

Minutes of the Authority meeting on 11 March 2026 held at 2 Redman Place, London

Members present	Julia Chain (Chair) Frances Flinter Tom Fowler Zeynep Gurtin Graham James Alex Kafetz	Alison McTavish (on-line) Geeta Nargund (on-line) Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup Christine Watson
Apologies	Tim Child	
Observers	Jacky Cooper, Department of Health and Social Care (DHSC) (on-line)	
Staff in attendance	Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance and Information) Clare Ettinghausen (Director of Strategy and Corporate Affairs) Tom Skrinar (Director of Finance, Planning and Technology) Joanne Anton (Head of Policy) Rachel Cooper (Head of Legal) Amanda Evans (Head of Research and Intelligence) Caroline Pringle (Head of Licensing) Sophie Tuhey (Head of Planning and Governance) Evgenia Savchyna (Corporate Performance Officer) Alison Margrave (Board Governance Manager)	

Members

There were 13 members at the meeting – 9 lay and 4 professional members.

1. Welcome, apologies and declarations of interest

- 1.1. The Chair opened the meeting by welcoming Authority members and HFEA staff to the meeting.
- 1.2. The Chair also welcomed observers and stated that the meeting was being recorded in line with previous meetings and for reasons of transparency. The recording would be made available on the HFEA website to allow members of the public to view it.
- 1.3. Declarations of interest were made by:
 - Anya Sizer (freelance advisory work within the fertility sector)
 - Stephen Troup (consultancy work within the fertility sector)

2. Previous minutes and matters arising

- 2.1. The Chair introduced the minutes from the meeting held on 21 January 2026.
- 2.2. A member proposed an amendment that there should be an action arising from minute 5.36 that the Executive are to confirm to the next Audit and Governance Committee meeting that future suppliers meet the NHS clinical risk management standards, where relevant.
- 2.3. The amended minutes of the meeting held on 21 January 2026 were agreed as a true record of the meetings and could be signed by the Chair.

Matters arising

- 2.4. The Chair informed members that the matters arising from the previous meeting had been actioned as detailed in the report or are not yet due.
- 2.5. Members noted the matters arising report.

3. Chair and Chief Executive's report

- 3.1. The Chair gave an overview of her engagement with key stakeholders and her attendance at decision-making committees of the Authority.
- 3.2. The Chair informed members that together with the Chief Executive she had met with Lucy Chappell, Chief Scientific Adviser DHSC, to discuss life sciences and HFE law reform proposals. The Chief Scientific Adviser understood the need for law reform noting that the HFEA regulates effectively but that the Act in which it operates is now 35 years old. The Chief Scientific Adviser had undertaken to consider how the HFEA's law reform proposals could be taken forward.
- 3.3. The Chair informed members that a meeting is scheduled for the next day with Samantha Jones, Permanent Secretary of DHSC, and this will be attended by herself and the Chief Executive. That same day the HFEA Chair and Chief Executive will attend the regular ALB Chair and Chief Executive's meeting.
- 3.4. The Chief Executive informed members that together with the other representatives of the Senior Management Team, he had attended the quarterly accountability meeting with the HFEA's sponsor team at DHSC. The Chief Executive spoke of the strong and productive relationship with the sponsor team. He informed members that the formal annual accountability meeting for 2025-26 will be held shortly.

Decision

- 3.5. Members noted the Chair and Chief Executive's report.

4. Committee Chairs' report

- 4.1. The Chair introduced the report and noted that the opportunity for Authority members to observe an inspection, once during their term, was progressing with several visits being diarised.
- 4.2. The Chair informed members that following the Licence Committee Chair's comment at the last meeting, regarding more experienced HFEA staff observing meetings, an article had been published on the staff intranet reminding all staff of the opportunity to observe committee meetings.
- 4.3. The Chair invited Committee Chairs to add any other comments to the presented report.
- 4.4. The Statutory Approvals Committee (SAC) Chair (Frances Flinter) stated that the committee continues to meet monthly. The minutes from their most recent meeting in February have not yet been approved.
- 4.5. The SAC Chair stated that the PGT-M conditions which the committee had considered are listed in the report. These are a wide range of conditions with increasingly rare conditions coming to the committee. The Chair commented that occasionally the committee will receive an application for a

condition which does not yet have an OMIM reference number and when this occurs the committee consults with the relevant research bodies for further advice and information.

