Human Fertilisation & Embryology Authority

Authority meeting

Date: 21 January 2026 – 12.45pm – 3.30pm

Venue: 2 Redman Place

Agenda item	Time
1. Welcome, apologies and declarations of interest (5)	12.45pm
2. Minutes of previous meetings and matters arising (5) For decision	12.50pm
3. Chair and Chief Executive's report (10) For information	12.55pm
4. Committee Chairs' reports (20) For information	1.05pm
5. Performance Report (30) For information 5.1 Increase of delegation limits For decision	1.25pm
6. Strategic Risk Register (20) For decision	1.55pm
Comfort break (10)	2.15pm
7. Phoenix Programme - update (30) For information	2.25pm
8. Choose a Fertility Clinic (CaFC) full publication update (30) For information	2.55pm
9. Any other business (verbal) (5)	3.25pm
10. Close	

Minutes of Authority meeting held in November 2025

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment / Supporting scientific and medical innovation
Meeting:	Authority
Agenda item:	2
Meeting date:	21 January 2026
Author:	Alison Margrave, Board Governance Manager
Annex	5 November 2025 Authority Minutes 19 November 2025 Authority Minutes

Output from this paper

For information or decision?	For decision
Recommendation:	Members are asked to confirm the minutes of the Authority meetings held on 5 and 19 November 2025 as a true record of the meetings.
Resource implications:	n/a
Implementation date:	n/a
Communication(s):	Final signed minutes to be published on the HFEA website.
Organisational risk:	Low

Minutes of the Authority meeting on 5 November 2025 held virtually

Members present	Julia Chain (Chair) Tim Child Frances Flinter Tom Fowler Zeynep Gurtin Alex Kafetz	Alison McTavish Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup Christine Watson
Apologies	Graham James Geeta Nargund	
Observers	Amy Parsons, Department of Health and Social Care (DHSC) Samatha West, Department of Health and Social Care (DHSC)	
Staff in attendance	Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance and Information) Clare Ettinghausen (Director of Strategy and Corporate Affairs) Tom Skrinar (Director of Finance and Resources) Sophie Tuhey (Head of Planning and Governance) Shabbir Qureshi (Risk and Business Planning Manager) Kevin Hudson (PRISM Programme Manager) Ruby Relton (Social Research Manager) Danielle Hall (Senior External Communications Manager) Kathleen Sarsfield Watson (Communications Manager) Alison Margrave (Board Governance Manager)	

Members

There were 12 members at the meeting – 8 lay and 4 professional members.

1. Welcome, apologies and declarations of interest

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

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:

- Anya Sizer (freelance advisory work within the fertility sector)
- Stephen Troup (consultancy work within the fertility sector)
- Tim Child (consultancy work within the fertility sector overseas)

2. Choose a Fertility Clinic (CaFC) – full publication 2025

2.1. The Chair introduced the agenda item and stated that this will look at the statistics to use for the publication of the full CaFC.

2.2. The Chair thanked everyone who responded to the consultation, the results of which are being used to help inform the Authority's decision.

2.3. The Chair thanked all who had contributed to the paper before the Authority and which had also been published on the HFEA website. This paper sets out the basis for the Authority's discussions

today, setting out the background, including the findings from the focussed consultation that took place earlier in the year and some key information to help the Authority's discussions around the five questions which the Authority needs to decide on today.

2.4. The Chief Executive gave a summary of the wider context for CaFC. He stated that for many years the HFEA has published clinic level performance data and one of its statutory duties is to collect data and make this available. A previous historical decision of the Authority was to make this data available via CaFC, which not only displays outcome data, but also inspection reports and patient feedback. The headline data which is shown on the clinics individual page is further supported by more detailed data for each clinic.

2.5. The Chief Executive reminded the Authority that for several years the HFEA had been updating its information assets, including modernising the register, under the PRISM programme and the publication of the full CaFC is the last part of this programme. The implementation of these pieces of work had meant that it had not been possible to provide updated clinic data in the form of full CaFC since 2018. As the purpose of CaFC is to help patients make an informed choice this data is long overdue. He stated that the update to the full CaFC will show birth data for 2023 and pregnancy data for 2024.

2.6. Continuing, the Chief Executive said that the decisions which the Authority makes today on which headline metrics to use will apply to the data published as part of the full CaFC. The Chief Executive reminded the Authority of the actions which had been taken to reach this position, including the publication of the interim CaFC earlier this year. The objective is that the full CaFC is published before the end of the calendar year.

2.7. The Director of Strategy and Corporate Affairs then introduced the paper and reminded the Authority of their earlier discussions on this subject in May and July 2025, including to run a focussed consultation to gather views from patients and professionals.

2.8. The Director of Strategy and Corporate Affairs stated that since the HFEA was set up in 1991 it has collected data and holds a statutory register of all treatments and outcomes which is believed to be the longest running national database of assisted reproduction treatment in the world. CaFC information is the only place where patients and the wider public can see all clinic level information from the UK wide regulator.

2.9. The Director of Strategy and Corporate Affairs stated that the most recent HFEA patient survey found that success rates was the second most important factor when considering the choice of fertility clinics, with location being the first factor.

2.10. The Authority was informed that in the last 12 months the CaFC landing page on the HFEA website has had over 991,350 views and over two million views in the last three years. It is the most used part of the HFEA website.

2.11. The Director of Strategy and Corporate Affairs noted that there are other websites that use HFEA data to produce their own comparisons.

2.12. The Director of Strategy and Corporate Affairs commented that the Authority had previously agreed that the HFEA's data should not be published in league tables, but in a transparent manner as is reflected on the CaFC pages, with specific headline data and then more detailed information on the individual clinic's pages.

2.13. Members were reminded that as part of the overall strategy for the period ending in 2028 the HFEA had committed to continuing to increase the availability of its data for patients, clinics and researchers.

2.14. Continuing, the Director of Strategy and Corporate Affairs highlighted what other countries had published such as in Australia and the United States but stressed that there is no consensus on the most useful way of presenting outcome data. She cautioned that there needs to be a balance between having something straightforward and understandable versus publishing lots of detailed statistics. The way the HFEA had approached this is to have the main profile page statistic(s) for each clinic with more detailed statistical information available below.

2.15. By reference to the Authority paper circulated in advance of the meeting, the Director of Strategy and Corporate Affairs summarised the background, the wider context on why we produce CaFC information, the focused consultation which took place in August and September this year and then outlined a summary of the results of the consultation as detailed in section 4 and Annex A of the paper.

2.16. The Director of Strategy and Corporate Affairs explained that the focussed consultation was held to gather views from patients, individuals sharing their professional views, professional and patient organisations on the statistics shown on the clinics main profile page that they would find most useful.

2.17. This focussed consultation was designed to be lay friendly with information provided to enable people without detailed knowledge to engage with the questions. Thanks were given to those who had user tested the draft consultation before publication.

2.18. The Director of Strategy and Corporate Affairs then turned to the results of the consultation exercise. She stated that 273 responses were included in the analysis of the summary of responses and the differences between the preferences expressed for the four options presented in the consultation was minimal.

2.19. The Director of Strategy and Corporate Affairs highlighted the key findings and stated that over 80 respondents had completed the 'free text' box with many responses providing further reasoning or context to why they had made specific choices for a clinic's main profile page statistic and the inclusion/exclusion of any treatments. Whilst not all free text comments were relevant to this CaFC decision, they would be used to inform the future discussion about publication of HFEA data.

2.20. A member spoke about patients' comprehension of what a cycle is, noting that it should be explained in lay terms so that patients could quickly grasp what the information was. A member with clinical expertise provided further information on per cycle started noting that about 5% of all cycles started are cancelled.

2.21. A member spoke of the secondary purpose of publishing data which is to incentivise good practices in clinics and highlighted the reduction in multiple birth rates as an example.

2.22. Members noted that the result of the focussed consultation is to help inform their discussions and that providing information to patients is paramount to any decisions which are made at this meeting.

2.23. Members noted the vulnerability of some people in their fertility journey and when accessing the HFEA's website, they want information provided in a clear and simple way to help them make an informed decision.

2.24. The Director of Strategy and Corporate Affairs referred to the paper and stated that in addition to ranking what metrics should be shown respondents were asked whether the main profile page statistics should include both fresh and frozen cycles, donor egg cycles, PGT-A cycles or be a combined rate which includes all of these cycles.

2.25. In response to a question on PGT-A the Director of Strategy and Corporate Affairs confirmed that the question before the Authority is whether to include or exclude treatment involving PGT-A cycles from the front-page statistics bearing in mind that this information would still be available on the detailed clinic pages.

2.26. Members discussed the increasing use of PGT-A and that when combined with a technique known as 'batching cycles' this is likely to distort the reliability of births per embryo transferred as a fair measure of clinic performance. Members noted that this is because it does not reflect patients who may start a cycle of treatment, undergo PGT-A, and don't have an embryo to transfer.

2.27. Members discussed that not all patients may have access to PGT-A. Members noted that PGT-A is rated a 'red' add-on by the SCAAC for increasing chances of having a baby for most fertility patients and rated 'green' for reducing the chances of miscarriage for most fertility patients. The consensus from the discussion was that PGT-A should be excluded from births per embryo transferred main headline metric, noting that this information would be available in the more detailed individual clinic statistics.

2.28. The Director of Strategy and Corporate Affairs drew the Authority's attention to the items for consideration and decision. It was highlighted that the aim of providing information on CaFC is to enable patients to look at a clinic's data and compare it with others, ensuing that a fair comparison is possible.

2.29. The Director of Strategy and Corporate Affairs reminded the Authority that in July 2025 they agreed that the clinic's individual multiple birth rate should continue to be displayed, so there are in effect two 'slots' left that can be used to show a clinic's main profile page statistics.

2.30. Members discussed the multiple birth rate and how the sector had responded to the target set by the HFEA. Members also discussed that patients are now more aware of the health risks for multiple births. A member questioned how a spontaneous multiple birth following a single embryo transfer would be statistically captured.

2.31. Members discussed the benefit of having two contrasting profile page statistics and the balanced headline information this could present to patients.

2.32. Members discussed what data should be shown for those clinics who will not meet the full CaFC publication deadline this year. Members noted the difference between those clinics who have experienced technical difficulties and have worked with the HFEA to resolve these and those clinics who are not engaging.

2.33. The Audit and Governance Committee (AGC) Chair informed the Authority that the AGC had made the recommendation at their October 2025 meeting that for those clinics who do not make the full CaFC publication, no data should be displayed.

2.34. The Authority discussed what is in the best interest of patients noting as the national regulator it is necessary and appropriate for the HFEA to publish up-to-date data on the website pursuant to its statutory duty under s.8(1)(c) of the Human Fertilisation and Embryology Act 2008. The Authority felt it would not be in the best interest of patients to continue displaying 2018 data for those clinics as it would be misleading for patients.

2.35. The Authority noted that for those clinics who would not meet the deadline but subsequently provided the required information, this would then be uploaded.

2.36. In response to a question the Chief Executive confirmed that if the symbol to signify 'in line with national average' was removed from the top of each clinic page, that it would still be possible to access that information when viewing the clinic's statistics further down the page and in the detailed statistics section. The Chief Executive stated that this is shown in annex D of the paper before the Authority.

2.37. Members discussed in detail the four options and their preference for the proposed two metrics for the main profile page statistics noting what is the purpose of CaFC, what is the target audience and fairness to clinics. The consensus from this discussion was the births per egg collection procedure and births per embryo transferred were the preferred metrics.

2.38. Members then discussed the treatments that should be shown in each preferred metric. In both metrics, members agreed that it would be appropriate and helpful to include both fresh and frozen cycles. It was also agreed that donor egg cycles should be excluded from both metrics as it would unfairly advantage those clinics that carried out above average numbers of donor egg cycles. Lastly, members agreed that PGT-A cycles raised different issues in respect of each preferred metric. Members agreed that it would not be fair to include PGT-A cycles in the birth per embryo transferred metric as it would give an unfair advantage to clinics that carried out above average numbers of PGT-A cycles. However, PGT-A cycles would not have the same distorting effect on the births per egg collection metric and including such cycles would usefully demonstrate the effectiveness or otherwise of PGT-A across cumulative cycles.

2.39. Members agreed that it would be important to communicate the different approaches to each preferred metric.

2.40. In response to a question the Chief Executive confirmed that the proposed sub-group of Authority members would be discussing technical methodological questions, which would be clinic facing. Hence why 'lay' interpretation of this information was not required for this sub-group.

2.41. Throughout the discussion, the Chair communicated views from member, Geeta Nargund, who was unable to attend but had provided comments to the Chair in advance.

Decision

2.42. The Authority agreed that, in addition to the multiple birth rate, the main profile page statistics to be published for the full CaFC publication should be:

- Births per egg collection procedure and that it should include fresh and frozen cycles and PGT-A cycles and exclude donor egg cycles.
- Births per embryo transferred and that it should include fresh and frozen cycles but exclude donor egg and PGT-A cycles.

2.43. For those clinics who will not meet the full CaFC publication deadline for this year, the Authority agreed that no information should be displayed.

2.44. The Authority agreed to not reinstate a symbol to signify 'in line with national average' at the top of each clinic page.

2.45. The Authority agreed to establish a sub-group of Authority members to decide on methodological questions.

Action

2.46. The Executive to implement the Authority's decisions regarding the CaFC full publication 2025.

3. Any other business

3.1. The Chair informed the Authority that Professor Christine Watson had been reappointed for a second term starting May 2026. The HFEA is delighted to continue to benefit from the knowledge and skills that Christine brings to the Authority.

3.2. The Chief Executive gave apologies on behalf of the HFEA team for the technical issues which affected the meeting.

3.3. The Chair thanked everyone for their active participation in the meeting, there being no further items of any other business the Chair closed the meeting and reminded members that the next full Authority meeting is being held on 19 November 2025. Details of this meeting, including how to request to observe, is posted on the HFEA website.

Chair's signature

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

Signature

Chair: Julia Chain

Date: 21 January 2026

Minutes of the Authority meeting on 19 November 2025 held at 2 Redman Place, London

Members present	Julia Chain (Chair) Tim Child Frances Flinter Tom Fowler Graham James Alex Kafetz	Alison McTavish Geeta Nargund Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup
Apologies	Zeynep Gurtin Christine Watson Tom Skrinar (Director of Finance, Planning and Technology) Steve Pugh, Department of Health and Social Care (DHSC)	
Observers	Samatha West, Department of Health and Social Care (DHSC) Jacky Cooper (online) DHSC) Amy Parsons (online) (DHSC)	
Staff in attendance	Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance and Information) Clare Ettinghausen (Director of Strategy and Corporate Affairs) Molly Davis (Policy Manager) Sharon Fensome-Rimmer (Chief Inspector) Angharad Thomas (Head of Communications) Sophie Tuhey (Head of Planning and Governance) Shabbir Qureshi (Risk and Business Planning Manager) Alison Margrave (Board Governance Manager)	

Members

There were 12 members at the meeting – 7 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 to the meeting.

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 (International Advisory Board member for Lancet Obstetrics, Gynaecology and Women's Health)
- Tim Child (consultancy work within the fertility sector overseas)
- Anya Sizer (freelance advisory work within the fertility sector)
- Stephen Troup (consultancy work within the fertility sector)

2. Previous minutes and matters arising

2.1. The Chair introduced the minutes from the meeting held on 25 September and thanked the members who had assisted with providing feedback on the draft minutes.

2.2. The minutes of the meeting held on 25 September 2025 were agreed as a true record of the meeting and could be signed by the Chair.

Matters arising

2.3. The Chair informed members that the matters arising from the previous meeting had been actioned as detailed in the report.

2.4. 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 on 26 September she attended the Robert Edwards Centenary celebrations held in Cambridge. These celebrations marked the achievements of Mr Edwards as one of the IVF pioneers with presentations on both the history and future developments.

3.3. The Chair informed members that she had participated as a speaker in a workshop held by the Nuffield Council on Bioethics on the theme the "agile regulatory frameworks needed to responsibly govern fast emerging technologies".

3.4. The Chair informed the meeting that the previous day Authority members met for their annual strategic away day and discussed the results of the Board Effectiveness Review (BER). The Chair explained the process for the BER and thanked the members for their engagement in this review.

3.5. The Chief Executive referred to the quarterly accountability meeting held with DHSC in October. This was a positive meeting and it was noted that the HFEA was meeting all its business plan requirements.

3.6. The Chief Executive summarised the quarterly meeting of the Health and Social Care Regulators Forum that he had attended in October. This forum brings together leaders from the health sector to consider common issues.

Decision

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

4. Committee Chairs' report

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 continues to meet monthly and informed the Authority that the minutes from the October 2025 meeting had now been approved.

4.3. The SAC Chair informed the Authority that since the peer-reviewed papers published in the New England Journal of Medicine on mitochondrial donation treatment, the committee has seen an increase in applications from those seeking mitochondrial donation treatment. The Authority were reminded that the law requires that the licence is issued per patient seeking treatment.

4.4. The SAC Chair reminded the Authority that the committee considers Special Directions for import and export and that sometimes the information provided by a centre is not sufficient for the committee to make a decision and further information is then requested.

4.5. In response to a question regarding resources and whether the committee had enough members and expert advisers to support the increased workload of the committee, the SAC Chair responded that the committee is meeting their KPIs as detailed in the performance report. The Chair thanked the secretariat for the high-quality papers which are prepared for the committee, including the expert peer review and statement from the Genetic Alliance. Several committee members spoke about the importance of the information provided by Genetic Alliance in hearing the patients voice about the impact of the conditions being discussed. Committee members thanked the SAC Chair for her skills in chairing the meetings.

4.6. The Director of Strategy and Corporate Affairs informed the Authority that a paper will be brought to the March 2026 Authority meeting from the Head of Licensing regarding a summary of items which are brought to SAC and whether some items could be managed differently.

4.7. The Licence Committee Chair (Graham James) commented on the high quality of the papers and minutes produced for the committee.

4.8. The Licence Committee Deputy Chair (Alison McTavish) commented that the committee had recommended that all members should have the opportunity to observe an inspection. Members noted that the inspection process was thoroughly explained to members during their induction process. The Chair stated that one recommendation arising from the BER is that members should have the opportunity to visit clinics.

