

Audit and Governance Committee meeting

Date: 3 December 2025 – 10.00am to 1.00pm (main meeting) 1.30pm onwards training session for AGC members

Venue: HFEA Office, 2 Redman Place, London E20 1JQ

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. Internal Audit (AA) For discussion	10.15am
5. Audit recommendations <ul style="list-style-type: none"> Progress with current audit recommendations (non DSPT) (MA) Progress with current DSPT audit recommendations (TS) For discussion	10.30am
6. External audit report (ND/DG) For information	10.40am
7. 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) 	10.50am
8. Digital projects <ul style="list-style-type: none"> PRISM update (verbal) - for information (KH) Phoenix Programme - for information (LR) 	11.10am
9. Resilience, business continuity management & cyber security (verbal) (MC) For information	11.30am
10. Bi-annual HR Report (YA) For discussion	11.40pm
11. Review of AGC effectiveness (ST/AM) For decision	12.00pm

12. AGC forward plan (CS) For decision	12.15pm
13. Items for noting (MA) <ul style="list-style-type: none"> • Whistle blowing • Fraud • Gifts and hospitality • Contracts and Procurement For information	12.20pm
14. Any other business (CS)	12.25pm
15. Session for members and auditors only	12.30pm
16. Close	

Next Meeting: 24 February 2026 (virtual meeting)

Minutes of Audit and Governance Committee meeting 14 October 2025

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	3 December 2025
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 on 14 October 2025 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 14 October 2025 held virtually

Members present	Catharine Seddon, Chair Alex Kafetz, Deputy Chair Anne Marie Millar
External Advisers	Nick Doran, National Audit Office (NAO) – External Auditor Esther Hearn (KPMG) – Engagement Manager Andrew Angeli, Head of Internal Audit - GIAA
Observers	Amy Parsons, Department of Health and Social Care (DHSC) Sarah Sellers, HFEA Legal Adviser Danielle Skinner, HFEA Licensing Manager
Apologies	Tom Fowler Clare Ettinghausen, Director of Strategy and Corporate Affairs Shabbir Qureshi, Risk and Business Planning Manager Steve Pugh, DHSC Dean Gibbs (KPMG) – External Audit lead
Staff in attendance	Peter Thompson, Chief Executive Tom Skrinar, Director of Finance, Planning and Technology Rachel Cutting, Director of Compliance and Information Morounke Akingbola, Head of Finance Sophie Tuhey, Head of Planning and Governance Alison Margrave, Board Governance Manager Sharon Fensome-Rimmer, Chief Inspector Martin Cranefield, Head of IT Kevin Hudson, PRISM Programme Manager (item 10) Luke Reader, Phoenix Programme Manager (item 10)

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

- 1.1. The Chair welcomed everyone to the meeting.
- 1.2. Apologies for absence were received from Tom Fowler, Clare Ettinghausen, Shabbir Qureshi, Steve Pugh and Dean Gibbs.
- 1.3. The Chair asked for any declarations of interest, there were none declared.
- 1.4. The Chair informed the committee that she had held the quarterly meeting with the Head of Internal Audit Government Internal Audit Agency (GIAA) and pre-planning meetings with the Director of Finance, Technology and Planning and the Board Governance Manager.
- 1.5. The Chair informed the committee that she had participated in a workshop for AGC Chairs run by the Central Insights team within GIAA on ARAC Effectiveness. She had participated in a few other meetings regarding patients at the heart of regulatory healthcare and AI intelligence risks and opportunities.

2. Minutes of the previous meetings

- 2.1.** The Chair introduced the minutes from the previous meetings which had been circulated to the committee members.
 - 2.2.** The committee agreed the minutes of the meeting held on 17 June 2025 as a true record and could be signed by the Chair.
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3. Action Log

- 3.1.** The Head of Finance presented the paper and provided the committee with updates on the actions which were 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 GIAA had delivered 20% of the 2025/26 internal audit plan to final report with a further 40% at either terms of reference agreed or fieldwork stages. He stated that the reports on the public body review (PBR) and cash management were at QA stage and he anticipated that the draft reports would be ready in a couple of weeks. The terms of reference have now been agreed for the risk management audit.
- 4.2.** He reported that the one audit which has been completed to final report identified similar themes to those raised in the 2024/25 internal audit option around the issues of specific internal controls to manage security risks relating to suppliers and vulnerability management of the IT structure.
- 4.3.** The Head of Internal Audit informed the committee that there has been some slight slippage with the delivery of the Q2 Response to Public Bodies Review audit; this was due to the need to pause fieldwork for a period which coincided with annual leave of both GIAA and HFEA personnel. He informed the committee that this audit report is currently being prepared and will be presented to the next AGC meeting.
- 4.4.** The Head of Internal Audit commented that this slippage is the underlying cause for one of the HFEA/GIAA service standards currently being off track, but he anticipated that this would be rectified during the year. He spoke of the importance in completing the Customer Service Questionnaire (CSQ) which provides vital feedback to GIAA on their delivery of services.
- 4.5.** The Head of Internal Audit referred to the GIAA audit and risk assurance committee report supplement and the information contained within this for AGC members. The Chair reiterated the wealth of information and resources for members contained within this resource from GIAA.
- 4.6.** A member questioned the validity of the PBR audit, given that the PBR was conducted under a different government than currently in position and that several recommendations may already be superseded. The member also commented that currently ALBs are experiencing a constant flux of review. The Head of Internal Audit responded that this audit was less focused on the actual recommendations arising from the PBR but more on the process of how the HFEA is equipped to respond to these types of reviews. He stated that any recommendations arising from this audit will be framed to ensure that the HFEA is better placed to respond to such reviews in the future.

- 4.7. The Chair questioned the disparity between GIAA's assessment of the Data Security and Protection Toolkit (DSPT) and that of NHS England. The Head of Internal Audit spoke of the different criteria and measurements used by both organisations. He commented that whilst there has been progress made in some of areas identified in previous recommendations, there is still further work required.
- 4.8. The Chair drew the committee's attention to the information provided on risk management improvement planning and the questions for ARACs.
- 4.9. The Chair reminded the committee that they will be meeting virtually with the Head of Internal Audit on 19 November to discuss their proposals for alternative audit provisions for small ALBs.

Decision

- 4.10. The committee noted the progress made in delivering the 2025/26 internal audit plan.

5. Adoption of the Global Internal Audit Standards

- 5.1. The Chair introduced this item and explained that the [Global Internal Audit Standards](#) (GIAS) were developed and published by The Institute of Internal Auditors (IIA) in January 2025. These standards, which were applicable in the UK from 1 April 2025 replace the International Standards for the Professional Practice of Internal Auditing. These standards are designed to modernise and standardise the expectations for internal audit functions and approaches worldwide. The Chair stated that these standards were referenced in the Internal Audit Charter that was signed in June 2025 but time prevented AGC from discussing them at the meeting. A Dear Accounting Officer (DAO) letter reinforcing the need for annual review and discussion was published in March 2025.
- 5.2. The Director of Finance, Planning and Technology explained that the standards are divided into 5 Domains with 15 Principles. The aim of these is to ensure that internal audit functions are ethical, independent, effective and focused on continuous improvement whilst aligning practice with expectations for governance, quality, stakeholder engagement and delivering meaningful audit outcomes.
- 5.3. The Director of Finance, Planning and Technology stated that the new GIAS have also led to a revision and simplification of the Government Functional Standard [GovS 009: Internal Audit](#). The new Standard essentially states that sponsorship and undertaking of internal audit services shall follow the Global Internal Audit Standards and the Application Note for the UK public sector.
- 5.4. The committee were reminded that to strengthen working practices and relationships between the HFEA and the Internal Audit teams a HFEA Internal Audit Relationship Policy had been developed and this had been shared with the AGC previously.
- 5.5. The Director of Finance, Planning and Technology referred to the Dear Accounting Officer (DAO) letter 01/25 which was published in March 2025 and specifically states "*Each Accounting Officer should ensure that consideration is given to whether the essential conditions for effective internal audit as set out in the new Global Internal Audit Standards are in place in their organisation. This should be discharged by discussion at ARACs about the internal audit charter with their Head of Internal Audit.*"
- 5.6. The Director of Finance, Planning and Technology stated that following a review of internal practices, arrangements and governance, including the signed Internal Audit Charter, the requirements included in the GIAS and the UK Public Sector Application note appear to be met.

- 5.7.** In response to a question the Director of Finance, Planning and Technology stated that GIAA fees had increased by 20% this year, he confirmed that this increase had created additional financial pressure for the HFEA so it was keen to explore GIAA's proposed new way of working for small ALBs.
- 5.8.** A member questioned whether the HFEA now had the resources in place to manage efficiently audit recommendations. The Director of Finance, Planning and Technology spoke of the change in relationship with GIAA and the HFEA's approach to agreeing recommendations. The Head of Internal Audit stated that the agreed ways of working agreement has improved the relationship, and he spoke of the process of how recommendations are agreed.
- 5.9.** A member asked whether the cost of GIAA is funded through Grant-in-Aid (GIA) or fees received from the sector. The member questioned whether the Department of Health and Social Care understood the nuance of increased GIAA fees being passed onto the sector, which could see increased cost of IVF treatment. The Chief Executive responded that the HFEA is funded 95% through fee income and 5% through GIA; with the decrease in GIA over recent years there is now disconnect between what GIA should cover and the actual costs of those activities.
- 5.10.** The Chair asked whether the Director of Finance, Planning and Technology and the Head of Finance could consider the wording around the need for HFEA colleagues to provide feedback to GIAA when the working relationship agreement is next reviewed.
- 5.11.** The Chair asked whether the committee could receive annually a report from auditees on feedback on the audit process. Whilst members saw benefit in such a report, concern was expressed about additional pressures being put on the HFEA workforce. The Head of Internal Audit stated that GIAA obtain the feedback via Microsoft Forms, and he was unsure whether this feedback could be shared wider. The Chief Executive commented that staff should not be asked to provide feedback twice.