- 4.6.** The Licence Committee (LC) Chair (Graham James) informed the Authority that the committee had met in January and also last week. The minutes from the latest meeting were not yet approved.
- 4.7.** The LC Chair spoke of the role and purpose of the LC. He noted that at their January meeting the committee granted a three-year licence to a centre which had its licence suspended and special directions put in place less than two years' previously. The LC acknowledged with gratitude the considerable work involved in this centre's turnaround including by the PR, centre staff and the HFEA Inspectors. This illustrated a regulatory system working well.
- 4.8.** The LC Chair commented that whilst such suspension is rare, special directions are then used to ensure that certain activities can still take place and that patients' needs are protected. He commented on the value of special directions more generally to the LC, given the limited range of powers open to the committee. He reflected also on the overall high compliance of the sector as reflected in the summary paper on licensing activity in the following agenda item.
- 4.9.** The Audit and Governance Committee (AGC) Chair (Catharine Seddon) informed members that the AGC had met online on 24 February 2026, they were joined by the HFEA's Finance Business Partner from DHSC which was useful for the discussions with National Audit Office (NAO).
- 4.10.** The AGC had received progress reports from the Government Internal Audit Agency (GIAA) noting that 80% of the 2025-26 internal audit plan was complete with the remaining 20% at fieldwork stage. The committee also formally ratified the 2026-27 audit plan.
- 4.11.** The AGC received a report from the NAO and their external auditors (KPMG) which set out the audit plan for 2025-26 and noted that the intention is to lay the HFEA's accounts in Parliament before summer recess. The committee expressed strong concern and disappointment over the large increase in audit fees and the way this had been communicated to the HFEA. The committee had requested greater transparency on how the fee had been set.
- 4.12.** The AGC had received and approved several policies including the Risk Management Policy, Counter Fraud and anti-theft Policy and Public Interest Disclosure Policy.
- 4.13.** The AGC noted that work was progressing well on the cyber assessment framework and received a deep dive on business contingency which provided assurance to the committee.
- 4.14.** The Scientific and Clinical Advances Advisory Committee (SCAAC) Deputy Chair (Steve Troup) informed member that SCAAC met online on 4 February 2026 and the minutes from this meeting are not yet approved.
- 4.15.** The committee received a paper summarising research developments in the last 10 years covering organoids of the male and female reproductive tract and thanks were given to Dr Margherita Yayol Turco, from the Friedrich Miescher Institute for Biomedical Research in Basel, Switzerland who presented on female reproductive tract organoids. The committee had agreed that in future the topic should be split into two separate horizon scanning topics: Female reproductive tract organoids and Male reproductive tract organoids.
- 4.16.** The committee discussed artificial intelligence, robotics and automation in fertility treatment, noting the complexity around regulatory oversight of large language models (LLMs) and challenges with implementing LLMs in clinical practice given that not all AI tools are classified as

medical devices and do not therefore fall within existing regulatory frameworks. The committee agreed to consider 'AI' and 'robotics and automation' as two separate topics.

- 4.17.** The committee had discussed and confirmed that the current inclusion of calcium ionophore on the authorised processes list does not include its use for embryo development and that a novel processes application would be required for its use for embryo development.
- 4.18.** The committee also discussed the prioritisation of horizon scanning topics and agreed its workplan for 2026-27.
- 4.19.** The Chair noted the update from the Register Research Panel (RRP) and commented that this was a welcome addition to the report and provides additional oversight for the Authority.
- 4.20.** The Chair thanked the Committee Chairs for the reports and expressed thanks to the committee members and the staff who service the various committees for their hard work. The Chair stated that committee papers and minutes are published on the [HFEA](#) website.
- 4.21.** Members noted the Committee Chairs' reports.

5. Summary of Licensing Activity 2025

- 5.1.** The Chair commented that licensing lies at the heart of the HFEA's responsibilities and whilst licensing performance is reported at each meeting through KPI's in the performance report and supplemented by the Committee Chair's report; the HFEA had not had the opportunity to stand back and review the whole year and this paper does that.
- 5.2.** The Head of Licensing introduced the paper noting that clinics and human embryo research projects can only operate if they hold an appropriate licence from the HFEA authorising their activities.
- 5.3.** The Head of Licensing then directed the Authority's attention to the key points in the report. As of 31 December 2025 there were 134 licensed centres, holding 142 licences, 89% of which were for the maximum licence length. There had been a marked increase in licence variations to appoint new Person Responsible's (PR). No enforcement action was taken in 2025 and there were no representations or appeals against licensing decisions.
- 5.4.** Continuing, the Head of Licensing stated that the workload of SAC had increased by 24% compared to the previous year, with a spike in PGT-M applications in May 2025 and to a lesser degree in June and July which had caused pressure on agendas from July to October; however the committee had met KPI targets for minute production throughout the year.
- 5.5.** The Head of Licensing introduced the three options contained in the paper which could be considered to create more capacity for SAC.
- 5.6.** The Authority discussed the increase in variations of PR, noting the demands which are placed on PR's and the difference which the right PR can make for a clinic.
- 5.7.** The Authority discussed option one, noting that there are different types of applications for special directions. Whilst the Authority agreed that straightforward applications could go to ELP, the more complicated and complex changes should be heard by SAC. This is because SAC is supported by a multi-disciplinary team, including external professionals who can offer guidance and advice to the committee.