4.9. The Scientific and Clinical Advances Committee (SCAAC) Chair (Tim Child) informed the Authority that SCAAC welcomed Professor Laura Shallcross as a new External Adviser to their October 2025 meeting and that she brings expertise in public health and translational data science.

4.10. The SCAAC Chair reported that following the recommendations made by the committee in June 2025 the HFEA website had been updated to highlight MHRA guidance on using GLP-1 medicines when trying to conceive; the use of intrauterine and intraovarian platelet rich plasma (PRP) as an adjunct to treatment and patient information around the potential risks associated with the use of donor eggs and for surrogates, and the role of preconception health for ART patients.

4.11. The SCAAC Chair reported that at the October 2025 SCAAC meeting the committee discussed several papers relevant to public health and research findings, including two papers published by the Newcastle Fertility Centre reporting progress on the mitochondrial donation programme; a paper on IVF outcomes in same-sex female couples using partner vs. own eggs; the publication describing the development of human oocytes from adult somatic cells; and an abstract review describing the role of riVM and riCSI.

4.12. The SCAAC October 2025 meeting also discussed research developments in two horizon scanning topics: alternative methods to derive embryonic and embryonic-like stem cells, and testicular tissue transplantation to restore fertility in males. The SCAAC Chair reminded members that there is a joint statement between the HFEA and the Human Tissues Authority (HTA) in place to clarify the regulatory roles regarding tissue transplantation.

4.13. Members were informed that SCAAC had agreed add-on ratings for both intrauterine and intraovarian platelet-rich plasma (PRP). The committee had agreed that red ratings should be given due to the insufficient quality of evidence indicating that treatment was effective and a concern regarding the lack of research into the safety of the treatments.

4.14. The SCAAC Chair informed the Authority that the Executive are currently recruiting for a pool of expert biostatisticians, with experience in systematic review and evidence assessment using the GRADE methodology. These experts will be used to assist SCAAC with their add-ons review process. A committee member spoke of the rich discussions held during committee meetings and the extra dynamic that external experts bring to the table.

4.15. In response to a question, the SCAAC Chair explained the process for treatment add-ons being reviewed by SCAAC and stated that the process is set out on the HFEA website.

4.16. The Audit and Governance Committee (AGC) Deputy Chair (Alex Kafetz) informed members that all outstanding non-DSPT audit recommendations have been completed and congratulations were given to the Executive in achieving this.

4.17. The Authority were informed that the AGC received a deep-dive paper on clinic whistleblowing at the October 2025 meeting and assurances were given on the processes in place.

4.18. At the October 2025 meeting, the AGC received progress reports on the HFEA's two IT projects. The committee was pleased to note that PRISM is rolled out across the sector and that the HFEA is now able to utilise the data from PRIMS in a variety of ways. The committee had discussed the update to Choose a Fertility Clinic (CaFC) and had made a recommendation to the Authority on what should be done with aged data. This was presented to the Authority at the meeting held on 5 November 2025.

4.19. The AGC Deputy Chair informed members that the next AGC meeting is being held on 3 December 2025 and includes an afternoon training session on external audit. An invitation was extended to members to attend the training.

4.20. The Chair thanked all Committee Chairs for the reports and expressed thanks to the committee members and the staff who service the various committees for their hard work. The Chair stated that committee papers and minutes are published on the HFEA website.

4.21. Members noted the Committee Chairs' reports.

5. Performance Report

5.1. The Chief Executive introduced the performance report and reminded members of the Key Performance Indicators (KPIs) which are used to measure performance.

5.2. The Chief Executive stated that the HFEA's performance across all 19 KPIs had been variable in October, with 11 indicators rated Green, three Neutral, two Amber and three rated Red. For those KPIs which are rated red there are particular reasons for this, rather than structural issues, and these will be explained in the Directors' reports.

5.3. The Chief Executive referred to the HR KPIs and stated that sick leave has increased, due to pregnancy related sickness and this KPI is now showing red. Whilst the turnover KPI remains within target, it is now at the upper end of the threshold, but it is anticipated that this will stabilise and decrease.

5.4. The Chief Executive informed members that the annual staff survey had recently closed with a response rate of 88%, which is extremely good for the public sector. The results of the survey will be reported at the all-staff event in early December 2025 where the Executive will focus on what actions could be taken arising from the survey. The December 2025 AGC meeting will also receive the bi-annual HR report, including the results of the staff survey. Members congratulated the Chief Executive for the high staff survey response and the range of questions contained in the survey.

Strategy and Corporate Affairs

5.5. The Director of Strategy and Corporate Affairs informed members that following the decisions taken by the Authority in September 2024 regarding communicating licensing, regulatory activity and incident information as of January 2026, the information provided on the HFEA website regarding the latest decisions on clinics will be updated weekly.

5.6. As mentioned by the SAC Chair, applications to the committee had been increasing, but this is now stabilising.

5.7. Members were informed that the Autumn stakeholder meetings for the Patient Organisation Stakeholder Group (POSG) and the Professional Stakeholder Group (PSG) had been completed. There was a similar agenda for both meetings which included an update on HFEA activities since Spring 2025; future items coming to Authority meetings; a presentation on the HFEA's horizon scanning function and the Fertility Sector report which had been published the week before.

5.8. The Director of Strategy and Corporate Affairs stated that press interest in egg donation and unlicensed sperm donation continues, with widespread national coverage on these topics in recent weeks.

5.9. Members were informed that the House of Commons Women and Equalities Select Committee has a call for evidence on egg donation and freezing. The HFEA will provide evidence.

5.10. ESHRE has started a consultation on family limits and how these could be applied through the European Union. Whilst the UK is no longer in the EU, the HFEA will review any guidelines published.

5.11. The Director of Strategy and Corporate Affairs stated that the annual committee effectiveness reviews are underway with the results coming to the Authority in March 2026. Thanks were given to all those members who had participated in the reviews.

5.12. Following the earlier November 2025 Authority meeting regarding the future publication of the full Choose a Fertility Clinic (CaFC), the team has started to implement the Authority's decisions. The PRISM team is working with clinics on the verification of data, a letter from the Chief Executive has been sent to all PRs and there will be an article in Clinic Focus in November 2025. There will also be further information provided for both clinics and the public. Members were reminded that the paper and recording of the meeting is available on the HFEA's website.

5.13. The Director of Strategy and Corporate Affairs informed members that National Fertility Awareness week took place in November 2025, and the HFEA participated in a number of activities during this week. Thanks were given to Authority members for their help with media work.

5.14. The Director of Strategy and Corporate Affairs informed members that a Persons Responsible (PR) event will be held in April 2026 and invitations have been issued to all PRs in the UK. The Chair remarked that she felt that the PR event will be very well received and whilst the initial event letter has only been out for a week, several agenda items had already been suggested.

5.15. The Chair offered the assistance of members in producing the HFEA's evidence for the Women and Equalities Select Committee inquiry.

5.16. In response to questions, the Head of Communications noted that whilst the HFEA can track referral sources to the website (e.g. LinkedIn, Facebook, X), we cannot identify individual visitors or demographics. The recent decline in website sessions may relate to increased use of AI chatbots, and work is underway to optimise the website. Similar trends are being reported by other organisations, and the Head of Communications is engaging with other public bodies for shared learning.

Compliance and Information

5.17. The Director of Compliance and Information reported that the Opening the Register (OTR) waiting list continues to reduce, with a slight slow down in October 2025 due to a few complex cases. Thanks were given to the OTR team for their continued efforts in reducing the waiting list.

5.18. The Director of Compliance and Information reported an issue with some clinics failing to respond to the OTR team's requests for checks, leading to significant delays and escalations. The Director of Compliance and Information confirmed that she writes to the PR of any non-responsive clinic to remind them of their legal requirement to respond to information requests from the HFEA. Discussions with inspectors will take place in the New Year to consider how this could be linked with regulatory compliance and it may be necessary for the HFEA to adopt a tougher stance to ensure requests are dealt with in a timely manner.

5.19. As previously reported to the Authority, the HFEA's Head of Information left the organisation in September 2025 and members were informed that this vacancy has now been filled and the post-holder will start later this year.

5.20. The Director of Compliance and Information noted that it continues to be a busy time for the Inspection Team, with an increase in the number of inspections from the previous year. In addition, inspectors are supporting the Phoenix IT programme and other projects.

5.21. Members where informed that inspection KPI breaches are due to individual case complexities - such as multiple meetings with PRs, involvement of the HFEA legal team, or delays in receiving information when staff are on leave – rather than HFEA staff capacity. Members were assured that current KPI targets remain appropriate and do not need to be revised.

Finance, Planning and Technology

5.22. The Chief Executive stated that there are three finance KPIs, two of which are green and one is red. As detailed in the performance report, the red KPI relates to collection of debt within 40 days. Whilst 90% of debt is collected within 60 days, there are several invoices relating to a couple of clinics which means this KPI is not met.

5.23. Members were reminded that the Executive is forecasting a fairly significant year-end deficit. While various actions have been taken to reduce this deficit, a few additional pressures – mainly linked mainly to IT and the Phoenix Programme - have been identified.

5.24. The Chief Executive commented that the HFEA has several staff on maternity leave and due to increased work pressures this year, linked to inspections and the Phoenix programme, it has been necessary to find cover to back-fill the posts.

5.25. The Chief Executive advised that it is unlikely the HFEA will reduce its deficit to zero by year-end and this has been discussed with the Department. In its six-month submission, the HFEA proposed a revised year-end deficit target of £200k and is working towards this whilst awaiting the Department's response. The Chief Executive noted that the HFEA recognises the financial pressures currently facing the Department.

5.26. At the end of October 2025, the forecast year-end deficit remains high at £411k, driven by an income shortfall of £286k and an overspend against expenditure of £125k. The Chief Executive outlined actions to reduce costs, including reviewing recruitment timings and leaving temporary gaps in posts where possible. All financially consequential decisions are being scrutinised by the Senior Management Team, and it is anticipated that planned expenditure reductions will be achieved by year-end.

5.27. A member questioned whether DHSC colleagues could help with the purchasing of the relevant IT licenses, as other health ALBs must be in the same position and the Department might be able to negotiate a discount. The Chief Executive undertook to raise this with the Department.

5.28. In response to a question, the Chief Executive referred back to the key points arising from the staff survey and the high response rate received; currently these do not show that staff feel they are under extra pressure but the Executive will keep this under review to ensure staff morale is maintained.

5.29. The Chair drew the discussion to a close, noting that there is a robust plan in place to achieve savings where possible and that the Executive where mindful of pressure on existing staff.

Decision

5.30. Members noted the performance report.

6. 2026-27 Budget Proposal

6.1. The Chief Executive introduced the paper and reminded members that the HFEA is funded by a mixture of fees and Grant-in-Aid (GIA), with 95% of income coming from fees and 5% from GIA. ALBs are not expected to make a profit or loss, and income received should be sufficient to cover all the required statutory duties.

6.2. The income side of the budget can be volatile as it is based on clinic activity which can create problems with forecasting. The volume forecasts for this year are currently within an acceptable range of accuracy, but the HFEA has had to revise its assumptions about the value of fees received.

6.3. The Chief Executive remarked that some clinics are still providing catch-up data to PRISM and therefore a proportion of invoices relate to activity in previous years and are therefore charged at a lower rate. An assumption has been made that 5% of invoices in 2026-27 will be charged at the previous year's rate, and that activity will remain similar to that of 2025-26.

6.4. To deliver all its duties in 2026-27 and complete the IT transformation programme, the HFEA expects overall expenditure to increase by around 5%. The increase is mainly due to inflationary growth in core staff and IT costs, as well as several fixed-term posts providing maternity cover.

6.5. The Chief Executive noted that the growth figure is further complicated by the fact that the budget which was set for 2025-26 was in hindsight not high enough to meet actual expenditure, so therefore the HFEA is already starting from a very low base.

6.6. The Chief Executive noted that when the Phoenix Programme ends next year, a full review of the HFEA's IT spend requirements, particularly regarding licence costs, will be undertaken with an aim to reduce costs as far as possible.

6.7. The Chief Executive introduced the three scenarios contained in the paper which are based on different levels of GIA being received from the Department and explained each scenario in detail. The first scenario is based on the minimum GIA requirement, being the funds required for the OTR service. The other two scenarios are based on the Spending Review (SR) bids which were made in 2025.

6.8. The Chief Executive commented that it would be prudent to assume that the lowest level of GIA would be received and therefore a 20% increase on IVF activity fees and 12.5% increase on DI fees would be required. The Chief Executive commented that historically the HFEA has been very successful at limiting free increases but that the proportion of core spend which is covered by GIA has dropped considerably over the past few years.

6.9. The Chief Executive concluded his presentation by stating that the Authority is being asked for approval to commence discussions with the Department and HM Treasury (HMT), based on a prudent increase of 20% on IVF activity fees and 12.5% on DI fees. When the level of GIA support is announced, the HFEA will revise its budget accordingly.

6.10. Members spoke in favour of the increase, noting that it was a below inflationary increase and that the HFEA had maintained fees levels for as long as possible, but that this increase is required so that the HFEA can maintain public protection through its regulatory actions.

6.11. Members noted that in relative terms the proposed increase is small compared to the overall cost of treatment.

6.12. A member questioned whether the proposed increase is sufficient to fully fund the HFEA. The Chief Executive responded that the HFEA fees have not kept pace with inflation and the proposed increase should be sufficient unless activities that incurs a fee decreases further. Whilst the Executive has reviewed all costs, the largest single cost to the HFEA is staffing and no savings could be made without impacting on delivering the HFEA's statutory duties.

6.13. A member noted that a full fee review is taking place and asked whether a zero-budgeting exercise will run alongside that. The Chief Executive responded that within the HMT spending review requests such budgeting exercises have been conducted.

6.14. A member noted that the communications around the proposed increase will need to be handled sensitively for both clinics and patients.

6.15. The Chief Executive reminded members that within the Act is the requirement that any fee increases must have approval from the Department, so the timeframe of this proposal is sufficient to allow for the necessary discussions with the Department and HMT, while still provide adequate

advance notice to clinics. It is anticipated that the level of GIA funding should be announced before Christmas 2025 which means that the Executive will hope to report to the January 2026 Authority meeting on the outcomes of the discussions.

Decision

6.16. Members agreed:

- the proposed HFEA operating budget for 2026-27 (noting the potential to increase the budget for additional systems investments should the HFEA receive a higher GIA settlement based on its SR bid)
- Fee levels of £120 for IVF and £45 for DI as required to fully fund the HFEA in 2026-27 (noting the potential to reduce the IVF fee to £115 should the HFEA receive a higher GIA settlement)

Action

6.17. Director of Finance, Planning and Technology to continue discussions with the Department and Treasury to implement the 2026-27 budget proposals and report back to the January 2026 Authority meeting.

7. The Fertility Sector report and review of inspection feedback

7.1. The Head of Communications reminded members that the Fertility Sector 2024-25 report was published last week. This report was formerly known as the 'State of the Sector' report. Members who contributed to the review were thanked for their input.

7.2. The main points of the report are displayed in an infographic, to make the information easier to understand and for different audiences to engage with it. The Head of Communications commented that inspiration had been taken from other regulators on how they present their information.

7.3. The Head of Communications outlined the key findings set out in the report.

7.4. Members were informed that the report was shared with the HFEA's stakeholder groups ahead of publication and has been well received. A number of patient-facing organisations shared the report once the HFEA published it.

7.5. The Head of Communications stated that within the first 48 hours there were around 1,000 views on the report on the HFEA website and this had increased to 3,000 within the first six days, which was double on the previous year. This increase could be linked to the new format and the communication team will continue to monitor the reports performance.

7.6. Social media engagement was highest on LinkedIn which showed that the report is of interest to professional audiences. There has also been a good response on Instagram which is a more patient-facing audience.

7.7. The Head of Communications informed members that the press release was issued widely with a good open rate.

7.8. The Head of Communications concluded her presentation by stating that that HFEA continues to be very transparent in the information it provides and that the communication team will continue to monitor how the report performs and use this feedback to formulate the publication for next year.

7.9. The Chief Inspector provided an overview of post inspection survey feedback. The Chief Inspector stated that the HFEA is very open to feedback and that the team encourages clinics to provide feedback via SurveyMonkey at the end of the inspection process. Processes are then reviewed against feedback received and where necessary improvements are made.

7.10. Members were informed that from April 2024 to March 2025, 88 inspections took place and 24 post inspection survey results were received. Of all the answers received 80% of responses received were positive, 10% negative and 10% neutral. The survey questions are split into three distinct sections which are pre-inspection, during inspection and post inspect.

7.11. The Chief Inspector highlighted the positive response to the question of whether the self-assessment questionnaire (SAQ) helps centre staff prepare for inspection. The purpose of the SAQ was explained. A clear majority of respondents strongly agreed or agreed that the SAQ helped prepare centre staff for the inspection. There was a mixed response to the question of whether the submission of the SAQ and the relevant application to the HFEA were simple, but more positive responses were received than negative.

7.12. The Chief Inspector reported that 100% of the respondents strongly agreed or agreed that the desk-based assessment (DBA) was clearly explained. There was also strong agreement that having the DBA issued 12 weeks in advance of the inspection was sufficient notice. Members were reminded that the DBA was first implemented as part of the pandemic response.

7.13. The Chief Inspector commented that at no point should an inspection impact the centre's operations or service to patients. One clinic responded that patients were inconvenienced by the inspection, however no clinic responded that patient care was jeopardised by the inspection. Feedback had been given to the Inspection team to remind them that inspections should not interfere on how the clinic is run.

7.14. The Chief Inspector reiterated the importance of good communication between clinic staff and inspectors. It was therefore pleasing that 15 respondents strongly agreed or agreed that there was enough time to discuss inspection findings through the day and at the end of the inspection, and only two disagreed or strongly disagreed. 85% of respondents felt that they were able to discuss inspection findings and improvement required with the inspection team.

7.15. Regarding the clarity of the inspection report, 15 respondents strongly agreed or agreed that the report was accurate and clearly presented. 15 respondents also strongly agreed or agreed that the timescales for implementation of the recommendations were reasonable with no one disagreeing. The Chief Inspector commented that there are some areas of the report which could be improved going forward.

