

Audit and Governance Committee meeting

Date: 13 October 2026 – 10.00am to 1.00pm

Venue: Virtual meeting via Teams

Agenda item	Time
1. Welcome, apologies, declarations of interest and Chairs activities	10.00am
2. Minutes of previous meeting (CS) For decision	10.05am
3. Action log (MA) For information	10.10am
4. Fraud <ul style="list-style-type: none"> • Risk Assessment (MA) • Counter Fraud Action Plan (MA) For decision	10.15am
5. Reserves Policy (MA) For decision	10.45am
6. Items for noting (MA) <ul style="list-style-type: none"> • Whistle blowing • Fraud • Gifts and hospitality • Contracts and Procurement For information	10.55am
7. AGC forward plan (CS) For decision	11.00am
8. Internal Audit (AA) For discussion	11.05am
9. Audit recommendations <ul style="list-style-type: none"> • Progress with current audit recommendations (non DSPT) (MA) • Progress with current DSPT audit recommendations (TS) • Outcome of the 2026 DSPT review and audit and the revised Improvement Plan (TS) For discussion	11.20am
10. Resilience, business continuity management & cyber security (verbal) (MC) For information	11.35am

11. External audit report (verbal) (ND) For information	11.40am
12. Risk Update <ul style="list-style-type: none"> Strategic Risk Register for discussion (SQ) Committee discussion on potential horizon scanning items/items to add to deep dive discussion list (CS) 	11.45am
13. Deep Dive Discussion – PRISM/CaFC	12.00pm
14. Digital projects <ul style="list-style-type: none"> Phoenix Programme - for information (LR) 	12.30pm
15. Any other business (CS) <ul style="list-style-type: none"> Committee effectiveness review – verbal update from the Chair Feedback from observer ARAC Chair Health Services Safety Investigation Body (HSSIB) 	12.40pm
16. Session for members and auditors only	12.50pm
17. Close	

Next Meeting: 2 December 2026 (in person meeting with training after lunch)

Minutes of Audit and Governance Committee meeting 16 June 2026

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment Supporting scientific and medical innovation
Meeting	Audit and Governance Committee
Agenda item	2
Meeting date	13 October 2026
Author	Alison Margrave, Board Governance Manager
Annex:	AGC minutes

Output from this paper

For information or decision?	For decision
Recommendation	Members are asked to confirm the minutes of the Audit and Governance Committee meeting held 16 June 2026 as a true record of the meeting.
Resource implications	N/A
Implementation date	N/A
Communication(s)	N/A
Organisational risk	Low

Minutes of the Audit and Governance Committee meeting on 16 June 2026 held at 2 Redman Place

Members present	Catharine Seddon, Chair Alex Kafetz, Deputy Chair (online) Tom Fowler Anne Marie Millar
External Advisers	Nick Doran, National Audit Office (NAO) – External Auditor Dean Gibbs (KPMG) – External Audit lead (online) Esther Hearn (KPMG) – Engagement Manager Andrew Angeli, Head of Internal Audit GIAA
Observers	Rachel McBryde, Department of Health and Social Care (DHSC) Kirean Lawrance, Department of Health and Social Care (DHSC) Dina Halai, Head of Policy Matthew Silk, Interim Head of Communications (online) Okorite Ephraim, Committee Officer
Apologies	Sophie Tuhey, Head of Planning and Governance Shabbir Qureshi, Risk and Business Planning Manager
Staff in attendance	Peter Thompson, Chief Executive Tom Skrinar, Director of Finance, Planning and Technology Clare Ettinghausen, Director of Strategy and Corporate Affairs Rachel Cutting, Director of Compliance and Information Morounke Akingbola, Head of Finance Yvonne Akinmodun, Head of HR Alison Margrave, Board Governance Manager Martin Cranefield, Head of IT (items 9, 10 and 11) Alice Collinge, Information Governance & Records Manager (items 5-11) Luke Reader, Phoenix Programme Manager (item 9)

1. Welcome, apologies, declaration of interest and Chair's activities

- 1.1. The Chair welcomed everyone to the meeting and extended a warm welcome to those observing the meeting.
- 1.2. Apologies for absence were received from Sophie Tuhey and Shabbir Qureshi.
- 1.3. The Chair asked for any declarations of interest:
 - Alex Kafetz informed the committee that he had been appointed as a member of The Advisory Board to the Patient Safety Commissioner, and this had been recorded by the Authority at its May 2026 meeting.
 - The Chair informed the committee that she had recently sat as an independent panel member for the selection of NHS Counter Fraud NED's.
- 1.4. The Chair provided the committee with her activities since the last AGC meeting:
 - Discussed the Dear Accounting Officer letters with the Director of Finance, Planning and Technology and noted that the HFEA was compliant with all letters received.

- Observed a clinic inspection visit in early June and she was impressed with the inspector's rigor and sensitivity when dealing with the clinic staff.
- The Chair informed the committee that the HFEA had been selected to participate in an additional internal audit conducted by GIAA on "website publication control" at no cost to the HFEA. This was a cross-Government audit and several organisations were selected to participate. Whilst the audit work at the HFEA had been completed, the final report has not yet been received.

2. Minutes of the previous meeting

- 2.1.** The Chair introduced the minutes from the previous meeting held 24 February 2026 which had been circulated to the committee members.
- 2.2.** The committee agreed the minutes of the meeting held on 24 February 2026 as a true record and could be signed by the Chair.
- 2.3.** A member asked that the commitment in minute 8.21 regarding how to best to capture AI risk/opportunity in the next iteration of the SRR not be overlooked. The committee agreed that this should be left to the Chief Executive to incorporate, as appropriate, into a future SRR.

3. Action Log

- 3.1.** The Head of Finance presented the paper and informed the committee that all actions had been completed, as detailed in the paper, and therefore these actions can be closed and removed from the action log.

Decision

- 3.2.** The committee noted the action log.

4. Internal audit update report

- 4.1.** The Head of Internal Audit (GIAA) presented this item and informed the committee that the HFEA had achieved an overall Moderate opinion on the framework of governance, risk management and control for the year ended 31 March 2026.
- 4.2.** He referred to the two key themes identified in the draft annual opinion being 'Guidance' and 'Reporting'. He acknowledged that the HFEA had made timely progress in implementing recommendations with 90% of the recommendations now closed.
- 4.3.** The Head of Internal Audit referred to the direction of travel indicator and spoke of the rationale for this.
- 4.4.** The Head of Internal Audit informed the committee that the overdue action identified in the paper has been closed.
- 4.5.** Continuing, he referred to the audits which have been undertaken during the year and spoke to the key findings and recommendations from these. He thanked the HFEA staff for their support during the audit process.
- 4.6.** The Head of Internal Audit referred to the annual performance report which summarises the performance of the internal audit function. He spoke to the service standards which GIAA is

measured against and noted that three of these were not achieved he also referred to the average CSQ score which is 50%. He spoke to how both aspects could be improved for 2026/27.

- 4.7.** He highlighted the final engagement report for the staff retention and wellbeing audit and the overall rating and recommendations arising from this audit.
- 4.8.** The Head of Internal Audit referred to the Internal Audit Charter and reported that this has not changed so will be rolled over for 2026/27.
- 4.9.** Closing, the Head of Internal Audit referred to the supplementary packs which provide a rich source of resources for AGC members.
- 4.10.** The committee discussed the overall moderate rating, questioning how this could be improved, and the direction of travel indication of slight deterioration from the previous year, which the committee felt was harsh and did not reflect the improvements made during the year.
- 4.11.** The Head of Internal Audit spoke of the fundamental areas which the audits focus on and some of the key themes which arise from the audits, especially regarding guidance. He continued that closing off some of the outstanding DSPT recommendations could positively affect the overall rating. He acknowledged that the AGC was functioning effectively and keeping a constant review of the audit recommendations. He agreed to undertake a review of the direction of travel rating.
- 4.12.** The Chief Executive spoke of the relevance and usefulness of guidance provided and commented that more guidance is not necessarily better guidance. He questioned the thought process behind some of the ratings for the audits and how it was difficult to square this with the recommendations made.
- 4.13.** In a similar vein, the Chair referred to the staff retention and wellbeing report and spoke of the HFEA's excellent track record in this regard and the areas of best practice which have been implemented by the HFEA. She found it difficult to equate the HFEA's performance with a moderate rating.
- 4.14.** A member concurred, saying that he had never seen better staff engagement than that achieved by the HFEA and he referenced the excellent staff survey results. He stated that the HFEA should be held up as an example of good practice.
- 4.15.** Regarding the draft performance report the committee discussed the feedback received from the auditees and noted the improvements brought about by the Ways of Working document which had been agreed by the Corporate Management Group (CMG).
- 4.16.** The Chair asked the Head of Internal Audit to take on board the committee's comments regarding the staff retention and wellbeing audit report.
- 4.17.** The Chair highlighted the supplementary pack and referred to the information provided on fraud, which may be a useful resource when considering agenda item 16.

5. Progress with current audit recommendations

- 5.1.** The Chair introduced this agenda item and informed the committee that as at the previous meeting the committee would first consider non-Data Security and Protection Toolkit (DSPT) audit recommendations and then the DSPT audit recommendations.

Non-DSPT audit recommendations

- 5.2.** The Head of Finance introduced the main paper, confirming that no non-DSPT audit recommendations are overdue. She provided the committee with an update on the work being undertaken to close off audit recommendations.
- 5.3.** The Chair congratulated the Head of Finance for the work that is being done to close off audit recommendations.

DSPT audit recommendations

- 5.4.** The Director of Finance, Planning and Technology introduced the paper on DSPT recommendations and informed the committee of the high workload of the IT team in managing the Phoenix Programme as well as business-as-usual work. He spoke of the planned recruitment and how this extra resource will enable several of the outstanding DSPT recommendations to be closed off.
- 5.5.** The Director of Finance, Planning and Technology informed the committee that this year's DSPT submission is in the final stages and once submitted the improvement plan will be revised to take forward items of priority for the Summer and Autumn.
- 5.6.** The Director of Finance, Planning and Technology spoke of the rationale for revising the due dates of some outstanding recommendations to December 2026.
- 5.7.** The Head of Internal Audit stated that the rationale for amending the due dates was clear and he had no objections to this proposal.
- 5.8.** The committee discussed the proposal noting the improvement plan, which will be approved by NHS England, and the additional resources that will strengthen the IT team.
- 5.9.** The Chair suggested to the Director of Finance, Planning and Technology that if these outstanding recommendations could not be closed off by December 2026, he may want to consider proposing to accept them at risk.

Decision

- 5.10.** The committee noted the progress made in implementing audit recommendations.
- 5.11.** The committee agreed to revise the due date for the following DSPT recommendations to December 2026:
- DSPT 2025 Recommendation 3
 - DSPT 2024 Recommendations 1 and 2
 - DSPT 2023 Recommendation 1.3

Action

- 5.12.** Director of Finance, Planning and Technology to update the due date for the identified DSPT recommendations.

6. Annual Report and Accounts

- 6.1.** The Head of Finance introduced this item, noting that committee members were sent a draft copy of the governance statement by email earlier in the year and the copy before this meeting incorporates the comments and suggestions made by members.

- 6.2.** The Head of Finance explained the material variances to the previous financial year and stated that there is one issue on income which is awaiting final approval from the external auditors.
- 6.3.** The Chair congratulated the Head of Finance for a high calibre annual report and invited the committee to raise any significant omissions or admissions.
- 6.4.** In response to a question regarding the total number of clinics and the increase in incident reports, the Chief Executive responded that the number of clinics is stable but licences vary for research projects. Continuing, he commented that there has not been an increase in major incidents while there has been an increase in the willingness to report. He did not see this as a concern.
- 6.5.** The Director of Compliance and Information also commented that the willingness of the sector to report incidents should be seen as a positive. She spoke about how these incidents are communicated to the sector via clinic focus.
- 6.6.** In response to a question, the external auditor, NAO, commented that the draft annual report is compliant with the NAO best practice document. He praised the quality of the document and the early preparation of it.
- 6.7.** The Chair asked that if committee members had any additional comments on the Annual Report, they should send them to the Head of Finance by noon on 17 June 2026.

Decision

- 6.8.** The committee agreed that, subject to NAO changes, the Accounting Officer could sign the Annual Report and Accounts. As per the HFEA's Standing Orders, the final draft of the accounts will require approval from the Authority prior to publication.

Action

- 6.9.** The committee to send comments on the draft Annual Report to the Head of Finance by noon on 17 June 2026.
- 6.10.** HFEA staff to seek final approval to lay the accounts from the Authority.