- 5.8.** In response to a question the Chief Executive commented that this change would not create a longer waiting period for patients as the ELP is the committee which meets most frequently.
- 5.9.** The Authority discussed option two, noting that the number and composition of SAC members is working well with the mix of lay and professional members benefiting the work of SAC. The Authority noted that SAC benefits from the advice and guidance from external expert consultants including input from Genetic Alliance.
- 5.10.** Members discussed the workload of SAC and felt that an expectation of attending six meetings was not onerous. Members spoke of the richness of Authority members taking these decisions and that it was not necessary to co-opt members.
- 5.11.** The Chair informed members that Alex Kafetz had agreed to be joint Deputy SAC Chair with Geeta Nargund. This appointment will build resilience if the Chair was not available for a meeting. The Chair thanked the SAC Chair and Deputy Chairs.
- 5.12.** The Authority discussed option three and felt that it would not be beneficial to undertake a root and branch review of the PGT-M approval process at present. The Authority were mindful that if proposal one was implemented this could reduce the workload of SAC.

Decision

- 5.13.** The Authority decided:
- To implement option one that straightforward special directions applications could go to the ELP.
 - To discard option two regarding co-option.
 - To keep under review option three regarding a root and branch review of the PGT-M approval process, but that it was not required at present.

Action

- 5.14.** Head of Licensing to implement option one regarding straightforward special directions applications to go to ELP.

6. Effective Governance

- 6.1.** The Chair introduced the agenda item and stated that it is good practice that public bodies review their governance arrangements and the HFEA does this on an annual basis. All committees were required to review their own effectiveness using a standard or bespoke framework and the Authority undertook their board effectiveness review in November 2025.
- 6.2.** The Board Governance Manager highlighted that the purpose of this annual review is to provide assurance over the structures established by the Authority and that their activities are aligned with the HFEA's statutory duties, responsibilities and objectives.
- 6.3.** The Board Governance Manager stated that each committee had proposed a few actions that could be taken to enhance the work of the committee and the HFEA staff will work with the relevant committee chairs to implement these.
- 6.4.** The proposed minor changes to the standing orders were introduced. The Board Governance Manager informed the Authority that a full-scale review of the standing orders will be undertaken during 2026-27 to ensure proportionality, relevance and clarity.

- 6.5.** The Chair thanked all members, both the of Authority and committees, who had participated in the review and spoke of the importance of undertaking this review.

Decision

- 6.6.** Members unanimously voted in favour of the changes to the standing orders.
- 6.7.** Members noted the summary of actions arising from the annual review of committee effectiveness.

Action

- 6.8.** The Board Governance Manager to publish the revised standing orders.

7. Performance Report

- 7.1.** The Chief Executive introduced the performance report and reminded members of the Key Performance Indicators (KPIs) which are used to measure performance.
- 7.2.** The HFEA's performance across all KPIs had been good in January, with 10 indicators rated Green, four Neutral, three Amber and two rated red. He remarked that operations are performing well with no indication of any structural issues.
- 7.3.** The Chief Executive informed members that the two HR KPIs both remain green. The staff turnover KPI has reduced to 10.8% and is within the target range of 5-15%.
- 7.4.** The Chief Executive spoke of the reasons for staff turnover, noting the limited promotions which the HFEA, as a small ALB can offer. He commented that indications are that staff morale within the HFEA continues to be high.