7.16. The survey asked whether the inspection process promotes learning and improvements; 17 respondents strongly agreed or agreed that it did, with one disagreeing.

7.17. The Chief Inspector discussed the lessons learnt from the survey and highlighted planned follow-up actions. The Inspections team will continue to encourage clinics to complete the survey, with the aim of increasing the response rate. Consideration will be given to developing specific questions tailored to the type of inspection. Members were informed that a note will be added at the end of the survey to request that if PRs have any complaints or concerns, they can request to meet with the Chief Inspector. Any technical issues regarding SAQs will be directed to the Phoenix Project members.

7.18. Several members suggested that to increase the survey response rate, the survey could be sent to other members of the clinic staff and not just the PR.

7.19. A member commented that given the small sample size, firm conclusions could not be drawn from the results. The member questioned whether the response rate had been benchmarked against other regulators and whether we could learn from others who may have secured a higher response for similar surveys. It was suggested that giving people the option of providing a name when completing the survey would ensure that any feedback on their comments could be provided directly, and people should not fear inspection prejudice.

7.20. A member commented that it would be helpful to see the responses to all the questions, including any free text provided. The Director of Compliance and Information agreed to pick this up with Authority members outside of the meeting.

7.21. In response to a question, the Chief Inspector stated that some respondents felt that it was difficult to navigate and submit the current SAQ but the current IT Phoenix Programme would improve this.

7.22. The Director of Compliance and Information noted that the survey provides further insight into the inspection process, in addition to the KPIs which are reported to the Authority in the Performance Report. The response rate for the survey has increased from previous years but the team will consider how this can be increased further. The Director of Compliance and Information spoke of the proposed IT improvements that the Phoenix Programme will bring.

7.23. In response to a question the Chief Inspector confirmed that the survey is issued as soon as the inspection is finished.

7.24. A member commented that whilst 75% of respondents agreed with the inspection findings, this meant that one in four respondents didn't and concern was expressed about this. The Chief Inspector responded that unless free text responses provided more information on why the respondent didn't agree with the inspection finding then the HFEA couldn't take any action. The inspection report does give the PR the opportunity to comment in each individual inspection finding before the report is published.

7.25. A member noted that there are lots of avenues available to clinics/PRs to provide feedback to the HFEA and it would be good to ensure that all information provided, not just the survey, is triangulated. The Director of Compliance and Information commented that the HFEA has a very open relationship with the sector.

7.26. A member suggested the possibility of having a "you said, we did" feature in the Clinic Focus newsletter that is sent to all licensed clinics, so that clinic staff can see the impact of completing the survey and what actions the HFEA had taken.

7.27. The Chair drew the discussion to a close, noting that there may be parts of the inspection process that clinics dislike or disagree with, particularly given that as a regulator the HFEA will highlight areas of non-compliance through the inspection process, but the Chair felt that it is still important for the HFEA to canvass opinions on the inspection process. The Chair noted that whilst the sample size is small, there are actions planned to improve the submission rate and it is anticipated that the sample size will increase for next year.

Decision

7.28. Members noted the Fertility Sector report and review of inspection feedback.

Action

7.29. The Director of Compliance and Information to circulate the full survey responses of inspection feedback to members.

8. The Regulation of AI in Fertility Treatment

8.1. The Chair introduced this item by stating that artificial intelligence (AI) is increasingly being used in the fertility sector and this paper provides a timely overview on its use and the regulatory framework and seeks the view of the Authority on its regulatory stance.

8.2. The Policy Manager introduced the paper and confirmed that this paper supports objective six of the HFEA's Strategy for 2025-28, which is to prepare for the ways in which AI and its future potential is likely to impact on the sector and HFEA.

8.3. The HFEA has been monitoring research and clinical developments in AI through its Scientific and Clinical Advances Advisory Committee (SCAAC) and its horizon scanning function since February 2019, last discussing research developments in February 2024. Following recommendations made by the Committee, the HFEA has carried out a scoping project aiming to improve understanding of how AI and other emerging technologies (including robotics and automation) are being used in fertility treatment, map the UK's regulatory landscape, and consider how the HFEA as a regulator can best support the responsible adoption of these tools across the sector in the interest of patient care.

8.4. The Policy Manager informed member that the UK Government has adopted a pro-innovation approach to the regulation of AI, seeking to balance effective oversight with flexibility to support technological development within the UK.

8.5. Within the healthcare sector the shared regulatory oversight of AI adoption depends upon a technology's intended purpose, data use, and clinical context. This Policy Manager spoke of the role of Medicines and Healthcare products Regulatory Agency (MHRA) and other regulators in relation to AI, highlighting how regulatory remits intersect across the development and deployment of an AI-enabled healthcare tool.

8.6. The HFEA, as a sector-specific regulator, is responsible for monitoring how AI technologies are being adopted in practice. This is done by ensuring that licensed clinics who are using AI-assisted tools are able to demonstrate that they are meeting the required standards and that the technology is being deployed in a way which is compliant with the Human Fertilisation and Embryology Act (HFE) 1990 (as amended) and associated guidance. However, as the Authority are not technical or product regulators, the HFEA does not have the in-house expertise to assess the underlying algorithm or technical architecture of AI tools.

8.7. The Policy Manager referred to Annex B of the paper which illustrates the current and potential uses of AI in the fertility patient pathway, such as initial engagement and assessment, clinical treatment, and post-treatment uses. Whilst AI technologies have the potential to bring great benefits to the fertility and embryology sector, there are also potential risks. Some of these risks relate to data bias, lack of transparency and explainability, overreliance on tools and the impact on clinical expertise.

8.8. The Policy Manager spoke of HFEA's regulatory position in regulating AI within licensed fertility centres, and the requirement for any new technology being deployed to be compliant with existing HFEA requirements. This includes the Code of Practice, licence conditions, General Directions, and authorised processes framework. It was noted that, if centres fail to evidence that they meet the required standards, a non-compliance can be cited on inspection.

8.9. The Policy Manager spoke of potential next steps, including:

- Continue horizon scanning to track AI use in fertility treatment and identify areas of regulatory concern; scheduled for SCAAC discussion in Feb 2026.
- Maintain and update Clinic Portal guidance on AI as needed, including signposting to external regulators.
- Engage with MHRA and other oversight bodies as their AI and Software and Medical Device requirements evolve; escalating concerns where appropriate.
- Consider how principles of responsible innovation may be extended to cover AI tools.
- Ongoing engagement with stakeholder groups to understand emerging issues. Respond to clinic requests for clearer AI-specific guidance to support consistent practice, for example interpretation of the authorised processes list, or developing patient facing information.
- Use inspection findings to monitor the use of AI tools and detect any unsafe deployment.

8.10. The Chair thanked the Policy Manager for the informative paper and presentation and invited comments from members.

8.11. The SCAAC Chair informed member that developments in AI, robotics and automation have been discussed at the SCAAC meeting on several occasions and highlighted that AI is beginning to be widely adopted within clinics. SCAAC have considered the use of AI in the context of embryo grading/time-lapse imaging incubators, rating this as a treatment add-on. The committee noted that, despite there being some high-quality research, there appears to be no benefit on live-birth rate when used for this application resulting in a 'black' rating. A member supported the position that AI should not be defined as a treatment add-on under the current parameters, due to its potential to become a routine part of treatment.

8.12. The SCAAC Chair highlighted that there are touchpoints for AI applications throughout the patient's treatment pathway and provided examples of these to members. Whilst the MHRA is responsible for regulatory oversight of AI-integrated medical devices, there remains confusion around the regulatory landscape and the pace at which both the technology and regulation is adapting. The SCAAC Chair offered his support in producing further information as required and utilising the infographic on Annex B.

8.13. A member commented that there are generalised concerns with AI technologies that are not specific to the use of AI in fertility treatment, however issues with data-bias could be very alarming for fertility patients.

8.14. A member commented that awareness around the use of AI tools for patient communication and how this may benefit or challenge different patient groups, such as neurodiverse patients, should be noted. Members discussed developing patient information about the use of AI in fertility treatment, highlighting that this is a fast-moving area so the information should be monitored and refreshed as required.

8.15. Members noted that that not all AI applications within fertility treatment fall within the same application, and it may first be appropriate to tease out the different applications so that specific use concerns can be recorded.

8.16. The SAC Chair commented that the committee had considered whether AI could be used to help with the review of the PGT-M licenced conditions but on a third of the conditions it was incorrect in identifying the genetic inheritance patterns of recessive conditions and the disease specialisms. The SAC Chair commented that people could be asked to proactively alert developers when AI is providing incorrect information so that this could be rectified. The HFEA may have a role in warning users of identified errors.

8.17. Members noted the numerous different agencies involved in the regulation of AI and a member suggested that there could also be a role for the Advertising Standards Authority (ASA) when unjustified marketing claims regarding fertility treatment are being made.

8.18. A member noted that the NHS has two clinical risk management standards (DCB0129 and DCB0160) to support developers and adopters of digital technologies. It was noted that the HFEA could have role in sharing such guidance and best practice to clinics via Clinic Focus. The potential to use the forthcoming PR event to discuss use of AI was discussed. It was also suggested that the HFEA could formally write to the new National Commission about its concerns with AI-based medical devices being used within the fertility sector specifically, to ensure that this is on their agenda to be addressed.

8.19. Members discussed the use of AI as a medical device and the work of MHRA in recognising and classifying such devices. The potential role of inspectors checking that such medical devices meet the required standards, such as DCB0160, was discussed.

8.20. Members discussed segmenting the patient pathway into key areas of regulatory interest and different AI methods used so that the HFEA can take action to address its most pressing concerns and align them with the HFEA's strategy and available resources.

8.21. The AGC Chair suggested that the Executive could consider adding a risk to the strategic risk register, not only about the risks of adoption of AI within the sector, but also for the HFEA in terms of keeping up with developments in or appetite for further development of AI both within the sector and government.

8.22. The Chair drew the discussion to a close and summarised the main points as:

- The regulation of AI in fertility treatments needs to be considered now, whilst being mindful of the limitations introduced by interdependencies and movement within this area.
- Further work should be undertaken to prioritise the HFEA's focus, with clinical and laboratory applications being the focus of SCAAC discussions.
- The HFEA could develop patient-facing information, keep up to date information for the sector, and consider implications for the future inspection regime (against the Authority's priorities for 2025-28 and resource availability).
- The HFEA Executive should develop a plan for addressing this across the next few years, in alignment with the organisational strategy.
- Anticipate that this topic will be returning to the Authority with further progress updates on specific items and not a general AI overview.

9. Any other business

9.1. The Chair thanked members for their contributions over the past two days, firstly at the strategic away day and then at the Authority meeting.

9.2. The Chair noted that this was the last Authority meeting for the calendar year and therefore extended season's greetings to all.

9.3. The Chair thanked everyone for their active participation in the meeting and for the high quality of papers before the Authority. There being no further items of any other business, the Chair closed the meeting and reminded members that the next full Authority meeting is being held on 21 January 2026. Details of this meeting, including how to request to observe, is posted on the HFEA website.

Chair's signature

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

Signature

Chair: Julia Chain

Date: 21 January 2026

Authority meeting 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
Agenda item:	2
Meeting date:	21 January 2026
Author:	Alison Margrave, Board Governance Manager
Annexes	N/A

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
25/09/2025 Item 7.28	The HFEA to develop the proposed guidance for the sector and bring back to the Authority for further consideration	Director of Compliance & Information/Head of Policy (Scientific)	Summer 2026		Kick off meeting with some Authority members took place in November 2025. Scoping and development underway with plan to bring back to Authority later in 2026.
05/11/2025 Item 2.46	The Executive to implement the Authority's decisions regarding the CaFC full publication 2025.	Senior Management Team	January 2026	Complete	Full CaFC publication took place on 6 January 2026
19/11/2025 Item 6.17	Director of Finance, Planning and Technology to continue discussions with the Department and Treasury to implement the 2026-27 budget proposals and report back to the January 2026 Authority meeting.	Director of Finance, Planning and Technology	January 2026		Met with DHSC Finance Business Partner on 5 January 2026 to discuss. No major movements on DHSC decision making, but approach agreed for taking proposed 2026/27 fee increase through HMT. Further updates should be available by the Authority meeting.
19/11/2025 Item 7.30	Director of Compliance and Information to circulate the full survey responses of inspection feedback to members.	Director of Compliance and Information	End Dec 25	End Jan 26	Completed.

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 January 2026
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 November 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:

    - 27 November –attended the Chair & CE'Os ALB Senior Leaders Meeting
    - 8 December – attended All Staff Event
    - 10 December – spoke at the Progress Educational Trust (PET) event

2.2 Chief Executive

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

    - 27 November –attended the Chair & CEO's ALB Senior Leaders Meeting
    - 28 November – met with the Regulatory Horizons Council to discuss IVGs
    - 3 December – attended the Audit & Governance Committee
    - 8 December – All Staff Event
    - 20 January – spoke at conference: Embryo and liminal entities: Rethinking questions of status and protection in shifting scientific, legal and ethical landscapes at the Welcome Trust

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 January 2026
Author:	Caroline Pringle, Head of Licensing
Annexes	-

Output from this paper

For information or decision?	For information and decision
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:			
6 November	Focused interim inspection and variation of SLC T52 without application	Bourn Hall Clinic	Approved – licence varied
15 January	Renewal inspection report	Homerton Fertility Centre	Minutes not yet approved
	Renewal inspection report	St Jude's Women's Hospital	Minutes not yet approved
	Focussed inspection report	Bridge Clinic	Minutes not yet approved
	Variation of research activities	Human Embryo Research Centre	Minutes not yet approved
Other comments:	Licence Committee will also consider its annual review of committee effectiveness at its January meeting.		
Executive Licensing Panel:			
11 November	Renewal inspection report	CARE Fertility Tunbridge Wells	Approved – 4 year licence (and ITE certificate)
	Interim inspection	Fertility Exeter	Approved – licence varied
	Interim inspection report, variation of PR and variation of SLC T52 without application	Beginnings at Epsom & St Helier NHS University Trust	Approved – licence varied
25 November	Renewal inspection report	London Women's Clinic	Approved – 4 year licence (and ITE certificate)
	Renewal inspection report	Avenues	Approved – 3 year licence (and ITE certificate)
	Interim inspection report and variation of SLC T52 without application	The Lister Fertility Clinic at The Portland Hospital	Approved – licence varied
	Variation of PR	Jessop Fertility	Approved – licence varied (and ITE certificate)

Date	Items considered	Centres	Outcomes
	Variation of PR and variation of SLC T52 without application	Wales Fertility Institute - Neath	Approved – licence varied (and ITE certificate)
	Variation of PR and variation of SLC T52 without application	Bristol Centre for Reproductive Medicine	Approved – licence varied (and ITE certificate)
9 December	Renewal inspection report	The Priory Hospital	Approved – 4 year licence (and ITE certificate)
	Renewal inspection report	Bourn Hall Clinic Norwich	Approved – 4 year licence (and ITE certificate)
	Research interim inspection report and variation of premises	Centre for Cell Biology	Approved – licence varied
	Interim inspection report and variation of SLC T52 without application	CREATE Fertility Bristol	Approved – licence varied
	Interim inspection report	Care Fertility Nottingham	Licence continued
6 January	Renewal inspection report	Agora Clinic Eastbourne	Minutes not yet approved
	Renewal inspection report	TFP Thames Valley Fertility	Minutes not yet approved
	Interim inspection report and variation of SLC T52 without application	The Jack Copland Centre, Scottish National Blood Transfusion Service (SNBTS)	Minutes not yet approved
	Interim inspection report and variation of SLC T52 without application	Fertility Fusion	Minutes not yet approved
	Interim inspection report	NUH Life Fertility Services	Minutes not yet approved
Other comments:	None.		

Licensing Officer decisions:

6 November 2025	Variation of Licence Holder	Living Systems Institute	Approved – licence varied
December 2025	3 x ITE import certificates	Various	All granted
Other comments:	None.		

Statutory Approvals Committee:

Date	Items considered	Centres	Outcomes
28 October	Cornelia De Lange Syndrome 1 (CDLS1), OMIM #122470	Fertility Exeter	Approved
	Dyssegmental Dysplasia, Silverman-Handmaker Type (DDSH), OMIM #224410	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
	Optic Atrophy 12 (OPA12), OMIM #618977	King's Fertility	Approved
	Epilepsy, Nocturnal Frontal Lobe, 3 (ENFL3), OMIM #605375	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
	Rubinstein-Taybi Syndrome 2 (RSTS2), OMIM #613684	Care Fertility Nottingham	Approved
	Anemia, Sideroblastic, 2, Pyridoxine-Refractory (SIDBA2), OMIM #205950	Guys Hospital	Approved
	Short Stature and Advanced Bone Age with or without Early-Onset Osteoarthritis and/or Osteochondritis Dissecans (SSOAOD)	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Approved
	Import embryos from Czech Republic	The Fertility & Gynaecology Academy	Approved
	Import eggs from Spain	IVI London (Wimpole Street)	Approved
24 November	Combined Oxidative Phosphorylation Deficiency 55 (COXPD55) OMIM #619743	Care Fertility Nottingham	Approved
	Cognitive Impairment with or without Cerebellar Ataxia (CIAT), OMIM #614306	TFP Oxford Fertility	Approved
	Homocystinuria due to deficiency of N(5,10)-Methylenetetrahydrofolate Reductase Activity OMIM #236250	The Lister Fertility Clinic	Approved
	Export of embryos to Panama	Aria Fertility	Approved
	Export of embryos to UAE	Aria Fertility	Approved
	Import of gametes from Taiwan	Care Fertility Cheshire	Approved
16 December	Pro Nuclear Transfer (PNT) for a specified patient to avoid Maternally Inherited Leigh	Newcastle Fertility Centre at Life	Minutes not yet approved

Date	Items considered	Centres	Outcomes
	Syndrome, OMIM #500017 and Neuropathy, Ataxia and Retinitis Pigmentosa, OMIM #551500, caused by the m.8993T>G pathogenic variant within the MT-ATP6 gene, OMIM *516060		
	Dent Disease (DENT 1), OMIM #300009	Guys Hospital	Minutes not yet approved
	Congenital Myopathy 7A, Myosin Storage, Autosomal Dominant; (CMYO7A) OMIM #608358	The Centre for Reproductive and Genetic Health t/a CRGH Portland	Minutes not yet approved
	Anemia, Congenital, Nonspherocytic, Hemolytic,1 (CNSHA1), OMIM #300908	Avenues	Minutes not yet approved
	Import of embryos from New Zealand	IVI London	Minutes not yet approved
	Import of sperm from USA	Chelsea & Westminster Hospital	Minutes not yet approved
	Import of eggs from Hong Kong	The Centre for Reproductive and Genetic Health t/a CRGH Portland	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:

AGC met on 3 December 2025 and the papers can be found here. Items considered by the committee included:

- Internal Audit
- Global Internal Audit Standards
- Progress with current audit recommendations
- Risk update
- Digital project – PRISM and Phoenix Programme
- Resilience, business continuity manager and cyber security
- Bi-annual HR Report
- Committee effectiveness review

In addition, the committee had a training session on External Audit with particular focus on planning, identifying risks and how the audit is structured.
The Chair will report on this meeting verbally.

