yet to be prepared We noted that the risks within the HLRR are summarised to a significant degree with a large number of contributory factors. For example: • The risk around decision making quality has a number of causes including decision-making apparatus, representation and appeals processes, workload pressures, governance transition programme and business/admin processes, practices and behaviours. Business/admin processes, practices and behaviours itself then refers to document management, risk and incident management, data security and finance processes. • The statutory and operational systems and delivery risk relates to operational delivery and business continuity being hampered by unreliability in, or excessive demand on, key statutory and infrastructure systems. Causes are reliability of a range of IT and non-IT systems, excessive demand on various processes, data integrity, records accuracy and behaviours. Whilst we can see how the underlying factors draw together into the overall risk, at this summarised level it becomes more difficult to evidence the alignment of controls and assurances against the overall risk. Each risk has a series of controls identified, but they are not directly aligned to each underlying cause of the overall risk and if every control in the organisation relevant to possible factors impacting the risk were listed the HLRR would be unmanageable. In some organisations, many of these causes and underlying controls would appear as risks within a risk management system in their own right, and of course in HFEA a number will be within the operational risk registers. However, we believe that what this highlights is the need for development of an Assurance Framework, as management have identified, that would sit behind the risk register and provide a more detailed level of information on individual controls, risk mitigations and sources of assurance within the business.	The HLRR may not provide sufficient detail to ensure that controls to address the broad nature of identified risks are adequate and that there is sufficient assurance over the continued, satisfactory operation of those controls	As intended, an Assurance Framework should be developed showing the alignment of controls, mitigating actions and sources of assurance relating to the risk of breakdown in areas underlying the high level risks.	Accepted in part. We will need to approach this finding in a proportionate and manageable way. Our proposed actions are: 1. To review our operational risk system to ensure it is being used fully and consistently across the organisation – the aim being to ensure operational risk is managed in a coherent and comparable way between all teams. This will help our overall risk assurance. The Head of Business Planning to start on this following Corporate Strategy work. January 2015 update: Following some initial discussion at the CMG Risk meeting on 19 November 2014, a further paper was considered at the next CMG Risk meeting, which took place on 5 February. This set out overall proposals for a revised operational risk approach, and, in tandem, the gradual introduction of risk assurance mapping, with an outline suggested process. The process will now be designed in more detail in line with the discussion at CMG. Although the risk assurance element will take longer to achieve, since we have very limited capacity for extra activities, and staff are unfamiliar with this sort of process, the changes to the existing operational risk system are expected to be implemented in February and March, and will focus on increasing consistency between teams. This will be done in tandem with service delivery planning for 2015/16. May 2015 update: At February CMG, we agreed to relaunch the operational risk log template, amended to correspond to the suggested future broad risk assurance headings of Planning, Performance and Risk Management, Quality management, Financial management, systems and controls, Information and evidence management, People management, Accountability, Oversight and scrutiny. This framework should help us to identify operational risks more comprehensively and consistently, and will also serve to familiarise Heads (in particular) with the risk assurance headings we plan to bring into use next. The new operational risk template was launched in March. CMG discussed both operational risks and RAM again at its next meeting, on 20 May. An approach was agreed, and discussions will now be commenced with DH internal audit, to integrate this work into the HFEA's internal audit programme. Since full implementation will take some time, and will be reported on to AGC regularly, it is suggested that this item is now regarded as completed, for tracking purposes, and therefore removed from this listing. 2. Revise the High Level Risk Register template to make more apparent the linkages and lines of sight between causes/sources of risks and the corresponding controls. Head of Business Planning – part of AGC paper for 06/14 September 2014 Update Most of this work will form part of the post-Strategy review of the whole content and lay-out of the risk register, but efforts have already been made to make the lines of sight more obvious, as indicated above. January 2015 update: Presented at December AGC. A CMG workshop was held in January to review all risks in detail, and we now regard this recommendation as complete. CMG will continue to review the risk register on a quarterly basis, reporting to AGC at every meeting and to the Authority when agenda space permits. 3. Explanation of whole current risk system (all levels) to June AGC, for clarity (particularly for the newer members / attendees who will not be aware of all aspects of our risk management system). Head of Business Planning to work with CMG and members to consider this between 07/14 & 01/15 January 2015 update: This was addressed as above in June 2014. As soon as the work on risk assurance and operational risk has been completed, the risk policy will be reviewed and updated to reflect the newly agreed approach and procedures. At the same time, SOPs will be incorporated that reflect all procedures. We will also schedule regular annual reviews to ensure the policy always remains up to date and reflects current practice. May 2015 update: This work will be done in June, now that CMG has agreed a way forward on risk assurance. Maintenance of up to date procedures and policies will then become ongoing work. 4. Regarding the composite nature of our strategic risks, we will consider whether to break these down into smaller components when we review the high level risk register following the setting of our new strategy. (However, for the time being we are satisfied that the November 2014 Update A revised version of the high level risk register will be brought to the December AGC meeting for comment. This has been redesigned to take in the audit recommendations, as well as the HFEA's strategy. 