Strategy and Corporate Affairs

- 7.5.** The Director of Strategy and Corporate Affairs informed members that preparations are underway for the Patient Organisation Stakeholder Group (POSG) and Professional Stakeholder Group (PSG) meetings which will take place in April and May. We had recently sought feedback on the groups from the members which was helpful.
- 7.6.** The Director of Strategy and Corporate Affairs spoke of the forthcoming PR event which is being held in April and provided further details on expected attendance and agenda.
- 7.7.** Members were reminded that the European Society of Human Reproduction and Embryology (ESHRE) Annual Conference is being held in London later this year. The HFEA has a session on the main agenda entitled "Past, present and future: Regulating a changing fertility sector" this will be in addition to the Horizon Scanning meeting that the HFEA hosts.
- 7.8.** The Director of Strategy and Corporate Affairs informed members that work is progressing on the website improvements work and while changes are not being made to the overall design, they are important to maintain HFEA's rankings within search engines.
- 7.9.** Members were informed of work within her directorate regarding supporting the Phoenix Programme and preparation for the publication of the annual Fertility Trends report later in the year.
- 7.10.** A member asked whether it would be possible to either broadcast or record the HFEA's session at ESHRE for those who are unable to attend in person.

- 7.11.** A member commented that a large percentage of the HFEA's media work is reactive and questioned whether more proactive work could be looked at, which would be considered by the communications team. In response to a separate question the Director of Strategy and Corporate Affairs reminded members that it had been agreed that no proactive media releases would be issued regarding the CaFC update released earlier in the year.

Compliance and Information

- 7.12.** The Director of Compliance and Information informed the Authority that compliance KPI performance was good with all reports submitted to committee on time and completed within the set target.
- 7.13.** Members were informed that the 'Inspection Reports to PR' KPI was rated Red, as two out of the six reports were slightly delayed by only three and seven days, due to annual leave over the Christmas period and one report requiring further QA work. The PGT-M indicator was rated Amber due to one application being delayed.
- 7.14.** The Director of Compliance and Information informed members that the inspector's portfolio of clinics had been reviewed and reshuffled and explained the reasons for doing this every few years.
- 7.15.** Further to the report given to members in November 2025 regarding post inspection feedback the Director of Compliance and Information stated that this is included in the Chief Inspector's monthly update to the inspection team, where feedback received is discussed and any actions identified.
- 7.16.** The Opening the Register (OTR) team had processed 130 requests in January 2026, which is more than in December 2025 but less than in previous months, resulting in both OTR KPIs being rated Amber. The Director of Compliance and Information highlighted that the waiting list had been reduced to 269 applications with the average waiting time reduced to 34 days.
- 7.17.** Members were informed that as of this week the OTR waiting list is 238, with a current average waiting time of just over five weeks. The Director of Compliance and Information cautioned that the waiting time for identifiable OTRs can be longer due to issues ascertaining donor identifiability. It was reported that approximately 30% of the donors whom the HFEA have contacted to notify them that the HFEA is releasing their identifying details have updated their details with the HFEA, and will continue to monitor data around this.
- 7.18.** The Director of Compliance and Information informed members that the Head of Information, who took up position in December 2025, was working on updating the HFEA's Data Dictionary and explained the purpose of this dictionary.
- 7.19.** Members were informed that a Data Quality and Metadata working group is planned with appropriate technical and functional representation to support Data Quality processes and Metadata definition work on an ongoing basis for Register improvements.
- 7.20.** The Director of Compliance and Information informed members that the Register Team had completed 12 planned clinic audits during the year. The purpose of these audits is to compare the internal records of activity against that which the licensed centre has submitted to the Register of treatments. These audits allow the HFEA to identify any unsubmitted treatments and other record keeping issues.

- 7.21.** The HFEA team provide advice to the clinics on complicated reporting like surrogacy and same sex couple treatments. In general, issues raised and discussed during audit visits include missing cycles discovered during the audit, validation errors review, EPRS/PRISM system issues and gamete movement issues and outstanding early outcome and pregnancy outcome updates where applicable.
- 7.22.** A member congratulated the team for the reduction in the OTR waiting list and average waiting time and asked whether this target could be sustained and be reflected in the OTR KPIs. The Director of Compliance and Information reminded members of the complexity of some OTR requests, the various steps in verifying information and that the HFEA is reliant on responsiveness of clinics.