Scientific and Clinical Advances Advisory Committee:

SCAAC has not met since the last Authority meeting.

3. Recommendation

3.1. The Authority is invited to note this report. This information is published on the HFEA website.

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

Human Fertilisation & Embryology Authority

Monthly performance report

Performance up to December 2025

Evgenia Savchyna
Corporate Performance Officer
21/01/2026

www.hfea.gov.uk

About this paper

Details about this paper	
Area(s) of strategy this paper relates to:	Whole strategy
Meeting:	Authority
Meeting date:	21/01/2026
Agenda item:	Item 5
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

Management summary

- Performance across KPIs in December 2025 was variable, with ten KPIs rated Green, two Neutral, four Amber and three rated Red.
- The Compliance KPI performance in December was variable. The ‘Inspection Reports to PR’ KPI was rated Red and the ‘Inspection Reports to Committee’ KPI was rated Amber. However, these delays did not result in any applications not meeting the ‘End-to-End Licensing’ KPI which was rated Green.
- Mito applications are not shown on the graphs as they are occasional. We last received an application in August which was due for completion in December 2025. This was a particularly challenging application, requiring additional input from SAC and the clinic prior to going to the full committee. The SAC minutes have not been released yet, which will result in the Mito KPI being rated Red.
- One PGT-M application was processed in December, but a significant number of new applications (12) were received in the same month.
- The OTR team processed fewer than usual OTRs in December due to the Christmas break and jury service, resulting in both KPIs missing their targets. The current waiting list consists of 296 OTRs. 65 OTRs were received in December which was the lowest number since the January 2025.
- Four FOIs and one PQ were completed within the KPI.
- As expected, the Comms activity decreased over December with no proactive media coverage and reduced social media engagement. Website sessions and user numbers have continued a downward trend since the beginning of the calendar year.
- Both HR KPIs remained in Green, with the ‘Staff sickness’ KPI being close to the threshold.
- The Finance ‘Debt collection within 40 days’ KPI improved to Amber for the first time since being in Red from April 2025. The remaining two Finance KPIs remained Green.

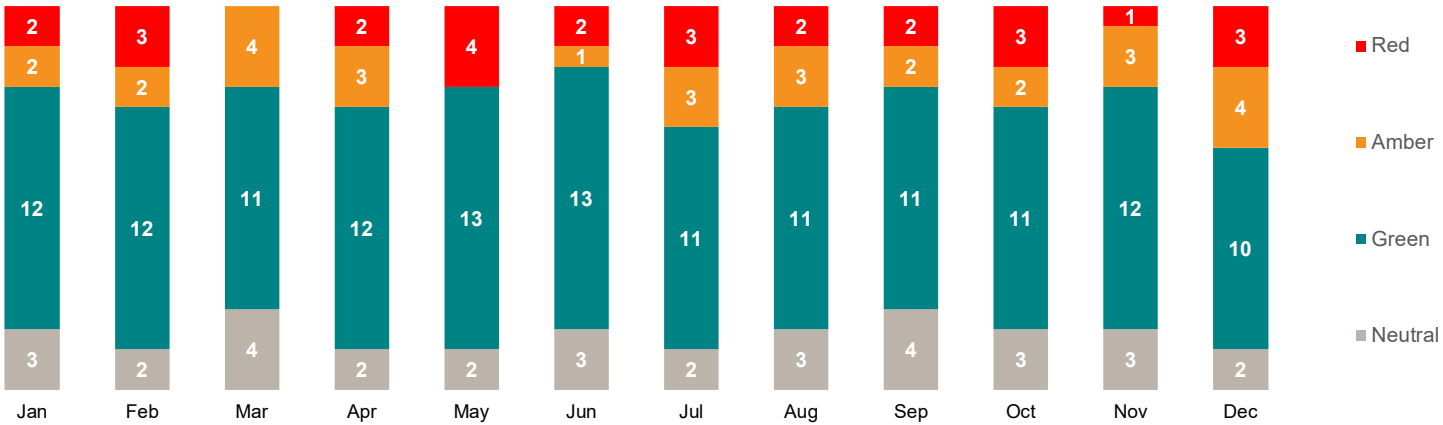
KPI reviews

- The Finance KPI review is currently underway and due for completion in January 2026.

Key performance indicators

Human Fertilisation & Embryology Authority

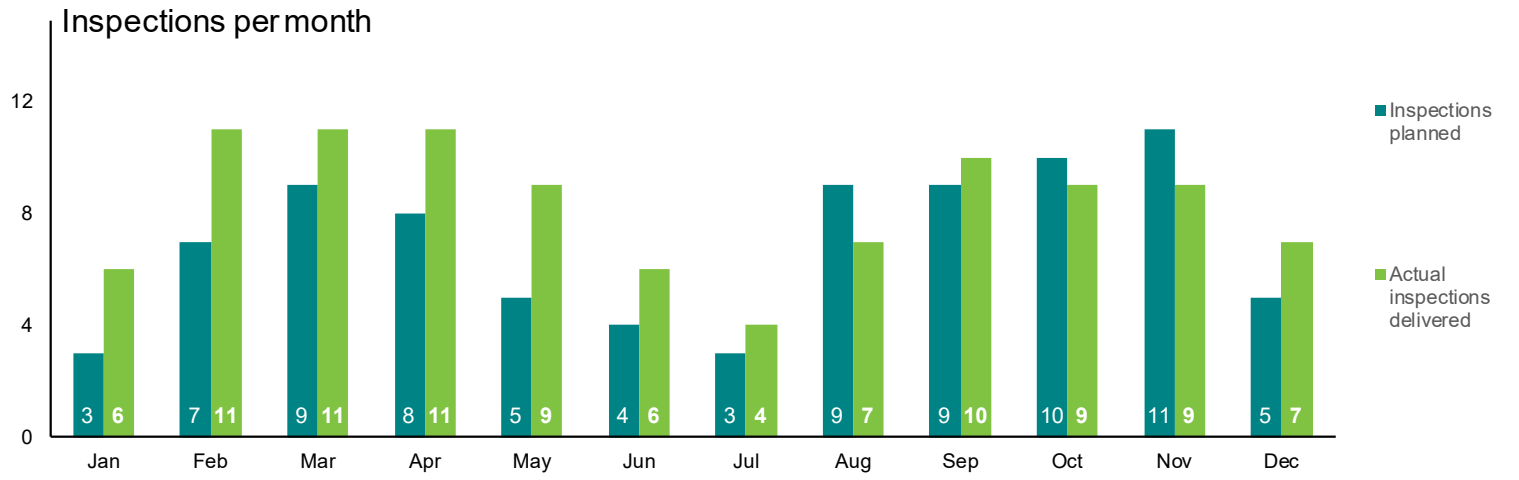
RAG status over last 12 months



RAG status over last 12 months

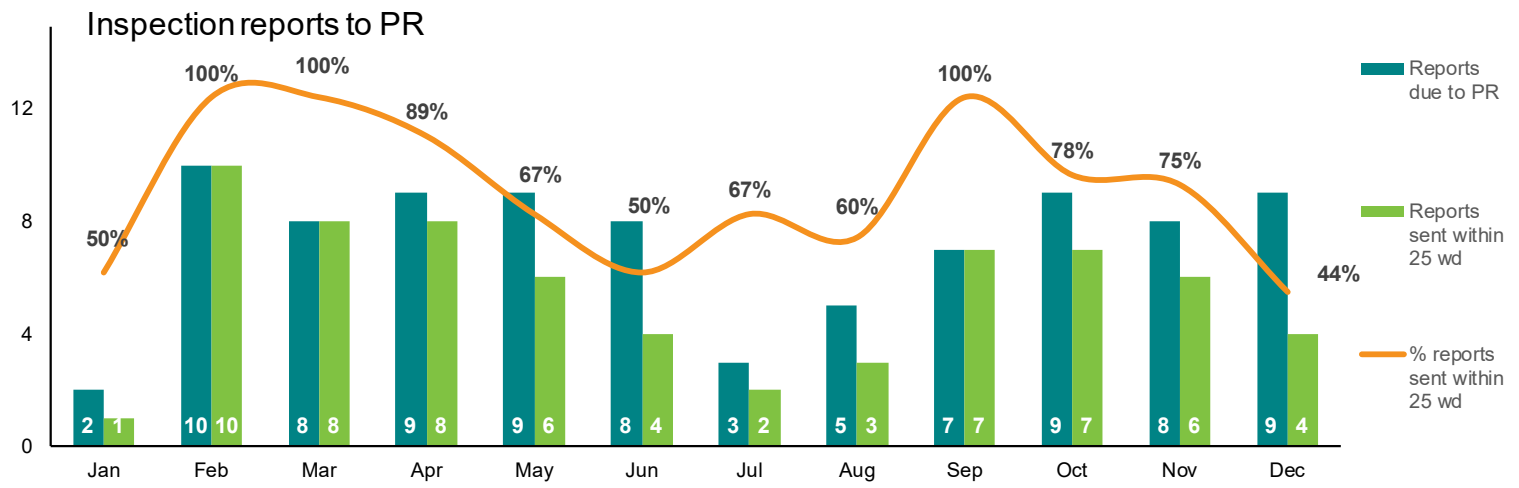
19 KPIs in total for each month starting from Jan 2025

For December, the 3 red indicators were in **Compliance**: 2 ('Inspection reports to PR' and 'Mitochondrial donation processing'), and **Information:** 1 ('OTRs received and closed in month').



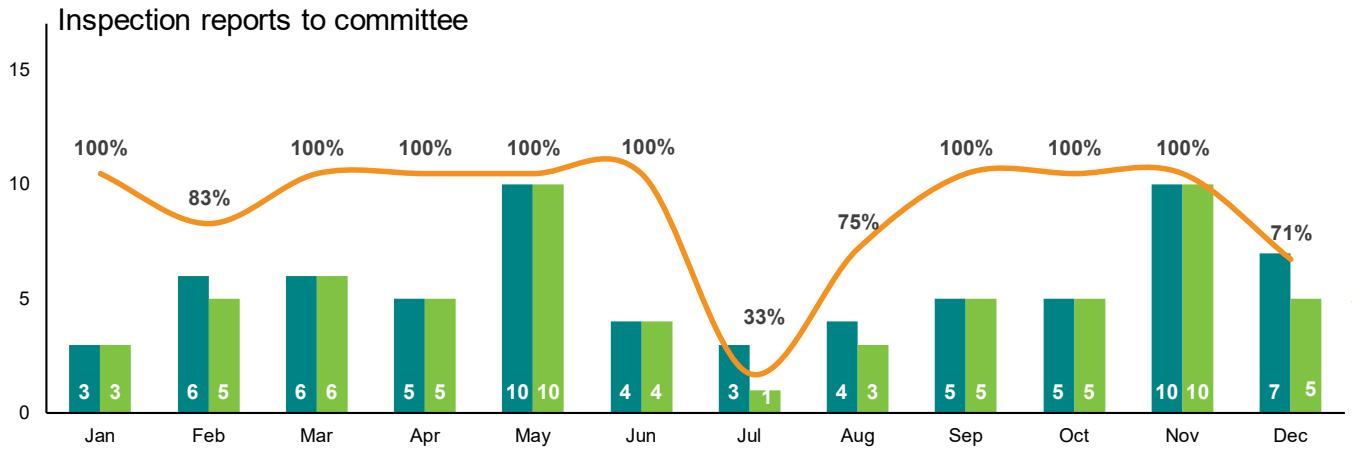
Status:	N/A
Compliance	
Inspections delivery	
Target: **not defined**	

Five inspections were planned for December 2025, and seven were delivered following a reshuffle of the inspection schedule.



Status:	Red
Compliance	
Inspection reports sent to PR	
Target: **100% sent within 25 working days**	

Four out of nine reports missed the KPI. Three inspections were delayed due to inspectors' workload (37 wd for each report). One complex report requiring additional meetings with the PR (54 wd).



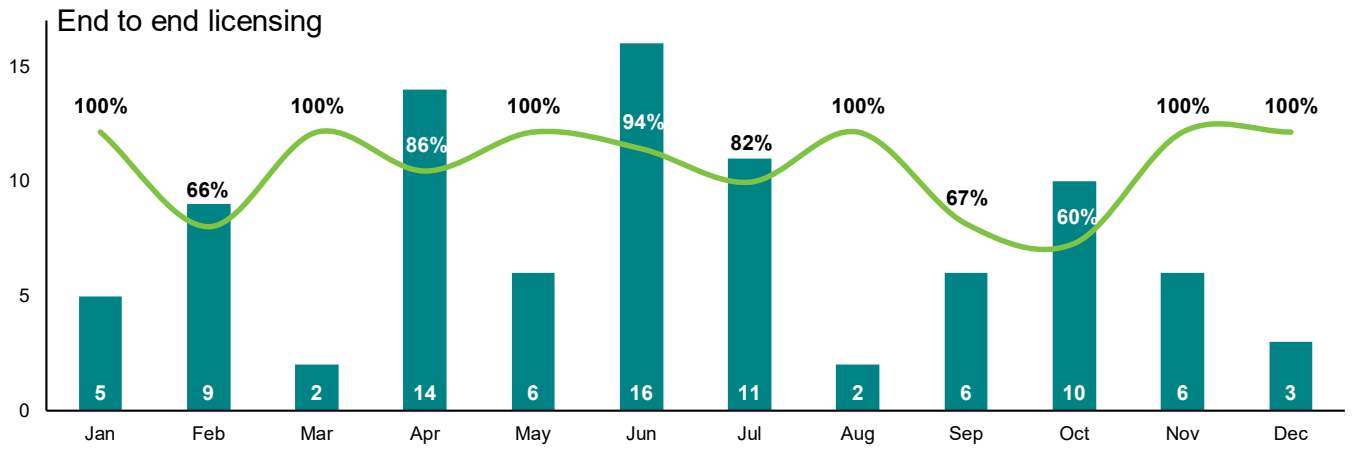
Status: **Amber**

Compliance

Inspection reports sent to relevant licensing committee

Target: **100% sent within 65 working days**

Two out of seven reports missed their KPIs due to their complexity.



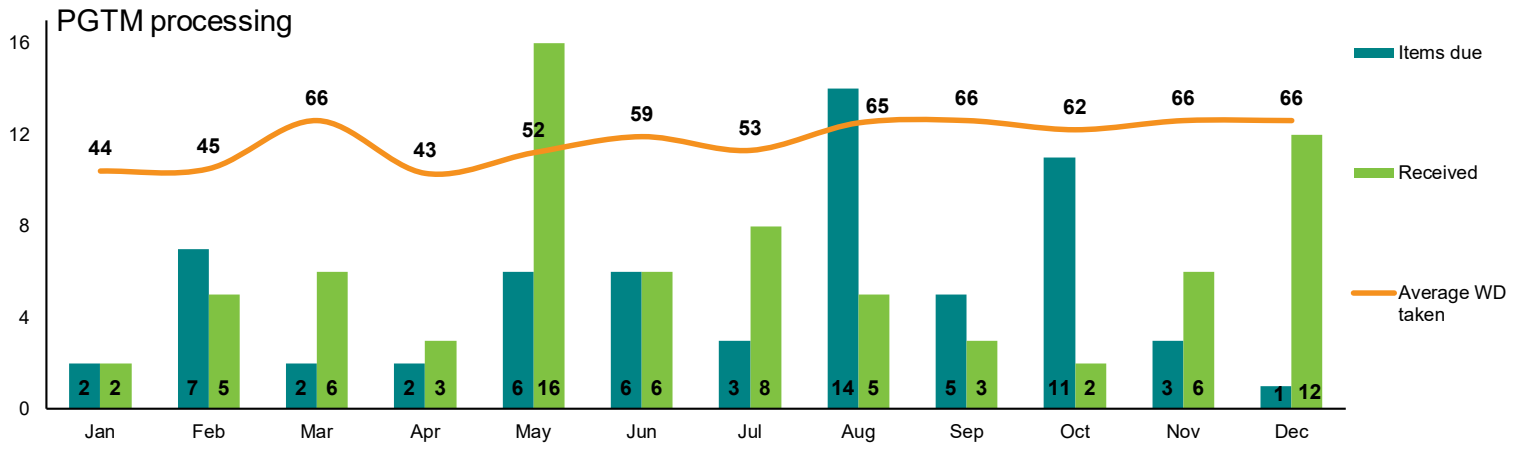
Status: **Green**

Compliance

End to end licensing process

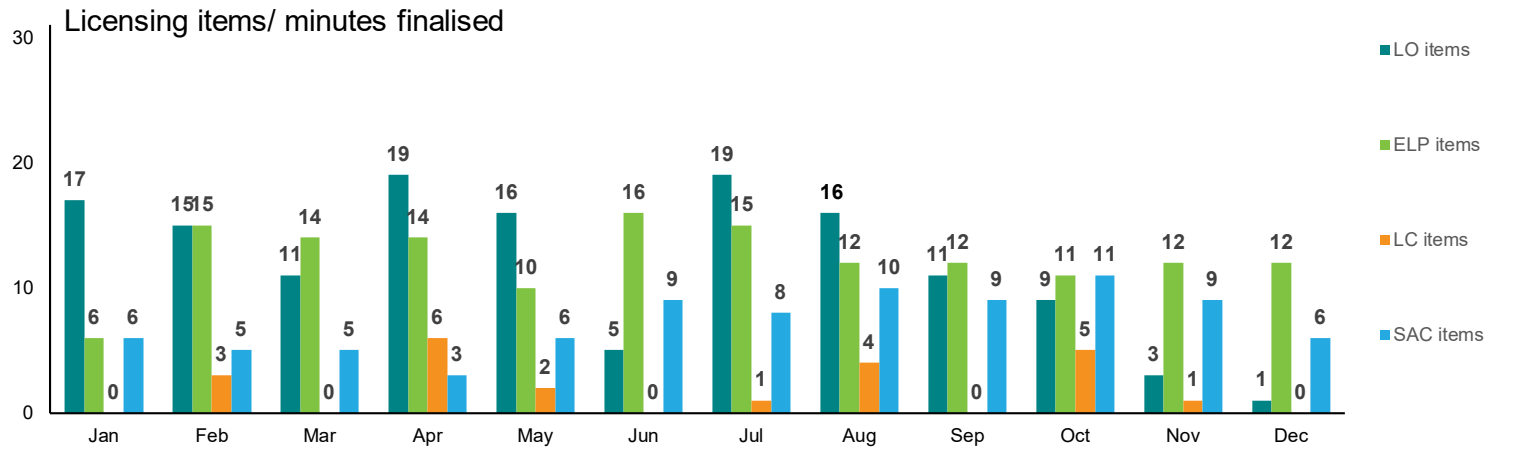
Target: **100% items completed within 80 working days**

All reports have been completed within KPI.