7. External audit

- 7.1.** The External Audit lead (KPMG) introduced the paper and expressed his thanks to the HFEA team for this support in this work.
- 7.2.** The External Audit Lead stated that he anticipates recommending to the Comptroller and Auditor General (C&AG) that he should certify the 2025-26 financial statements with an unqualified audit opinion, without modification in respect of both regularity and the true and fair view on the financial statements.
- 7.3.** The External Audit Lead referred to the key audit risks and the changes to the assessment of these risks since planning. He spoke to the risk of accuracy of revenue recognised noting that three clinics are being billed based on an estimated number of treatment cycles due to not being up to data with the submission of activity data. He reiterated the risk communicated at planning that due to the increased length of time these had been billed on an estimated basis a material adjustment might be required. He noted that since issuing the plan the clinics had provided high level activity data and the assumptions made had been revisited with a provision created for refunds. This was considered to be appropriate in the circumstances.

- 7.4.** He referred to the adjusted misstatement regarding the lease remeasurement due to the wrong effective interest rate being used when calculating the reduction in the lease.
- 7.5.** The Chair remarked that the audit process for this year had been positive and easier than that of previous years. She asked why that was. The External Audit Lead responded that the early receipt of information from the HFEA, in addition to the Head of Finance preparing the Annual Report and Accounts to a high standard had both been very beneficial to the audit process.
- 7.6.** In response to the one recommendation arising from the audit, the Head of Finance clarified that the HFEA does not have unbalanced journals.
- 7.7.** The committee discussed NAO's response to their concerns regarding the audit fee increase and recorded their thanks to the NAO for taking the HFEA's concerns seriously.
- 7.8.** In closing the discussion, the committee and management gave their thanks to the outgoing team from KPMG.

Decision

- 7.9.** The committee authorised the Accounting Officer to sign the audit certificate and letter of representation.

Action

- 7.10.** HFEA staff to continue liaising with NAO/KPMG regarding completion of documents.

8. Risk Update

Strategic Risk Register (SRR)

- 8.1.** The Director of Finance, Planning and Technology introduced the paper and reminded the committee that at its February meeting they had received the end of year SRR and a full formal review of the SRR has now been completed and is before the committee for approval.
- 8.2.** The committee were informed that the SRR had been reviewed by the Senior Management Team (SMT) and whilst no new risks had been added, all previous risks had been updated and he gave a brief overview of these updates.
- 8.3.** In response to a question regarding whether the information risk regarding register data could be deprioritised, the Director of Compliance and Information responded that whilst it appears to involve just one donor bank, the HFEA cannot quantify the number of Donor Conceived Individuals (DCI) who might be affected therefore it remains a high risk. The Chief Executive commented that whilst the number of DCIs affected may be small, the reputational risk could be high.
- 8.4.** A member commented that with the increase and availability of genomics testing, the risk rating for the information risk regarding register data was probably correct.
- 8.5.** In response to a question, the Director of Finance, Planning and Technology agreed to circulate the fee review information to the independent AGC member.
- 8.6.** The committee discussed the placement of the AI risk as a sub-risk on the Phoenix Programme and asked that in future edition of the SRR it be a standalone risk. The Chief Executive commented that until the Phoenix Programme had been completed and the new systems

implemented it would not be possible to fully consider the benefits and risks of AI. In addition, more conversations are required about how the AI strategic risk could be articulated.

- 8.7.** The External Audit lead (KPMG) commented that he had a document resource on what the governance of AI deployment could look like for Board, Audit and Governance Committee and operationally at the Executive level. He confirmed he would share this resource with the AGC members.
- 8.8.** The committee discussed and approved the risk appetite statement and proposed change to the risk policy.

Horizon Scanning

- 8.9.** In response to a question the Director of Strategy and Corporate Affairs explained that there was great public and media interest in sperm donation taking place outside of licensed clinics. She explained the difficulties and frustration in tackling unregulated donations and the reluctance of the police and social media platforms to enforce the law. She reiterated that sperm donation outside of licensed clinics is illegal under the HFE Act and that the HFEA continues to raise this matter with the Department.
- 8.10.** The committee discussed how to strengthen the wording in the SRR to capture all the mitigation work that the HFEA is doing to combat this risk. The Chief Executive highlighted the updated [FAQs relating to unregulated sperm donation](#) available on the HFEA's website.
- 8.11.** The committee discussed and agreed the schedule of deep-dive topics as shown in the paper was correct.

Decision

- 8.12.** The committee endorsed the SRR for presentation to the Authority.
- 8.13.** The committee also agreed the amended risk appetite statement and risk policy.

Action

- 8.14.** Director of Finance, Planning and Technology to send fee information to the independent AGC member.
- 8.15.** The External Audit lead (KPMG) to share AI document with AGC members.
- 8.16.** Executive to present the risk documents to the July 2026 Authority meeting.

9. Digital projects

- 9.1.** The Phoenix Programme Manager introduced the paper. He explained to the committee that the team had assessed and revised the proposed go-live dates.
- 9.2.** The revised date for the content manager (CM) migration to SharePoint is now the end of July 2026. The Phoenix Programme Manager informed the committee of the slow rate of data extraction and the need for human intervention to manage batch loads. It is anticipated that to extract all the data from CM will take six weeks.
- 9.3.** The Phoenix Programme Manager informed the committee that the proof of concept was delayed by the availability of the HFEA's IT staff. The SharePoint site had been reviewed and tested by

the wider HFEA team. He informed the committee of the engagement of the staff and training materials available to them.

- 9.4.** The revised date for the Epicentre migration to Dynamics is now mid-September. He explained what Epicentre is used for by the Licensing and Inspection teams.
- 9.5.** In response to a question the Head of IT informed the committee that the core Epicentre database is safe, but the application to log into the system is at risk due to no longer being supported. He explained that the key departments have processes in place in case the system was to fail.
- 9.6.** In response to a question the Director of Finance, Planning and Technology explained the main budget items relating to the Phoenix Programme noting that some IT funding has not yet been drawn down.

Decision

- 9.7.** The committee noted the report on the Phoenix Programme and were comfortable with the rationale provided for the revised go-live dates.

10. Resilience, cyber security and business continuity

- 10.1.** The Head of IT provided a verbal report to the committee.
- 10.2.** The Head of IT referred to workstream #3 outlined in paragraph 7.2 of the Business Continuity deep dive paper and informed the committee that he had attended a two-day workshop with Microsoft on cyber security. There are several governance tools available in the cloud which may be suitable once the Phoenix Programme has been fully implemented.
- 10.3.** Regarding workstream #4 the Head of IT informed the committee that this will be implemented once the Phoenix Programme has gone live.
- 10.4.** The Chair thanked the Head of IT for the verbal report and congratulation him and the IT team for the work being done.

Decision

- 10.5.** The committee noted the verbal report.

11. Information assurance and security (SIRO Report)

- 11.1.** The Director of Finance, Technology and Planning introduced the paper and stated that as the Senior Information Risk Officer (SIRO) he holds responsibility for managing the strategic information risks that may impact on the HFEA's ability to meet corporate objectives and provide oversight and assurance to the Executive and the Authority. The paper before the committee is his annual report to the Accounting Officer and AGC.
- 11.2.** The Director of Finance, Technology and Planning explained to the committee that in this role he works closely with the Head of IT, Head of Information and the Information Governance and Records Manager.
- 11.3.** The Director of Finance, Technology and Planning spoke of the teams in place for Information Governance and IT and Cyber and how these resources work well together. He referenced the Information Governance and Cyber Security Steering Group terms of reference included as Annex A of the paper.

- 11.4.** Continuing, he spoke of the assessment of the HFEA's compliance with the mandatory requirements set out in the 10 National Data Guardian (NDG) standards for data security as shown in Annex B of the paper.
- 11.5.** In response to a question, the Information Governance & Records Manager explained what a subject access request (SAR) is and how these can be operationally challenging and complex. The Information Governance & Records Manager confirmed that the numbers of SAR requests has increased, which mirrors the trend in other organisations. In response to a question, the Information Governance & Records Manager confirmed that these requests can be draining on resources.
- 11.6.** In response to a question the Information Governance & Records Manager provided further information about right to be forgotten requests and informed the committee that a SOP is being finalised detailing how to manage these requests.

Decision

- 11.7.** The committee noted the SIRO report and the assurances contained within the report.

12. Bi-annual HR Report

- 12.1.** The Head of HR introduced the paper and informed the committee that as of 31 March 2026 the HFEA had 88 active staff in post and a total headcount of 92. Turnover is at 15.4% which is just above the 15% KPI, however it is expected that turnover will plateau on the next few months.
- 12.2.** The Head of HR reminded the committee of the People Strategy that was launched in April 2025 and explained the progress which had been made against this strategy, she highlighted the medium and long-term plans.
- 12.3.** The Head of HR explained the key priorities for 2026/27 and how these were intended to be met.
- 12.4.** Continuing, the Head of HR informed the committee that recruitment is currently underway for a HR Manager, which will help to build resilience in the HR team.
- 12.5.** The Head of HR informed the committee that HFEA's average time to hire, 30 days, is substantially faster than all public sector comparators, performing well below the small public sector benchmark of 56 days and ahead of both Civil Service and NHS averages. For a small HR team of just two people, she was proud of this achievement.
- 12.6.** In response to a question, the Head of HR responded that there had been a decline in take up of well-being breaks, down from 92% in the first quarter to 73% in the second quarter. She believed this decline to be underreporting and managers have been encouraged to remind staff to record these breaks.
- 12.7.** A member commented that the report was extremely positive but questioned whether there was anything that did not go as planned and could be improved. The Head of HR responded that leadership development is an area in which she wants to do more focused work.
- 12.8.** In response to a question, the Head of HR informed the committee that the HFEA's well-being champions have reviewed the responses to the well-being pulse survey and one theme arising was the time spent in meetings.
- 12.9.** In drawing the discussion to a close, the Chair congratulated the HR team for their work and the positive report to the committee.

Decision

12.10. The committee noted the bi-annual HR report.

13. Government Functional Standards

- 13.1.** The Director of Finance, Planning and Technology informed the committee that functional leads updated the Government Functional Standards (GFS) log and this was discussed by the Corporate Management Group (CMG) in March 2026.
- 13.2.** Continuing, he stated that when Standard Operating Procedures are updated the relevant GFS is referenced to ensure that the SOP meets the required standard.
- 13.3.** The committee noted the verbal report.
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14. Estates

- 14.1.** The Director of Finance, Planning and Technology reminded the committee that the current lease, which is managed by the Department of Health and Social Care, runs until 2030. From previous discussions with the Department, he stated that there are currently no plans in place for when the lease finishes.
- 14.2.** As previously reported an additional tenant had been accommodated without any issues and the Director of Finance, Planning and Technology informed the committee that additional space had been released on the CQC side of the building for new tenants.
- 14.3.** The committee noted the verbal report.
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15. AGC Forward Plan

- 15.1.** The Head of Finance introduced the forward plan.
- 15.2.** The committee discussed the proposed training for December 2026 and agreed that this should be on Cyber Security.

Decision

- 15.3.** The committee noted the forward plan.
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16. Items for noting

- 16.1.** Whistleblowing
- Members were advised that there were no whistle-blowing incidents.
- 16.2.** Fraud
- The Head of Finance introduced the paper and informed the committee that a programme of fraud risk control testing had been undertaken across key risk areas within the HFEA's control framework.
 - Overall, the majority of controls tested are operating effectively but she highlighted a small number of areas which require further attention.
 - The Head of Finance commented that based on the work undertaken the fraud control framework is generally well designed and operating effectively. Key financial and compliance

controls are robust and applied consistently and there is no indication of material breakdowns or systemic weaknesses. Subject to completion of the follow-up actions identified in the paper, she believed that the committee could take moderate to high assurance over the effectiveness of the HFEA's fraud risk control environment.

- In response to a question regarding the recruitment controls approach she clarified that not all roles required formal qualification checks and she provided a few examples.
- In response to a question the Head of Finance confirmed that she anticipated being able to provide an update on when the next steps have been completed at the December 2026 meeting.
- The Head of Finance confirmed her intention for this to be an annual report for the committee and she will discuss with the Director of Finance, Planning and Technology who should test the controls.
- The Chair thanked the Head of Finance for the transparent report and the assurance it provided.

16.3. Gifts and Hospitality

- The Head of Finance introduced the paper which was noted the committee.

16.4. Contracts and Procurement

- Members were advised that there was nothing to report.