Finance, Planning and Technology

- 7.23.** The Director of Finance, Planning and Technology stated that the Framework Agreement with DHSC has been finalised and is awaiting final Departmental sign off. The final agreement will be published on GOV.UK, the HFEA website and in the libraries of both houses.
- 7.24.** The Planning and Governance team has been supporting the Chair in planning members' appraisals and supporting the HFEA teams prepare their service delivery plans for 2026-27.
- 7.25.** Members were informed that the Phoenix programme is progressing well, although there have been complications as we approach the end of the development stage. There has been some slippage in the core Dynamics work but the team are managing this alongside the planned data migration and it shouldn't be necessary to push back the go live date.
- 7.26.** The Director of Finance, Planning and Technology spoke of the prudent forecasting in the change assumptions for this programme and stated that he is meeting with the Programme Manager and Sponsor fortnightly and with the external supplier monthly to try to manage any further work over-runs.
- 7.27.** The Director of Finance, Planning and Technology informed members that the cyber consultancy work is progressing well and the team will need to plan carefully how to manage these proposals going forward.
- 7.28.** Continuing the Director of Finance, Planning and Technology stated that several meetings had been held with the new DSPT auditors and a plan has been developed for the 2026 CAF-aligned DSPT audit.
- 7.29.** As reported previously the HFEA has been forecasting a fairly significant deficit since the end of summer which has largely been driven by lower-than-expected income. The Director of Finance, Planning and Technology spoke of the range of activities which had been undertaken to try to reduce this deficit.
- 7.30.** The Director of Finance, Planning and Technology informed members of the significant and unexpected, last-minute increase in the HFEA's external audit fee for the year and how this increase has effectively cancelled the good work the HFEA had done in January to reduce costs.
- 7.31.** The Director of Finance, Planning and Technology commented that it was unlikely that the HFEA would be able to hit the £200,000 target proposed to DHSC in October 2025, but DHSC are aware of this and close communications are being maintained. The year-end deficit will either be covered by the HFEA's reserves or additional Grant in Aid, or a combination of both.

Decision

7.32. Members noted the performance report.

8. Consent to Storage

- 8.1.** The Chair introduced this agenda item and commented that members will be aware that the High Court recently handed down a judgment on an action brought by 15 sets of patients regarding consent errors.
- 8.2.** The Head of Legal introduced the paper and informed members that a group action was heard in the family division of the High Court in October 2025. The action was brought by 15 sets of patients, all seeking a declaration that they could continue to store their gametes or embryos even though their consent had expired and had not been renewed within the timeframes required by law. The Head of Legal informed members that 82-page judgment was handed down last month ([AA and others - Courts and Tribunals Judiciary](#)).
- 8.3.** The Head of Legal spoke of the decision taken by the Authority in 2019 where they had agreed to allow storage to continue despite gaps in consent, however as it was noted in [the 2019 Authority paper](#) this option applied a generous interpretation of the law with the aim of reducing the likelihood of patients having to go to court and that clinics that have storage consent cases will still face regulatory action. The Head of Legal explained that the recent court decision made it clear that this generous interpretation was no longer possible. Storage following gaps in consent would be unlawful without a Court declaration in all cases.
- 8.4.** The Head of Legal spoke of planned communications to the sector regarding this case and the implications for the sector.
- 8.5.** The Chair noted the implications of this judgement for both patients and clinics. The Chair referred to the HFEA's proposals for [law reform](#) regarding consent and hoped that this judgement will help to strengthen the HFEA's proposal.
- 8.6.** In response to a question the Head of Legal confirmed that there is some learning which can be taken from the case and these will be conveyed to the sector through the planned communications.
- 8.7.** In response to a question the Head of Legal explained that the Judge considered each application on its own merit and this is why judgement had been given on 14 out of the 15 sets of applicants.
- 8.8.** A member questioned whether the HFEA should set expectations that clinics try two out of three avenues of communication in reaching patients, rather than just sending a letter through the post. The Director of Compliance and Information responded that the Code of Practice is not prescriptive and says that clinics must make reasonable attempts to contact the patient. If the HFEA felt that a clinic was not taking a robust approach to contact a patient, it could be addressed via inspection and through the Compliance and Enforcement Policy.
- 8.9.** A member questioned whether this topic could be addressed at the forthcoming PR event. The Chief Executive responded that the PR agenda is already very full and the proposed communications, as detailed in the paper, should be sufficient.
- 8.10.** In response to a question the Head of Legal stated that she believed that there will be some further cases to come, but she did not think the number would be large.

- 8.11.** The Chair drew the conversation to a close and commented that the Executive will keep a watching brief on the number of cases.

Decision

- 8.12.** Members noted the change on policy on gaps in consent to storage driven by the recent High Court decision in AA and Others [2026] and agreed the planned communications to the sector.

Action

- 8.13.** Executive to implement the planned communications to the sector as detailed in the paper.