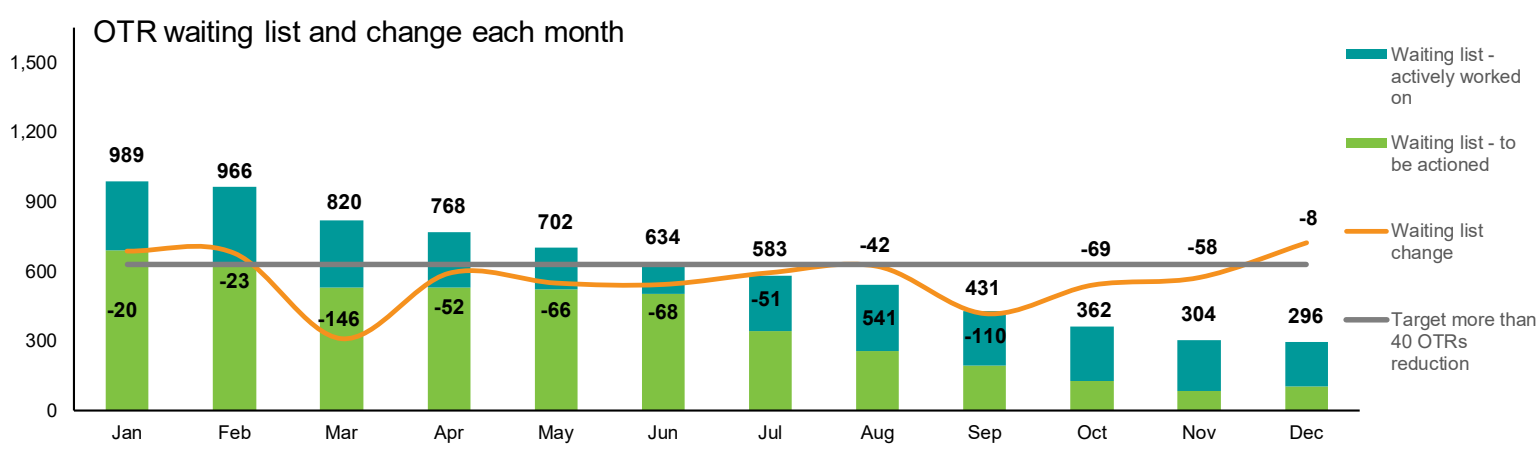
Status:	Amber
Compliance	
PGTM processing efficiency	
New target - Dec 24: **average time within 60 working days**	

The one PGT-M application due for completion was not processed in time (66wd) due to the need to schedule items across meetings following an unusually high number of PGT-M applications earlier in the year. December was the earliest available SAC agenda.



LO:	Green
ELP:	Green
LC:	Neutral
SAC:	Green
Licensing	
Licensing efficiency	
Targets: **LO - 5 WD ELP - 10 WD LC - 15 WD SAC - 20 WD**	

Particularly quiet month for LO (ITE only). There was a reduction in the length of the agenda for SAC although some items were complex. ELP remains steady. Committee Effectiveness for both ELP and SAC were discussed in month.



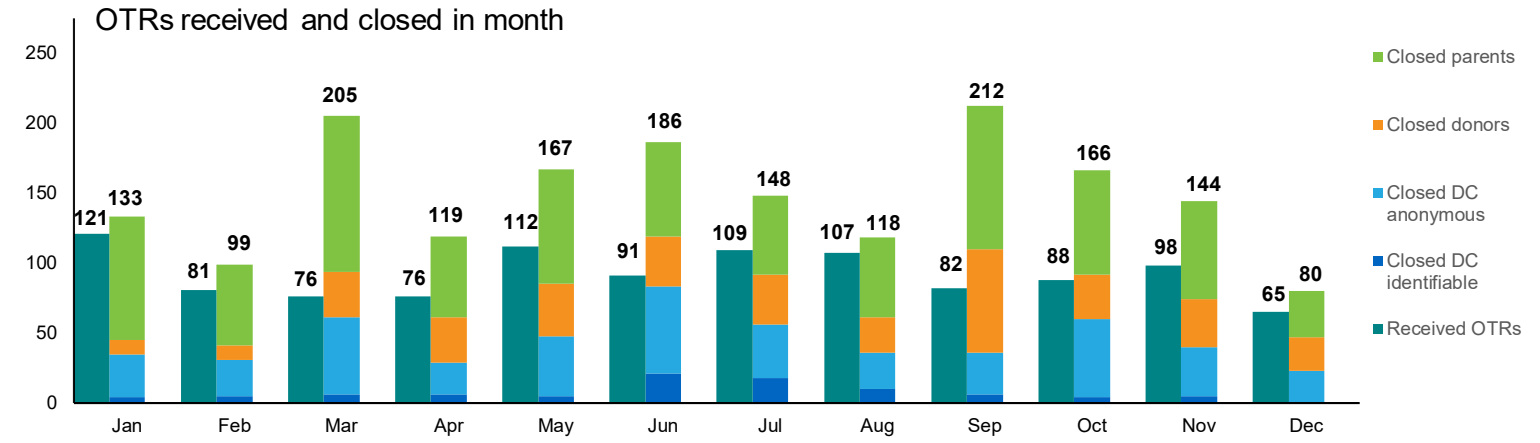
Status: **Amber**

OTR

Waiting list change

Target: **reduced by more than 40 OTRs**

OTRs in the waiting list: **Donor OTRs: 57; DC identifiable: 28; DC anonymous: 71; Parents: 140.**
Waiting list was reduced by only a small amount, due to annual leave and Jury service taken during December 2025.



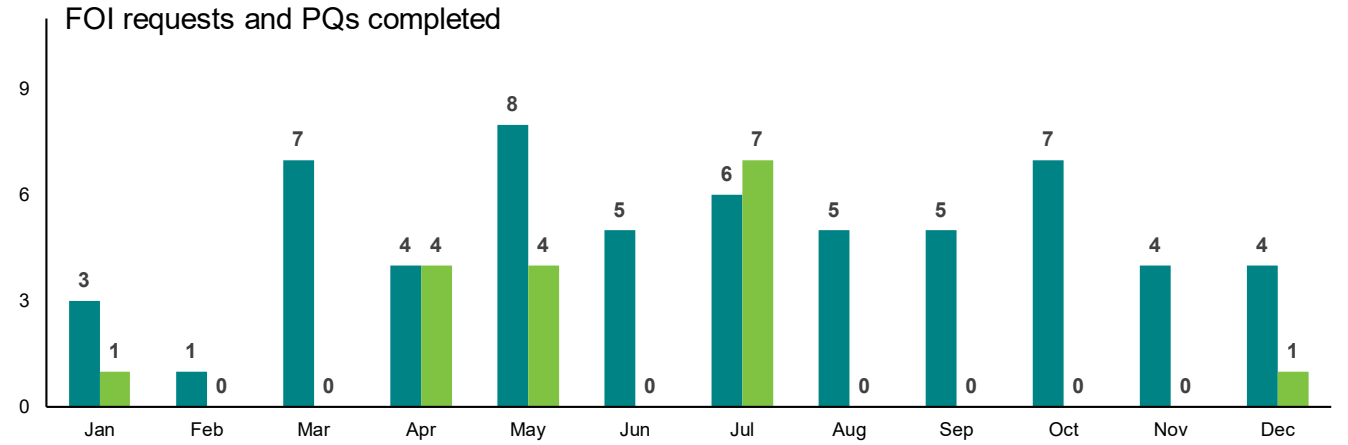
Status: **Red**

OTR

OTRs closed in month

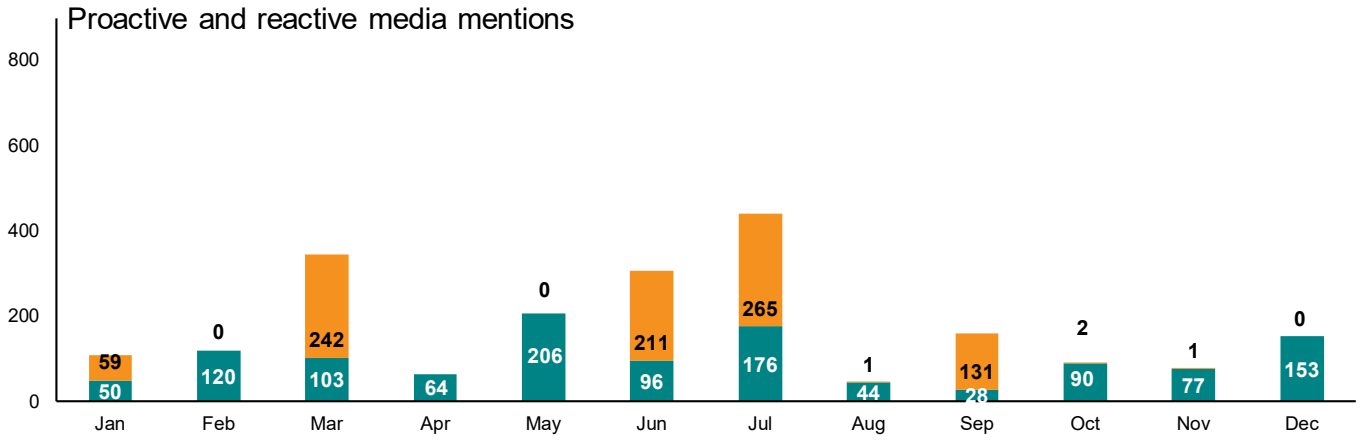
Target: **more than 156 OTRs being sent out**

OTRs sent out: **Donor OTRs: 24; DC identifiable: 0; DC anonymous: 23; Parents: 33.**
We processed fewer OTRs but still lowered the waiting list and provided information to 80 applicants. The average waiting time for applicants receiving responses was brought down, from 3.3 months for responses in November to 3 months in December 2025.



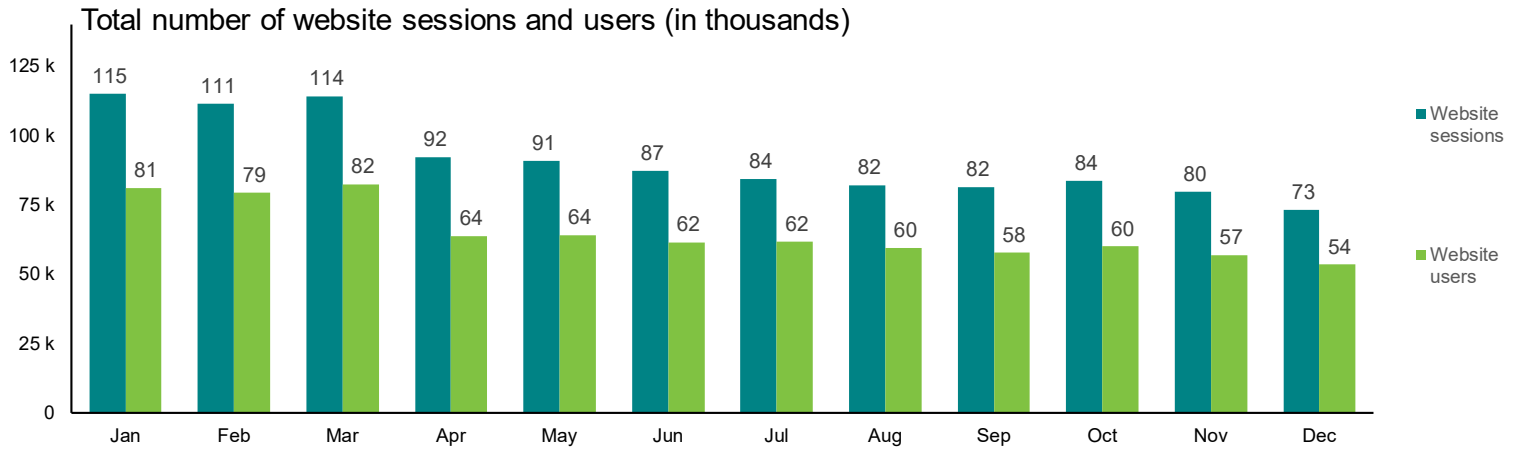
FOI:	Green
PQ:	Green
Intelligence	
FOI and PQ completed	
Targets: **FOI - 20 WD** **PQ - set by DHSC**	

FOIs due were answered within KPI timescales. FOI topics were related to information on the use of donor eggs in surrogacy, transport of cryopreserved gametes and embryos and HR/Finance information. The PQ was on regulation of genetic testing of embryos (PGT-P).



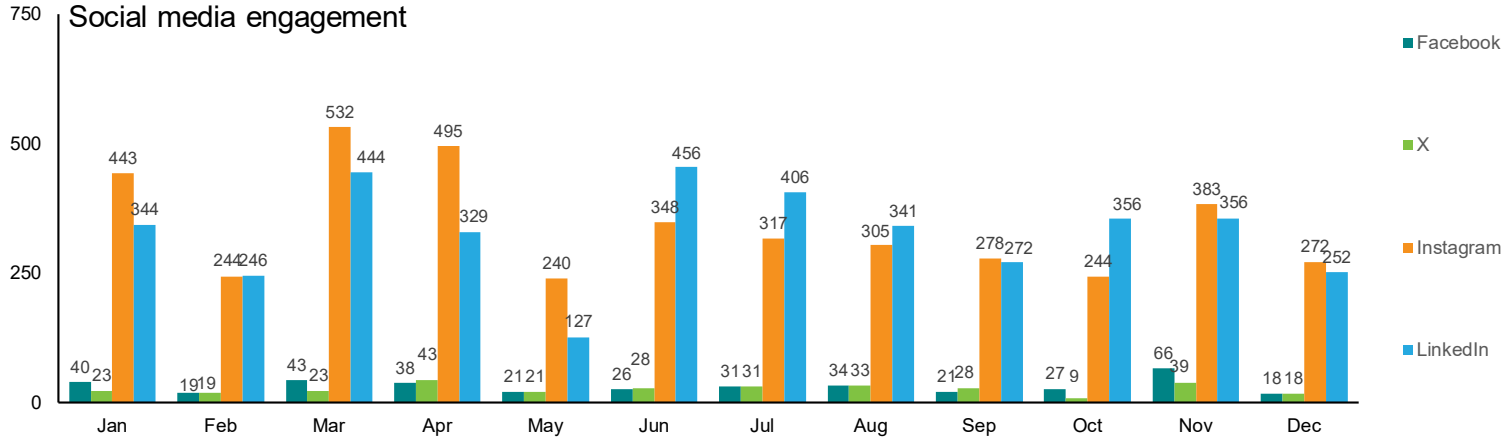
Status:	N/A
Comms	
Total media mentions (proactive and reactive split from April 2024)	
Target: **not defined**	

December coverage themes included IVF, couples in the UK sending their embryos' genetic data abroad for analysis and sperm donation.



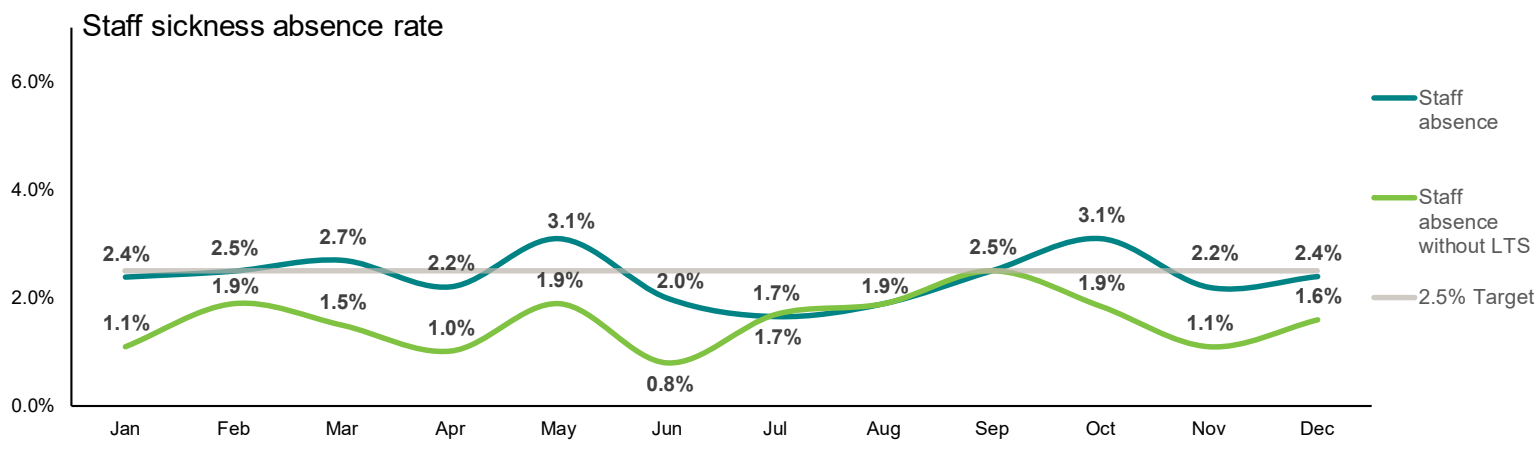
Status:	N/A
Comms	
Total number of website sessions and users (Internal traffic excluded from October 2023)	
Target: not defined	

A slight decrease in website traffic was seen, in line with previous festive period trends. The ‘Donating your sperm’ page returned to the top three pages of the month, probably as a result of a news story.