17. Any other business

- 17.1.** Observers reviewed the meeting noting the large number of items that had been considered, time management skills, comprehensive discussions and efficient chairing.
- 17.2.** The External Audit lead (KPMG) thanked the committee and the HFEA staff for their support during KPMG's tenure. Whilst it had been interesting and sometimes challenging, he acknowledged the good spirit of the HFEA staff.
- 17.3.** The Chair reminded the committee of the schedule of meetings for the year being 13 October 2026 virtual and 2 December 2026 in person and including training. The Chair reminded the committee that the ARAC Chair of the Health Services Safety Investigation Body will observe the October meeting.
- 17.4.** There being no further business the Chair closed the meeting and thanked all for their contributions.

Chair's signature

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

Signature

Chair: Catharine Seddon

Date: 13 October 2026

AGC Action Log

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment /Supporting scientific and medical innovation
Meeting:	Audit and Governance Committee
Agenda item:	3
Meeting date:	13 October 2026
Author:	Morounke Akingbola, Head of Finance
Annexes	

Output from this paper

For information or decision?	For discussion
Recommendation:	To note and comment on the updates shown for each item.
Resource implications:	To be updated and reviewed at each AGC meeting
Implementation date:	2026/27 business year
Communication(s):	
Organisational risk:	Medium

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
16/06/2026 Item 5.12	Director of Finance, Planning and Technology to update the due date for the identified DSPT recommendations.	Director of Finance, Planning and Technology	October 2026		Completed the paper has been updated and can be found at agenda item 9. This action can be removed.
16/06/2026 Item 6.9	The committee to send comments on the draft Annual Report to the Head of Finance by noon on 17 June 2026	AGC Committee members	17 June 2026		Completed. This action can be removed.
16/06/2026 Item 6.10	HFEA staff to seek final approval to lay the accounts from the Authority.	Head of Finance	End of June 2026		Completed, approval was sought via email and accounts were laid in Parliament. This action can be removed.
16/06/2026 Item 7.10	HFEA staff to continue liaising with NAO/KPMG regarding completion of Annual Report and Accounts.	Head of Finance	End of June 2026.		Completed, accounts were laid in Parliament. This action can be removed.
16/06/2026 Item 8.14	Director of Finance, Planning and Technology to send fee information to the independent AGC member	Director of Finance, Planning and Technology			Completed, information sent 17 July. This action can be removed.
16/06/2026 Item 8.15	The External Audit lead (KPMG) to share AI document with AGC members	The External Audit lead (KPMG)	August 2026		Completed, document issued to AGC members 16 July 2026 via the Board Governance Manager. This action can be removed.

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
16/06/2026 Item 8.16	Executive to present the risk documents to the July 2026 Authority meeting.	Risk and Business Planning Manager	July 2026		Completed, Authority approved the risk documents. This action can be removed.

Reserves policy update

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment / Supporting scientific and medical innovation
Meeting:	AGC
Agenda item:	5
Meeting date:	13 October 2026
Author:	Morounke Akingbola, Head of Finance
Annexes	Annex a: Reserves Policy

Output from this paper

For information or decision?	For decision
Recommendation:	Approve the increase in level of reserves from £1.52m to £1.82m
Resource implications:	n/a
Implementation date:	Immediate
Communication(s):	n/a
Organisational risk:	Medium

1. Purpose

- 1.1.** This paper is presented to provide the committee with an update of the HFEA's Reserves Policy which is an annual occurrence.

2. Update

- 2.1.** The policy was last presented to the committee in October 2025. At that meeting, the Committee agreed that the HFEA should maintain an ongoing minimum level of cash of £1,018k to facilitate usual cash flow requirements plus £500k buffer for exceptional events.
- 2.2.** Inflation and pay awards have impacted on the HFEA's current (26/27) costs and have been factored into the review.
- 2.3.** Below is a table showing our closing cash balances versus total reserves since 2020/21 for context. One of our goals is to bring our cash balance down to £2.5m, last achieved in 2016!

Financial years	Cash balance		Total I&E Reserve
	Closing cash balance	as a %ge of total reserves	
	£'000s		£'000s
2020/21	3,289	75%	4,406
2021/22	3,688	79%	4,685
2022/23	3,367	76%	4,435
2023/24	3,544	84%	4,205
2024/25	3,315	75%	4,448
2025/26	2,841	80%	3,573

- 2.4.** A review of our current annual costs has resulted in an increase in the level of contingency which is maintained to meet immediate liabilities should an extraordinary financial incident occur; the reserve for other commitments which are those costs related to IT contracts, and subscriptions which must also be maintained at a minimum.

3. Recommendation

- 3.1.** The Committee are requested to approve the revised reserve level of £1.82m (2025/26 £1.52m) which is made up of:
- Working capital of £500k
 - Contingency of £1,206k
 - Other commitments of £110k

Reserves Policy

Purpose

The purpose of this policy is to ensure that both the Executive and Authority of the HFEA are aware of the minimum level at which reserves are maintained and the reasons for doing so. The minimum level of reserves set out in this policy was agreed with the Department of Health and Social Care many years ago and will be revisited on completion of the fee review which commenced in 2025-26 and is expected to be completed no later than 2028-29 .

Scope

As a public body, the HFEA has a responsibility to ensure that public funds are managed economically, efficiently and effectively. The organisation must maintain sufficient financial resilience to meet its obligations and manage foreseeable financial risks, while avoiding the unnecessary accumulation of public funds.

This policy supports the HFEA's Accounting Officer and Board in fulfilling their responsibilities under Managing Public Money (MPM), the Framework Agreement, applicable HM Treasury guidance and its financial delegations

This policy applies to all reserves held by the HFEA, which currently are:

General funds

Ring-fenced or restricted funds where applicable

Cash balances maintained to support HFEA's working-capital requirements.

This policy does not treat any other reserves (revaluation for example) arising Solely from accounting adjustments as funds available for general expenditure.

Principles

Reserves will be managed according to the following principles:

Reserves will be maintained only where there is a clear and demonstrable financial justification.

The level of reserves will be proportionate to the size, funding arrangements and risk profile.

Accumulation of reserves where possible will be avoided unless for a clear purpose.

Reserves will not be used as a substitute for appropriate financial planning or to make difficult decisions about expenditure.

An annual review of reserves as part of the budget setting process will be undertaken.

Reserves Policy

The Authority has decided to maintain a reserves policy as this demonstrates:

Transparency and accountability to its licence fee payers and the Department of Health and Social Care;
Good financial management;
Justification of the amount it has decided to keep as reserves.

The following factors have been taken into account in setting this reserves policy:

Risks associated with its two main income streams - licence fees and Grant-in-aid - differing from the levels budgeted;
Likely variations in regulatory and other activity both in the short term and in the future;
HFEA's known, likely and potential commitments.

The policy requires reserves to be maintained at least at a level that ensures the HFEA's core operational activities continue on a day-to-day basis and, in a period of unforeseen difficulty, for a suitable period. The level should also provide for potential commitments that arise.

Cashflow

To enable sufficient cover for day-to-day operations, a cash flow forecast is prepared at the start of the financial year which takes account of when receipts are expected, and payments are to be made. Most receipts come from treatment fees - invoices are raised monthly and on average take 45 days to be paid. Cash reserves are needed to ensure sufficient working capital is available to make payments when they become due throughout the year.

Historically the HFEA experiences some negative cashflows (more payments than receipts), this was not the case in 2025/26 but was experienced in the previous 2 financial years (23/24 and 24/25). We continue to pay our suppliers very promptly (usually within 7 working days). Our debt collection process take a little longer, although this has significantly improved with the embedment of PRISIM. In order to ensure that there is always a positive cash balance we would wish to maintain a working capital cash balance of £500k (2025/26 £500k), based on our most unfavourable outflow in the last 3 years.

Contingency

The certainty and robustness of HFEA's key income streams, the predictability of fixed costs and the relationship with the Department of Health and Social Care, would suggest that HFEA would be unlikely to enter a prolonged period of financial uncertainty that would result in it being unable to meet its financial liabilities.

However, it is clearly prudent for an organisation to retain a sufficient level of reserves to ensure it could meet its immediate liabilities should an extraordinary financial incident occur.

In arriving at a reserve requirement for unforeseen difficulty, we have considered the likely period that the organisation might need to cover and whilst discussions are undertaken to secure the situation, the immediate non-discretionary spend that would have to be met over that period.

We believe that a prudent assumption would be to ensure a minimum of two months of fixed expenditure is maintained as a cash reserve; in terms of the costs that would need to be met we consider the following to be non-discretionary spend that would be required to ensure the HFEA could maintain its operations:

salaries (including employer on costs);

the cost of accommodation.; and,

Sundry costs related to IT contracts, outsourced services, and other essential services.

These fixed costs would have to be paid in times of unforeseen difficulty, salaries and accommodation costs alone represent 79% (previously 80%) of the HFEA's total annual spend.

Based on the HFEA's current revenue budget (2026/27), the combined monthly cost of salaries and accommodation is £603k (29% increase from 2025/26). A reserve of two months for these two elements would therefore be £1,206k (2024/25 £936k).

A further reserve for other commitments is estimated to be £55k a month (2024/25, £41k).

Minimum reserves

The HFEA's minimum level of reserves will be maintained at a level that enables positive cashflow (£500k), provides £1,316k (25/26, £1,018k) for contingency. The minimum level of cash reserves required is therefore £1.82m (increased from £1.52m 25/26). These reserves will be in a readily realisable form at all times. The increase is largely due to increases in staff and IT costs.

At least biannually the level of reserves will be reviewed by the Director of Finance, Planning and IT as part of the HFEA's ongoing monitoring of its cash flow.

Each autumn as part of the HFEA's business planning and budget setting process, the required level of reserves for the following financial year will be reassessed.

In any assessment or reassessment of its reserves policy the following will be borne in mind.

The level, reliability, and source of future income streams.

Forecasts of future planned expenditure.

Any change in future circumstances - needs, opportunities, contingencies, and risks – which are unlikely to be met out of operational income.

An identification of the likelihood of such changes in these circumstances and the risk that the HFEA would not be able to meet them.

HFEA's reserves policy will be reviewed annually by the Audit and Governance Committee.

Document name	Reserves Policy
Original release date	October 2014
Author	Head of Finance
Approved by	AGC
Next review date	August 2027
Total pages	3

Version/revision control

Version	Changes	Updated by	Approved by	Release date
1.0	Created	DoF	AGC	Feb 2015
2.0	Branded/amended	HoF	AGC	Dec 2016
2.1	Cashflow figures amended	HoF	AGC	Oct 2017
2.2	Reviewed	HoF	AGC	Oct 2018
2.3	Reviewed by DoF and amended	HoF	AGC	Dec 2019
2.4	Reviewed unchanged	HoF	AGC	Oct 2020
2.5	Reviewed; min reserves balance amended	HoF	AGC	Oct 2021
2.6	Reviewed: no changes	HoF	AGC	Oct 2022
2.7	Reviewed: amends to budget figures	HoF	AGC	Oct 2023
2.8	Reviewed: amends to budget figures	HoF	AGC	Oct 2024
2.9	Reviewed: amends to budget figures	HoF	AGC	Oct 2025
3.0	Reviewed: scope and principles added/updated	HoF	AGC	

Gifts and Hospitality Register and Policy

Details about this paper

Area(s) of strategy this paper relates to:	The best care / The right information / Shaping the future
Meeting	AGC
Agenda item	6
Meeting date	13 October 2026
Author	Morounke Akingbola, Head of Finance

Output from this paper

For information or decision?	For information
Recommendation	AGC is invited to note the single declaration within the register and the reviewed policy
Resource implications	N/A
Implementation date	2026/27 business year
Communication(s)	N/A
Organisational risk	Low

Introduction

The Declaration of Interests and Gifts and Hospitality is a standing item on the agenda. In 2021, the Committee agreed that the register at Annex A would only be presented when there were items added.

Update

The register at Annex A contains two items. Where values have been included, these have been estimated.

At Annex B is the Registering of Staff Interests, Gifts and Hospitality Policy which has been reviewed and feedback from a recent audit has been incorporated at paragraph 26. An additional paragraph relating to provision of hospitality has been added.

Action

The committee are requested to note the register contents and the updated policy.