9. Business Plan Activities 2026-27

- 9.1.** The Chair introduced this agenda item and noted that the Authority is required to agree a Business Plan at the beginning of each financial year.
- 9.2.** The Head of Planning and Governance introduced the paper and stated that the proposed Business Plan activities for 2026-27 had been developed following engagement with Authority members and the Corporate Management Group (CMG).
- 9.3.** The Head of Planning and Governance noted that the 2026-27 Business Plan represents the second year of the HFEA's [strategy for 2025-28](#). The activities have been developed with a view to implementing the strategic aims and objectives over this three-year period.
- 9.4.** The process for drafting the full Business Plan, including the additional information which is required under business planning guidance, was explained. It is anticipated that the 2026-27 Business Plan would be sent to DHSC in April 2026 and once approved will be published on the HFEA website.
- 9.5.** The Head of Planning and Governance spoke about the BAU and additional activities, the priorities for these and which strategic objectives they support.
- 9.6.** The Head of Planning and Governance informed members that the proposed activities have been drafted on the assumption that if the Government brings forward law reform proposals, then some of the priority activities would be dropped to free up staff capacity.
- 9.7.** The Chair commented that the Authority had been involved in various iterations of the proposed 2026-27 Business Plan activities and had fed their views and ideas into the process, so it was satisfying to see the final proposal before the Authority today.
- 9.8.** The Chair noted that the Department will recruit three key Authority members over the coming year. Her term as Chair will conclude in March 2027. The terms of two additional members will end in January 2027; those members currently serve as AGC Chair and Deputy Chair of the HFEA, and as Chair of SCAAC.
- 9.9.** The Chair outlined the proposed recruitment timeline, which should allow incoming members a period to observe and shadow current Authority members. The Chair emphasised the importance of having a skilled and diverse Authority and noted that, once the DHSC published the appointment adverts, members will be encouraged to share these widely.

Decision

- 9.10.** Members approved the Business Plan activities for 2026-27.

Action

- 9.11.** Head of Planning and Governance to develop the full 2026-27 Business Plan and liaise with DHSC for approval and publication.

10. Budget Proposals 2026-27

- 10.1.** The Chair reminded members that the draft budget was last discussed in November 2025, the paper before this meeting provides an update and details of the HFEA's settlement for 2026/27.
- 10.2.** The Director of Finance, Planning and Technology introduced the paper and reminded members, that as indicated in November 2025, the HFEA will need to increase its overall expenditure requirements by about 5% for the forthcoming year.
- 10.3.** Whilst the HFEA has not received formal confirmation of its Grant In Aid settlement for 2026-27, we can be sufficiently confident in the indicative budget that IVF fees can be set at £115. This is the lower of the two options that were presented to the Authority in November 2025.
- 10.4.** The Director of Finance, Planning and Technology commented that this settlement should cover of all of the HFEA's core costs for the year, though the risk of fee income variability will still need to be managed. The GIA settlement also provides additional programme funding in a few areas that the HFEA bid for during the Spending Review last year. This includes funding to invest in cyber, IT improvements, the finance system and the website.
- 10.5.** The HFEA Team will aim to identify and prioritise where they want to invest these programme funds over the coming months. It is going to be another busy year therefore the HFEA will need to be pragmatic and return funds to DHSC where it looks like the HFEA won't be able to spend them effectively.
- 10.6.** The Director of Finance, Planning and Technology commented that the indicative Spending Review settlement provides the HFEA with funding in the two years after 2026-27, although this will be dependent on DHSC business planning in each of these years.
- 10.7.** The HFEA will start developing a longer-term investment plan although he cautioned that this would need to remain flexible in case the settlement is adjusted in future years.
- 10.8.** The Chair thanked the Finance Team for their work in preparing the budget and managing the finances. The HFEA has a number of statutory duties which it must carry out, these activities cannot be deferred and the proposed budget feels manageable. The Chair asked whether there had been any feedback from the clinics on the increased IVF fee.
- 10.9.** The Director of Finance, Planning and Technology responded that a few clinics had commented that the information had been given to them late in the year.
- 10.10.** A member spoke of the proactive actions that the HFEA had taken to manage its financial position and the paper before the Authority provided the required assurances.
- 10.11.** The Chief Executive commented that the HFEA planned to move to a new fee mechanism where income is more stable and predictable.

Decision

- 10.12.** The Authority noted the current position regarding the HFEA's expected GIA settlement and the final draft budget for the year.

