Human Fertilisation & Embryology Authority

Business plan

April 2025 – March 2026

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Our role and strategic aims

Who we are

The HFEA is the regulator of fertility treatment and human embryo research in the UK. Our role includes setting standards for clinics, licensing them, and providing a range of information for the public, particularly people seeking treatment, donor-conceived people, and donors.

Our vision for 2020-2025 was:

Regulating for excellence: shaping the future of fertility care and treatment

During 2024/25 we developed our new strategy for 2025-2028. Our development process included consultation with our stakeholders on a new vision and aims for the following three years.

Our strategy for 2025-2028 outlines our vision, themes, and objectives as an organisation.

We want to ensure a well-regulated fertility sector that is trusted by patients and the wider public, that we provide information that is helpful for patients in making treatment choices, and that biosciences that lead to innovations in treatment can flourish within an ethical framework.

Our vision for 2025-2028 is:

Regulating for confidence:

- Safe treatment
- Right information
- Supported innovation

This vision recognises the changing UK fertility landscape, and the challenges this presents, both for patients making difficult treatment choices, and for clinics and the HFEA in ensuring the sector is well regulated and that treatment is safe and well evidenced.

2028 marks the 50th anniversary of the first baby born from IVF and the UK regulatory framework has played a key role in ensuring that fertility treatment in this country is safe and of a high quality. But we cannot be complacent.

By 2028 the fertility sector we regulate will be very different from the one that existed when we were set up in 1991. Many elements of advice are being offered online, often from outside the UK, and the distinctions between fertility ‘lifestyle advice’ and medical advice are becoming increasingly blurred. Over time, more diagnostic tests will be informed by AI, and personalised genetic testing is likely to be more commonplace. Some patients may view these developments as positive, providing greater choice and convenience, while others may feel unsure about where to go for advice and how to trust the different sources of information.

The next few years are also likely to see significant new developments in scientific research, bringing the possibility of new treatment options. Research on embryo models and in vitro derived gametes is now moving fast. The UK has real strengths in bioscience, and decisions need to be made on whether and how best to regulate such developments.

The HFEA will need to change and adapt to ensure it remains effective, since the regulatory regime was designed for a world where all treatment was provided in a physical licensed clinic. Online advice and diagnostic tests require a different kind of regulation, elements of which will require a change in the law. The HFEA has a statutory duty to provide information to help patients make informed choices about their

treatment options, but we will need to go further. Inspection will still have a vital role in ensuring high-quality services, but greater use of data will inform regulatory action.

As the fertility sector changes over the coming years, we want patients who are seeking a longed-for family to continue to have safe, high-quality, fertility treatment. And we want clinics, researchers, and the wider public to have confidence that our regulation can meet the demands of changing times.

Our legislation and functions

Our regulatory role and functions are set by two pieces of legislation:

- the Human Fertilisation and Embryology Act 1990 (as amended) – generally referred to as 'the 1990 act', and
- the Human Fertilisation and Embryology Act 2008 ('the 2008 act').

Under this legislation, our main statutory functions are to:

- license and inspect clinics carrying out in vitro fertilisation and donor insemination treatment,
- license and inspect centres undertaking human embryo research,
- license and inspect the storage of gametes (eggs and sperm) and embryos,
- publish a Code of Practice, giving guidance to clinics and research establishments about the proper conduct of licensed activities,
- keep a Register of information about donors, treatments, and children born as a result of those treatments,
- keep a register of licences granted,
- keep a register of certain serious adverse events or reactions,
- investigate serious adverse events and serious adverse reactions, and take appropriate control measures.

In addition to these specific statutory functions, the legislation also gives us more general functions, including:

- promoting compliance with the requirements of the 1990 act (as amended), the 2008 act and the Code of Practice,
- maintaining a statement of the general principles that we should follow when conducting our functions and by others when carrying out licensed activities,
- observing the principles of best regulatory practice, including transparency, accountability, consistency, and targeting regulatory action where it is needed,
- carrying out our functions effectively, efficiently, and economically,
- publicising our role and providing relevant advice and information to donor-conceived people, donors, clinics, research establishments, and patients,
- reviewing information about:
  - human embryos and developments in research involving human embryos,
  - the provision of treatment services and activities governed by the 1990 act (as amended).
- advising the Secretary of State for Health on developments in the above fields, upon request.

What we did in 2024-2025

Overview

In 2024-2025, we made good progress with our strategic aims, and below describes key work we undertook in this period.

Delivery of the 2024-2025 business plan

The best care

Since 2020-2021, clinics have been assessed using a hybrid approach involving a desk-based assessment combined with an onsite visit to allow continued close regulatory oversight of the fertility sector. This approach is efficient, allowing the inspector to focus on specific areas of concern, whilst reducing the time spent onsite.

Through our inspection activities, we have maintained our focus on quality and safety, focusing in particular on shortcomings in the taking and recording of consents, learning from incidents, medicines management, data submission, multiple birth rates, and the information clinics publish on their own websites.