Register of Gifts / Hospitality Received and Provided/Declined

Version: HFEAG0001
Sep-26

DIVISION / DEPARTMENT: HFEA
FINANCIAL YEAR: 2026/27

		Details of the Gift or Hospitality								Provider Details			Recipient Details
Type	Date notified	Brief Description of Item	Reason for Gift or Hospitality	Date(s) of provision	Actual/Estimate	Value checked using internet	Value of Item(s)	Location where Provided	Action on Gifts Received	Name of Person or Body	Contact Name	Relationship to Department	Name of Person(s) or Body
Either 'Provision' or 'Receipt'	Date email notification received	Give a brief description of the gift or hospitality recorded	Summarize the reason or occasion for the gift or hospitality	Give the date(s) on which it was provided or offered	Add if Estimate or Actual	Use of search engine to give a better estimate if above £50	Give the known or estimated value - if unknown then state 'unknown' and explain further under the 'Reason for Gift' column	Give the name of the venue or location at which the gift or hospitality was provided	For Gifts Received only, specify what happened to the item(s) after it was received	Give the name of the individual or organization providing or offering the gift / hospitality	Give a contact name if an individual is not specified as the provider - otherwise leave blank	Specify the relationship of the provider to the Department (e.g. 'supplier', 'sponsor', etc.) - if the Department is the provider then leave blank	Give the name of the individual(s) or organisation receiving the gift / hospitality - if there are multiple recipients, specify each on a separate line
Receipt	08/04/2026	Hospitality at private home	Invitation to review AI models for IVF treatment developed from data	18/04/2026	Estimate	Assumed light lunch and allowed for mileage	£95.00	Cotswolds	Accepted	ARGC Ctrs 0088/0157/0206	Muhamad Taranissi	Licenced centre	Rachel Cutting
Receipt	18/05/2026	M&S Voucher	Speaking at BICA	15/05/2026	Actual		£30.00	Mary Ward House	Accepted	BICA Annual Conference			Clare Ettinghausen

Registering Staff Interests, Gifts and Hospitality

Introduction

1. As a public body, the HFEA is required to demonstrate that it has well defined and transparent arrangements for handling conflicts of interest, whether real or perceived. The aim of this policy is to enable the Authority to demonstrate both to the public at large and others in the Assisted Reproductive Technology (ART) field that its processes and decisions are objective and consistent, and to protect staff from unfair accusations of concealed interests.
 2. All employees of the HFEA should be aware of the Bribery Act 2010. This act creates specific offences of bribing, and being bribed, which apply to any function of a public nature; any activity performed in the course of a person's employment; and any activity performed by or on behalf of a body of persons.
 3. All employees must ensure that they do not solicit or accept any financial or other advantage which results in the improper performance of their duties as an HFEA employee.
 4. This policy provides guidelines for the management of the registering of staff interests, and the accepting or refusing of gifts, taking into account the terms of the 1990 Human Fertilisation & Embryology Act (as amended) and the guidance to public bodies.
-

Scope

5. The scope of this policy extends to all HFEA employees, both permanent and fixed term. Authority Members should refer to the Guidance for Members (and Committee Members) Concerning Conflicts of Interest, which was agreed by the Authority on 11 March 2015 – CM ref: 2017/012050.
6. This Register will not be routinely published by the HFEA however, information contained in the register may be disclosed pursuant to any request for disclosure made under the Freedom of Information Act 2000.

Responsibility

7. The HR department is responsible for ensuring that all staff have access to this policy, and for ensuring that managers understand their own role and responsibilities with regard to the registering of staff interests and gifts.
8. Managers are responsible for ensuring that employees understand their obligations with regard to the registering of staff interests and gifts.

Principles

9. It is acknowledged that in their role as employees of the Authority that individuals may be exposed to a number of potential conflicts of interests.
10. These can be divided into:
 - Direct pecuniary interest - the most clear-cut situation where common law requires that executives with a direct pecuniary interest should not participate in the discussion or determination of matters.
 - Indirect pecuniary interest - again, common law requires that members of staff should consider whether participation in the preparation of items for discussion or discussion of a matter would suggest a real danger of bias. This should be interpreted in the sense that a member of staff might unfairly influence the case of a party to the matter under consideration. In considering whether a real danger of bias exists in relation to a particular decision, members of staff should assess whether they, a close family member, a person living in the same household as the staff member, or a firm, business or organisation with which the member of staff is connected are likely to be affected more than the generality of those affected by the decision in question. (A 'close family member' is regarded here as personal partners, parents, children brothers, sisters and personal partners of any of these.)
 - Professional / personal interests - These are more subjective, but it is just as important that they are declared. This would include involvement with a charitable trust or professional organisation within ART or related clinical or scientific fields. Professional and personal interests are taken to include those not only of the individual member but also interests of close family as defined above. It would also be necessary to make a declaration when asked to participate in preparing documents about specific issues for HFEA members to discuss, if a member of staff has a close personal friend or previous association. This would include possible personal conflicts where the member of staff, his/her partner or a family member or close friend is having (or has received) IVF or other treatment at a clinic under consideration.
 - If in doubt, individuals are advised to declare the potential interest or at least consult the Chief Executive or relevant Director as soon as they are asked to participate in the preparation of an item for HFEA or sub-Committee consideration. Anyone who is unclear about whether a particular interest or offer of a gift/hospitality constitutes a conflict of interest, and should therefore be recorded, should discuss this with their line manager or Head of Human Resources in the first instance. The guiding principle is when in doubt, it is better to ask for a record to be made, than not.

Declaration of Interests

- Staff should declare if they, their partners, family members or a close friend have financial, professional or personal interests in:-
 - organisations licensed by the HFEA or other organisations involved in IVF (drug companies, etc);
 - Companies or individuals providing services for or bidding for contracts with the HFEA.
-

Register of Interests

- 12 The HR Department maintains a Register of Staff Interests, recording all members of staff financial and relevant professional interests, as defined above, which could be perceived as having the potential to influence judgement.
 - 13 The HR Department periodically asks members of staff to update their details of personal and professional interests and will annually e-mail round a form for completion and return (see appendix A). Any additional interests arising during the year should be e-mailed to HR for inclusion in the Register of Interests.
 - 14 Line Managers will also confirm professional or personal external interests at annual PDP meetings
-

Involvement in the Preparation or Discussion of Items for Members' Consideration

- 15 Where a member of staff has an interest to declare on an item for consideration, this should be addressed prior to any work being undertaken. This should be discussed with their line manager.
- 16 If an employee has registered an interest and been allowed to continue to work on an issue, the employee should still declare the interest at any meeting where the matter is discussed and mention it in any papers that they write on the issue.
- 17 Where there is a declaration of direct or indirect pecuniary interest in an issue before the meeting, the member of staff should not normally participate in the preparation of papers or discussion on that issue and should normally withdraw from the meeting. This is to avoid the perception that the continued presence of someone who had declared an interest might influence the judgement of the others present. It would not normally be necessary where the declared interest is professional or personal.
- 18 The HFEA acknowledges that members of staff may be appointed specifically for the expertise they have gained through their membership of or employment by other organisations and, in that case, such interests need not normally debar them for participating in discussions on particular issues. Nevertheless, registration of such issues may be helpful in ensuring transparency and public confidence. Also, given the complexities of the issues facing the HFEA, it may well help the Authority come to a decision to have those members of staff with a declared interest contribute to the discussion.
- 19 It will be a matter for the line manager to decide after discussion with the Chief Executive, if necessary, whether to ask a member of staff to withdraw from further involvement in the preparation or discussion of the issue.

Accepting Gifts and Hospitality

- 20 Accepting gifts, hospitality or other benefits from a third party may be perceived as compromising a member of staff's personal judgment or integrity if the gift is given due to the individual's role within the HFEA.
- 21 Members of staff must be cautious about accepting any gifts received in the course of their work. All offers of gifts and those received must be entered in the Register held by the HR Department as soon as possible. Any perishable gifts should be shared with colleagues within the office and not taken home.
- 22 All other gifts valued in excess of £20 must be handed to the HR Department. These will then be distributed to or raffled for charity.
- 23 Modest hospitality, provided it is normal and reasonable in the circumstances, may be accepted. Normal and reasonable hospitality is defined as lunches/dinners in the course of working visits. Advice must be taken from the relevant Director or Chief Executive before any invitations to attend other social events may be accepted.
- 24 Staff must also declare those gifts or hospitality that have been refused.
- 25 Declarations will need to include the following information:
- date of offer of gift or hospitality, and date of event where relevant
 - name, job title and organisation of recipient/provider;
 - nature and purpose of gift or hospitality received or declined;
 - Value (if known) or state "unknown".
- See example of register below*
- 26 To maintain full visibility and compliance, the exact date of notification will be recorded for every entry to assure the Audit and Governance Committee of timely reporting, and all initial estimates regarding items such as travel and accommodation must be promptly updated with actual costs once known to ensure complete accuracy and prevent obscured conflicts of interest.
- 27 Any failure of a staff member to declare interests, (either pecuniary or personal and professional), or gifts, may be seen as a disciplinary offence, and may result in dismissal.

Giving or returning hospitality

- 28 Generally, the same principles that apply to acceptance of hospitality will apply to the giving or returning of hospitality. The guiding principle should be that of proportionality.

Review

29. This policy will be reviewed at least every two years or sooner if there are changes to laws or limits as detailed in the policy after which the policy will be presented to AGC.

Example of declaration

HFEA return
Financial year: 202X/2Y

Details of the gift or hospitality:							Provider details:			Recipient details:	
Type ¹	Brief description of item ²	Reason for gift or hospitality ³	Date(s) of provision ⁴	Value of item(s) £ ⁵	Location where provided ⁶	Action on gifts received ⁷	Name of person or body ⁸	Contact name ⁹	Relationship to Department ¹⁰	Name of person(s) or body ¹¹	Contact name ¹²
Receipt	Breakfast invitation	Breakfast workshop and briefing on Bravo Analytics	10/08/2017	unknown	Marriott Hotel, County Hall	Accepted	Bravo Solutions	Jackie How	DHSC Supplier	M Akingbola	

¹ Either 'Provision' or 'Receipt' or 'Declined'

² Give a brief description of the gift or hospitality recorded

³ Summarize the reason or occasion for the gift or hospitality

⁴ Give the date(s) on which it was provided or offered

⁵ Give the known or estimated value - if unknown then state 'unknown' and explain further under the 'Reason for Gift' column.

⁶ Give the name of the venue or location at which the gift or hospitality was provided

⁷ For Gifts Received only, specify what happened to the item(s) after it was received

⁸ Give the name of the individual or organization providing or offering the gift / hospitality

⁹ Give a contact name if an individual is not specified as the provider - otherwise leave blank

¹⁰ Specify the relationship of the provider to the Department (e.g. 'supplier', 'sponsor', etc.) - if the Department is the provider, then leave blank

¹¹ Give the name of the individual(s) or organisation receiving the gift / hospitality - if there are multiple recipients, specify each on a separate line

¹² Give a contact name if an individual is not specified as the recipient - otherwise leave blank

Standards in Public Life as set out by the Nolan Committee

The Committee believes that 'Seven Principles of Public Life' should apply to all in the public service. These are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.

HUMAN FERTILISATION AND EMBRYOLOGY AUTHORITY**HFEA STAFF – REGISTER OF INTERESTS**

As a public body, the HFEA is required to demonstrate that it has well defined and transparent arrangements for handling conflicts of interest, whether real or perceived. The HFEA must be able to demonstrate both to the public at large and other stakeholders that its processes and decisions are objective and consistent.

An important mechanism for ensuring and demonstrating this objectivity is the maintenance of a register of interests. The Standing Orders require the Chief Executive to establish a register for Members of the Authority and staff. Members' register of interests is publicly available on the HFEA website. A similar register of interests has been established for all staff. This register whilst not published on our website is available for inspection.

All staff should declare if they, their partners, relatives or friend (as far as is known or might be considered significant) have financial, professional or personal interests in:-

- Centres/clinics licensed by the HFEA or other organisations affected by the work of the HFEA;
- Companies or individuals providing services for or bidding for contracts with the HFEA.

Please complete the form overleaf detailing any relevant interests including a "nil return".

We will be repeating this request for declarations in November and April (financial year-end). In the meantime, if your circumstances change, and a new interest arises that should be declared, please e-mail the Head of Finance at the following address; morounke.akingbola@hfea.gov.uk straight away.