Status:	N/A
Comms	
Engagement across social media	
Target: not defined	

Our channels saw a decrease in engagement, in line with festive period trends. The posts engaged with most were Peter Thompson’s statement on the European sperm donor with a rare cancer-causing mutation, Geeta Nargund’s blog, and our 2025 recap posts.



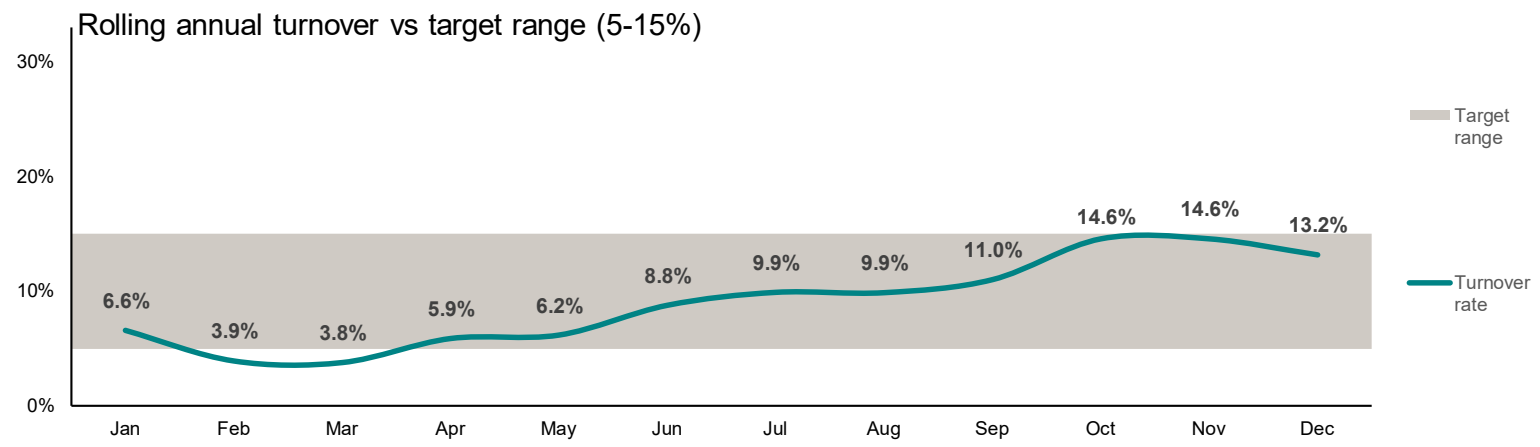
Status: **Green**

HR

Sickness

Target:
Less than or equal to 2.5%

The LTS (long term sickness) was pregnancy related. Maternity leave has now started for that employee.



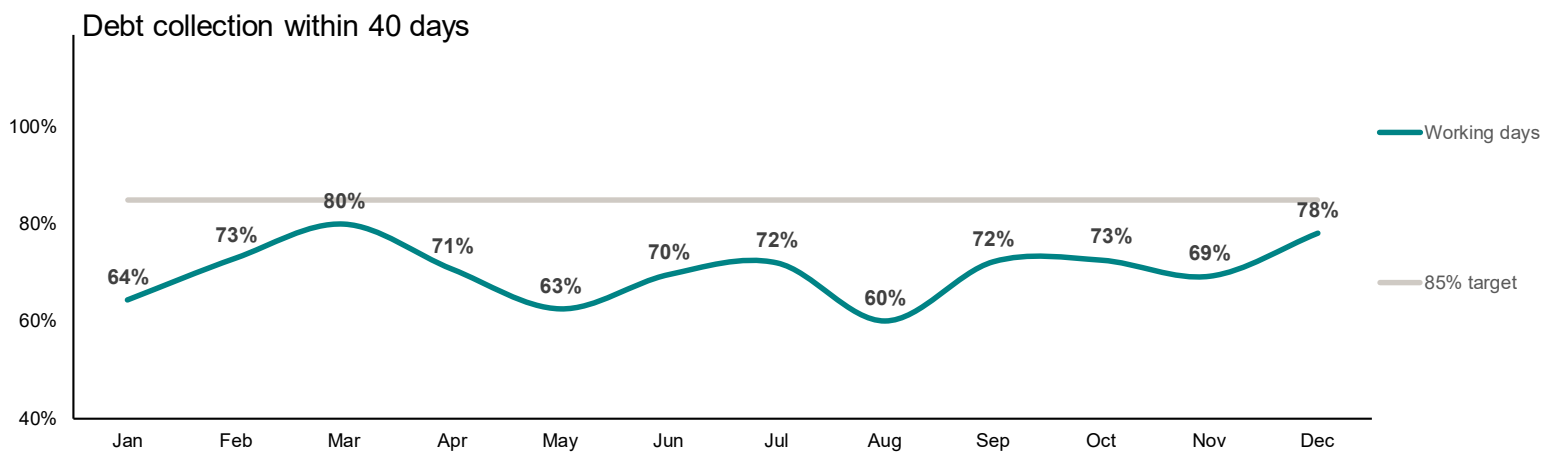
Status: **Green**

HR

Turnover

Target:
From 5% to 15%

Supplementary HR data: Headcount: 85, Budgeted posts: 84, Vacant posts: 2, Starters: 2, Leavers: 1.
Turnover is stable.



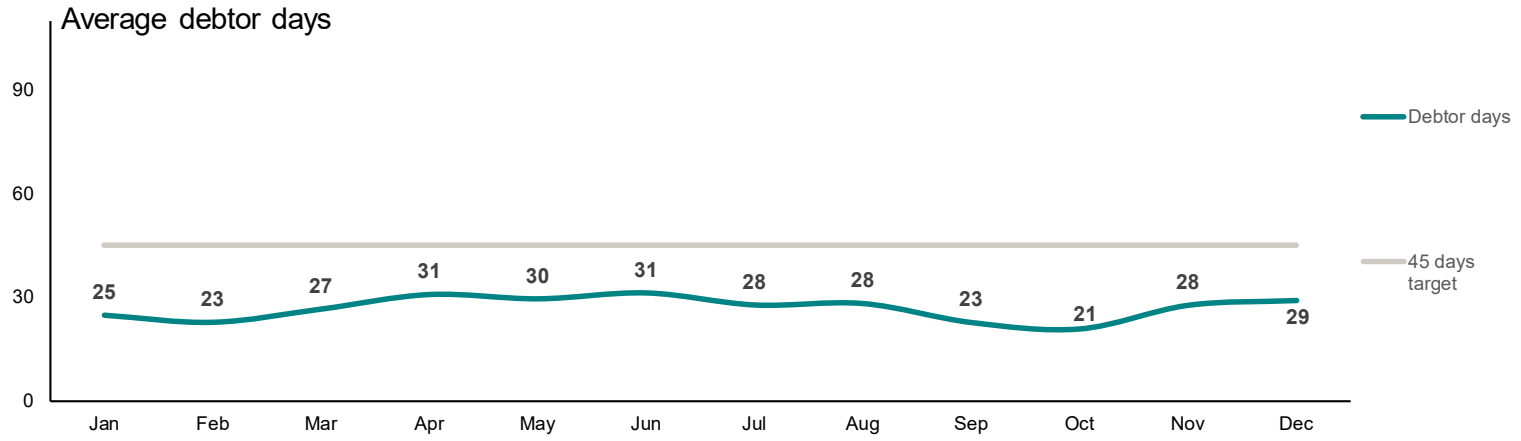
Status: **Amber**

Finance

Debt collection

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

90 invoices (93%) were paid within 60 days. Three invoices paid in the month were over a year outstanding and relate to clinics still catching up with data submissions.



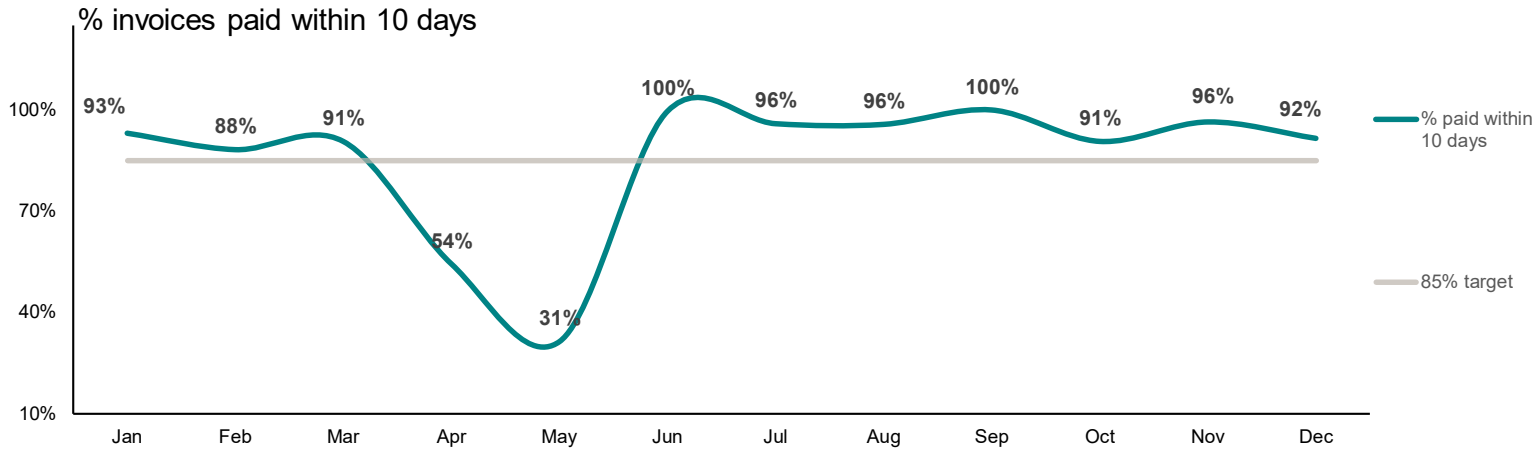
Status: **Green**

Finance

Debtor days

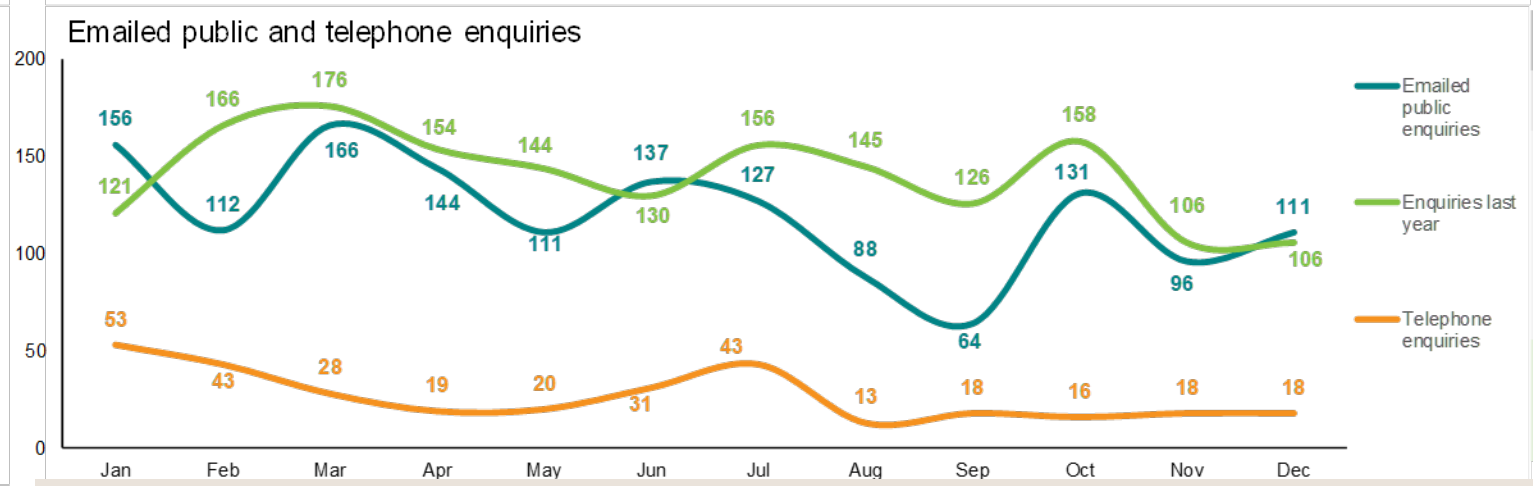
New target from Oct 2024:
45 days or less

The target has been met.



Status:	Green
Finance	
Prompt payment	
Target: **85% or more invoices paid within 10 days**	

The target has been met.



Status:	N/A
Comms	
Engagement across social media	
Target: **not defined**	

The enquiries team received 111 enquiries in December which is higher than the number of enquiries received in November. 18 calls were received in December. Themes included Other (7), Complaints (4) and Medical queries and concerns (4). Out of the 18 calls received, 14 were categorised as Straightforward and 4 were categorised as Challenging.

Human Fertilisation & Embryology Authority

Finance Report

Nine months to December 2025

Tom Skrinar
Director of Finance, Planning and Technology

21 January 2026

www.hfea.gov.uk

Summary financial position as of 31 December 2025

Type	Actual YTD £'000s	Budget YTD £'000s	Variance Actual vs Budget £'000s	Forecast Full year £'000s	Budget Full year £'000s	Variance Forecast vs Budget £'000s
Income	6,121	6,476	(355)	8,330	8,647	(317)
Expenditure	(6,485)	(6,470)	(15)	(8,765)	(8,647)	(118)
Total Surplus/(Deficit)	**(364)**	**6**	**(370)**	**(435)**	**0**	**(435)**

At the end of Q2 (December 2025), we are posting a year-to-date deficit of £364k against a budgeted surplus of £6k. This means overall, a deficit against budget of £370k, the bulk of which relates to treatment fee income.

This net position is largely in line with the report provided to the Authority at its November meeting. Due to the timing of the authority meeting, these figures are draft as we are yet to undertake our quarterly review with the teams. We are forecasting a deficit against budget of £435k, again, the reduction in our income is the main cause.

A break down of significant variances, can be found on the following pages.

Human Fertilisation & Embryology Authority

2025/26 Income – YTD 31December 2025

Year end	YTD Actual	YTD Budget	Variance	Forecast Full yr	Budget Full yr	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Income						
DHSC Funding	640	640	0	1,136	1.070	66
DHSC Funding – non-cash	174	171	3	229	229	0
Licence Fees	5,226	5,543	(317)	6,865	7,186	(321)
Other income	81	122	(41)	100	162	(62)
Total	**6,121**	**6,476**	**(355)**	**8,330**	**8,647**	**(317)**

INCOME

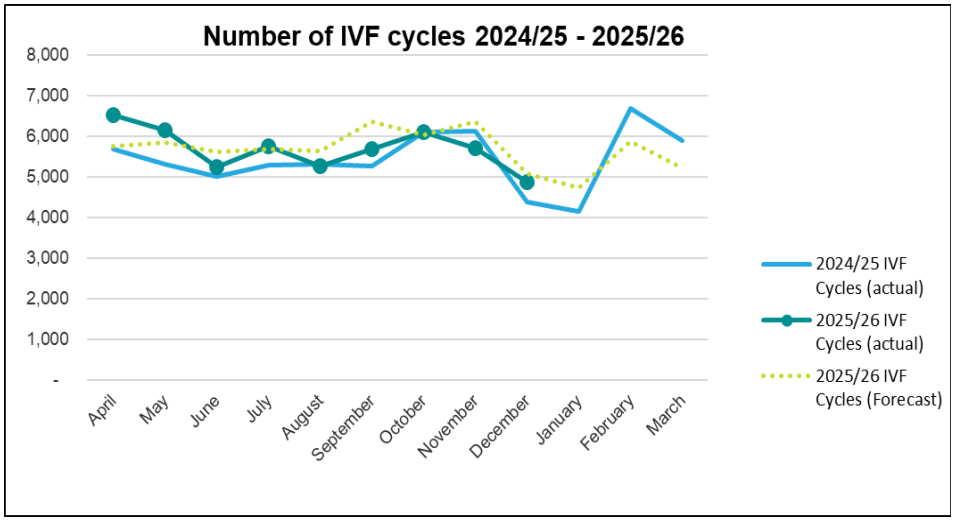
Year to date, our total income is below budget by 8% (5.6% at month 7). This increase in the short-fall can be attributed to:

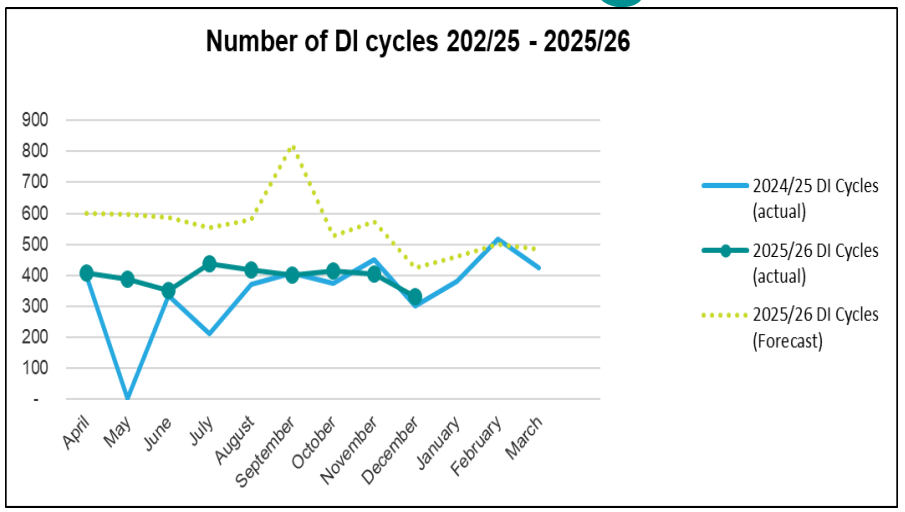
- Budget setting assumption that all cycles would be at £100
- Treatments (bill-able) at rates between £85-£100
- Corrections that clinics are making to their submissions resulting in refunds
- Changes that may have been necessary prior to publication of data on CaFC

Our forecast short-fall for the year has increased from £286k reported in November to £317k, assisted by additional GIA received of £66k (cyber funding).