Decision

- 5.12.** The committee agreed that, currently, the essential conditions for effective internal audit as set out in the new Global Internal Audit Standards are in place for the HFEA.

Action

- 5.13.** The Director of Finance, Planning and Technology to respond to DAO 01/25.
- 5.14.** The Director of Finance, Planning and Technology and the Head of Finance to consider the wording around the need for HFEA colleagues to provide feedback to GIAA when the relationship policy is next reviewed.
- 5.15.** The Director of Finance, Planning and Technology and the Head of Finance to consider how to capture auditees feedback for an annual report to AGC and when this should be presented to the committee.

6. Progress with current audit recommendations

- 6.1.** 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

- 6.2.** The Head of Finance introduced the main paper and informed the committee that all audit recommendations had been completed.
- 6.3.** The Chair, on behalf of the committee, congratulated the Head of Finance for this achievement, and acknowledged the work of the HFEA staff and in particular the Head of Finance in achieving this.

DSPT audit recommendations

- 6.4.** The Director of Finance, Planning and Technology introduced the paper on DSPT recommendations and informed the committee that since its last meeting one recommendation from the 2023 DSPT audit has been closed and the HFEA had received the independent assessment of its 2025 DSPT submission.
- 6.5.** The Director of Finance, Planning and Technology commented that GIAA's recommendations from the 2025 submission align more closely with the NHS England DSPT Improvement Plan that was agreed following the HFEA's submission. He informed the committee that the HFEA will continue to aim to align and prioritise actions as well as it can in a risk-based way, to match the available resources as effectively as possible.
- 6.6.** The Director of Finance, Planning and Technology spoke to the recommendations to amend the delivery deadlines for the historic DSPT audit recommendations so that they align with the NHS England DSPT Improvement Plan and the 2025 audit recommendations.
- 6.7.** The Director of Finance, Planning and Technology informed the committee that the HFEA had recently reformed its Information Governance Steering Group to ensure that it is better able to oversee Information Governance and Cyber risk management and improvement. This Steering Group is now resourced through the Planning and Governance Team which strengthens its effectiveness.
- 6.8.** The Head of Internal Audit agreed the Steering Group provides an additional layer of rigour to complete the outstanding recommendations.
- 6.9.** A member commented that the DSPT had now been in place for three years and the HFEA's submission improves each year. He questioned whether there were any actions from the 2025 DSPT improvement plan that would allow more than one audit recommendation to be closed off. He gave as an example the recommendations regarding mobile data and informed the committee how he had been working with the HFEA team on this aspect.
- 6.10.** In response to a question regarding the HFEA's overall net risk the Director of Finance, Planning and Technology commented that the HFEA has taken a long-term improvement approach with a view to managing DSPT proportionately but consistently.

Decision

- 6.11.** The committee noted the position as detailed in the paper and agreed the following:
- DSPT 2023 (Rec 1.1): Amend the deadline for this recommendation to June 2026 to match the current deadline for delivery of the 2025 DSPT Improvement Plan.
 - DSPT 2023 (Rec 1.3): Amend the deadline for this recommendation to June 2026 to match the current DSPT Improvement Plan and DSPT 2025 audit recommendation 3.
 - DSPT 2024 (Rec 1): Amend the deadline for this recommendation to July 2026 to match the timing of the Phoenix IT transformation programme.

- DSPT 2024 (Rec 2): Amend the deadline for this recommendation to June 2026 to match the current deadline for delivery of the 2025 DSPT Improvement Plan.

Action

- 6.12.** DSPT audit recommendation log to be updated.

7. External audit completion report

- 7.1.** The External Audit Lead, NAO, explained that the planning report will be presented to the committee in December.
- 7.2.** The committee noted the verbal update.

8. Strategic risk

Strategic risk register (SRR)

- 8.1.** The Head of Planning and Governance introduced the paper and reminded the committee that they received at their June 2025 meeting the new grass roots review of the SRR. A full, formal review of the SRR will take place in November 2025 for reporting to the December 2025 meeting.
- 8.2.** The Head of Planning and Governance spoke to the current strategic risks. The Director of Finance, Planning and Technology spoke of the current financial risk and the steps which are being taken to manage this, including discussions with DHSC. A member commented that the rating for this risk should be raised to above tolerance in December 2025.
- 8.3.** In response to a question the Director of Finance, Planning and Technology provided further information about projected income and the average number of IVF activities per year. The Chief Executive commented that IVF activity had been affected by cost-of-living pressures.
- 8.4.** In response to a question regarding information risks, the Chief Executive provided further information and stated that the risk is for historical data and there is no indication that there is a widespread problem within the register. He reminded the committee that clinics are responsible for providing accurate information to the HFEA's register, and cases where DNA evidence suggests that a clinic has not provided the HFEA with the correct information, the clinic would be expected to investigate any errors and report them to the HFEA.
- 8.5.** A member commented on the cyber security risks and stated that when the committee holds its deep-dive discussion on Business Continuity (BC) in February 2026, they expect to have sight of the BC Plan and associated policies such as Ransomware Policy.
- 8.6.** The committee discussed the restructure of DHSC incorporating NHS England and how the Department is focusing on policy and structure with less ability to support ALBs. The committee discussed the constant state of flux and review which ALBs are currently under and the increased level of corporate governance reporting which is now required.
- 8.7.** The committee discussed the danger of failing to keep up with AI initiatives and noted that a paper is coming to the November Authority meeting on AI, robotics and automation in fertility treatment.
- 8.8.** A member spoke of the increased workload of the Statutory Approvals Committee (SAC) in considering the increased applications for pre-implantation genetic testing for monogenic or

single-gene disorders (PGT-M) and whether this should be captured in the SRR. The Chief Executive spoke of the complexity of some cases being considered and the current governance structure in place to review these.

Action

- 8.9.** The committee noted the strategic risk register.

9. Deep Dive – External Whistleblowing

- 9.1.** The committee held a closed discussion on this matter.

Decision

- 9.2.** The Chair to agree terms of reference for further deep dives with the relevant sponsor Director.

10. Digital projects

PRISM update

- 10.1.** The PRISM Programme Manager presented the paper and stated that since PRISM went live on 14 September 2021 over 970,000 units of activity have been submitted through PRISM.
- 10.2.** The PRISM Programme Manager reminded the committee that the verification of Register data through the CaFC process serves three purposes:
- To ensure traceability of all cycles to enable the OTR function to track patients, donors and donor conceived individuals
 - To provide patients with performance data on each licenced clinic
 - To quality control the accuracy of the data held in the Register for the purpose of statistical reporting and in national-level fertility research studies which inform patient care and are based on high quality data.
- 10.3.** The PRISM Programme Manager stated that in June 2025, 88 clinics were sent draft CaFC calculations for treatments 2023 and 2024. Clinics were asked to review and verify this information no later than the end of September 2025. The committee were informed that to date 38 clinics have signed off their data and a further number have been provided with further 'final calculations' awaiting final PR sign off after clinics have made their last adjustments in PRISM. The PRISM Programme Manager stated that no clinics have advised the PRISM team that they will be unable to sign off their data.
- 10.4.** The PRISM Programme Manager reminded the committee that following Authority discussions a focused consultation seeking views from clinic staff, professional and patient groups, patients and the public on the front-page statistics shown on each licenced clinic CaFC profile page was launched in mid-August 2025. This consultation closed on 30 September 2025 and the Authority will meet in November 2025 to agree the headline metrics for the full CaFC publication later this year.
- 10.5.** The committee discussed the four clinics who are unlikely to make the full CaFC publication at the end of the year and what data, if any, should be displayed for them. The committee discussed what is in the best interest of patients noting as a national regulator it is necessary and appropriate for the HFEA to publish up-to-date data on the website as quickly as possible

pursuant to its statutory duty under s.8(1)(c) of the Human Fertilisation and Embryology Act 2008. The committee felt it would not be in the best interest of patients to continue displaying 2018 data for those clinics as it would be misleading for patients.

Phoenix Programme

- 10.6.** The Phoenix Programme Manager introduced the paper and informed the committee that the delivery phase of the project is well underway and that the project final launch date of the new Dynamics and Client Portal system remains at July 2026.
- 10.7.** The Phoenix Programme Manager informed the committee that the most significant change to the plan is that the data migration from Content Manager to SharePoint will be in April 2026, leading to a planned cutover in July 2026.
- 10.8.** The committee were informed of the two new Change Requests and how these had affected the projected variance on the overall cost and the impact this will have on the project's budget.
- 10.9.** In response to a question, the Director of Finance, Planning and Technology commented that any decrease in spending for this project in the current financial year would have significant implications and increased overspends in future years, therefore we would do as much as possible to avoid this outcome.
- 10.10.** The committee discussed the positive report and the Chair asked that future programme risk reporting showed direction of travel from last time it was reported.

Decision

- 10.11.** The committee noted the reports on PRISM and the Phoenix Programme.
- 10.12.** The committee agreed to recommend to the Authority that for those clinics who are unlikely to make the full CaFC publication, no data should be displayed.

11. Resilience, cyber security and business continuity

- 11.1.** The Head of IT provided a verbal report to the committee on the all-staff business continuity exercise which had been conducted in July and informed the committee that the SMS text system alert for the staff had worked well.
- 11.2.** The Head of IT explained how this exercise and the revisions to the business continuity plan relate to a number of recommendations arising from the DSPT.
- 11.3.** In response to a question the Head of IT explained that the exercise concentrated on HFEA staff engagement rather than supplier engagement.
- 11.4.** The Head of IT informed the committee of the 'bring your own device' policy which will be implemented to address several vulnerabilities.
- 11.5.** The Chair informed the committee that the HFEA had applied for funding from the NHS Cyber Security Fund and thanks were given to the Deputy Chair for his work with the HFEA staff on this matter. The Chair informed the committee that the HFEA should hear within a few weeks if their application had been successful.