Name _____

Address _____

Please complete Box A or Box B

BOX A

☐ I / my partner / relative or friend* have the following financial, professional or personal interest in:-

* delete as appropriate

If not self, please state name of person with interest and relationship

Centres/Clinics licensed by the HFEA or other organisations affected by the work of the HFEA (please give details)

Companies or individuals providing services for or bidding for contracts with the HFEA (please give details)

BOX B

☐ I have no interests to declare

Signed _____ Date _____

Document name	HR013 Registering Staff Interests, Gifts and Hospitality
Release date	31/10/2026
Author	Head of Finance
Approved by	AGC
Next review date	September 2028
Total pages	8

Version/revision control

Version	Changes	Updated by	Approved by	Release date
1	Created 29/06/2011		Head of HR	01/06/2012
2	Branded 31/05/2019	Head of Finance	CMG	15/07/2019
3	Reviewed post Internal Audit – line 26 added	Head of Finance	CMG	18/01/2023
4	Reviewed – no changes	Head of Finance	N/a	24/09//2024
5	Paragraph added to reflect the inclusion of date of notification and update of costs once known	Head of Finance	AGC	31/10/2026

Audit & Governance Committee Forward Plan

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment / Supporting scientific and medical innovation
Meeting:	Audit & Governance Committee
Agenda item:	7
Meeting date:	13 October 2026
Author:	Morounke Akingbola, Head of Finance
Annexes	

Output from this paper

For information or decision?	For decision
Recommendation:	The Committee is asked to review and make any further suggestions and comments and agree the Forward Plan.
Resource implications:	None
Implementation date:	n/a
Communication(s):	n/a
Organisational risk:	Low Not to have a plan risks incomplete assurance, inadequate coverage or unavailability of key officers or information

Audit & Governance Committee Forward Plan

AGC items Date:	13 Oct 2026 Virtual	2 Dec 2026 In-person	9 March 2027	22 June 2027	12 Oct 2027	1 Dec 2027
Following Authority Date:	18 Nov 2026	27 Jan 2027	24 March 2027	21 July 2027	24 Nov 2027	Jan 2028
Internal Audit	Update - mid year review of audit plan	Update	Approve draft plan	Results, annual opinion, internal audit charter Potentially: consider auditees feedback	Update - mid year review of audit plan	Update
Internal Audit Recommendations Follow-up	Yes	Yes	Yes	Yes	Yes	Yes
External audit (NAO) strategy & work		Early reflections report on the financial statements audit		Audit Completion Report		Early reflections report on the financial statements audit
Session for Members and auditors	Yes	Yes	Yes	Yes	Yes	Yes
Annual Report & Accounts (including Annual Governance Statement)				Yes, for approval		
Strategic Risk Register	Yes	Yes	Yes	Yes	Yes	Yes

AGC items Date:	13 Oct 2026 Virtual	2 Dec 2026 In-person	9 March 2027	22 June 2027	12 Oct 2027	1 Dec 2027
Risk Management Strategy ¹		Yes	Yes			Yes
Horizon scanning committee discussion	Yes	Yes	Yes	Yes	Yes	Yes
Deep dives	CaFC / PRISM		Patient complaints			
Digital Programmes Update	Yes	Yes	Yes	Yes	Yes	Yes
Resilience & Business Continuity Management	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Information Assurance & Security				Yes, plus SIRO Report		
HR, People Planning & Processes		Bi-annual HR report		Bi-annual HR report		Bi-annual HR report
Contracts & Procurement including SLA management	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Whistle Blowing, fraud (report of any incidents)	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Estates				Yes		
Review of AGC effectiveness and	Yes	Yes			Yes	Yes

¹ Policy will have been reviewed by the Executive, including updated appetite statement for Authority approval.

AGC items Date:	13 Oct 2026 Virtual	2 Dec 2026 In-person	9 March 2027	22 June 2027	12 Oct 2027	1 Dec 2027
terms of reference						
Functional standards	Update as necessary	Update as necessary	Update as necessary	Yes	Update as necessary	Update as necessary
AGC Forward Plan	Yes	Yes	Yes	Yes	Yes	Yes
Accounting policies			Yes (annually)			
Public Interest Disclosure (Whistleblowing) policy			2028			
Counter fraud and anti-theft policy			2028			
Counter-fraud Strategy (CFS), Fraud Risk Assessments (FRA) and progress of Action Plan	Yes				Yes	
Reserves policy	Yes				Yes	
Dear Accounting Officer letters	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Meeting specific items		Training session in the afternoon				Training session in the afternoon

Training topics

This list below are suggested topics which could be considered for AGC members

- Risk Management
- Counter fraud
- Cyber Security - arranged for December 2026

Suggested deep dive topics

Suggested topic	Date added	Potential meeting to be discussed
CaFC/PRISM	27 June 2023	October 2026
Patient's complaints about licensed clinics	14 Oct 2025	February 2027
Deep dive/lessons learned from the closure of the next critical incident	24 Feb 2026	

Version/revision control

Version	Changes	Updated by	Approved by	Release date	Review date
1.0					

Deep Dive – PRISM / CaFC

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:	AGC
Agenda item:	13
Meeting date:	13 October 2026
Author:	Kevin Hudson, PRISM programme manager Kartik Tenaja, HFEA Head of Information
Annexes	

Output from this paper

For information or decision?	For information
Recommendation:	To note and discuss lessons learned, progress and next steps for PRISM and Choose a Fertility Clinic (CaFC).
Resource implications:	
Implementation date:	
Communication(s):	
Organisational risk:	Medium

1. Introduction and Context

- 1.1. This paper provides a deep-dive review of the journey in developing and deploying PRISM, the system which records all register data sent from clinics to the HFEA concerning their patients that undergo fertility treatments.
- 1.2. PRISM went live on 14th September 2021 for direct entry clinics and API deployment was completed by the end of June 2022 for the other clinics. Since then, over 1.2 million units of activity have been submitted through PRISM.
- 1.3. This paper also provides a deep-dive review of the Choose a Fertility Clinic (CaFC) process, which provides clinic level performance data to inform patient choice. CaFC is derived from data submitted and then extracted from PRISM and provided back to clinics for verification and sign off.
- 1.4. The HFEA chief executive describes publishing CaFC as 'returning to base camp' for the PRISM programme.
- 1.5. The first full CaFC through PRISM was published at the end of December 2025 and the second full CaFC was published by the end of September 2026.
- 1.6. The PRISM and CaFC programmes are now fully up to date. However, all would agree that this has taken some time. Whereas some of this was un-avoidable given the complexities involved, and whilst AGC did receive an initial lessons learned paper in late 2021 soon after PRISM launch, there are nevertheless fresh lessons for the future that can be learned and are explored in this paper.
- 1.7. This paper also outlines the future for PRISM and how the organisation will know when it needs to be replaced.

2. PRISM timeline

- 2.1. In 2014, the Information for Quality Programme (IFQ) was initiated and a business case written. This programme would deliver a new website, clinic portal and register replacement for EDI, the latter of which would become PRISM.
- 2.2. A clinical working group was assembled to create a new data dictionary that would underpin PRISM and other HFEA reporting.
- 2.3. The IFQ programme was formally closed in the Summer of 2017 following the development and launch of the Clinic Portal and the new HFEA website and CaFC function, and the completion of the data dictionary (it would not be launched until 2018).
- 2.4. Meanwhile the build of PRISM continued, using contracted developers, testers and programme management. At the same time a comprehensive data migration was being prepared using a combination of employed data expertise and outside data migration experts.

- 2.5.** During 2019, it became clear to management and AGC that PRISM progress was falling significantly behind expectations. Moreover, clear communication to management was being hampered by a disconnect between programme management and technical teams. The detailed circumstances of this time are already written up in the first lessons learned report for PRISM which was discussed with AGC on 17th December 2021 (referred to in 1.6 above).
- 2.6.** In late 2019 the old programme manager left and a new programme manager with better technical understanding of IT and data was appointed. A new programme plan for PRISM was written and AGC monitoring of PRISM became a monthly exercise.
- 2.7.** In early 2021, clinics were invited to train on their own data on a 'Release Candidate' of PRISM ahead of launch, with a launch originally planned for the end of May 2021.
- 2.8.** However, there was a further delay of three months due to Mellowood Medical requesting further time to build their new API solution that would link IDEAs to PRISM.
- 2.9.** EDI was eventually closed on 28th August 2021. A data migration then took place and PRISM launched on 14th September 2021.
- 2.10.** Clinics who were entering data manually, commenced using PRISM immediately. Clinics who were planning to submit automatically through an API solution (from either IDEAS, Meditex or CARE) were deployed in the months following.
- 2.11.** AGC should note that whereas PRISM is a cloud hosted and web-based system (and hence can be used by everyone and updated for all clinics in one operation), the clinical systems operated by IDEAS, Meditex and CARE are hosted at the individual clinics. This means they have to be installed and updated individually at each clinic – similarly to HFEA's old EDI system which it had moved away from.
- 2.12.** After all API clinics were deployed, there was a period of 'catching up' for those clinics who had been unable to submit data to HFEA whilst awaiting deployment by their system supplier.
- 2.13.** Almost all API clinics were fully caught up by March 2023 (see 2.14 below). During this time, those clinics received estimated billing. Once they had caught up on their submissions the Finance team undertook a reconciliation and that clinic moved to being billed based on actual treatments submitted.
- 2.14.** Unlike the rest of the sector, one group of clinics did not start using PRISM at the time of launch. They eventually started using PRISM in January 2024 and are not yet caught up on their submissions.

3. PRISM today in numbers

- 3.1.** So far there have been over 1.2 million units of activity submitted by clinics in PRISM. Table 1 below quantifies current activity in PRISM, split between manual and API submissions.

Table 1: PRISM activity to date as of 28th September 2024

	Direct entry	API entry	All Submissions
Number of clinics submitting to PRISM	66	68	134
<i>%age of clinics</i>	49%	51%	
Number of activity submissions to PRISM	336,200	890,798	1,226,998
<i>%age of submissions</i>	27%	73%	
Number of errors since September 2021	2,157	32,126	34,283
<i>%age of errors</i>	6%	94%	
Average error rate since September 2021	0.6%	3.6%	2.8%

- 3.2. Validation rules:** There are currently 446 validation rules in PRISM which automatically detect errors in registrations, cycles and movements between clinics.
- 3.3.** The table above shows that PRISM continues to enjoy very low error rates with clinics who enter data directly to PRISM. The overall error rate for this group is just 0.6%. We think this is due to the fact that these clinics have immediate access to the PRISM errors in their on-screen homepage. We don't think API suppliers provide the same immediacy of error awareness to their clinics, and we explore the reasons for this later in the paper.
- 3.4. Ten family limit alerts:** In August 2024 we commenced sending daily alerts to clinics that had donors that were likely to breach the 10-family limit. The alerts trigger for any donor that reaches more than 9 families and is sent the next morning after this is detected in the PRISM data. So far, over 2,000 alerts have been sent to clinics, although the number of alerts being sent has decreased significantly in the past year as clinics appear to be better managing their donor family limits.
- 3.5. Missing thaw linkages:** In past AGC papers on PRISM, we have advised about the issue of missing thaw links in PRISM. This is where we cannot link back the treatment to the original egg collection in order to ascertain if a donor was involved and affects both the ability to undertake an accurate CaFC measurement and undertake an OTR enquiry. As part of CaFC, significant work has been undertaken by the sector to address missing thaw links. The total number of missing thaws linkages in PRISM for the 5 years since launch is 2,892 – 1.3% of all transfers in PRISM.
- 3.6.** However, AGC should note that using PRISM to measure our historic migrated data, there still remains 36,000 missing linkages in the years before PRISM launch in 2021. These are from years that went through their equivalent CaFC verification and represent 9.6% of all historic thaws. Options for this are discussed later in this paper.