11. Women & Equalities Select Committee Inquiry

- 11.1.** The Chair reminded members that the HFEA had submitted written evidence to the House of Commons [Women and Equalities Select Committee](#) regarding egg donation and freezing and will give oral evidence next week. The Chair informed members that Zeynep Gurtin had given oral evidence in her professional capacity.
- 11.2.** The Head of Policy provided further information on the scope of the inquiry into egg donation and freezing, noting that the inquiry is looking at whether women donating and freezing their eggs do so with sufficient information about the process, health impacts and consequences.
- 11.3.** The inquiry has received 74 written evidence submissions and has heard three oral evidence sessions so far and as mentioned previously the HFEA will give oral evidence later. The written evidence has come from a range of respondents including DHSC, academics, individuals, charities and campaign groups.
- 11.4.** The Head of Policy informed members that the HFEA had been monitoring the discussions and evidence so far and she brought to the Authority's attention several key challenges which had been identified.
- 11.5.** The Head of Policy informed members that witnesses have generally agreed that the IVF process is considered safe, but like SCAAC had found more long-term research would be beneficial and provide more robust data.
- 11.6.** Some witnesses have stated the quality of counselling is variable across the sector and agreed that implications counselling for donors should be mandatory, which is in line with the HFEA's [law reform](#) proposals.
- 11.7.** The Head of Policy referred to the level of compensation for egg donation and the inquiry's question whether this induces vulnerable women to donate. Most of the witnesses have stated that there is no evidence that this has been a concern and the HFEA doesn't have any evidence to suggest that this is happening.
- 11.8.** The inquiry is interested in advertising and the Head of Policy reminded members that advertising is not within the HFEA's remit but noted that the HFEA had done with the Advertising Standards Agency (ASA) and provided guidance given to clinics.
- 11.9.** The inquiry has also discussed how to present success rates, especially on egg freezing and whether the UK market is becoming more commercialised. There had also been some discussion whether the HFEA should be leading global discussions on donation issues such as 10 family limit, cycle limits and changing technologies.
- 11.10.** The Director of Strategy and Corporate Affairs spoke of the breadth of evidence which the committee had received and that it was pleasing to see that the UK was considered by many as leaders in the regulation of fertility treatment.
- 11.11.** The Director of Strategy and Corporate Affairs stated that this is an ethically difficult area, with real issues that affect lives and the HFEA's role is to balance ethical decisions with the available evidence.
- 11.12.** A member welcomed the focus of the select committee and spoke of the vulnerability of some fertility patients.

- 11.13.** A member spoke of the way young people are accessing information and this tends to be via story telling platforms, such as fertility influencers on social media rather than fact-based information such as the HFEA website.
- 11.14.** A member commented that this was a useful and interesting discussion for the Authority to hold and highlighted two items to reflect on. The first being the lack of long-term research in some areas and the second being the need for international co-ordination and consensus. The member spoke about the varied attitudes and understanding across countries and how it would be virtually impossible to set a global arrangement. The value of collaborative research was raised and the member wondered whether this could be raised at the forthcoming PR event.
- 11.15.** A member commented that research into what proportion of women who freeze eggs and then go on to use them and the success rate would be useful.
- 11.16.** Members spoke about the complexity of people's understanding regarding egg donation and freezing and spoke of the HFEA's regulatory remit. If any changes were proposed to this remit, then the HFEA must be given the appropriate powers and finances to implement these.
- 11.17.** Members spoke about the HFEA's proposals for law reform and how these relate to the inquiry, noting that whilst the HFEA has clearly set out its proposals for law reform it is for Parliament to take these proposals forward.
- 11.18.** The Chair drew the discussion to a close and commented that the Executive will report back to the Authority after the hearing.

Decision

- 11.19.** The Authority noted the verbal report on the Women and Equalities Committee inquiry into egg donation and egg freezing.

12. Future of Data Presentation

- 12.1.** The Chair began by reminding the Authority of the decision that they had taken at the last meeting regarding updating the Choose a Fertility Clinic (CaFC) data in Summer 2026.
- 12.2.** The Chair spoke about the changes in data presentation via CaFC and the hugely successful dashboard and noted that as the process for updating CaFC has commenced this gave the Authority the chance to review the full range of data it provides for both patients and the public.
- 12.3.** The Director of Strategy and Corporate Affairs introduced this item and stated it is an opportunity for the Authority to look at how data is presented and to develop some parameters for the staff team to work to.
- 12.4.** The Director of Strategy and Corporate Affairs referred to the HFEA's statutory duty to collect data from clinics and provide information to the public. The HFEA provides this data in a variety of different ways including clinic level data on CaFC; national register data on the HFEA dashboards; annual reports looking at trends in register data and deep dives; data set for projects approved via the Register Research Panel and the anonymised register.
- 12.5.** The Director of Strategy and Corporate Affairs showed examples of data presentation by several different organisation's and noted there was a range between being complex, patient friendly and customisable.