Decision

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

12. Fraud

Counter Fraud Strategy

- 12.1.** The Head of Finance introduced this item and reminded the committee that this strategy was first developed as part of the HFEA's commitment to tackling fraud, bribery and corruption and is a key aspect of the [Government Functional Standard GovS 013: Counter Fraud](#).
- 12.2.** The Head of Finance explained that the previous strategy, which had covered the period October 2023 to March 2025, had been integrated into the current strategy as the principles are still relevant.

Risk Assessment

- 12.3.** The Head of Finance introduced the Fraud Risk Assessment and informed the committee that this was reviewed by the Corporate Management Group (CMG) at its meeting in August 2025. Whilst there has been no new risks added, two of the fraud risk controls had been updated as detailed in the paper before the committee.
- 12.4.** A member questioned whether the HFEA was participating in the Cabinet Office cross departmental checks on payroll. The Head of Finance responded that the HFEA was a member of the National Fraud Initiative and as part of this initiative the HFEA submits payroll and supplier data as required.
- 12.5.** In response to a question, further information was provided on the contractors who are inside and outside IR35. The Head of Finance informed the committee that the HFEA is a member of the Tax Centre of Excellence who provided advice and guidance.
- 12.6.** The committee discussed the assessment of misuse of register data for financial or personal gain and questioned whether more information could be provided on the controls that could be implemented. The Head of Finance commented that she would pursue this with the incoming Head of Information.
- 12.7.** The committee discussed the risk of suppliers' fraud and questioned whether this should reflect suppliers being targeted and pressured by external sources.

Counter Fraud Action Plan

- 12.8.** The Head of Finance introduced the Counter Fraud Action Plan which details activities that are planned to be undertaken. The committee were informed that this plan would be updated each quarter and will be tabled at the March 2026 meeting to provide assurance to the committee that activities have been completed.
- 12.9.** In response to a question the Head of Finance provided further information about the required staff training and when it was anticipated that this would be completed. The Head of Finance commented that the action plan would be brought back to the committee in March 2026 when it is anticipated that the training would be completed

Decision

- 12.10.** The committee approved the counter fraud strategy.
- 12.11.** The committee noted the Fraud Risk Assessment and made several suggestions for review.

- 12.12.** The committee noted the counter-fraud action plan and that this will be brought to the committee in March 2026.

Action

- 12.13.** Counter-Fraud action plan to be brought to the committee in March 2026.
- 12.14.** Head of Finance to consider the committees suggestions for the Fraud Risk Assessment.

13. Reserves Policy

- 13.1.** The Head of Finance introduced the reserves policy and reminded the committee that they review this annually.
- 13.2.** The Head of Finance stated that whilst there are no fundamental changes to the policy a review of the HFEA's annual costs had resulted in increased to the level of contingency required. This would see the reserves increase from £1.42 million to £1.52 million.

Decision

- 13.3.** The committee approved the reserves policy with a revised reserve level of £1.52 million, which is made up of working capital of £500,000, contingency level of £936,000 and other commitments of £82,000.

14. AGC Forward Plan

- 14.1.** The Head of Finance introduced the forward plan.
- 14.2.** The Chair reminded the committee that there is a training session on external audit planned for December 2025. The Chair proposed that the training session for December 2026 be on Cyber Security.
- 14.3.** The Chair referred to the proposed schedule of deep dives. The committee agreed to defer to CaFC deep dive to February 2027.
- 14.4.** A member commented that there should be scope for a lessons learnt report on the Phoenix Programme once implemented.

Action

- 14.5.** The Board Governance Manager to update the forward plan.

15. Items for noting

- 15.1.** Whistleblowing
- Members were advised that there were no whistle-blowing incidents.
- 15.2.** Fraud
- Members were advised that there were no fraud incidents.
- 15.3.** Gifts and Hospitality
- Members noted the update to the gifts and hospitality register.
- 15.4.** Contracts and Procurement

Members were advised that a contract had been signed for a 12-month extension of IT provision in the sum of £115,000.

16. Any other business

- 16.1.** The Chair informed the committee that the NAO audit committee effectiveness review questionnaire will be issued to members after the meeting. Members were encouraged to complete and return to the Board Governance Manager so that the results can be discussed at the December meeting.
- 16.2.** The Chair informed the committee that the only recommendation arising from last year's committee effectiveness review not implemented is regarding awareness of topical legal and regulatory issues for committee members. The Chief Executive responded that he is considering how this could be implemented without introducing a new regime which would put pressure on staff and that he would have an update for the December meeting.
- 16.3.** The Chair asked whether any members or observers had comments as a review of the meeting. Members felt that the meeting had gone well and all items had been considered. Staff observers thanked the committee for the opportunity to observe the meeting which helped to draw together the induction materials they had been provided with.
- 16.4.** The committee were reminded that the next meeting will be a virtual meeting on 19 November to consider GIAA's new audit proposal with the full in-person meeting taking place on 3 December with a training session taking place after lunch.
- 16.5.** There being no further business the Chair closed the meeting and thanked all for their contributions.

Action

- 16.6.** Board governance manager to invite all Authority members to the December training.
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Chair's signature

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

Signature

Chair: Catharine Seddon

Date: 3 December 2025

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:	3 December 2025
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:	2025/26 business year
Communication(s):	
Organisational risk:	Medium

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
17 June 2025 Item 12.13	Future SIRO reports to include information on structure policy for SharePoint	Director of Finance, Planning and Technology	June 2026		The Director of Finance, Planning and Technology will incorporate this into the 2026 SIRO Report.
14 October 2025 Item 5.13	Director of Finance, Planning and Technology to respond to DAO 01/25	Director of Finance, Planning and Technology	Dec 2025		The action was to <i>ensure that consideration is given to whether the essential conditions for effective internal audit as set out in the new Global Internal Audit Standards are in place in their organisation. This should be discharged by discussion at ARACs about the internal audit charter with their Head of Internal Audit.</i> This action was completed at October's AGC.
14 October 2025 Item 5.14	The Director of Finance, Planning and Technology and the Head of Finance to consider the wording around the need for HFEA colleagues to provide feedback to GIAA when the relationship policy is next reviewed.	Director of Finance, Planning and Technology and Head of Finance			This will be updated and discussed at CMG in December. Will also ask GIAA to copy all requests for feedback to broader HFEA team to ensure opportunities to feed back are not missed (eg Head of Finance and Director of Finance, Planning and Technology).
14 October 2025 Item 5.15	The Director of Finance, Planning and Technology and the Head of Finance to consider how to capture auditees feedback for an annual report to AGC and when this should be presented to the committee.	Director of Finance, Planning and Technology and Head of Finance			To discuss internally at CMG in December and with GIAA.

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
14 October 2025 Item 6.12	DSPT audit recommendations to be updated	Director of Finance, Planning and Technology	Dec 2025		See item 5
14 October 2025 Item 12.13	Counter-Fraud action plan to be brought back to the committee in March 2026	Head of Finance	March 2026		This item is not due yet. Fraud training has been set for all staff on the civil service-learning platform.
14 October 2025 Item 12.14	Head of Finance to consider the committees suggestions for the Fraud Risk Assessment	Head of Finance			Items 7 and 10 have been amended to reflect the committees comments. 2 new risks added (13 & 14) relating to bribery by a supplier and mis-information re IR35.
14 October 2025 Item 16.6	Board Governance Manager to invite all Authority members to the December training	Board Governance Manager	November 2025		Email invitation issued to Authority members 10 November. This item has been completed and can be removed from the action log.

Phoenix Programme Update (from 23rd Sept to 11th Nov 2025)

Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Audit and Governance Committee (AGC)
Agenda item:	8
Meeting date:	03 December 2025
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:	Slightly over budget including contingency
Implementation date:	July 2026
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-March	04/04/2025	11/04/2025
Design Complete	April	April	29/04/2025
Development & Testing	December	Mar-26	
Dynamics	Feb-26	Mar-26	
HFEA Portal Forms	December	Mar-26	
Content Manager Migration	May-26	Jul-26	
Go-Live	Jun-26	Jul-26	

- 1.2.** Further details on the current timeline are provided in *Annex C*.
- 1.3.** The **Delivery** phase has continued, remaining on track as from the last AGC meeting. This phase encompasses all the work from initial build through testing, training, and launch.
- 1.4.** *Annex B* gives a breakdown of the progress so far on the three streams of work – the migration to SharePoint, the build of new Clinic Portal forms, and the Dynamics system build to replace Epicentre
- 1.5.** The data migration from Content Manager to SharePoint will begin in April 2026, leading to a planned cutover in June/July 2026.
- 1.6.** The projected final launch date (of the new Dynamics and Client Portal systems) remains at July 2026.
- 1.7.** No Change Requests have been made since the last AGC Update.

- 1.8.** The two previously-reported change requests are reflected in the table of overall projected spend, which is currently coming in at £102k above Baseline (includes VAT):

<i>Phoenix Programme Costs</i>	<i>Without VAT</i>	<i>Including VAT</i>
Delivery Charge Baseline	£548,297	£657,956
Cost of additional work found in Discovery	£62,000	£74,400
Saving from work removed in Discovery	-£23,350	-£28,020
Cost of 2 subsequent Change Requests	£40,000	£48,000
Forecast Delivery Charge at Completion	£633,630	£760,356
Cost of 1st 12 months support	£33,986	£40,783
Total Contract Baseline cost	£582,283	£698,740
Total Contract Forecast cost	£667,616	£801,193
Projected Variance	£85,333	£102,400

- 1.9.** There is a specific financial requirement on the HFEA to **minimise any additional spend** in the current financial year. The programme has obtained two costed options from Ceox to reduce spend in this financial year by slowing part of the Delivery work. Either option would lead to a significant overall cost increase. HFEA's finance director has requested the Department to allow sufficient overspend as to not require either option to be invoked. As of writing we haven't heard back from the Department.