4. Choose a Fertility Clinic (CaFC) timeline

- 4.1.** The first CaFC verification through PRISM commenced in March 2024 for the unverified years 2020, 2021, 2022 and 2023. The aim was to publish CaFC by the end of 2024.
- 4.2.** Verification data periods traditionally run by calendar year. To start with, we followed the exact same process that was undertaken when using EDI before PRISM launch. This is where clinics sign off the individual datasets of CaFC and involved having to re-write in PRISM the large number of CaFC verification reports previously build over the past decade.
- 4.3.** In the months before verification, we had built some of the verification reports (for instance missing treatments, missing early outcomes and missing outcomes). We also observed that some of the initial verification reports, once built, then reported no errors as these were already fixed in PRISM.
- 4.4.** However, we started verification with some verification reports that still needed to be built, including those on missing thaw linkages.
- 4.5.** During the early months of verification, we ran into a number of challenges:
- The pace of verification by clinics was very slow: despite repeated reminders being sent to clinics. This particularly related to API clinics and those with large numbers of missing live birth outcomes.
 - We identified high level of potential duplicate records in the register: caused by a fault in IDEAS API solution. During 2024 Mellowood corrected this fault and manually de-duplicated the register on behalf of their clinics.
 - Building verification reports in PRISM for missing thaw linkages proved to be a very complicated time-consuming exercise: the HFEA data analyst reached a position of building individual reports for individual clinics.
- 4.6.** Because our data analyst was stuck on verification reports, they had not yet even moved to start to build the success rate calculations required for sign off and CaFC upload.
- 4.7.** As these issues were reported to AGC during 2024, and it became clear that the aspiration to publish CaFC in that year would be missed, AGC requested that the programme consider interim solutions that would expedite the publication of CaFC.
- 4.8.** In late 2024, AGC approved the following expediting measures for CaFC:
- 4.9.** We would publish an interim CaFC as soon as possible, that reported just headline figures – births per embryo transferred for the first full year of PRISM – 2022 – and then a full CaFC with further years and the more statistics data (which comprises approximately 30,000 lines of CaFC data across 4 years) would follow later in 2025.
- We would set up a parallel piece of work to build our CaFC data extracts and clinic success rate calculations in parallel to the work undertaken on missing thaw linkage reports.

- Rather than ask clinics to verify individual datasets, we would ask clinics to verify their yearly totals for transfers and live births.
- 4.10.** In December 2024, the HFEA chief executive wrote to all PRs to advise them of this new interim process for CaFC and at the end of January 2025, the PRISM programme manager sent one page verification summaries that outlined their proposed success rates that would be reported for the interim CaFC. Confirmation of these totals was requested by the end of March 2025, 8 weeks later.
- 4.11.** By the end of March 2025, most clinics had signed off their totals on the interim CaFC. However, at the same time we had received notification of a potential legal challenge from one group of clinics regarding this approach. This was the same group of clinics who has started very late on PRISM, as outlined in 2.14 above.
- 4.12.** During April 2025, all clinics were consulted on whether they were happy to publish an interim CaFC. The overriding response was that clinics were happy to publish and a decision to publish was made at an extraordinary AGC meeting at the end of April.
- 4.13.** During May 2025, the headline CaFC figures were prepared for the CaFC website and the Interim CaFC was published at the end of May 2025.
- 4.14.** In June 2025, HFEA received a detailed legal challenge regarding the interim CaFC. A large amount of time was taken responding to the numerous (inaccurate points) made in the challenge. In the event the legal challenge was thrown out by the court.
- 4.15.** During the preparation of the interim CaFC, it had become clear that the historic reporting of just fresh treatments no longer reflected the majority of fertility treatments taking place in the sector.
- 4.16.** Consequently, during summer 2025, the HFEA undertook a further consultation on the types and methodology of success rates to be included in CaFC, and particularly whether the rates should include such treatments as donor eggs and PGT-A.
- 4.17.** Meanwhile the programme team focussed on the further work to publish the full CaFC. This included:
 - Building the cumulative calculations for births per egg collections.
 - Building the statistics that would populate the 'more statistics' section of the CaFC website.
 - Expanding the verification scope to include the year 2024, as this was now in scope and it was deemed not a sensible approach to publish data that is immediately out of date.
- 4.18.** During this time, the programme team met fortnightly with the Head of Operations and Head of Information of the CARE group to resolve missing thaw linkages. From over 7,000 missing thaw links from API submission from the CARE group at the start of the verification, this was eventually resolved with most work being undertaken by staff at the CARE group. Meanwhile our data analyst focussed on support for missing thaw

linkages at clinics using the Meditex system – a system supplier which offers far less support to clinics.

- 4.19.** The Meditex API issues on missing thaw linkages were short term for the years to 2024 and is no longer being incurred. However, the CARE API issues are ongoing (see 6.2 below)
- 4.20.** In November 2025 the HFEA Authority met to agree the headline success rate methodologies to be used in CaFC. They agreed to publish:
- A 'transactional' headline rate of births per embryo transferred which excluded treatments involving PGT-A and donor eggs.
 - A 'cumulative' headline rate of births per egg collections (tracking the fate of eggs two years after collection) which excluded treatments involving donor eggs, but which included PGT-A.
 - That an authority sub-group would meet to agree the detailed methodology that would sit behind these calculations. This group met later in November 2025, and a written methodology statement agreed with them.
- 4.21.** In late November 2025, the HFEA Chief Executive wrote to all clinics advising them of the Authority Decision, the programme sent all clinics a statement of their CaFC headlines to be published, and the methodology statement was published on the HFEA website.
- 4.22.** During December 2025, the programme team worked on preparing a new upload for CaFC including the more statistics section. This section allows website users to interrogate seven different types of patient age band across four different types of treatment, donor and fresh eggs for four different years. In total it is an upload to the website consisting of approximately 30,000 individual lines of data.
- 4.23.** The full CaFC was published on the 6th of January 2026. This included:
- Headline success rates for births per embryos transferred for 2023 and births per egg collection for 2022 – by clinic for all ages and for patients aged over and under 38.
 - Multiple birth rates by clinic for all ages and for patients over and under 38
 - Headline success rates for DI and IUI treatments for 2024 – by clinic for all ages and for patients aged over and under 38.
 - Detailed statistics by clinic for the years 2022, 2023 and 2024
- 4.24.** Publication of the Full CaFC meant that both PRISM and CaFC were at that time now fully up to date.
- 4.25.** In order to maintain CaFC as up to date, in March 2026 (and on time) we commenced verification for the second full CaFC which involves clinics verifying treatments for 2025 and live births for 2024. Most clinics signed off as requested by the end of June 2026 and the CaFC was published at the end of September 2026.

- 4.26.** There were four (out of ninety-five) clinics that have not signed off their 2026 CaFC. On 23rd September the HFEA Authority decided that these should be published on an 'unverified' basis with a caveat alerting CaFC users to this fact.

5. What is working well today

PRISM

- 5.1. Volume of submissions:** Over the 5 years since launch, we continue to receive high volumes of submissions from all clinics, and we have received no complaints from clinics that PRISM is a burdensome process for them. The PRISM user group of clinics, which continues to meet fortnightly and consists of clinic staff directly involved in PRISM unanimously agree PRISM is a far better system compared to EDI.
- 5.2. Training:** Training is working well, evidenced by the fact that HFEA staff rarely have to give any training. Some video training sessions have been organised, led by our employed tester, but generally we find that clinics train themselves on PRISM and our anecdotal feedback is that the manual entry of PRISM in particular is very easy to follow.
- 5.3. Accuracy of direct entry:** As previously mentioned in section 3, the error rate for manual entry is very low at 0.6%.
- 5.4. PRISM support:** The HFEA PRISM support line operated by the Register Team is also operating well. On average there are about 100 queries outstanding at any one time, and again we receive no clinic complaints about our response to queries. It has allowed members of the Register Team to be continued to be assigned to OTR duties and also support development and testing of Phoenix.
- 5.5. Knowledge of underlying PRISM code:** Compared to the first lessons learned exercise undertaken for PRISM in 2021 (see section 7 below), PRISM is now supported by two employed developers, both of whom have knowledge of the detailed PRISM code and an employed tester with expert knowledge of underlying PRISM processes who also is the HFEA trainer on PRISM.
- 5.6. Programme Management:** HFEA has also recruited a new Head of Information who started in December 2025 and has in depth technical knowledge and data experience in a health and NHS setting. The handover of PRISM and CaFC programme management is progressing well. The current contracted Programme Manager is due to leave the HFEA on 22nd October 2026.

CaFC

- 5.7. Verification by totals (rather than datasets):** Once we switched to CaFC verification by totals (rather than the dataset approach historically used), we found clinics were able to verify and sign off CaFC much faster. Clinics can still check their records at a cycle level if required. A simple spreadsheet detailing this is sent to them on request.

About half the clinics ask for this spreadsheet which takes approximately 5 minutes to produce from the new PRISM extracts.

- 5.8. The new PRISM extracts:** As part of the switch to the interim CaFC, our HFEA developer built an extract mechanism in Excel to pull data out of PRISM. The PRISM programme manager then used these extracts to build the verification tables. Having fast and flexible extracts was also really helpful in undertaking the sensitivity analysis that was conducted in considering different mechanisms covered under the methodology consultation and in responding accurately to the legal challenge.
- 5.9. The current (2026) CaFC:** Using these mechanisms, the current Full CaFC commenced on time and completed on time, with a short (two-week) delay because a few clinics had not met the data submission requirements that all clinics should follow.

6. What is proving challenging today

PRISM

- 6.1. Accuracy of API Submissions:** Whereas the error rate for direct entry has been very low, the error rate for API submissions has not been to the same excellent level. We believe this is down to a number of reasons:
- If using API, clinics are more likely to adopt a fire and forget mentality which is only addressed through extended verification periods when these clinics go back to correct their errors.
 - Unlike the PRISM user interface, the API interface is built by system suppliers. They do not have the equivalence of the current PRISM Homepage which automatically presents the outstanding errors to the clinic user as soon as they log in.
 - The PRISM Homepage has a reports menu which also includes options to report on validation errors and their causes. The functionality exists for system suppliers to pull these reports through to their own interfaces, but they have not done this.
- 6.2.** Our new Head of Information is leading a piece of work that will attempt to improve the quality of API submissions. Working with the worst API supplier (the CARE group) we will develop a quarterly review Process with CARE's technical staff to improve their error rates. 51% of all outstanding errors since PRISM launch relate to the 16 clinics of the CARE group.
- 6.3. Clinics using PRISM reports:** The PRISM Homepage contains a large number of different types of registration reports. Even for those clinics that use PRISM directly, we do not think that there is significant use of the reporting functions. If there was more use, then in all likelihood the number of queries to the Register team through the PRISM support line would decrease.

- 6.4. API Migrations:** In 2022 we published guidance for clinics and prospective system suppliers on new API deployments and migrations from manual entry to API. The guidance was updated further in 2026 to cover API to API migrations.
- 6.5.** Two migrations from manual entry have been undertaken by Meditex. A migration involves HFEA providing a backport of all data submitted before the migration data, which the system supplier then incorporates to ensure that they send us only new records and not duplicates of old ones.
- 6.6.** There are four IDEAS clinics that are keen to move from manual entry to API, but Mellowood have not built the required functionality in their own systems to receive a backport. We are advising such clinics that they must take this up with Mellowood directly.
- 6.7.** We have had a number of new suppliers who express a willingness to build an API solution. We often provide them with access to our PRISM test environments and then hear nothing further. Generally, we feel that prospective suppliers underestimate the level of complexity and work required to build an API solution.
- 6.8.** One supplier is currently progressing through this process, and our developers are continuing to support them, but not in a way that leaves HFEA developers doing the system supplier's work. We have compiled a detailed readiness questionnaire and set clear success criteria for accreditation – namely that API errors through any new solution should be no higher than the equivalent through a manual entry during parallel operation with the sponsor clinic.
- 6.9.** We recommend that we continue to support this (and any other) prospective supplier, and that we should not dilute or success criteria and be prepared for suppliers to fail or take a long time to pass.

CaFC

- 6.10. Ensuring clinics keep abreast of missing live birth outcomes:** The most important element of missing data is recording of live births – both for CaFC success rates and OTR – but this is the element of data where clinics report most difficulty in collecting. Many clinics report that some parents are increasingly reluctant to release the necessary details about their newborn. However, we would also observe that missing live birth outcomes are generally higher with API clinics rather than those who undertake direct entry to PRISM.
- 6.11.** It needs to be stressed that clinic submitting birth outcome data to HFEA is a licence condition for clinics and part of General Direction 0005.
- 6.12. Building CaFC reports in PRISM:** PRISM is a good mechanism to collect and record data, but it is not always the ideal reporting tool. Web based PRISM reports are often cumbersome to use and although some can be downloaded to Excel, they download as text, not numbers, meaning some need further manipulation to conduct any analysis. Attempts to build missing thaw linkage reports in PRISM were eventually abandoned in favour of Excel based reports.

6.13. Unverified years 2020/2021: As a result of the latest CaFC process, the two years of EDI submission (2020 and 2021) currently remain unverified:

- The team have noted that the unverified error rates from these years are the same as the error rates from previous years which were verified using the EDI dataset approach.

6.14. These years will not be published in a CaFC, and the programme board has decided that the final decision as to whether these years need to be verified will depend on an assessment as to whether this has any potential impact on fertility trend reporting.