We use a Compliance and Enforcement Policy, setting out the approach we will take in dealing with non-compliance by licensed clinics and research centres. This provides a consistent, ongoing basis for making regulatory decisions about clinics.

2024 also saw the completion of our work to implement the new Regulations that increase the statutory storage limits from the previous 10 years to a 10-year renewable storage period up to a maximum of 55 years. The transition period for this law ended in June 2024.

In October 2024, we published our State of the Fertility Sector report, providing an overview of the UK fertility sector in 2023-2024.

Also in October 2024, the HFEA welcomed the changes to the law on partner donation in relation to reciprocal IVF, and egg and sperm donation from those who have HIV with an undetectable viral load. We issued guidance to support clinics with the law changes, updating our Code of Practice.

In November 2024, we also published a report on ‘Family formations in fertility treatment 2022’. This report highlighted the differences in use and outcomes of fertility treatment in the UK by family and followed our first publication on family formations in fertility treatment in 2020. The report showed that, whilst most fertility treatments in the UK are among opposite-sex couples, the number of female same-sex couples and single patients undergoing fertility treatments is increasing year on year. The report also highlighted the disparities in access to treatment between different family types due to lower levels of NHS funding.

The HFEA periodically surveys fertility patients in the United Kingdom (UK) to better understand their views and experiences. The National Patient Survey 2024 involved 1500 patients and was published in March 2025. The profile of respondents was broadly similar to the population of fertility patients taken from our national register. Most patients (over 70%) were satisfied with the treatment they received at HFEA-licenced clinics. However, some areas for improvement were identified.

In March 2024, we suspended the Homerton Fertility Centre’s licence to operate due to significant concerns about the clinic. An independent investigation was commissioned by the Homerton Healthcare NHS Foundation Trust into the incidents which led to the HFEA suspending the licence. At the June 2024 Licence Committee meeting, the committee agreed that the centre’s licence should continue, with a phased resumption of treatment cycles from 8 August 2024.

The right information

We provided advice and information to patients about accessing treatment and donation via our website and ensured that the information we provide about treatments remained up to date. We implemented some technical updates to our website to ensure that it continues to work smoothly.

We use Instagram, LinkedIn, Facebook, and X (formerly Twitter) in order to increase our reach to patients, since one of our priorities is to position and promote our information so that people find what they need, when they need it.

We completed the implementation of our PRISM system for clinics to submit data to the Register during 2024. We also continued development work on our internal systems to restore connectivity with the new register, after migrating our data across successfully, with clinics being sent regular reports to correct errors. This work, once complete, will enable us to issue more regular updates to Choose a Fertility Clinic (CaFC), with an interim release of CaFC data in spring 2025.

The OTR service continues to improve, and we have worked to reduce the waiting list of OTR requests, although demand for the service continues to be significantly higher than in previous years.

In January 2024, we launched a fertility data dashboard, thought to be the first of its kind in the world. The dashboard holds national UK fertility data from 1991. Users can customise data by age, IVF treatment, and view success rates for a particular group or by UK nation and region. It also includes information on egg freezing and thawing. The HFEA was the 2024 Winner of the Award for Statistical Excellence in Trustworthiness, Quality and Value in July 2024, for the data dashboard. The award was made by the Office for Statistics Regulation, in partnership with the Royal Statistical Society (RSS) and Civil Service World.

We achieved the ‘Approaching standards’ rating for the NHS Data Security and Protection Toolkit (DSPT) standards for 2023-2024. We have also implemented a new Information Governance Framework which sets out a strategic vision for improving data protection and security controls within the HFEA.

Shaping the future

Several key challenges have informed the Authority’s consideration of strategic priorities:

- The fertility sector is changing – it is increasingly commercial, increasingly technology-driven and increasingly providing certain services online. This presents patients with new choices (and new dilemmas), which the existing regulatory model was not designed for.
- Access to fertility treatment – some people are delaying trying to start a family and, if they have difficulty conceiving, they are finding it hard to access NHS services, while others do not receive NHS funding.
- Donation is a growing issue for the HFEA and fertility sector, as more people access the HFEA register, and as interest grows.
- Scientific innovation is now pushing against what is currently lawful in the UK. Obstacles could threaten advances that could help patients and the UK’s reputation in biosciences.
- The 1990 Human Fertilisation and Embryology Act is out of date in some respects and requires modernisation.

Following our public consultation in 2023 on reforming the HFE Act, we made a range of proposals in November that year, that we believe would improve patient care and maintain the UK’s position as a country where scientific and clinical innovation can flourish. In summary, we have recommended the following:

- **Patient safety and best practice**: the Act should include an overarching focus on patient protection, and the HFEA should have a broader and more proportionate range of regulatory enforcement powers.
- **Access to donor information**: the Act should enable the removal of donor anonymity from birth, and clinics should be required to inform donors and recipients of the potential for donor identity to be discovered through, for example, DNA testing websites or social media.
- **Consent**: the consent regime in the Act should be overhauled, with a requirement for automatic record-sharing between clinics and the NHS (with the option for patients to opt out).
- **Scientific developments**: there should be greater discretion to support innovation in treatment and research, and the Act should be future proofed so that it is better able to accommodate future developments and new technologies.