2. Risks

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

Ref	Title	Impact	Urgency	Description	Assigned To	Direction of Travel
R0046	Deployment Methods	1 - High	2 - Medium	We have 4 Dynamics environments to move code/configurations between, and two areas (Dynamics, and Portal). The fully-automated processes for moving code are failing. The manual processes are work intermittently.	Frankie L	This risk has been largely mitigated. Ceox have written a script for the Portal code movement, which has been used twice in anger so far, and has worked smoothly both times. Once this script has again proven itself this risk will be closed.
R0050	Integrations	1 - High	2 - Medium	Integrations including the interactions between Dynamics and B2C, the Staging VM (an ongoing interface service), and with other parts of the HFEA infrastructure, to be fleshed out and roles determined.	Martin C	This risk is being addressed. Between 8 and 11 of the integrations will be built by HFEA IT staff. A handover over knowledge and access rights has been completed. The first integration is now being built. That progress is giving increasing assurance that they can all be built and within the necessary timeframe.
R0049	SharePoint Design	1 - High	2 - Medium	Due diligence needed to confirm SharePoint design fully suitable for HFEA needs long-term.	Martin C	This risk has been effectively fully mitigated. An independent Microsoft SharePoint consultant has reviewed the design and fed back in a detailed interactive session. No changes of direction or surprises arose. Some clarifications were given. This risk will be closed.

2.2. Currently the main open risk identified for the Programme is of **unexpected new requirements** emerging during the detailed fleshing out of the needs of the Licensing and Inspection teams. These are the most complex areas of Dynamics functionality in Phoenix.

2.3. Related to that risk is the fact that we will lose our (extended) **business analyst resource** at the end of 2025. While the initial drafting of Inspections user stories is due to be largely done by then, there is likely to be revision and rework which will be more challenging in the absence of that resource.

3. Conclusion

- 3.1.** Progress on the Phoenix Programme has remained steady on all streams since the last AGC Update.
- 3.2.** The Projected Variance on overall cost stands at £102k including VAT, which is slightly above the 10% contingency in the original budget.
- 3.3.** The core reasons for doing the Phoenix Programme remain valid.
- 3.4.** The feedback from demonstration sessions and user testing sessions on functions and forms continues to indicate a strong opportunity to deliver a successful outcome for the HFEA.
- 3.5.** So we are proceeding with the Phoenix Programme, with a keen awareness of the financial pressures both in the current financial year and across the programme duration.

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 in particular no longer running on a supported operating system nor receiving security updates. The risk of system failure has at times been significant. Furthermore, the systems no longer represent an efficient or effective tool for staff and user-experience is poor.
- The HFEA began scoping a replacement and improvement programme in the summer of 2023, looking at the following systems:
- The **Epicentre** system manages key processes such as scheduling inspections, writing inspection reports, managing licence applications, complaints and incidents, etc., as well as issuing licences. The system was created internally over 15 years ago and is no longer supported. Its failure would be highly disruptive for the HFEA and would effectively prevent us from managing inspections or issuing licenses
- The HFEA's **Clinic Portal** is the external web interface used by our 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.
- This paper provides an update on this programme, named the Phoenix Programme by HFEA staff.

Intended Benefits

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

- System stability and resilience – achieved by hosting the systems on industry-standard platforms;
- Improved efficiency of staff processes – through having key data in one system, and improvements such as automation of some of the Inspectors' tasks;
- Clinic 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

- The purpose of the **Deliver** phase is to turn the requirements (**User Stories**) into a working solution.
- The programme is working in 2-week iterations (**Sprints**) using the Scrum methodology including end-of-Sprint **demonstrations** to gain regular feedback.
- Built functionality is tested by Ceox, and then by HFEA staff in User Acceptance Testing (UAT).
- The programme is running three streams of **delivery** in parallel:
 - Content Manager to SharePoint migration** – while the actual data migration will now begin in April 2026, design work is happening now, to lead to a skeleton SharePoint site being built which is a pre-requisite for finishing the Dynamics build.
 - Clinic Portal** – progress on the Portal Forms has accelerated we've found ways to benefit from re-use of functionality. Work is now beginning on the rest of the Portal site, which is primarily static pages such as the Knowledge Base.

Portal Forms		
	Count	%age
in Requirements	0	0%
in Build	3	10%
in Ceox testing	10	34%
in User testing	9	31%
ready for Launch	7	24%
Total	29	100%

Static Web Portal User Stories		
	Count	%age
in Requirements	147	89%
in Build	8	5%
in Ceox testing	0	0%
in User testing	1	1%
ready for Launch	10	6%
Total	166	100%

- Dynamics Build** (replacing Epicentre) – this work is being done in phases reflecting the relevant HFEA departments – BSIS, then Clinical Governance/Policy/Communications, with Licensing and Inspections to follow. While the Inspections work is yet to start, for the other areas the position is:

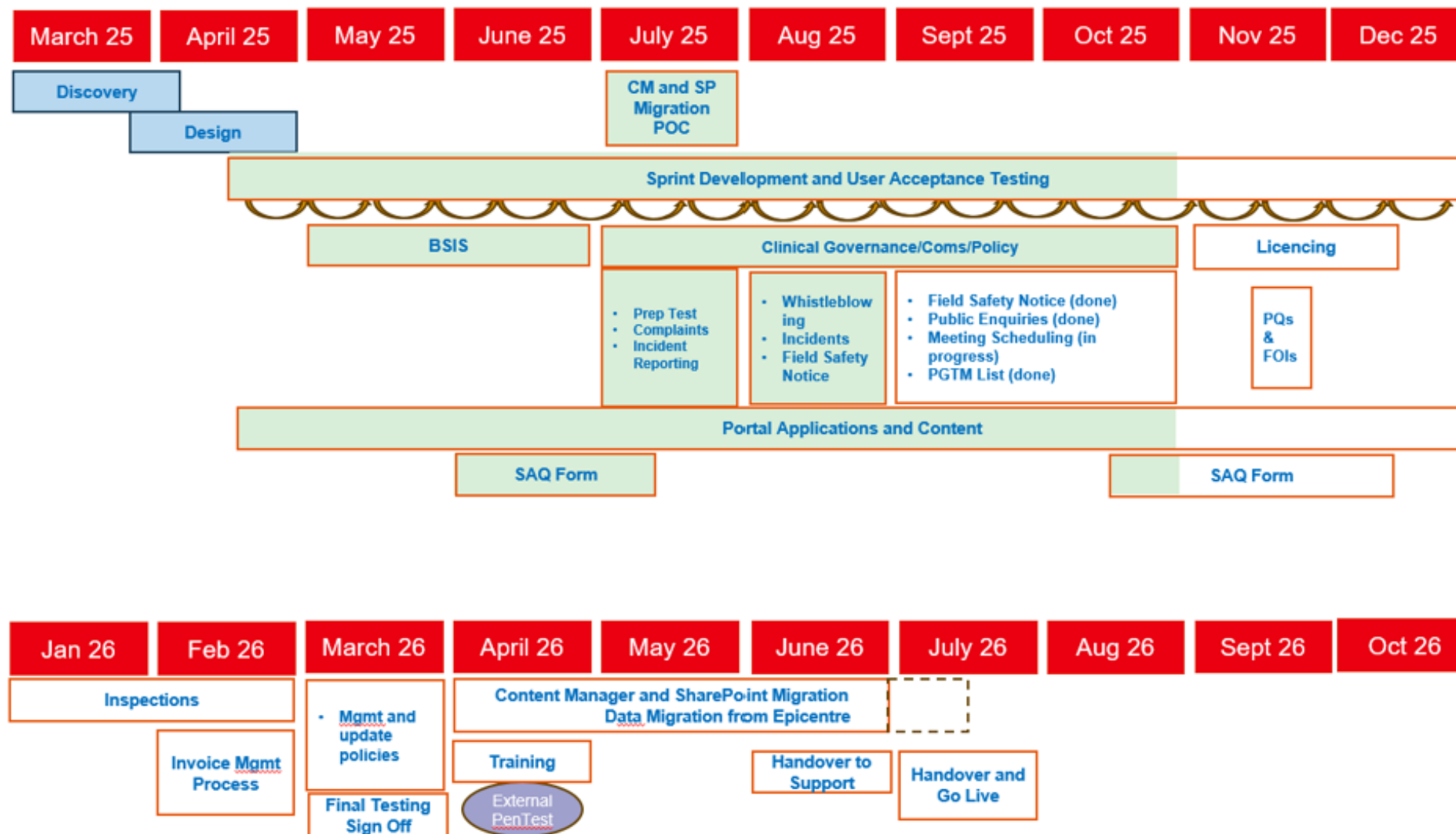
BSIS User Stories		
	Count	%age
in Requirements	0	0%
in Build	1	3%
in Ceox testing	2	6%
in User testing	15	42%
ready for Launch	18	50%
Total	36	100%

Clinical Governance User Stories		
	Count	%age
in Requirements	3	6%
in Build	5	10%
in Ceox testing	41	82%
in User testing	0	0%
ready for Launch	1	2%
Total	50	100%

Comms & Policy User Stories		
	Count	%age
in Requirements	5	12%
in Build	3	7%
in Ceox testing	34	81%
in User testing	0	0%
ready for Launch	0	0%
Total	42	100%