6.15. Verification of historic (EDI submitted) data: Even though historic years (before 2020) were verified by the clinic, through PRISM we can measure at least 36,000 missing thaw linkages in our historic register. AGC should note that these are not missing records, but cases where we cannot link the particular record back to the original egg collection:

- This has an impact on OTR as these are records where we cannot identify if a donor is involved.
- How we resolve these is an ongoing discussion, although the PRISM programme board indicated we should not contact clinics regarding data issues in years, they have already verified.
- However the scope for accurately resolving these issues without direct clinic involvement is limited, and the ability to which clinics will be able to resolve these historic issues is unknown.

6.16. Although only about 20% of these historic missing thaw links relate to donors, and whilst we have a comprehensive list of all historic records with missing thaw links in our Register, we don't know on an individual basis which missing thaw link relates to which donor. This information is in the clinic's historic records which may be electronic or may be paper. The options for resolving this are either:

- a) Continue to allow the OTR enquiry to trigger an individual manual check of the clinic's record. However, this would mean a longer OTR response time in these cases and is essentially what is happening at the moment. The process could be improved if clinics were kept under stricter response times.
- b) A partial targeting, focussing on certain clinics with higher-than-average levels of historic missing thaw linkages.
- c) A full retrospective verification of sector-wide missing thaw linkages. This will be an extensive and time-consuming processes for both clinics and the HFEA.

6.17. Through the newly formed Data Quality Group (see 8.5 below), Kartik Tenaja will lead ongoing work on resolving these issues.

7. A revised set of lessons learned

First set of lessons learned for PRISM

- 7.1.** Given the significant level of AGC oversight over PRISM in the period before it's launch, a lessons learned report was generated for AGC in December 2021. The lessons learned stated then are shown in Table 2 below, together with an update on the current status of the topics concerned:

Table 2: Summary of 2021 Lessons learned for PRISM and current status

2021 Lessons Learned	2026 Update
<i>Managerial communication and planning:</i> Lesson going forward: You cannot appoint a 'generalist' programme manager to a programme like PRISM. They need technical skill and an ability to act as the interface between technicians and management.	We have maintained a technically minded programme manager to oversee the final stages of PRISM and CaFC. This person is now handing over to our New Head of Information, who has significant technical and management expertise in a health data setting
<i>Governance</i> Lesson going forward: Use managerial KPIs to better support good governance. Lesson going forward: Be prepared to review the programme from first principles when progress slips significantly.	HFEA senior management continue to review PRISM KPIs through the weekly PRISM programme board. When the programme slipped for CaFC, there was a quick review and introduction of a 'interim solution' (see section 4 above)
<i>Design complexity</i> Lessons going forward: Make sure the organisation knows clearly what is being build. This means programme management that understand the detail and also clear specifications and programme status reports (like the SMT reports we have had following the new plan in 2020) that track the work being done and any additional pieces of work that surface. Make sure that the organisation is always asking the question 'why' of the activities of its	This is evidenced through the continued PRISM programme board and is evidenced with our parallel programme management structure for Phoenix, where issues have arisen, but are more clearly visible, more managed, and more quickly resolved. Our developers sit on the programme board and have the opportunity to speak directly to senior management.

technical staff and be able to respond intelligently when it gets a technical response.	
<p><i>Alternatives to PRISM</i></p> <p>Lesson going forward: Be prepared that the replacement to PRISM is probably also going to be an in-house solution. Maximise the longevity of PRISM and ensure there is always staff in HFEA that always understand the detailed operations of the system.</p>	Although PRISM was built by IT contractors who have since left, it is now maintained by HFEA employed developers who fully understanding the underlying PRISM code structure
<p><i>Avoiding reliance on single individuals for important pieces of work</i></p> <p>Lesson going forward: To overcome single points of technical failure we simply need more technical staff.</p>	<p>HFEA now employs two developers and a tester/trainer with knowledge of PRISM.</p> <p>However, we still have a single point of failure in relation to knowledge of historic EDI data, although this has been mitigated for extraction of data from PRISM.</p>

Further lessons learned for PRISM and for CaFC

- 7.2.** In addition to updating on those original lessons learned for PRISM, we would also suggest further lessons learned for PRISM/CaFC as shown in table 3 below. In this context it is important to note that the Authority has over recent months been considering the future of data presentation, of which CaFC is an element. That work is not considered here. Moreover, at its most recent meeting on 23 September the Authority agreed that some changes to data verification with the aim to introduce incentives to improve the data of data submitted. There is at present no timetable for these changes, so they have not been included here.

Table 3: Further lessons learned for PRISM and CaFC and future implications

2026 Lessons Learned	Implications going forward
<p><i>API submissions:</i></p> <p>Lesson going forward: We must make sure we maximise our control over API submissions, and the API accreditation process is our point of maximum control.</p>	<p>We have already drafted detailed migration guidance and success criteria for prospective suppliers.</p> <p>We must ensure we continue to be rigorous in the API accreditation process.</p>
<i>CaFC verification backlogs:</i>	

<p>Lesson going forward: Catching up on CaFC was very difficult. Make sure HFEA keeps verifying and delivering CaFC on time, with verification starting eight weeks after the year to be reported on.</p>	<p>Any forward technical reporting solutions need to be able to keep delivering CaFC – system development should cause no further interruptions and contingencies introduced if there are likely to be delays.</p>
<p><i>Clinic verification:</i></p> <p>Lesson going forward: the sector remains quite a 'low tech' set of clinics, clinic staff and system suppliers.</p> <p>Lesson going forward: Many clinics were happy to simply verify totals.</p>	<p>So far clinics have worked best with emails and spreadsheets to undertake verification. Any new reporting solutions need to consider the most effective ways to engage clinics.</p> <p>But even for clinics which had no errors and where there were no verification corrections were required, they still wanted to review their data and to sign it off.</p>
<p><i>Data Issues</i></p> <p>Lessons going forward: Two cycles with the same date are not always the sign of an error.</p> <p>Lesson going forward: Missing thaw linkages were an issue for many suppliers, but are now only an issue for the CARE group</p>	<p>Duplicates did raise issue with the auditors, but only a small set generated by the IDEAS system were erroneous. A larger set of 'duplicates' (cycles with the same date) were valid treatments.</p> <p>Our HFEA Head of Information is leading further work with senior staff at CARE on this issue.</p>
<p><i>Reporting:</i></p> <p>Lesson going forward: The HFEA website is now the limiting factor for CaFC. From a CaFC data handling perspective, it is showing its age.</p>	<p>No changes have yet been made to the way CaFC data is presented through the website.</p> <p>Data upload is through a large and complicated 'flat file' of excel data through an upload mechanism that was not written by any current member of staff.</p>

	<p>To represent CaFC data would require a re-write of the website which will be an extensive technical operation.</p> <p>Review of the website will be part of the overall review on the presentation of data, as outlined in 7.2 above.</p>
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8. PRISM and CaFC in the future

- 8.1.** In this deep dive exercise, AGC requested that the programme specifically consider how we will know when we need to begin planning for a PRISM replacement - and what will inform the timeline for planning?

Three reasons why you should NOT need a PRISM replacement

- 8.2.** Given the disruptions that was caused from the introduction of PRISM, HFEA should come from the standpoint that it should never have to replace PRISM. This premise is based on three points:

- 8.3. Unlike EDI, PRISM is hosted in the cloud:** This means it is continuously updated from a technical perspective and is always kept 'current' - unlike EDI which was based on local servers which were unsupported and approaching their end of life.

- 8.4. Unlike EDI, PRISM entry is web based – either directly or through an API solution:** This means clinics will always be able to access PRISM through the internet to submit data. Clinics do not need standalone modules at their sites - as was the case with EDI and still remains the case with most fertility clinic system provided by system suppliers (some are slowly moving to web based solutions).

- 1) **Unlike EDI, PRISM covers all types of fertility treatments:** EDI did not include any facilities for reporting surrogacy and attempting to make the EDI forms fit against surrogacy proved very difficult and was a key reason for the new data dictionary.

AGC should note that although included in the data dictionary, PRISM functionality for Mitochondrial Donation Treatments (MDT) have not yet been built. This is because the number of treatments using this approach remains an exceptionally low number. Currently MDT data is recorded on a spreadsheet by the Register Team.

- 8.5.** The recommendation of the team is that HFEA should keep updating PRISM in small increments with the ambition that it should never need a full 'bottom up' replacement as was undertaken in the replacement of EDI by PRISM.

- 8.6.** In addition, the underlying Microsoft.Net framework and SQL server 2016 will need to be periodically upgraded. These upgrades will need to be proactively planned and implemented as IT projects to keep PRISM technology current and supported.
- 8.7.** With the completion of the second CaFC through PRISM, it is anticipated that the current weekly programme board arrangements for PRISM will cease and PRISM will become part of HFEA's 'business as usual'.
- 8.8.** Kartik Tenaja, the HFEA Head of Information, has set up a Data Quality and Metadata Working Group which will be the HFEA forum for PRISM and Register data quality, metadata, and HFEA Data Dictionary changes. This group will help make sure data is accurate consistent, proportionate, auditable and clearly defined so it can support operational delivery, statutory services, analysis, publication, research and future data governed use.
- 8.9.** The group operates under delegated authority from the HFEA's Corporate Management Group (CMG). It can agree technical and operational actions, authorise low-risk Data Dictionary and metadata changes, and recommend priorities for data quality improvements.
- 8.10.** As PRISM is becoming part of the HFEA's 'business as usual', it no longer feels appropriate to provide a detailed programme update at every AGC, though clearly, we need to maintain robust oversight of PRISM and how well it is delivering its functions. We propose that we provide an annual report to AGC from Kartik and the Data Quality and Metadata Working Group. Alongside this, we propose to explore options for KPIs that might effectively reflect PRISM performance or clinic data quality.

9. AGC recommendations

- 9.1.** AGC are asked to:
 - 1. Note the journey that has been undertaken with PRISM and Choose and Fertility Clinic (CaFC).
 - 2. Note that PRISM and CaFC are now fully up to date.
 - 3. Note the current challenges and latest status of lessons learned with PRISM and CaFC.
 - 4. Note the team's recommendations for keeping PRISM current and the work being undertaken by Kartik Tenaja, HFEA Head of Information to continue to improve data quality through PRISM.
 - 5. Agree to the replacement of PRISM programme updates at each AGC with an annual PRISM Data Quality report, and the investigation of relevant PRISM-linked KPIs.

Phoenix Programme Update (from 2nd June – 22nd Sept 2026)

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Audit and Governance Committee (AGC)
Agenda item:	14
Meeting date:	13 October 2026
Author:	Luke Reader, IT Project Manager
Annexes	3

Output from this paper

For information or decision?	For information
Recommendation:	The AGC is invited to note this report
Resource implications:	Over budget
Implementation date:	In Replanning
Communication(s):	This information will be published on our website.
Organisational risk:	Medium

1. Progress Update

- 1.1.** The Phoenix Programme (see *Annex A* for background and an overview of benefits) milestone dates are:

Milestone	Baseline Date	Projected Date	Actual Date
Discovery Complete	End-Mar-25	04/04/2025	11/04/2025
Design Complete	April-25	April-25	29/04/2025
Content Manager Migration	May-26	In Replanning	
Dynamics Go-Live	Jun-26	In Replanning	

- 1.2.** At the previous AGC meeting in May it was reported that the launch dates for SharePoint and Dynamics were both **at risk**. This risk has been realised.
- 1.3.** A launch of **SharePoint** in August had to be halted, because significant problems were identified with a number of the files uploaded into SharePoint. The service was reverted back to Content Manager smoothly and all staff informed.
- 1.4.** At that time it had been agreed with the supplier Ceox for them to do a drains-up **investigation** of the technical causes, then provide a technical outline of a **way forward**, then a **timeline**, and that we would have a **commercial** discussion.
- 1.5.** The **investigation** and **technical way forward** are largely complete. They have been captured in a document which explains the 9 issues (or 'symptoms') we saw in the data, the technical causes of these, the planned process and/or script changes to rectify each, and plans to test and validate these.
- 1.6.** HFEA IT have closely scrutinised this document, adding HFEA-viewpoint statements, questions, comments, and decisions on preferred options where needed. When it is completed and signed off from our side this will form the basis for the re-upload of HFEA files into SharePoint.
- 1.7.** A **new timeline** is being worked on. To give a flavour of what this might look like, Ceox are aiming to complete the document shortly and to run a test of their new scripts and process by the end of September. If fully successful that would potentially allow the upload to SharePoint to begin in early October, and hence a possible SharePoint launch in early November. Dates will be firmed up when testing is complete.
- 1.8.** On the **commercials**, Ceox have agreed to work on this issue at their own expense. Both parties want the same outcome – a safe launch of a fully-populated SharePoint system for all HFEA users as soon as sensibly possibly.
- 1.9.** On **Dynamics**, it became clear in July that additional development work was required to finalise the set-up of Dynamics in its replacement of epicentre.