Human Fertilisation & Embryology Authority

2025/26 Income - YTD Actual vs Budget





IVF / DI Activity

The above graphs show the volumes of IVF and DI cycles, comparing activity for the 2024/25 and 2025/26 financial years as of Q3 (December).

IVF cycles YTD are 51,325 compared to 48,501 for the same period in 2024/25, with December 2025 activity 494 cycles higher than December 2024, however November's activity was 418 cycles lower than the same period in 2024. Unsurprisingly, DI cycles have mirrored IVF with December 2025 being 30 higher than 2024 and November being l47 lower than November 2024.

As the graphs show, actual IVF cycles continue to track close to forecast which ordinarily should result in forecast income (pounds) being close to budget, however, due to factors mentioned previously, this is not the case. Plugging this short-fall may be covered by DHSC providing GIA as a one-off injection of additional income.

Human Fertilisation & Embryology Authority

2025/26 Expenditure YTD 31 October 2025

As of March-25	YTD Actual	YTD Budget	Variance	Full yr Forecast	Full yr Budget	Variance
	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
Expenditure						
Salaries/Wages	4,536	4,554	(18)	6,134	6,072	62
Other Staff costs	146	196	(50)	224	262	(38)
Other costs	179	196	(17)	250	258	(8)
Project Costs	562	555	7	660	740	(80)
Facilities (estates) costs	351	395	(44)	491	527	(36)
IT Costs	472	348	124	652	464	188
Legal and Professional	239	226	13	354	324	30
Total	**4,292**	**4,306**	**14**	**8,765**	**8,647**	**117**

Variances – ***to note, these forecast figures are draft and may reduce/increase slightly post quarterly finance review meetings.***

Salaries/wages – year-to-date are under budget by £18k, however we are forecasting an overspend of £62k (down from £104k). Small increases in temporary staff costs plus a settlement payment noy budgeted for, are contributing to this overspend. Mitigations to keep costs down include delaying start-dates for new starters where possible.

Other Staff costs – year-to-date are under budget by £50k and are expected to remain below budget as per the forecast (£38k). Significant underspends are within Inspection travel and subsistence (£10k); recruitment (£17k),staff training £35k plus, some smaller underspends. We are overspent on Staff Welfare (£17k) relating to job evaluation costs, additional pension testing costs (payroll bureau). Across some of the cost lines, there is room to reduce costs.

Human Fertilisation & Embryology Authority

2025/26 Expenditure continued

- **Other Costs** - are underspent by £17k, the main areas include Stakeholder events which are expected to be spent by year end, external reviewer costs £8k; with smaller underspends in other areas including Library and subscriptions; discretionary training.
- **Project Costs** – these costs are for the Pheonix project which is ongoing. Whilst slightly over budget year-to-date, we expect this first phase to come in under budget due to deferment of some of the work packages.
- **Facilities (incl estates) costs** – are under budget (£44k) year to date mainly due to non-cash costs which are depreciation of assets. We impaired PRISM last year which reduces the amount being expensed for amortisation. In addition, estates costs are coming in under budget. We are forecasting a £36k underspend as we expect to make accounting adjustments to our rent (lease) at year end which leaves unrecoverable VAT.
- **IT Costs –** are overspent by £124k and are forecast to end in an overspend of £188k.a small increase from that reported in October report.
- **Legal and Professional** – is over budget by £13k and is due to internal and external audit fees higher than planned. As mentioned in previous reports, the internal audit fee increased due to VAT which we were advised of after the budget had been set. The forecast for Audit fees is £147k against a budget of £104k.The external audit fee increased due to additional audit of PRISM. The forecast takes account of these increases. We are currently forecasting legal spend to just below budget at £206k, this could change (increase or decrease) depending on the outcome of current cases.

At a meeting with our DHSC Finance Business Partner we were informed that c£200k of GIA could be allocated to cover our income short-fall – we await confirmation. This will mean that we will need to continue to reduce expenditure where we can. The current figures exclude any reversals of provision relating to bad debts and income.

We are required to report our position towards the end of January 2026 as part of the Q3 Consolidation exercise.

Authority approval of increase in financial delegations

Details about this paper

Area(s) of strategy this paper relates to:	The best care /The right information / Shaping the future
Meeting	Authority
Agenda item	5.1
Meeting date	21 January 2026
Author	Morounke Akingbola, Head of Finance

Output from this paper

For information or decision?	For decision
Recommendation	Approve increase to delegation limits
Resource implications	N/a
Implementation date	February 2026
Communication(s)	CMG alongside updated policy
Organisational risk	Medium

1. Purpose

1.1. This paper seeks Board approval to increase the formal financial delegation limits for the Accounting Officer (CEO) and the Director of Finance, Planning and Technology.

1.2. The objective is to improve operational efficiency, reduce administrative bottlenecks in procurement, and ensure our governance framework remains proportionate to its current budgetary scale and risk appetite.

2. Executive Summary

2.1. The current financial delegations were set over 10 years ago and no longer reflect the inflationary environment or potential high-value procurement transactions for HFEA to meet its objectives.

2.2. The recent procurement exercise for replacement of Epicentre highlighted the need for these delegations to be reviewed.

3. Background and context

3.1. As an Arms's Length Body, we are governed by Managing Public Money and our Framework Agreement with the Department of Health and Social Care.

3.2. Currently the Accounting Officer's and Director of Finance, Planning and Technology's limits are set at £500,000 each. Comparison with peer ALB's of similar size and risk profile indicates that our current thresholds are significantly lower than the sector average, which could lead to unnecessary delays in project commencement and supplier payments.

4. Proposed Changes

4.1. The following table outlines the proposed increases to the Scheme of Delegation:

Delegations			
Position	**Current Limit**	**Proposed Limit**	**Rationale**
Accounting Officer	£500,000	£800,000	To cover standard operational contracts and SLAs over their total life
Director of Finance, Planning and Technology	£500,000	£800,000	To facilitate efficient processing of budgeted directorate, spend

5. Governance and risk mitigation

5.1. **Controls:** All expenditure remains subject to approved budgetary envelopes. An increase in delegation does not grant 'new' money; it only changs the threshold at which specific authorisation is required.

5.2. **Reporting**: To ensure transparency, Direct Award, high-value transactions will be presented to the Audit and Governance Committee (AGC).

5.3. **Compliance:** These changes have been cross-referenced with the DHSC delegation limits to ensure we remain within the framework agreement.

5.4. **Resource implications:** There are no direct financial costs associated with this change.

6. Recommendations

6.1. The Board is asked to:

- Approve the revised financial delegation limits set out above
- Note the Procurement and Tendering Policy will be updated following approval

Annex 1: Delegation section from the Procurement and Tendering Policy

Delegated authority

1. DHSC delegates authority to the Accounting Officer of the HFEA (the Chief Executive) to make expenditure. Details of the delegated limits, and processes for gaining approval outside those limits, are included in the Arm's Length Bodies schedule of delegation notified from time to time by the Department of Health and Social Care.

HFEA Guidance Annex 2025-26.pdf

2. Within the HFEA, the Chief Executive delegates budgets and authority to approve expenditure to other staff. All staff with these responsibilities are given training (as part of their induction process) by the Finance Manager before they can authorise purchase orders, contracts and invoices.

The limits of delegations within the HFEA for different levels of staff to agree spend are as follows:

Delegations		
Position	**Proposed Limits**	**Budgets (POs)**
Chief Executive	£800,000	All (incl contracts)
Director of Finance, Planning and Technology	£800,000	All (incl contracts)
Other Directors	£100,000	Their own
Head of Finance	£70,000	All
Other heads	£50,000	Their own

3. Some budget holders have agreed further delegation to their staff. Staff should only agree purchase orders for items that will be charged to their own budgets. It may be necessary for staff to approve invoices for expenditure outside their own area.

4. If the amount requiring agreement is more than the individual's authority limit, in the first instance the PO or invoice should be authorised by the relevant director. If the authority limit is still exceeded, then the Chief Executive and/or Director of Finance, Planning and Technology should authorise.

5. Novel, contentious, special severance payments, significant gifts and loans, losses and special payments require DHSC/HM Treasury approval, as set out in the schedule of delegations embedded above.

6. If there is a significant discrepancy between the original purchase order amount and the invoice, the Finance team will require an explanation and record that, before payment is made.

Phoenix Programme Update

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Authority
Agenda item:	7
Meeting date:	21 January 2026
Author:	Luke Reader, IT Project Manager
Annexes	2

Output from this paper

For information or decision?	For information
Recommendation:	The Authority is invited to note this report
Resource implications:	Slightly over budget including contingency
Implementation date:	July 2026
Communication(s):	This information will be published on our website.
Organisational risk:	Medium

1. Programme Aims

1.1. The primary aim of the Phoenix programme is to relieve the HFEA of the **technical risk** of running its core operations on a platform that is no longer fully supported by suppliers.

1.2. Alongside this there are intended benefits around the **simplification** and **modernisation** of processes, to the benefit of both the HFEA and the stakeholders at licensed clinics and research centres who interact with our systems.

1.3. At a system level the Programme will:

- replace **Epicentre** (manages Licensing and Inspections activities) with Microsoft **Dynamics**;
- replace the **Clinic Portal** website with similar functionality based on Microsoft **PowerPages**;
- replace **Content Manager** (HFEA record storage solution) with Microsoft **SharePoint**.

1.4. A more detailed summary of the aims and intended benefits of the Phoenix programme can be found in *Annex A*.

2. Progress Update

2.1. The Phoenix programme milestone dates are:

Milestone	Baseline Date	Projected Date	Actual Date
Discovery Complete	End-March-25	04/04/2025	11/04/2025
Design Complete	April-25	April-25	29/04/2025
Development & Testing	**December-25**	**Mar-26**	
Dynamics	**Feb-26**	**Mar-26**	
HFEA Portal Forms	**December-25**	**Mar-26**	
Content Manager Migration	**May-26**	**Jul-26**	
Go-Live	**Jun-26**	**Jul-26**	

2.2. Further details on the projected timeline and on activities completed to date are provided in *Annex B*.

3. Costs Update

3.1. Since May 2025 the planned costs have been **re-baselined** with AGC (Audit and Governance Committee) agreement, to reflect changes in the work-required which were identified in the early Discovery phase (some additional work, and one significant piece no longer needed), and the costs of two subsequent change requests.

3.2. One of these change requests was technically-driven. We need extended data-migration support due to the slowness of data-extraction from the current Content Manager system.

3.3. The other change request was to retain the services of a business analyst until the end of December 2025 to de-risk the requirements-capture activities. Note that since that change, it has been agreed to further retain that resource until the end of March 2026.

3.4. The summary of costs is shown here:

Phoenix Programme Costs	*Without VAT*	*Including VAT*
Programme Delivery Original Baseline	£548,297	£657,956
Programme Delivery New Baseline *(@ Nov 2025)*	£633,630	£760,356
Cost of 1st 12 months support post-Delivery	£33,986	£40,783
Programme Delivery New Baseline with Support	**£667,616**	**£801,193**

3.5. The Programme Board is aware of a specific financial requirement on the HFEA to **minimise any additional spend** in the current financial year.

4. Risk Mitigations

4.1. The Authority will be aware that a project can appear to be going well, but may turn out to have been suffering from significant unseen issues which then emerge and impact on its ability to deliver the promised benefits in a timely manner.

4.2. The Phoenix programme maintains several streams of activity to seek to avoid this outcome.

4.3. In terms of **Governance**, the Phoenix programme board continues to meet monthly, addressing a full agenda around progress, costs, risks, and changes. Phoenix is presented internally at each AGC meeting, and at each monthly CMG (Corporate Management Group) meeting. And a weekly update is emailed to all involved staff, both at the HFEA and the supplier, at all levels, outlining progress and planned work. These processes have provided helpful input and checkpoints to the programme. No major surprises have been surfaced through these to date.

4.4. On **Testing**, several streams are underway – quality assurance and demonstrations from the supplier, and user acceptance testing at the HFEA. Further streams of testing are planned around SharePoint, full integrated end-to-end testing, security testing (sometimes called PEN testing) and Pre-launch smoke testing. While no testing model can guarantee to find all issues, this represents an industry-standard set of approaches. Crucially, if any testing phase were to

fail, it would be feasible to move the launch date back if necessary to reduce the risk of a not-fit-for-purpose system going live.

4.5. On **Staff sentiment**, which could greatly affect how the new systems land with them, a session was held at the HFEA December All-Staff day onsite to gain feedback. Staff were asked to write down their main Hope for Phoenix, and their main Concern, related to their own daily activities, and with the promise of no push-back. Following active discussions on the day the feedback has been gathered and summarised.

4.6. Under **Hopes**, staff said they were looking for exactly the things Phoenix is seeking to build – easy to use, time-saving and reliable systems, providing an easy-to-search single source of truth.

4.7. Under **Concerns**, staff were primarily worried about exactly the things Phoenix is trying to prevent – data-loss, new complexity, hard-to-use systems, gaps in search or general functionality, and a lack of sufficient support post-launch. There were also concerns about the 'change learning-curve' and adoption, which Phoenix can begin to address as parts of the system start to pass testing and become sufficiently stable to be used for training purposes. The All-Staff exercise was in itself an attempt to create engagement and to demonstrate a listening posture. The other concern raised was about dependency on one vendor (Microsoft), with risks of failure, security, and uncontrolled costs. This lies outside the Programme as it was a strategic choice made by the HFEA, in line with a number of governmental agencies.

4.8. Notably, none of the Concerns stated implied dissatisfaction with the current state of the programme, nor with the elements of functionality seen so far. So, while there is never room for complacency, this gives some evidence that communications with staff thus far have been at least fit for purpose.

5. Conclusion

5.1. The core reasons for doing the Phoenix programme remain valid.

5.2. The complexity of the Phoenix programme has been managed with so far only a moderate level of change to the original plans on timescales and expenditure.

5.3. Feedback from demonstration sessions, from user testing sessions, and the staff feedback session, all indicate we have a strong opportunity to deliver a successful outcome for the HFEA.

5.4. Senior HFEA management support remains strong.

5.5. The supplier relationship remains open and positive.

5.6. So we are proceeding with the Phoenix Programme, with a keen awareness of both the level of change-management that will be required, and of the financial pressures on the HFEA both in the current financial year and across the programme duration.

6. Recommendations for the Authority

6.1. The Authority is invited to note this progress update for the Phoenix Programme.

Annex A – Background and Benefits

Background

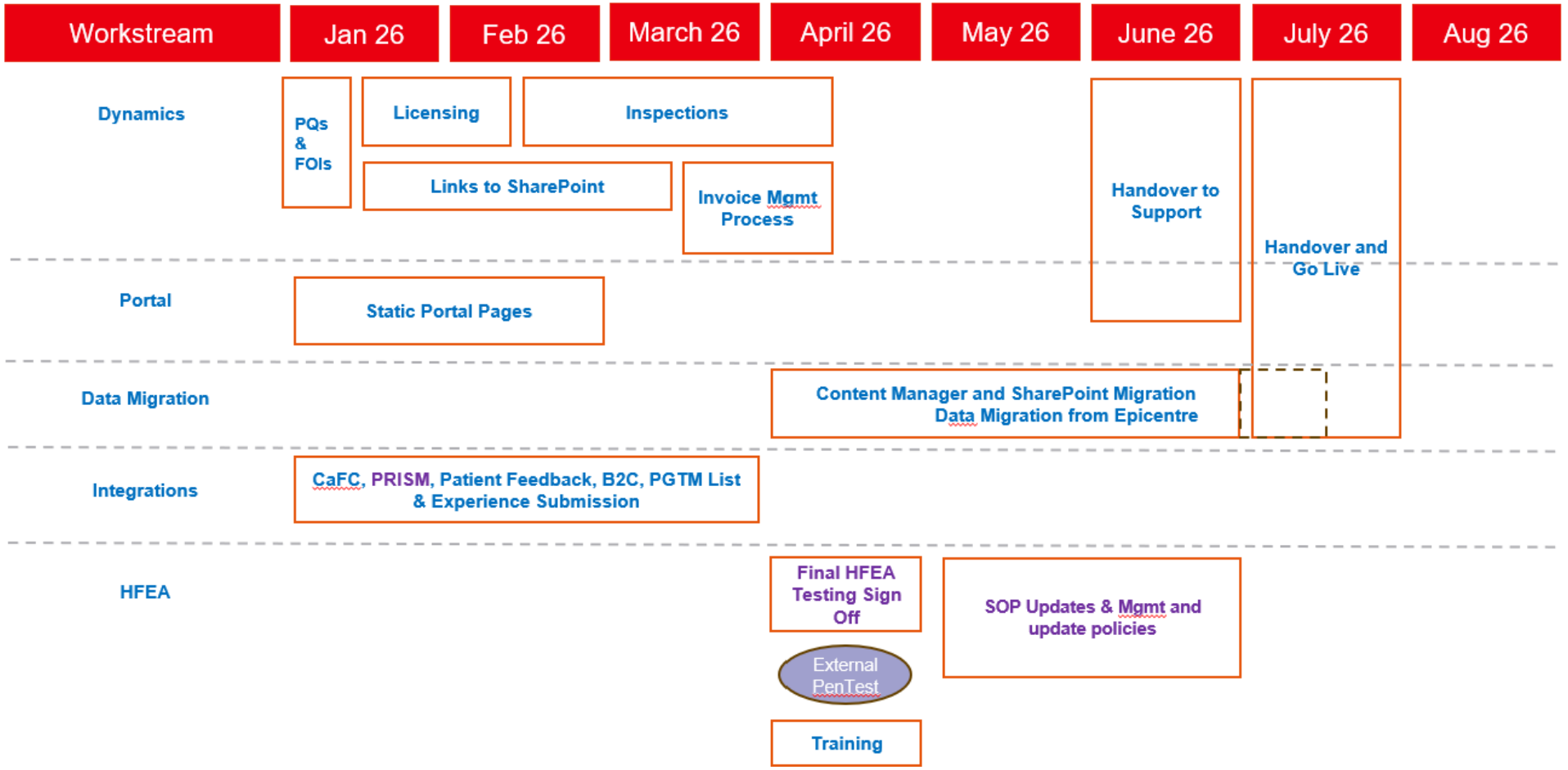
- The HFEA has a core set of operational systems that it relies on to deliver its business that have reached, and in some cases, surpassed their useful lives, with one key system in particular **no longer running on a supported operating system nor receiving security updates**. The risk of system failure has at times been significant. Furthermore, the systems no longer represent an efficient or effective tool for staff and user-experience is poor.
- The HFEA began 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 licensed 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 a now-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.
- This programme of work was named the Phoenix programme by HFEA staff.