Licensing User Stories		
	Count	%age
in Requirements	33	48%
in Build	6	9%
in Ceox testing	29	42%
in User testing	0	0%
ready for Launch	1	1%
Total	69	100%

Annex C - Current Phoenix Programme Timeline



Bi-annual HR Report

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:	10
Meeting date:	3 December 2025
Author:	Yvonne Akinmodun, Head of HR
Annexes	Annex 1: Staff Survey results Annex 2: End of year exit interview report

Output from this paper

For information or decision?	For information
Recommendation:	The AGC are asked to note the results of the staff survey and the end of year exit interview report
Resource implications:	Within budget
Implementation date:	Immediate
Communication(s):	The results of the staff survey together with proposed actions will be presented to the all-staff meeting on 8 December 2025
Organisational risk:	Low



Human
Fertilisation &
Embryology
Authority

HFEA Staff Survey 2025 overview

Presented by
Yvonne Akinmodun

www.hfea.gov.uk

Overview of the survey areas

The survey is conducted by an independent organisation (People insight) and split into the following themes:

- Overall experience – the extent to which I am committed and enjoy working for the HFEA
 - Autonomy
 - Enablement
 - Reward
 - Diversity & Inclusion
 - Leadership
 - Purpose
-
- Questions relating to staff views on to return to office working were also explored

Comparators

Our survey results were compared with around 200 public sector bodies. Below is a selection of the types of organisations which form comparators

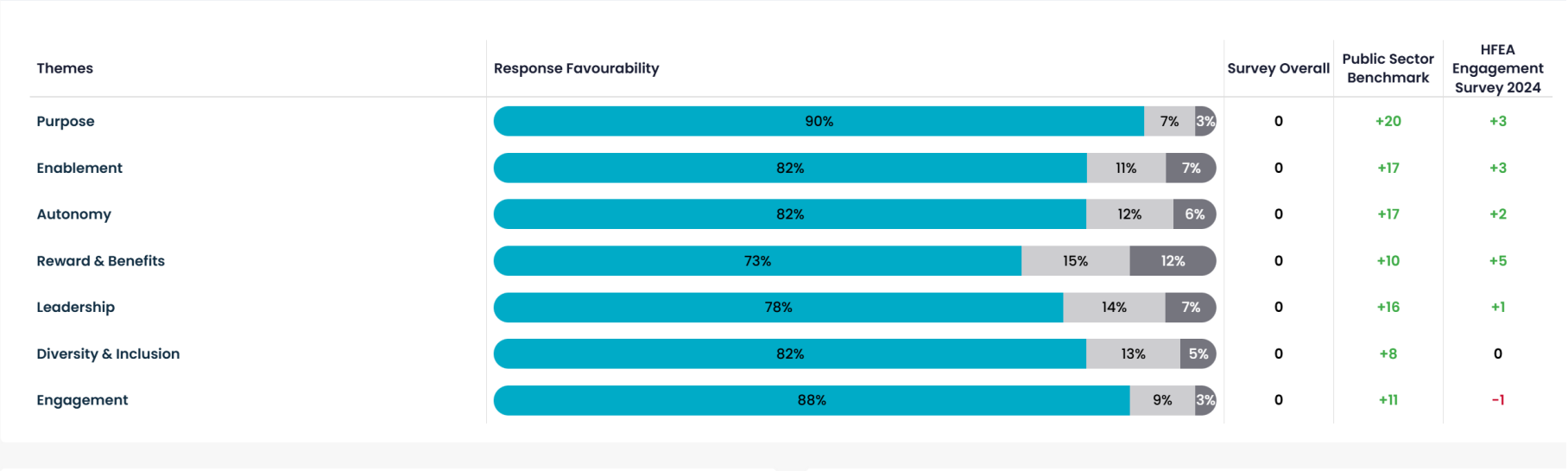
- HSSIB (Healthcare safety bureau)
- HTA
- HRA
- NHS Resolution
- NHSCFA
- GPhC – General pharmaceutical council
- Royal college of surgeons
- Francis Crick Institute
- Several local authorities
- NHS supply chain

Headline Indicators

- Response rate remains unchanged, 87% (87% 2024) (Above sector average of 77%).
- It is worth noting that this year marks the first year in which all our positive responses are above those of comparator organisations in the public sector.
- Our engagement scores, i.e. the extent to which staff feel happy at work stands at 88% – this is above the average for our public sector comparators of 76% but one percent below last year's score of 89%
- There has been a slight decrease in advocacy-based questions, from 89% last year to 88%. 72% of staff see themselves remaining with the organisation 2 years from now, which is 2% above the average for the sector of 70%, it is however slightly below the 77% response rate from last year.
- Perception of senior management is slightly higher than last year and stands at 78% compared with 77% last year and is 16% higher than the sector average.
- We have a notably higher favourable response to questions about reward and recognition, 73% which is 5% higher than last year and 10% above the sector average
- We have for the first time seen a notable increase of 8% in positive responses to EDI based questions, which is also above the average for public sector responses.

Theme Headlines - (Data compared against 2024)





Theme Headlines
View and sort theme results



Favourable Neutral Unfavourable

Top 5 high performing questions against 2024 and sector average

These 5 items are the highest scoring in the survey

Question	Impact	Theme	Response Favourability	Survey Overall	Public Sector Benchmark	HFEA Engagement Survey 2024
I know how the work I do helps HFEA to achieve its aims		Purpose	<div><div>100%</div></div>	0	+16	+4
I understand the aims of HFEA		Purpose	<div><div>99%</div><div>1%</div></div>	0	+19	+3
I have found it easy to collaborate and work with my team and others whilst working mainly from home		Enablement	<div><div>97%</div><div>3%</div></div>	0	n/a	+1
I care about the future of HFEA		Engagement	<div><div>97%</div><div>3%</div></div>	0	+6	-3
My manager treats me fairly and with respect		Leadership	<div><div>96%</div><div>4%</div></div>	0	+8	+1

 Favourable
  Neutral
  Unfavourable

Top 5 low performing questions against 2024 and sector average

Question	Impact	Theme	Response Favourability	Comparison	Public Sector Benchmark	HFEA Engagement Survey 2024
My rewards are linked to my performance and contribution	🎯	Reward & Benefits	<div> <div>46%</div> <div>25%</div> <div>28%</div> </div>	0	+3	+12
I believe action will be taken as a result of this survey	🎯	Leadership	<div> <div>62%</div> <div>20%</div> <div>18%</div> </div>	0	+19	+4
I have the right opportunities to learn and grow at work	🎯	Reward & Benefits	<div> <div>63%</div> <div>25%</div> <div>11%</div> </div>	0	+5	-1
My career development aspirations at HFEA are being met	🎯	Reward & Benefits	<div> <div>63%</div> <div>30%</div> <div>7%</div> </div>	0	+18	+3
Communications are good between different teams	🎯	Enablement	<div> <div>66%</div> <div>20%</div> <div>14%</div> </div>	0	+25	+2

● Favourable
 ● Neutral
 ● Unfavourable

Key themes from the open text responses

Summary responses included:

- Being recognised in the form of thanks by either a line manager or a member of SMT is considered noteworthy and appreciated
- Staff like the fact that the organisation offers good work-life balance
- Many felt that relationships within teams is good, with improved cross working relationships. Although some teams disagreed.
- The lack of opportunities for progression was mentioned by a few.
- Pay continues to feature for a few who believe our pay does not compare favourably compared with that of organisations such as the Civil Service.

Key themes from the open text responses – cont.

Summary responses included:

- Concerns about our technology which is considered out of date were raised, although there was recognition that processes are in place to address this.
- A question was raised as to whether more could be done to improve communication across teams
- It was suggested that recognition of qualifications and more support with career development would be helpful.
- A review of our values was suggested
- Greater collaboration between HR and EDI champions to continue to improve EDI was suggested

Next steps

What will we do next

- Present an overview of the findings to SMT for discussion
- Share with CMG/heads
- Present back to staff at the all staff away day next month
- Heads to discuss survey results with their teams
- Put together actions and or responses from the survey findings
- Provide updates on the Hub

Our Award

For the second year running the HFEA as achieved:

Peopleⁱnsight
Outstanding
Workplace 2025

People Insight present this award to:



Congratulations!

Your employee survey score places you in the upper quartile of all organisations surveyed by People Insight this year.

This award recognises the effort, investment and value you put into employee engagement and the outstanding workplace you have created for your colleagues.

Peopleⁱnsight



Annual Review of Committee Effectiveness

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:	11
Meeting date:	3 December 2025
Author:	Sophie Tuhey, Head of Planning and Governance Alison Margrave, Board Governance Manager
Annexes	n/a

Output from this paper

For information or decision?	For discussion as part of the annual committee review process
Recommendation:	AGC is asked to discuss the areas outlines in the NAO's review template for Audit Committee.
Resource implications:	In budget
Implementation date:	Ongoing
Communication(s):	Feedback from the AGC will be incorporated into the Annual Governance Review, which is presented to the Authority in March every year.
Organisational risk:	Low

1. Introduction

It is good practice for all our committees to review their effectiveness annually, and this exercise informs an annual governance paper and an annual review of Standing Orders which is presented to the Authority in March.

For AGC, a different and more specialist form is used, provided by the [NAO](#), and intended specifically for Audit and Risk Assurance Committees. Members and other attendees were asked to complete a copy of the form in advance. This paper summarises the input received in advance of the meeting. A table is included in section 4, proposing a range of actions AGC could consider.