- 12.6.** The Director of Strategy and Corporate Affairs suggested that principles for discussion regarding the future of data presentation could include:
- Transparent – to publish as much information as possible with the data that the HFEA holds within the boundaries of the law.
 - Useful – aim of any data presentation should be to help patients and the public understand different treatment types and outcomes and draw comparison between clinics.
 - Simple – data presentation should, as far as possible, use a single source of information and consistent metrics that is relevant to the user needs including clinic staff and researchers.
 - Usable – presented in a way that is usable to patients and the public allowing users to tailor the information to their needs. This could be under licence if required.
 - Freely available – data should be available in the most accessible way, i.e. not behind sign-ups or paywalls.
 - Fit for wider government/health service principles – HFEA data presentation should align with DHSC/NHSE principles.
- 12.7.** Continuing, the Director of Strategy and Corporate Affairs suggested that some issues for consideration by the Authority could be:
- What is the appetite for streamlining the HFEA's data into a single data format?
 - Is it more important to have up to date unverified data or older verified data?
 - Is it more important to make as much data freely and easily available than using interpretations?
 - Are inspection and patient rating still relevant in an environment where there are numerous rating available?
- 12.8.** The Director of Strategy and Corporate Affairs concluded the presentation by outlining the next steps.
- 12.9.** Members commented that the data HFEA provides is a useful resource that is available to everyone and that it should continue to be easily accessible to both patients and researchers.
- 12.10.** Members suggested working with the different users of the HFEA's data, including patients' groups, so that a wide range of views can be taken into consideration when planning changes to the presentation of HFEA's data.
- 12.11.** A member commented that health care workers, including commissioners, should be included in the group of users and their requirements for data and how they will use it should be taken into consideration.
- 12.12.** Members talked about how people are accessing information, with the younger generation moving away from fact-based websites to influencer generated content. Any changes to the presentation of HFEA's data must ensure that it is applicable to the next generation.
- 12.13.** A member raised the issue of the growth of AI and how this could affect and change data presentation in the future. The member cautioned how much time, effort and resources should be allocated to future data presentation when the true effect of AI has not yet been realised.
- 12.14.** Members discussed verified versus unverified data noting the benefit of providing up-to-date information for patients. A member questioned what the gap between verified and unverified data

was. The Director of Compliance and Information reminded members of the verification process that clinics undertake to ensure the data they have submitted is correct for CaFC, it could be possible in the future to move away from the large piece of verification work if clinics continued to improve their data submission.

- 12.15.** A member cautioned against using unverified data as it could be wrong, reasonable caveats would be required and that the general public using this data might not understand the caveats. Other members were more enthusiastic about unverified data if it meant that the available data could be more recent.
- 12.16.** The Chief Executive spoke about the possibility of building incentives into data submission, so that the data that clinics submit the first time, is accurate and useable.
- 12.17.** Members discussed the interpretation of the data which the HFEA undertakes and the quality of the reports which the HFEA produces such as [the fertility sector 2024/25](#) and [fertility treatment trends and figures 2023](#).
- 12.18.** There was a discussion regarding the patient and inspection ratings on CaFC, and the general consensus was the patient ratings added little; the small number of reviews from patients for some clinics could be viewed as misleading and comments and reviews in other social media platforms could provide patient reviews/feedback.
- 12.19.** The Chair drew the discussion to a close noting that usefulness and accessibility were top topics in the Authority's preliminary discussions. The Authority also noted that AI could change the landscape regarding data presentation and this should be kept in mind as plans are developed. The Chair commented that as the age profile of fertility patients is younger than the general health cohort, i.e. 45 years and younger, the HFEA must keep under review how this age group of people accesses information and ensure that the HFEA's remains relevant to them.

13. Any other business

- 13.1.** The Chair thanked everyone for their active participation in the meeting and for the high quality of papers before the Authority. There being no further items of any other business, the Chair closed the meeting and reminded members that the next full Authority meeting is being held on 20 May 2026. Details of this meeting, including how to request to observe, is posted on the HFEA website.

Chair's signature

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

Signature



Chair: Julia Chain

Date: 20 May 2026