5. Risk Assurance Mapping – we will consider what other small organisations do, and review whether it would be worthwhile and feasible for the Authority to adopt a similar approach. Meanwhile, some of our other planned actions, listed in this report, will increase September 2014 Update Via a useful DH Risk Assurance Network meeting in July (the first one of an ongoing series), we have made a useful contact at the CCQ, who are also considering how to introduce risk assurance in a manageable and proportionate way. It is likely that we will be able to adopt some of their methodology, which they are kindly sharing with us as they continue to develop it. This work will be considered following the more urgent work to align all of our planning, performance measurement	HoBP	February-15 End March 2015; and ongoing gradual implementation of RAM Operational risk template relaunch COMPLETED. Implementation of RAM will be planned next, as indicated previously. June-14 Complete January-15 June-15 end June 15 December-14 Complete

Recommendations
2011- 14 Audit Cycle

2011 - 12	Title	Section	Grade	Findings	Risk / Implication	Recommendation	Management Response	Action Manager	Date
							<p>November 2014 Update Risk assurance mapping will be explored alongside the redevelopment of our operational risk system. The recent development of DH's risk and assurance network has already proved useful in this regard, and the CQC (also new to risk assurance as an activity) have kindly shared their process with us. It is likely that we will be able to adopt a very similar approach. Resource implications will remain an important factor in agreeing the detail of this, and this will be discussed in more detail at CMG (most likely in the new year).</p> <p>January 2015 update: As indicated above, Risk CMG considered a paper and recommendations about operational risk and risk assurance mapping on 5 Feb. Further work will follow. We expect full implementation to be gradual over several years. Development of this activity will require some coaching, training and various group meetings, since we are new to this as a concept and as an activity. We also need to consider team resources, which are already at full stretch. We will ensure managers understand the difference between operational risk identification/management, and risk assurance. To some extent we can learn useful lessons and borrow processes from the recent introduction of RAM into the HTA, and the CQC, both of whom are in the same position of trying to accommodate this additional new activity in a proportionate and manageable way, such that the process yields useful assurance and is understood by those using it, but does not cause more risk than it manages.</p> <p>May 2015 update: A paper was considered by CMG at its risk meeting on 20 May. The approach described above was agreed and is now being implemented.</p>		<p>March-15</p> <p>May 2015 for an approach and draft implementation plan over several years</p> <p>As above. COMPLETE</p>
	C O O R D I N A T I O N E	2	M	Some governance information on the website needs updating			<p>Equality policy being refreshed in summer 2014, with updated documentation to go on website. Other website changes being factored into IfQ programme.</p> <p>November 2014 Update Delayed due to member of staff allocated to project being re-deployed on IFQ01 project. Policy refresh to be conducted Q4.</p> <p>March 2015 update Review of equalities initiated and expected to be considered by Authority at its meeting in May 2015.</p> <p>May 2015 update: Equalities review considered by Authority at May meeting. Item closed.</p> <p>Website September 2014 Update All sections apart from the Equality and Diversity section of the website have now been fixed. The Equality and Diversity section has been delayed due to IFQ</p> <p>May 2015 update: Equalities table uploaded to website. Item closed. Recommendation complete</p>	Equalities – HoGL IfQ Programme Manager transferred to Director of Strategy and Corporate Affairs	<p>Equalities – by October 2014.</p> <p>Now expected March 2015</p> <p>Now expected May 2015</p> <p>On implementation of IfQ programme</p> <p>March-15</p> <p>Complete</p>
	N A O		6	L	Intra-Government balances		<p>September 2014 update Comparison will take place when DH request future consolidations</p> <p>November 2014 updated This will take effect when Decembers' hard close commences in Jan-15</p> <p>January 2015 Update As above, however it is at year end that this important point will be embedded. Note will be taken of progress from M9 audit, which will be completed by 20/03/15.</p> <p>May 2015 update: Work completed. To be agreed in the annual audit, by end June 2015</p>	HoF	<p>March-15</p> <p>April-15</p> <p>end June 15</p>
	A R A n e d n p o d u o c a r u l t i t & s				Significant discrepancies were identified in the categorisation of intra-government balances. The disclosures in the latest draft Accounts have now been corrected	Finance should review categorisation of suppliers and customers to ensure that this corresponds with the information reported in the DH Consolidation return			

Audit by:	Title	No	RATING / IMPORTANCE	FINDING/OBSERVATION	RISK / IMPLICATION	RECOMMENDATION	AGREED ACTION	ACTION MANAGER	IMPLEMENTATION DATE
Standing Financial Instructions		3	N/A	Additional Sections					
				Our review of the SFIs for four other Arm's Length Bodies identified the following sections which are commonly included but which are not currently detailed in HFEA's existing SFIs: <ul style="list-style-type: none"> Income, fees and charges and security of cash, cheques, banking arrangements, cash limit control and petty cash; Capital expenditure including disposals; Non-pay expenditure; Payroll expenditure; and Stores and receipt of goods. 	N/A	Consideration should be given for the inclusion of each of the areas set out to left in the HFEA's updated SFIs.	<p>March 2015 update</p> <p>These areas will be described in the HFEA's financial procedures</p> <p>May 2015 update:</p> <p>Financial procedures updated in March 2015 and include these areas.</p> <p>Recommendation complete</p>	Head of Finance	<p>March - 2015</p> <p>Complete</p>