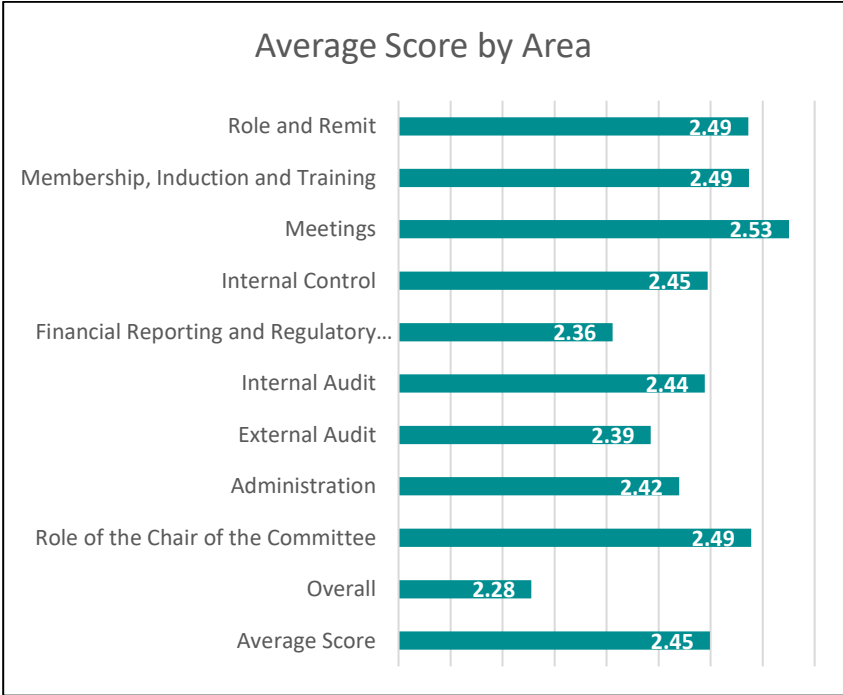
2. Contributors

All AGC attendees (members, both sets of auditors, our regular observers and staff) were invited to complete a copy of the form in advance. Further comments are invited at the meeting.

Nine responses were received before the meeting and the summary in the next section indicates some areas of focus and areas where we appear to be meeting or exceeding standards.

3. Summary of responses

The following chart uses the responses received to produce an average rating for each section. The highest possible average rating for each section is 3.00. Not all submissions gave a score for every measure, presumably because some people felt unable to give a rating on some of the factors. Some measures were marked ‘need to improve’ by some respondents, with no comments provided.



The average score ratings are:

- **Improvement needed:** up to 1.60
- **Standard met:** 1.61 to 2.60
- **Above standard:** 2.61 to 3.00

It is reassuring that the average scores for all questions are 'standard met'.

Comparison has been made against the previous year's rating and for ease, a direction of travel rating has been provided. Two questions have decreased in rating, four have maintained and the rest have seen an improvement in rating.

4. Role and Remit

		2024	2025	
1	Does the committee have written terms of reference?	2.11	2.56	↑
2	Are the terms of reference regularly reviewed? Standing Orders are reviewed annually following each annual committee review.	2.11	2.56	↑
3	Do the terms of reference clearly set out the committee's role and are they consistent with the example terms of reference in this ARAC handbook?	2.25	2.44	↑
4	Are the terms of reference approved by the committee and the board?	2.11	2.56	↑
5	Are the terms of reference made publicly available?	1.67	2.33	↑
6	Has the committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	2.00	2.44	↑
7	Do committee members have appropriate authority to require reports on areas of the committee's responsibilities?	1.89	2.44	↑
8	Does the organisation's annual report and accounts/Governance Statement mention the committee's existence and its broad purpose?	2.00	2.56	↑

All questions in this section improved in rating from 2024.

The lowest scoring question in this section was:

(5) - whether the committee's terms of reference are made publicly available.

Executive Response:

- The terms of reference for all HFEA committees is shown in annex two of the [standing orders](#) which are published on the HFEA website under 'About us – Our Authority, committees and panels'
- When any changes are made to the standing orders an email is issued to all AGC members (including internal and external auditors) with a link to the new standing orders available on the HFEA website.

5. Membership, Induction and training

		2024	2025	
9	Has the membership of the committee been formally agreed by the board and/or accounting officer and a quorum set?	2.11	2.56	↑
10	Does the committee have at least three members (or the number stated in the agreed terms of reference) who are independent and objective?	2.11	2.56	↑
11	Are members appointed for a fixed term?	2.22	2.56	↑
12a	Do all members of the committee have a clear understanding of what is expected of them in their role, including: time commitments, the duration of their appointment, training required and how this will be provided?	1.86	2.56	↑
12b	Do all members of the committee have a clear understanding of what is expected of them in their role, including: an understanding of the organisation – strategy, operating environment and key risks?	1.89	2.22	↑
12c	Do all members of the committee have a clear understanding of what is expected of them in their role, including: role of the board in managing risk and of the committee in supporting the board to provide review and challenge?	1.89	2.44	↑
13	Have members received formal appointment letters (setting out their terms of appointment including work required) before their term of office commenced?	1.88	2.22	↑
14	Does the committee have the relevant/required range of skills in governance, risk, control, and financial management and is this reviewed on a regular basis?	2.11	2.56	↑
15	Does at least one committee member have recent and relevant financial experience?	2.11	2.67	↑
16	Is the committee empowered to co-opt members and procure specialist advice to support them when needed?	2.11	2.33	↑
17a	Is the Chair a Non-Executive Board member (NEBM) with relevant experience to chair the committee?	2.56	2.67	↑
17b	Is at least one other member a NEBM?	2.33	2.67	↑

		2024	2025	
17c	Do governance processes ensure the chair of the board is not a member of the committee?	2.00	2.56	↑
18	Are new committee members provided with an appropriate induction, including training to help them understand the public sector accountability framework, if they have not previously worked within central government?	2.13	2.56	↑
19a	Does the induction include a programme of engagement with the organisation to help members understand: the organisation, its objectives, business needs, priorities, risk profile and challenges?	2.13	2.44	↑
19b	Does the induction include a programme of engagement with the organisation to help members understand: the organisation's vision and purpose?	2.13	2.44	↑
19c	Does the induction include a programme of engagement with the organisation to help members understand: the organisation's corporate governance arrangements?	2.13	2.44	↑
20	Are regular training and development opportunities (especially for recent developments or emerging risk areas) considered and implemented for committee members?	2.22	2.56	↑
21	Has each member formally declared their business interests and/or conflicts of interest and have these been appropriately dealt with?	2.11	2.44	↑
22	Are members sufficiently independent of the other key committees of the board?	1.89	2.44	↑
23	Has the committee considered the arrangements for assessing the attendance and performance of each member, including the chair?	2.13	2.33	↑

All questions in this section improved in rating from 2024.

The lowest scoring questions in this section were:

(12b) - Do all members of the committee have a clear understanding of what is expected of them in their role, including: an understanding of the organisation – strategy, operating environment and key risks?

(13) - Have members received formal appointment letters (setting out their terms of appointment including work required) before their term of office commenced?

Executive response:

- The Board Governance Manager emails the independent member a link to the published Authority papers to keep them informed;
- The independent AGC member receives a formal appointment letter, outlining their terms of appointment;
- Authority members receive confirmation of committee membership via email from the HFEA Chair, not a formal letter.

6. Meetings

		2024	2025	
24	Does the committee meet regularly and at least four times a year?	2.22	2.56	↑
25	Do the terms of reference set out the frequency?	2.13	2.56	↑
26	Does the committee calendar meet the organisation's business and governance needs, as well as the requirements of the financial reporting calendar?	2.22	2.56	↑
27	Are members attending meetings on a regular basis and if not, is appropriate action taken?	2.33	2.56	↑
28	Does the accounting officer attend all meetings and, if not, are they provided with a record of discussions?	2.33	2.67	↑
29	Does the director of finance attend all meetings and, if not, are they provided with a record of discussions?	2.33	2.67	↑
30	Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit, finance and if relevant, the sponsoring/sponsored body?	2.56	2.33	↓
31	Does the committee meet privately without any non-members present for all or part of a meeting if considered necessary?	2.33	2.56	↑
32	Do committee members or the committee chair meet separately with relevant executives as required (especially the accounting officer and any relevant newly appointed executives soon after their appointment)?	2.33	2.56	↑
33a	Is a verbal or written report summarising the business taken by the committee provided to the board after each meeting?	2.13	2.56	↑
33b	Does the verbal or written report offer views and advice from the committee on issues that require the board or accounting officer to take action?	2.00	2.22	↑

Most questions in this section improved in rating from 2024. One question (30) decreased in rating.

The lowest scoring questions in this section were:

(30) - Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit, finance and if relevant, the sponsoring/sponsored body?

(33b) - Does the verbal or written report offer views and advice from the committee on issues that require the board or accounting officer to take action?

Written responses to questions 30 and 33b stated that they would like to see more senior members of the DHSC team in attendance.

Executive response:

- DHSC representatives are always invited to attend AGC and do so based on availability. They receive the committee papers, whether they attend in person or not.
- Each Authority meeting includes Committee Chairs' reports outlining committee activities, with verbal updates also provided by each Committee Chair.