- 1.10.** We reviewed the work schedule in detail with our supplier Ceox to try to limit the additional work, but agreed that a further 6 weeks of work was essential for the new system to function properly once it goes live, moving the launch date to **late September**.
- 1.11.** The cost of this additional work was £150k including VAT. We drew down further IT budget from DHSC that we have available this year to cover the cost.
- 1.12.** Since then, the fact that the Dynamics launch must come after a SharePoint launch, with a minimum of a 2-3 week buffer between them, means that the delayed SharePoint launch also impacts the Dynamics launch date.
- 1.13.** The Dynamics launch will be reset once the SharePoint launch plan is agreed, but we should not expect it to land prior to late November.
- 1.14.** On a positive note, Ceox and our testers have been using this time to press on with **testing and fixes** to the Dynamics system.
- 1.15.** The number of **open P1/P2 issues** has dropped from 55 on 21st August to 12 now, with 4 of those having fixes built and soon to tested. The reducing gap between issues-logged and issues-resolved is the UAT Tracker graph in *Annex B*.
- 1.16.** The HFEA management and Martin Cranefield as the Product Owner remain aligned that non-critical requirements should not unduly delay the Dynamics launch.
- 1.17.** And in terms of functions (called **User Stories**), all areas are now close to or at 100% ready-for-launch. There are 5 user stories that need to be signed off before the project can move to the next phase (Data Migration testing), with a final 4 user stories to be completed afterwards.
- 1.18.** As with SharePoint, Ceox and HFEA are working collaboratively to achieve a successful launch of Dynamics as soon as safely possible. We remain indebted to the positive efforts and engagement of the core project team and many wider subject-matter-experts who are leaning in to do testing and help clarify requirements.
- 1.19.** A Change Request (CR) for the additional spend of £150k was approved in July, after the last AGC Update. This took the projected project costs to the level highlighted here:

<i>Phoenix Programme Costs</i>	<i>Excl. VAT</i>	<i>Inc. VAT</i>
Programme Delivery Original Baseline	£548,297	£657,956
Net cost of changes identified in Discovery Phase	£38,650	£46,380
Programme Delivery Re-baseline (June 2025)	£586,947	£704,336
Cost of two approved CRs and extension of BA	£57,490	£68,988
Programme Delivery Re-baseline (Dec 2025)	£644,437	£773,324
Approved CR for extended Dynamics build time	£118,503	£142,204
Programme Delivery Re-baseline (Mar 2026)	£762,940	£915,528
Approved CR for additional 6 weeks of Dynamics time	£125,360	£150,432
Programme Delivery Re-baseline (July 2026)	£888,300	£1,065,960
Cost of 1st 12 months support post-Delivery	£33,986	£40,783
Programme Delivery Baseline Costs with Support	£922,286	£1,106,743

2. Risks

2.1. The top risks stated in the previous AGC Update were:

Ref	Title	Impact	Urgency	Description	Direction of Travel
R0058	Risk of testing-fix-retest cycles overrunning	1 - High	1 - High	Following the rebaseline, there is no slack remaining between build->test->launch of the Dynamics system. So depending on the fit and quality of the final Dynamics build, there is a risk of testing overrunning and forcing the launch date to move back.	18th Sept - the SharePoint delay has created more time to complete the testing-fix cycles. Currently we're at 12 open P1/P2 UAT issues. The expectation is to have these resolved during w/c 21st September.
R0060	SharePoint data migration duration	1 - High	1 - High	The PoC suggests 600 hours of downloads from CM will be needed. This would be 20 hours/day for 30 days which exceeds the current 4-week plan.	This risk was closed on 18 th June as the CM downloads schedule had been replanned and the run-rate of downloads from CM was at that point ahead of the new plan. The downloads completed on 2 nd July.

2.2. The top risks currently identified are the open R0058 described above, and:

Ref	Title	Impact	Urgency	Description	Direction of Travel
R0068	SharePoint launch failed and reverted due to file issues	1 - High	1 - High	<p>While all files appeared to come across OK (by counts, by volume, and a spot-check of 20 random CM files in SP), some serious issues were then identified on a number of files:</p> <ul style="list-style-type: none"> - opening as an empty document - version history out of sequence - version history far longer than in CM <p>We had to stop the launch and revert to CM.</p>	<p>18th September: A detailed technical investigation has now been completed, with findings documented alongside the root causes of the issues, proposed process and script changes, and plans for testing and validation.</p> <p>HFEA IT has reviewed the document in detail, adding comments, questions, and decisions on preferred approaches. Once finalised and approved, the document will provide the basis for re-uploading HFEA files into SharePoint.</p> <p>19th August: Agreed with Chris M and Ceox CEO Gavin Harte that we need to:</p> <ul style="list-style-type: none"> get the issue sized see the technical root cause agree a technical way forward agree a timeline agree commercials <p>Ceox are getting two more data people involved in the process (one manager, one engineer).</p>

3. Conclusion

- 3.1.** The challenges around the SharePoint launch and the extension required for the Dynamics work are disappointing.
- 3.2.** The core reasons for doing the Phoenix Programme remain valid. The known issues with the Epicentre infrastructure are only increasing in relevance. Content Manager is also moving towards an unsupported future.
- 3.3.** The SharePoint issues and technical solutions are being documented and discussed in sufficient detail to give assurance that the next launch attempt should meet with success.
- 3.4.** Testing and fix work on the Dynamics functions and Portal forms has continued and we are approaching a point where the Dynamics development can stop, allowing us to move to a series of data migration test-runs prior to launch.
- 3.5.** Senior HFEA management sentiment remains aligned with the aims of the Programme.
- 3.6.** The supplier relationship remains open, and Ceox are addressing the SharePoint issues at their own cost.
- 3.7.** We are proceeding with the Phoenix Programme, with a keen awareness of the need to manage financial pressures, timescales, and the engagement of staff and other stakeholders.

4. Recommendations for the AGC

- 4.1.** The AGC 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 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 regulated clinics, who use it to submit critical information to the HFEA such as licence applications. It is no longer delivering the service we require and suffers from significant performance issues.
- **Content Manager** is 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.

Intended Benefits

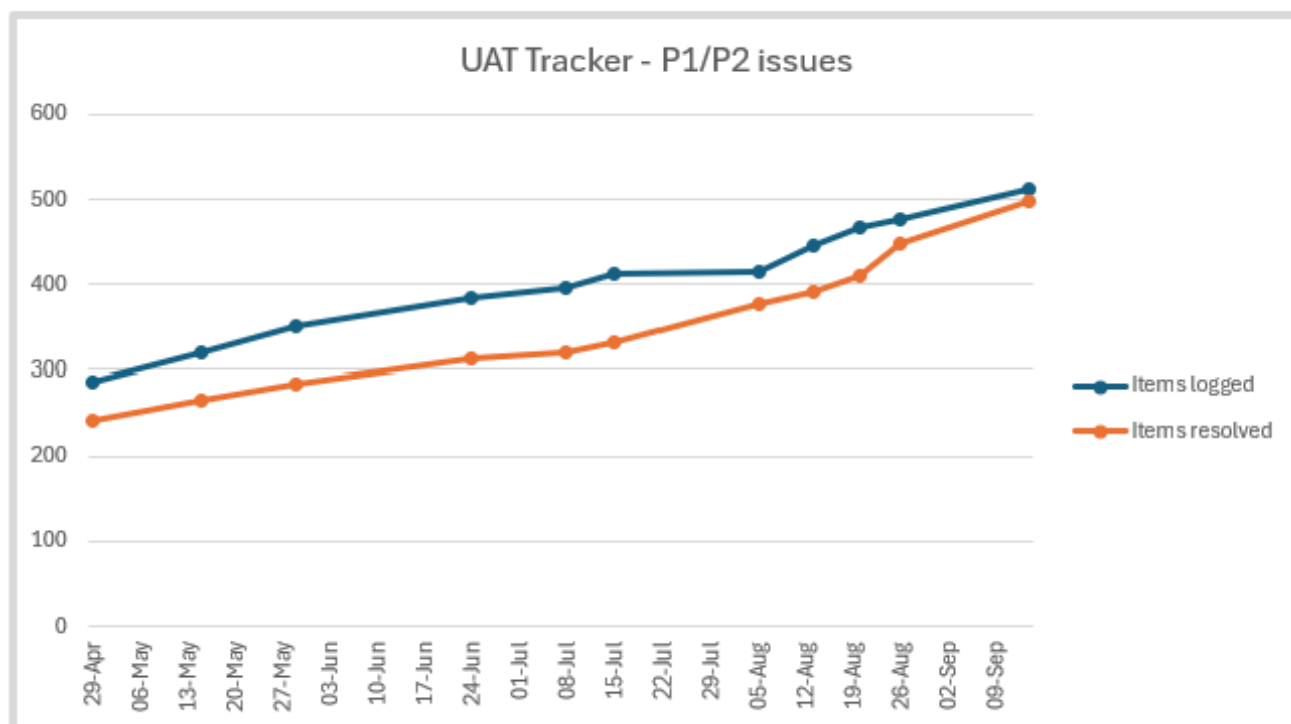
The over-riding aim of the Phoenix programme is to replace our aging systems with modern, cloud-based solutions that will also provide us with options to innovate more easily, for example through use of AI, by having a much more effective and accessible structure for our data. The main benefits are:

- **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 staff experience improvements** – new Clinic Portal won't crash and will be easier to use, resulting in fewer queries back to the HFEA;
- **Better data-management** – will support stronger reporting and responses to queries, FOIs, legal cases, etc, (including potentially through AI-based apps).

Annex B – Deliver phase – User Testing

All issues found in HFEA testing are logged, and those which are deemed to be showstoppers for launch are marked with a priority of P1 or P2. The graph below shows a line of the number of P1/P2 issues raised, and a line for the number resolved. The gap between the two lines represents open tickets marked as required-to-be-fixed before launch

Currently that gap stands at 15 issues. 11 of those have fixed which will be presented for testing shortly.



Annex C – Deliver phase – User Stories

- The purpose of the **Deliver** phase is to turn the requirements (**User Stories**) into a working solution.
- Built functionality is tested by Ceox, and then by HFEA staff in User Acceptance Testing (UAT).
- The programme is running four streams of **delivery** in parallel:
 - Content Manager to SharePoint migration** – the launch failed and HFEA staff have reverted to using CM. We now seek a new way forward from the supplier, starting with their clear view of the cause of the issues.
 - Clinic Portal** – all 29 Portal Forms have been built and are now signed off. The build of the Portal site is done with 4 items outstanding:

Portal Forms		
	Count	%age
in Requirements	0	0%
in Build	0	0%
in Ceox testing	0	0%
in User testing	0	0%
ready for Launch	29	100%
Total	29	100%

Static Web Portal User Stories		
	Count	%age
in Requirements	2	1%
in Build	0	0%
in Ceox testing	1	1%
in User testing	1	1%
ready for Launch	157	98%
Total	161	100%

- Dynamics Build** (replacing Epicentre) – With the functionality essentially now built the focus is on fixing bugs and retesting functions:

BSIS User Stories		
	Count	%age
in Requirements	0	0%
in Build	1	2%
in Ceox testing	1	2%
in User testing	0	0%
ready for Launch	51	96%
Total	53	100%

Clinical Governance User Stories		
	Count	%age
in Requirements	0	0%
in Build	0	0%
in Ceox testing	0	0%
in User testing	0	0%
ready for Launch	53	100%
Total	53	100%

Comms & Policy User Stories		
	Count	%age
in Requirements	0	0%
in Build	0	0%
in Ceox testing	0	0%
in User testing	0	0%
ready for Launch	81	100%
Total	81	100%

Licensing User Stories		
	Count	%age
in Requirements	0	0%
in Build	0	0%
in Ceox testing	0	0%
in User testing	3	3%
ready for Launch	88	97%
Total	91	100%

Inspections User Stories		
	Count	%age
in Requirements	2	3%
in Build	0	0%
in Ceox testing	1	2%
in User testing	2	3%
ready for Launch	53	91%
Total	58	100%

- Integrations** – HFEA build is done on all integrations that are required for go-live. These are now in end-to-end testing.