		1	H	Key Policies: The Register of Policies is not complete.					
Internal Policies				<p>The Register currently contains a mixture of 47 strategies, policies and procedures. These are split across various operational areas, including Human Resources, Health and Safety, Compliance, Information Management, and Communication and Finance.</p> <p>From our review of the register we have made the following observations:</p> <p>There are multiple documents that have not been included within the register such as the HFEA's Standing Financial Instructions and documents found within the Authority Standing Orders (for example, Guidance for Authority and Committee members on Handling Conflicts of Interest);</p> <p>There is a lack of consolidation across HR policies, with 24 of the total 46 documents on the Register relating to this area alone. As an example we have noted that there exists a Working from Home document, Homeworking policy and an Occasional Homeworking Policy;</p> <p>One policy ('Health and Safety in the Service') relates to another Government department (the Insolvency Service). We also note that there are no controls in place to action upcoming expiry dates for documents listed on the register. We have been informed that a single co-ordinator for the Register has been assigned from January 2015, who will inform individual document owners of expiry dates of documents and who will also ensure that the register is complete.</p>	<p>An incomplete register prevents HFEA from ensuring that all strategies, policies and procedures are being monitored and reviewed on a regular basis. This may lead to policies not being in line with the current updated working practices and legislation. This issue is compounded where the responsibility for ensuring policies are updated has not been assigned.</p> <p>The existence of a significant number of HR policies increases the risk of duplication or contradictions between them. Additionally this may reduce their usage of by staff and negatively impact on the implementation of controls that they are designed to aid.</p>	<p>A complete list should be made of all strategies, policies and procedures currently in existence across the HFEA. This would be facilitated through searching the organisation's document management system (TRIM) and liaison with individual department heads.</p> <p>All documents in the Register should clearly state, as a minimum, the following information to facilitate monitoring:</p> <ul style="list-style-type: none"> Relevant department, document owner, and TRIM reference; Approval details, including date and details of approver; and Future dates of review. <p>A set process should be introduced to ensure that document owners are contacted with sufficient time prior to expiry of the document for them to coordinate review prior to approval.</p> <p>Once a complete list of policies has been compiled, consideration should be made for the streamlining of policies (including consolidating a number into one policy or removal from the Register).</p> <p>Please see Appendix A for good practice guidance that can be used to inform the HFEA's response to this finding.</p>	<p>Complete list to be compiled, to specification outlined in recommendation.</p> <p>Complete list to be in place by end April 2015</p> <p>May 2015 update:</p> <p>List created - proposals on track for August 2015.</p> <p>Proposals for priority of update/ streamlining of policies to be considered by SMT.</p> <p>Priorities/streamlining of policies to be considered by SMT by end August 2015</p>	Head of Governance and Licensing	<p>April - 2015</p> <p>August - 2015</p> <p>August - 2015</p>
		2	H	Review and Approval: The majority of strategies, policies and procedures on the register evidenced are past their review date and are not subject to version control.					
				<p>We reviewed the 47 documents on the Register and found that only two were currently up to date - i.e. had been reviewed and appropriately approved with an expiry date past the date of fieldwork for this review (January 2015).</p> <p>Of the remaining 44 documents owned by HFEA (i.e. discounting the policy from the Insolvency Service identified in Finding 1 above) we noted that:</p> <ul style="list-style-type: none"> 25 of these had projected dates for review to be performed prior to January 2015, of which: <ul style="list-style-type: none"> One was due for review in 2010 Nine were due for review in 2011; 14 were due for review in 2012; One was due for review in 2013. 19 documents did not specify a projected date for review. <p>We also note in this context that there is no set guidance which specifies that version control should be applied to all HFEA strategies, policies and procedures.</p>	<p>Where documents are not updated regularly these may not reflect current working practices and may not be in line with applicable regulatory or legislative parameters.</p> <p>Additionally without a set policy for version control, including review and approval processes, the quality and consistency of strategies, policies and procedures may be poor and may not reflect organisational objectives and risks where no input is sought from those charged with governance.</p>	<p>The HFEA should develop a set process for the production, approval and version control of its policies which ensures consistency across operational areas in the HFEA. This process should include the requirement that documents are assessed for their alignment to the HFEA's three strategic objectives and how they align with other policies. We have shared examples of best practice for this process with the Head of Governance and Licensing and this is also included within the Appendix of this report.</p> <p>Please see Appendix A for good practice guidance that can be used to inform the HFEA's response to this finding.</p>	<p>SMT to give consideration to process to be used to introduce/ revise/monitor policies, proportionate to size of HFEA and number of</p> <p>Set process for introduction/revision/monitoring of policies to be in place by end June 2015</p>	Head of Governance and Licensing	June - 2015