7. Internal Control

		2024	2025	
34	Does the committee consider the findings of reviews by internal audit and others, on the effectiveness of the arrangements for governance, risk management and control?	2.33	2.67	↑
35a	Does the committee: have an understanding of the overall assurances provided within the organisation (by the three lines)?	2.00	2.56	↑
35b	Does the committee: consider adequacy of these assurances, especially for outsourced services?	2.11	2.44	↑
36	If the Committee does not consider the overall assurance provided to be adequate, does the committee raise these concerns to the executive to commission additional work?	2.00	2.38	↑
37a	Does the committee consider how meaningful the Governance Statement is?	2.11	2.33	↑
37b	Does the committee consider if all pertinent issues have been included in the Governance Statement from the work the committee has undertaken during the reporting period?	2.11	2.44	↑
38	Does the committee satisfy itself that the arrangements for governance, risk management and control have operated effectively throughout the reporting period?	2.11	2.56	↑
39	Has the committee undertaken deep dives into significant risks to review and challenge management's actions to manage and mitigate the risk?	2.11	2.44	↑
40	Has the committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	1.75	2.33	↑
41	Has the committee satisfied itself that the organisation has adopted appropriate arrangements to counter and deal with fraud, including reporting losses, investigating fraud incidents, and submitting quarterly returns to the Cabinet Office?	2.11	2.44	↑

		2024	2025	
42a	Does the committee receive regular reports on anti-fraud policies?	2.11	2.56	↑
42b	Does the committee receive regular reports on whistleblowing processes?	2.11	2.44	↑
42c	Does the committee receive regular reports on arrangements for special investigations?	2.13	2.22	↑
42d	Does the committee receive regular reports on relevant fraud and whistleblowing cases and near misses?	2.11	2.22	↑
43	Has the committee been made aware of the role of risk management in the preparation of the internal audit plan?	2.22	2.56	↑
44	Does the committee's terms of reference include oversight of the risk management process to ensure risks are managed and new risks will be identified?	2.13	2.33	↑
45	Does the committee review the corporate risk register to ensure it reflects key strategic risks?	2.11	2.44	↑
46	Does the committee consider/challenge assurances provided by senior staff on the adequacy and effectiveness of control processes?	2.00	2.67	↑
47	Does the committee ensure any significant weaknesses found have been appropriately dealt with?	2.11	2.44	↑

All questions in this section improved in rating from 2024.

The lowest scoring questions were:

(42c) - Does the committee receive regular reports on arrangements for special investigations?

(42d) - Does the committee receive regular reports on relevant fraud and whistleblowing cases and near misses?

There were three written responses for questions 42c and 42d:

- one respondent stated that they were unsure whether we have had (or need) any special investigations;
- one respondent noted that AGC is updated on clinic investigations;
- one respondent commented that the committee does not regularly hold a deep-dive on relevant fraud and whistleblowing cases and near misses.

Executive response:

- We don't undertake special investigations, however we do have a forward planner for deep-dive topics. Where appropriate, lessons learned reports on key projects are reported to AGC (e.g. Near misses deep-dive, PRISM deep-dive, Phoenix closure report).
- AGC members are updated on whistleblowing and fraud and each meeting.

8. Financial Reporting and Regulatory Matters

		2024	2025	
48	Is the committee's role in the consideration of the annual report and accounts clearly defined?	2.11	2.38	↑
49	Does the committee review the annual report and accounts (including the Governance Statement) and discuss the comprehensiveness, reliability and integrity of assurances in meeting the board and accounting officer's needs?	2.00	2.38	↑
50	Does the committee gain an understanding of management's procedures for preparing the organisation's annual report and accounts?	1.89	2.38	↑
51a	Does the committee consider, as appropriate: the suitability of accounting policies and treatments and/or changes in accounting treatment?	2.11	2.38	↑
51b	Does the committee consider, as appropriate: assurances regarding the financial systems that produce the accounts?	2.11	2.13	↑
51c	Does the committee consider, as appropriate: major judgements made (and if specialists were used to help with the judgements)?	2.11	2.38	↑
51d	Does the committee consider, as appropriate: large write-offs?	2.11	2.38	↑
51e	Does the committee consider, as appropriate: the reasonableness of accounting estimates?	2.11	2.38	↑
51f	Does the committee consider, as appropriate: the narrative aspects of reporting?	2.00	2.38	↑
51g	Does the committee consider, as appropriate: any differences of opinion between the auditor and executives?	2.11	2.38	↑
52	Is a committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	2.11	2.38	↑
53	Does the committee review management's letter of representation?	2.11	2.38	↑
54	Does the committee have a mechanism to keep it aware of topical legal and regulatory issues?	1.89	2.38	↑

All questions in this section improved in rating from 2024.

The lowest scoring question was:



(51b) - Does the committee consider, as appropriate: assurances regarding the financial systems that produce the accounts?

Executive response:

- Assurances regarding the financial systems that produce the accounts are generally provided through work carried out by the NAO, though Internal Audit also review our accounting processes and systems, the reports of which are shared with AGC. There have been several detailed discussions about accounting systems assurance at AGC with the NAO over the last 12-18 months due to risks identified in our income systems.

9. Internal Audit

		2024	2025	
55	Does the Head of Internal Audit attend meetings of the committee?	2.33	2.56	
56	Does the committee consider, annually and in detail, the annual internal audit plan (and fee) including consideration of whether the scope of internal audit work addresses the body's significant risks and does not duplicate assurances provided by other lines?	2.33	2.56	
57	Has the committee considered the internal audit mandate/formal terms of reference/internal audit charter defining internal audit's objectives, responsibilities, authority and reporting lines?	2.22	2.56	
58	Does internal audit have a direct reporting line, if required, to the committee?	2.22	2.56	
59	Has the committee considered the information it wishes to receive from internal audit?	2.11	2.22	
60a	Does the committee receive progress reports from internal audit and review and challenge progress?	2.22	2.56	
60b	Does the committee review the annual report from the Head of Internal Audit?	2.22	2.56	
61	Are outputs from follow-up audits by internal audit monitored by the committee and does the committee consider the adequacy of implementation of recommendations?	2.11	2.44	
62	Does the committee (chair) hold private discussions with the Head of Internal Audit at least once annually?	2.13	2.56	
63	Is there appropriate co-operation between the internal and external auditors?	2.11	2.44	
64a	Does the committee review the adequacy of internal audit staffing and other resources?	2.13	2.33	

		2024	2025	
64b	Does the committee review internal audit performance measures?	2.22	2.22	
64c	Does the committee review reports on internal audit quality assurance arrangements?	2.22	2.22	

Most questions in this section improved in rating from 2024. Two questions maintained their rating.

The lowest scoring questions in this section were:

(59) - Has the committee considered the information it wishes to receive from internal audit?

(64b) - Does the committee review internal audit performance measures?









(64c) - Does the committee review reports on internal audit quality assurance arrangements?


A written response noted the vast amount of information that GIAA provides to members.

Executive response:

- AGC reviewed our internal audit service against the new Global Internal Audit Standards discussed at AGC in October, including the GIAA approach to performance monitoring and quality assurance arrangements. We agreed that we would do more to ensure that HFEA staff provide feedback to GIAA and that we would aim to compile staff feedback to GIAA that could be presented to AGC.

10. External Audit

		2024	2025	
65	Does the external audit representative attend meetings of the committee?	2.22	2.56	
66	Do the external auditors present and discuss their audit plans and strategy with the committee (recognising the statutory duties of external audit)?	2.22	2.56	
67	Does the committee challenge external audit plans if considered not to cover key risks?	2.11	2.11	
68	Does the committee (chair) hold periodic (at least annually) private discussions with the external auditor?	2.33	2.56	
69	Does the committee review the external auditor's annual report to those charged with governance?	2.11	2.56	
70	Does the committee ensure that executives are monitoring action taken to implement external audit recommendations?	2.00	2.56	
71	Are reports (including general value for money reports) on the work of external audit presented to the committee?	2.11	2.11	
72	Does the committee assess the performance of external audit?	1.89	2.11	

73	Does the committee consider the external audit fee and challenge it if considered inappropriate?	2.13	2.43	
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Most questions in this section improved in rating from 2024. Two questions maintained their rating.

The lowest scoring questions in this section were:

(67) - Does the committee challenge external audit plans if considered not to cover key risks?










(71) - Are reports (including general value for money reports) on the work of external audit presented to the committee?

(72) - Does the committee assess the performance of external audit?

Executive response:

- NAO are leading a training session with AGC in December that should address these issues. We can consider whether further action is required after this discussion.

11. Administration

		2024	2025	
74	Does the committee have a designated secretariat and is the secretariat sufficient to deal with the committee's business?	2.33	2.56	
75	Is a draft forward workplan for the committee agreed at the start of each financial year to adequately cover all areas of the committee's responsibility?	2.22	2.56	
76	Are agenda papers circulated in advance of meetings to allow adequate preparation by committee members and attendees?	2.22	2.44	
77	Do reports to the committee communicate relevant information at the right frequency, time, and in a format that is effective?	2.11	2.44	
78	Does the committee issue guidelines and/or a proforma concerning the format and content of the papers to be presented?	2.00	2.22	
79	Are minutes prepared and circulated promptly (after review by the chair) to the appropriate people?	2.11	2.44	
80	Is a report on matters arising from committee meetings presented and/or does the chair raise them at the committee's next meeting?	2.22	2.44	
81	Do action points indicate the owner and due date?	2.22	2.44	
82	Does the committee provide an effective annual report on its own activities, which is timed to support the preparation of the Governance Statement?	2.11	2.22	

All questions in this section improved in rating from 2024.

The lowest scoring questions in this section were:

(78) – Does the committee issue guidelines and/or a proforma concerning the format and content of the papers to be presented?

(82) - Does the committee provide an effective annual report on its own activities, which is timed to support the preparation of the Governance Statement?




Executive response:








It is reassuring to see an improvement in rating from members for this section.