Intended Benefits

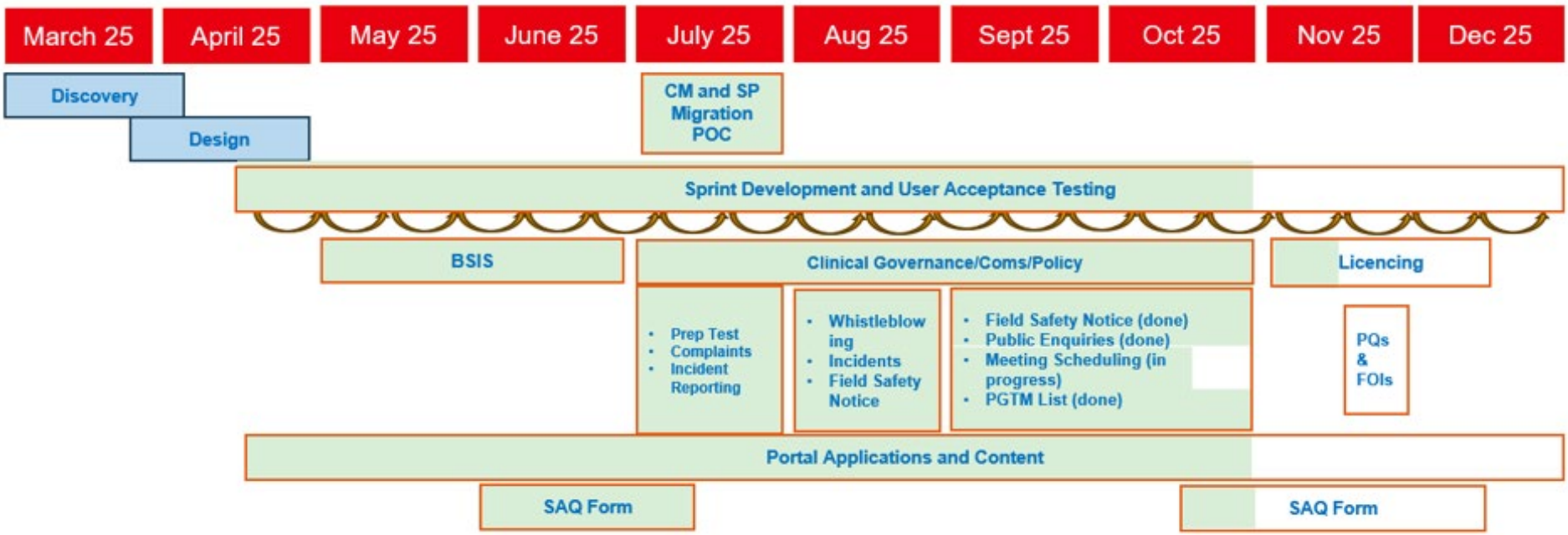
- The over-riding aim of the Phoenix programme is to replace our aging systems with modern, cloud-based solutions that will also provide us with options to innovate more easily, for example through use of AI, by having a much more effective and accessible structure for our data. The main benefits are:
- **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/Centre staff experience improvements** – the new Clinic Portal won't crash and will be easier to navigate and to use in general. This should reduce time and energy required from colleagues in Clinics, and result in better data and fewer queries coming 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).

Annex B - Current Phoenix Programme Timeline

Timeline for 2026:



Record of Activity in 2025:



Choose a Fertility Clinic (CaFC) full publication update

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment – to continue to increase the availability and benefit of our data for patients, clinics and researchers.
Meeting:	Authority
Agenda item:	8
Meeting date:	21 January 2026
Author:	Kevin Hudson, PRISM Programme Manager Clare Ettinghausen, Director of Strategy & Corporate Affairs
Annexes	A: CaFC website data January 2025 compared to January 2026

Output from this paper

For information or decision?	For decision
Recommendation:	• To note the full Choose a Fertility Clinic (CaFC) in January 2026. • To agree the next CaFC publication. • To note the potential next steps for data presentation
Resource implications:	Within current resources
Implementation date:	Full CaFC was published on 6th January 2026.
Communication(s):	Ongoing communications
Organisational risk:	Low

1. Introduction

1.1. This paper provides an overview of the recent publication of the full Choose a Fertility Clinic (CaFC) update. This was the first full update through the PRISM data submission system.

1.2. The Authority have discussed CaFC at several Authority meetings in 2025, particularly in May, July and November. The PRISM programme has been overseen by the Audit and Governance Committee (AGC) for several years. A focussed consultation relating to CaFC took place over the summer to inform the Authority's discussion in November and a report of the consultation is on our website.

1.3. The HFEA CaFC information is the only place where patients and the wider public can see all information from the UK wide regulator on a clinic-by-clinic basis. This includes inspection reports, other licensing decisions (e.g. relating to decisions on PGT-M applications), verified data on success rates and information uploaded by the clinic such as donor waiting times.

1.4. The full CaFC update launched in January 2026 with every clinic aside from five having verified its data for pregnancies up to 2024 and births to 2023 against the revised headline statistics agreed at the Authority meeting in November 2025 - births per egg collection procedure; births per embryo transfer; and the multiple birth rate.

1.5. This paper sets out the background to the CaFC and the data verification process; the issues and challenges faced; seeks a decision on next steps for CaFC; and finally looks ahead to the future of data presentation on the HFEA website.

2. CaFC Data Verification

2.1. CaFC is based on data that has been verified by clinics. This was necessary as historically the quality of data submitted to the HFEA by clinics (via EDI) had typically been of poor quality which required further verification before publication. The introduction of PRISM as the new Register database in 2021 meant that for CaFC, all verification reports, data extracts and success rate calculation models for CaFC had to be rebuilt.

2.2. PRISM has undoubtedly improved the quality of data submission (especially those clinics that submit direct rather than through a third party system – see below) which gives rise to a wider discussion set out later in this paper on future data presentation on the HFEA website (see section 5) and whether it might be feasible to publish unverified or preliminary data as some other fertility data sets and national statistics do.

2.3. In relation to CaFC, it is important to recognise that the current process to verify Register data through the CaFC process serves three purposes:

- To quality control the accuracy of the data held in the Register for the purpose of statistical reporting and in national-level fertility research studies which inform patient care and are based on high quality data.

- To ensure traceability of all cycles to enable the (Opening the Register) OTR function to track patients, donors and donor-conceived people
- To provide patients with accurate performance data on each licenced clinic

2.4. Before the launch of PRISM, when clinics were verifying data in EDI, they were normally verifying just one year of treatments and one year of live birth outcomes. Historically, clinic verification exercises for one year of data generally ran for a period of between three and six months, which was time consuming for both clinics and the HFEA.

2.5. For the first CaFC through PRISM, clinics had several years that they needed to verify. This is mainly because of the time taken for system suppliers to deploy automated API solutions to their clinics, and for those clinics to catch up on any submission backlogs that arose because of those deployments.

2.6. As noted above, PRISM launched in September 2021, and all API clinics were caught up on their deployment backlogs by March 2023.

2.7. The CaFC verification process through PRISM started in March 2024 for treatments covering the four years from January 2020 to December 2023.

2.8. Clinics' response to the verification process was initially slow, particularly with clinics that had a large number of missing live birth outcomes for these years.

2.9. The level of verification errors and issues was not evenly spread across clinics. For the 29 CaFC reporting clinics that enter data directly to PRISM manually through the PRISM web portal interface, there was very little work for them to undertake as most errors were corrected at submission through PRISM's validation error reporting system. The current rate of cumulative validation errors from this cohort of clinics is only 0.7% which is represents a very high level of data quality.

2.10. The level of data quality for clinics that submit data automatically to PRISM through an API solution developed by their system supplier (namely IDEAS, Meditex and CARE) is not as good. Currently cumulative validation rates from these suppliers range between 2.5% and 8.7%.

2.11. The verification process also identified some additional systematic issues with data received from the clinics that make automated submissions through API suppliers:

- Duplicate cycles had been submitted by the 34 IDEAS clinics during their PRISM deployment. These were identified to IDEAS who manually corrected the records for their affected clinics during 2024. At the same time these issues were fixed for future submissions.
- Significant missing thaw linkages were identified for the 15 CARE clinics that submitted through an API solution developed by CARE, which means we cannot trace the transfer back to the original mixing and egg collection. There has been some significant work with the PRISM project team and the CARE's group technical staff to make the necessary corrections in PRISM to address all missing thaw linkages up until 2024. Unfortunately,

these submission issues have continued for data submitted in 2025 and therefore close liaison with CARE on missing thaw linkages will need to be ongoing.

- A level of missing thaws was also identified at the 11 Meditex clinics. In contrast to CARE, this was not an ongoing problem but did relate to missing thaw links that had been submitting for a period of time after PRISM deployment. The HFEA data analyst created bespoke reports to advise clinics how missing thaws had to be corrected and the register team supported clinics as they worked through these detailed reports.

2.12. These challenges meant that, during 2024, it was clear to the PRISM programme that completion of CaFC was going to take longer than originally forecast for certain groups of clinics. In October 2024, AGC and Authority requested that the PRISM programme considered interim options that might be considered should the resolution of verification issues take even longer than estimated.

2.13. In December 2024, Audit and Governance agreed the following mitigatory steps:

- In order to ensure that some CaFC information could be brought up to date as quickly as possible, the PRISM programme would work with clinics to issue an Interim CaFC as soon as possible, reporting just headline figures for births per embryo transferred for 2022 data.
- A Full CaFC, with a full set of headline and detailed statistics would be issued later in 2025.
- Given the time elapsed, it was subsequently agreed to expand the scope of the verification to include 2024 treatments to ensure we published with the most up to date data available.
- We would undertake verification of ‘pre-PRISM data’ (January 2020 to August 2021) through a retrospective data verification exercise after the Full CaFC was published.

2.14. For the Interim CaFC, we issued provisional headline calculations (for 2022 data only) during February 2025. 85 clinics signed off their Interim CaFC data, which was published at the end of in May 2025.

2.15. During the summer and autumn of 2025, the PRISM team worked with clinics to complete their verification of 2023 and 2024 data. This involved:

- Providing a full set of CaFC verification calculations for all CaFC years that allowed clinics to check their overall totals for cycles, outcomes and reported use of PGT-A and donor eggs.
- Providing updated calculations when clinics advised they had made amendments through PRISM.
- Providing detailed cycle lists to those clinics that wanted to check their data in more detail.
- Dealing with queries raised by clinics both directly and through the PRISM support line.

- Seeking sign off from the clinics' PRs once these checks were complete.

2.16. Following Authority discussions in May and July 2025, the HFEA also issued a focused consultation seeking views from clinic staff, professional and patient groups, patients and the public on the front-page statistics shown on each licenced clinic CaFC profile page.

2.17. In November 2025, the Authority agreed the headline statistics that would be included in the full CaFC:

- Births per embryo transferred (excluding donor eggs and PGT-A cycles)
- Births per egg collection (excluding donor eggs and including PGT-A cycles)
- Multiple birth rates

2.18. After this meeting a sub-group of the Authority met to agree further points about the methodology to be used in the detailed statistics published in CaFC and subsequently a detailed CaFC methodology paper was shared with clinics and posted on the PRISM section of the Clinic Portal.

2.19. In late November 2025, the PRISM team sent all clinics a final statement outlining how the agreed headline success rates would apply to the clinic's own verified data (or their provisional data for those remaining clinics that were still in the process of signing off their data).

2.20. A final deadline of 17 December 2025 was set for clinics to sign off their data in order to be included in the first CaFC publication. 84 clinics signed off their data by this date.

2.21. As of 13 January 2025, five clinics have not yet signed off their data. A message is shown on their individual CaFC page to say:

> This clinic has not completed or signed off its data so it cannot be shown. This page will be updated when the data sign off process is complete.

When the clinic provides and signs off its data then the page will be updated in line with all other clinics.

2.22. During December the PRISM team worked to build and check the data uploads that populate the CaFC website. This included a detailed statistics upload that contained 30,000 lines of numerical data. At the same time, the HFEA Communications team worked to revise the text of CaFC explanatory pages.

2.23. Following weekly updates to the Senior Management Team and the PRISM Programme Board, HFEA executives signed off the publication of the full CaFC on 5 January 2026 and it went live on the HFEA website on 6 January 2026.

3. CaFC launch January 2026

3.1. To prepare for the full CaFC publication, we looked to review the main CaFC landing page and explanatory text on individual clinic pages to simplify it and make it as lay friendly as possible, as well as ensure the key audiences (PRs, clinic staff, patients, the general public) were aware of the publication.

3.2. There has been ongoing communication with clinics from the PRISM team throughout the verification process and several direct letters to PRs from the Chief Executive as well as regular updates in Clinic Focus.

3.3. The Authority decision on the headline statistics in November 2025 was included in a letter to PRs from the Chief Executive and in Clinic Focus.

3.4. In November and December 2025, we worked on improving the CaFC homepage structure and the explanatory text on each clinic page. We also drafted a report of the focussed CaFC consultation to be published on our website.

3.5. Having drafted text for the public consultation on the different CaFC statistics where we had user tested explanations with professional and patient organisations and members of the Patient Engagement Forum, we used this language and infographics in several places. However, as we made changes to some of this language and how the pages were structured, we re-tested the language with volunteers from patient facing organisations from our Professional Organisation Stakeholder Group, which gave us valuable feedback on both wording and layout.

3.6. Once the full CaFC was ready to launch in early January 2026, an update was given from the Chief Executive directly to all PRs, the HFEA website and Clinic Portal had news stories with the update; the Patient Organisation and Professional Stakeholder groups received direct updates and social media posts announced the launch across the HFEA's four channels.

3.7. The full CaFC update will continue to be publicised through social media, newsletters, Clinic Focus and other opportunities.

3.8. As Annex A sets out, the update has been very popular - in the week since the new CaFC was launched on 6 January 2026, there have been over 8,500 views of the CaFC homepage, and over 20,000 views of individual clinic profile pages.

4. Next steps for CaFC in the current format

4.1. As noted above, except for five clinics PRISM and CaFC are now fully up to date.

4.2. Previously the HFEA published CaFC updates annually. On that basis the next CaFC verification would cover treatments in 2025 and live births relating to treatments in 2024 and would normally start eight weeks after the end of the calendar year.

4.3. Consequently, we recommend that verification for the 2026 CaFC with clinics should commence on 1st March 2026. **Do the Authority agree?**

4.4. The ambition for the 2026 CaFC will be to bed in the new processes put in place for the first CaFC through PRISM just published and streamline and increase the automation of the process so that verification by clinics can take place as quickly as possible.

4.5. We will also improve the published documentation of the CaFC process and ensure this is available to clinics.

4.6. We will collate any feedback received from the CaFC publication that has just occurred, particularly in relation to the detailed statistics section (that was uploaded essentially unchanged compared to previous CaFC iterations), and consider whether there are any short-term practical improvements that can be made to improve how success rate data is presented to the public.

4.7. Our aim is to publish the 2026 CaFC by no later than the summer of 2026 which would then have treatments in 2025 and births to 2024.

4.8. In January 2026, we will also scope the extent of the retrospective data verification of EDI submitted before August 2021. Addressing missing thaw linkages from this data cohort is very important for ensuring accurate OTR responses.

5. Next steps for data presentation

5.1. The Authority agreed that, following the publication of the full CaFC later in 2025 (which as set out above took place on 6 January 2026), we should review the different information sources held on the HFEA website and consider whether they can be brought together in a more unified or different way.

5.2. Submissions to the focused consultation highlighted areas for the HFEA to consider when reviewing how information is presented on CaFC overall to increase clarity and transparency for patients and the public. Suggestions included for additional information important for context and future developments to the CaFC tool to make it easier for patients to find the information they are looking for.

5.3. If the Authority agrees to the proposal to update CaFC in 2026 also (see 4.3 above) then this would provide space to have more up to date data alongside this wider discussion. This wider thinking is planned for the current strategic period of 2025-2028 and will be included in the 2026-27 business plan.

5.4. Further discussions will take place with the Authority including consideration of:

- The relative importance of verification vs alternative ways of checking data
- The importance of publishing verified data vs publishing data sooner
- The ongoing value of the way data is published in CaFC vs other types of publication, for example, the HFEA dashboard
- The Authority's previous decisions not to publish data sets that would lead to the publication of 'league tables'
- Review of inspector and patient ratings.

6. For decision

6.1. The Authority is asked to note the update provided in this paper relating to the publication of the full CaFC in January 2026.

6.2. The Authority is asked to agree that the next CaFC publication as set out in 4.3 above with data verification to commence in March 2026.

6.3. The Authority is asked to note the next steps in data presentation as set out in section 5 above and discuss any points of reference or framing for this.

Annex A- CaFC website views – January 2025 compared to January 2026

Year	Date	Choose a fertility clinic (CaFC homepage) views	Fertility clinic search page views	Total views of individual clinic profile pages (e.g., Manchester Fertility)	Total views of individual clinics' statistics pages (e.g., Manchester Fertility)
2025	Total for 5th to 11th January	5,212	6,819	14,122	1,238
2026		8,205	25,628	20,608	4,146
2025	Total for 6th to 12th January	5,282	6,820	14,291	1,232
2026		8,537	11,297	20,243	4,353

Full CaFC update published on 6th January 2026.