With reference to the specific points raised in these questions:

- **Secretariat Capacity:** AGC has a designated secretariat with sufficient capability and capacity to support all aspects of committee business, including coordination, documentation, and follow-up actions.
- **Forward Workplan:** the AGC Committee Forward Plan is developed and agreed at the start of each financial year, covering all areas of the committee's remit, an outline of training topics and suggested 'deep-dive' topics
- **Timely circulation of papers:** Agendas and papers are issued 7 days in advance of meetings. It would be helpful to know if members would prefer papers to be issued further in advance or if this time feels sufficient.
- **Reports to the committee / format and content of papers:** All AGC papers are reviewed by the Director of Finance, Planning and Technology before submission and we have a standard template for papers. We would welcome feedback from members on the format/quality of papers, and any improvement we could make in order to allow the committee to discharge its oversight responsibilities efficiently.
- **Minutes:** minutes are drafted within 14 days of each meeting, reviewed by the Senior Management Team and Head of Finance, reviewed by the Chair, and then circulated to members for review and comment. As above, it would be helpful to know if members have any concerns with this timeline.
- **Matters arising:** The Chair covers minutes of previous meetings and matters arising at each meeting.
- **Action tracking:** the AGC Action Log captures all actions, including assigning responsibility to a dedicated owner(s), a due date and providing an update on progress against each action.
- **Annual report:** The committee produces a clear and timely annual report on its activities as the Governance Statement in the Annual Report and Accounts that also informs broader organisational assurance processes.

12. Role of the Chair

		2024	2025	
83	Is the Chair involved in the appointment of new committee members and the head of internal audit?	2.29	2.33	
84	Does the Chair agree the annual core programme of work and agendas for each meeting?	2.25	2.44	
85a	Does the Chair ensure meetings run effectively and efficiently?	2.25	2.56	

		2024	2025	
85b	Does the Chair ensure additional meetings are convened as required?	2.14	2.67	
85c	Does the Chair ensure the number of meetings held are sufficient to allow the committee to consider all relevant areas?	2.25	2.56	
86a	Does the Chair ensure committee has access to appropriate resources and support and committee budget is managed?	2.13	2.33	
86b	Does the Chair ensure members work collaboratively?	2.25	2.44	
86c	Does the Chair ensure an effectiveness review is undertaken (or an external review is commissioned if considered relevant)?	2.25	2.56	
86d	Does the Chair ensure internal and external audit have free and confidential access if required?	2.25	2.56	
86e	Does the Chair ensure governance needs of sponsor/ALB are considered?	2.13	2.44	

All questions in this section improved in rating from 2024.

The lowest scoring questions in this section were:



(83) - Is the Chair involved in the appointment of new committee members and the head of internal audit?

(86a) - Does the Chair ensure committee has access to appropriate resources and support and committee budget is managed?

Executive response:

- The HFEA Chair has final approval on the appointment of all committee members.
- It is not within the AGC Chair's remit to ensure that the committee has access to appropriate resources and support and committee budget is managed, this is the responsibility of the Accounting Officer (AO).

13. Overall

		2024	2025	
87	Does the committee effectively contribute to the overall control environment of the organisation?	2.13	2.44	
88	Does the committee seek feedback on its performance from the board and accounting officer?	2.14	2.11	

Free-text responses and positive comments in this section included:

- A request for feedback on AI-related risks, opportunities, and the Board's risk appetite;
- Recognition that the committee is effective and comfortably meets minimum requirements;
- A suggestion for more deep-dives into areas of risk.

14. Potential actions

Based on the areas for possible improvement, the following table summarises potential actions AGC could consider. This is not an exhaustive list.

Proposed action	Question this relates to	Type of action
Facilitate visits to licensed fertility clinics for AGC members, as required, to provide an enhanced understanding of the operating environment	<i>12a - Do all members of the committee have a clear understanding of what is expected of them in their role, including: an understanding of the organisation – strategy, operating environment and key risks?</i>	Future
Ask in quarterly accountability meeting whether DHSC Finance reps could be invited to AGC meetings	<i>30 - Does the committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit, finance and if relevant, the sponsoring/sponsored body?</i>	Incorporate into planned work
<ul style="list-style-type: none"> Do more to ensure that HFEA staff provide feedback to GIAA Compile staff feedback to GIAA that could be presented to AGC 	59 - Has the committee considered the information it wishes to receive from internal audit? 64b - Does the committee review internal audit performance measures? 64c - Does the committee review reports on internal audit quality assurance arrangements?	Included in the current AGC action log
NAO training session with AGC in December 2025. Consider whether further action is required after this discussion.	<i>67- Does the committee challenge external audit plans if considered not to cover key risks?</i> <i>71 - Are reports (including general value for money reports) on the work of external audit presented to the committee?</i> <i>72 - Does the committee assess the performance of external audit?</i>	Planned
Template for papers to be shared with AGC members for feedback on format and content of papers	<i>78- Does the committee issue guidelines and/or a proforma concerning the format and content of the papers to be presented?</i>	Quick win

Other points have been answered in the executive comments under each section above.

15. Recommendations

Members are asked to discuss the committee review, with a particular focus on the lowest scoring questions, executive responses and potential actions (paragraph 14).

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:	12
Meeting date:	3 December 2025
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:	3 Dec 2025 In-person	24 Feb 2026 Virtual	16 June 2026 In-person	13 Oct 2026 Virtual	2 Dec 2026 In-person
Following Authority Date:	21 Jan 2026	11 Mar 2026	1 July 2026	18 Nov 2026	Jan 2027
Internal Audit	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
External audit (NAO) strategy & work		Interim Feedback	Audit Completion Report		
Session for Members and auditors	Yes	Yes	Yes	Yes	Yes
Annual Report & Accounts (including Annual Governance Statement)			Yes, for approval		
Strategic Risk Register	Yes	Yes	Yes	Yes	Yes
Risk Management Strategy ¹		Yes			Yes

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

AGC items Date:	3 Dec 2025 In-person	24 Feb 2026 Virtual	16 June 2026 In-person	13 Oct 2026 Virtual	2 Dec 2026 In-person
Horizon scanning committee discussion	Yes	Yes	Yes	Yes	Yes
Deep dives		Business Continuity		CaFC / PRISM	
Digital Programmes Update	Yes	Yes	Yes	Yes	Yes
Resilience & Business Continuity Management	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
Whistle Blowing, fraud (report of any incidents)	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Estates			Yes		
Review of AGC effectiveness and terms of reference	Yes			Yes	Yes
Functional standards	Yes	Yes	Yes	Yes	Yes

AGC items Date:	3 Dec 2025 In-person	24 Feb 2026 Virtual	16 June 2026 In-person	13 Oct 2026 Virtual	2 Dec 2026 In-person
AGC Forward Plan	Yes	Yes	Yes	Yes	Yes
Accounting policies		Yes (annually)			
Public Interest Disclosure (Whistleblowing) policy		Yes			
Counter fraud and anti-theft policy		Yes			
Counter-fraud Strategy (CFS), Fraud Risk Assessments (FRA) and progress of Action Plan				Yes	
Reserves policy				Yes	
Dear Accounting Officer letters	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Meeting specific items	Training session - external audit	Counter Fraud Action Plan update			

Training topics

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

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

Suggested deep dive topics

Suggested topic	Date added	Potential meeting to be discussed
Business Continuity	17 June 2025	February 2026
CaFC/PRISM	27 June 2023	February 2027
Reviewing the implementation of the external auditor’s recommendations and performance of the external auditors (to be discussed at the March 2025 meeting)	6 Dec 2024	Oct 2026
Patient's complaints about licensed clinics	14 Oct 2025	2027

Version/revision control

Version	Changes	Updated by	Approved by	Release date	Review date
1.0					

Gifts and Hospitality Register

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	13
Meeting date	3 December 2025
Author	Morounke Akingbola, Head of Finance

Output from this paper

For information or decision?	For information
Recommendation	AGC is invited to note single declaration within the register
Resource implications	N/a
Implementation date	2025/26 business year
Communication(s)	Na
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 four new items since the October 2025 meeting. Where values have been included, these have been estimated. Two of the items are yet to take place.

Action

The committee are requested to note the register contents.

Register of Gifts / Hospitality Received and Provided/Declined

Version: HFEAG0001
Nov-25

DIVISION / DEPARTMENT: HFEA

FINANCIAL YEAR: 2025/26

	Details of the Gift or Hospitality						Provider Details			Recipient Details	
Type	Brief Description of Item	Reason for Gift or Hospitality	Date(s) of provision	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	Contact Name
Either 'Provision' or 'Receipt'	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	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	Give a contact name if an individual is not specified as the recipient - otherwise leave blank
Receipt	£30 M&S Gift voucher	Speaker at BICA	16/05/2025	£ 30.00	BICA	Accepted - donated to All-staff snack provision	BICA		None	Clare Ettinghausen	
Receipt	Lunch provided	Attendance at roundtable on laying foundations for agentic AI	01/07/2025	£ -	Dods	Accepted	Dods	Paloma Martinez	None	Tom Skrinar	
Receipt	Flights and accommodation [1-3 Oct-25]	Speaker at ESHRE	02/10/2025	£ 600.00	Campus Palermo	Accepted	ESHRE		None	Paula Nolan	
Receipt	Accommodation	Speaker and chairing session at ARCS	27/11/2025	£ 150.00	The Belfry, Sutton Coldfield	Accepted	ARCS	Rachel Gregoire/Jason Kasraie	None	Rachel Cutting	
Receipt	Registration, conference dinner and travel	Speaker at Fertility 2026	07/01/2026	£ 1,110.00	BFS Edinburgh	Accepted	BFS		None	Rachel Cutting	
Receipt	Lunch	Phoenix Xmas team lunch	17/12/2025		The Real Greek	Accepted	Ceox	Francesca Litchfield/Alex McVean/Smantha Fuller/John Spanton	Supplier - Phoenix Project	M Craneffiled/Luke Reader/N Bradbury/T Skrinar	
Receipt	Breakfast	Roundtable discussion - fertility issues	13/11/2025	£ -	NatWest	Accepted	Candesic		None	Alex Kafetz	