In addition, the Government's 10 Year Health Plan for England was published on 3 July 2025, and we will work to ensure that our work aligns with that plan as needed.

We continue to work with ministers and our sponsors in the Department for Health and Social Care (DHSC) to achieve timely changes.

We continued to monitor areas of likely future developments, such as Artificial Intelligence (AI), which is a key consideration for our Scientific and Clinical Advances Advisory Committee (SCAAC).

Four new Authority Members were appointed and began their three-year term in October 2024. We completed a programme of training and induction to ensure that those members who serve on our committees are well equipped to make governance and licensing decisions.

In 2024-25, we also undertook further policy work on scientific developments. In November 2024, the Authority recommended that the law be changed to extend the time limit on embryo research. We have seen significant scientific advances since the law was introduced in 1990, and it is now increasingly possible for researchers to develop and sustain embryos beyond 14 days. This could provide valuable information, in a strictly regulated environment, to enable research for specific purposes that are already set out in the law.

In January 2025, the Authority recommended that Stem Cell Based Embryo Models (SCBEMs) and in vitro gametes (IVGs) should be subject to statutory regulation in time. Research on both SCBEMs and IVGs is progressing quickly. Currently, the Human Fertilisation and Embryology (HFE) Act does not cover SCBEMs and prohibits the clinical use of IVGs.

During the year, we completed our work to consider the way in which we authorise new processes proposed by clinics.

Measuring our performance

Facts and figures

The following facts and figures give a wider picture of the type and volume of our work between 1 April 2024 and 31 March 2025.

Table 1 – Table outlining performance data against the same data from 2022-2025

Type of work	2022-2023	2023-2024	2024-2025
Active clinics and research establishments	137	141	139
Clinics and research establishments inspections delivered	85	104	88
New licence applications processed and presented to the Licence Committee/ Executive Licensing Panel	4	6	3
Licence renewals processed and presented to the Licence Committee/ Executive Licensing Panel	49	38	24
Applications for Preimplantation Tissue Typing (PTT) testing for tissue match processed and presented to Licence Committee/ Executive Licensing Panel	0	1	0
New preimplantation genetic testing (PGT-M) applications processed and presented to Statutory Approvals Committee	45	49	45
New mitochondrial donation applications processed and presented to Statutory Approvals Committee	5	0	2
Incident reports from clinics processed (including near misses)	606	767	929
Alerts issued	10	16	14
Complaints about clinics	59	68	56
Opening the Register requests received	779	1290	1190
Donor Sibling Link applications processed	133 responses completed in total	96 responses completed in total	183 responses completed in total
Patient Organisation Stakeholder group meetings	2	2	2
Professional Stakeholder Group meetings	3	2	2
Freedom of Information (FOI) requests responded to	50	66	67
Enquiries responded to under the Data Protection Act (DPA)	4	4	7

Type of work	2022-2023	2023-2024	2024-2025
Parliamentary questions (PQs) responded to	16	19	10
Most popular /viewed page on our website	Fertility clinic search	Fertility clinic search	Fertility clinic search

Notes

Some of the data provided above is from an early draft of the 'State of the Sector' report published annually in the third quarter of the financial year. This report has a more extensive, validated data set and includes additional details where appropriate.

Required HR benchmarking information

In common with other ALBs, we are required to maintain a record of the following standard benchmarking data:

Table 2 – Table outlining standard human resources benchmarking data

Benchmarking area	2022-2023	2023-2024	2024-2025
Executive senior manager (ESM) to staff complement ratio	1:17	1:17	1.17
Number of staff earning more than £142,500 now and any planned change during the next planning period	1	1	1
HR staff to employee ratio	1:48	1:48	1.48
Training budget as a percentage of pay bill	1.5%	1.5%	1.5%
Projected reductions in non-payroll staff	Not applicable	Not applicable	Not applicable

Key performance indicators

Table 3 – Table indicating performance against key metrics from April 2023 to March 2025

Category	Performance indicator	Target	Performance in 2023-2024	Performance in 2024-2025
Licensing activities	Average number of working days taken for the whole licensing process, from the day of inspection to the decision being communicated to the centre.	Less than or equal to 70 working days in 2023-2024 and less than or equal to 80 working days in 2024-2035.	64 working days	54
PGT-M processing	PGT-M applications processed within 75 working days	100% completed within 75 working days (60 working days from December 2024)	100%	95%
Financial management	Cash and bank balance.	To move closer to minimum £1,520K cash reserves.	£3.54m	£3.32m
People and capacity	Percentage turnover for the year.	5-15% turnover range.	24%	11.5%
Staff complement (total heads)	n/a	n/a	78	86
Total staff FTE	n/a	n/a	71	82

Activities for 2025/26

This business plan represents the first year of our 2025-2028 strategy and the activities have been developed with a view to implementing the strategic aims over this three-year period.

We have recognised that in both our business plan for 2025/26 and our longer-range three-year plan for delivering the strategy, we need to build in the flexibility to deal with the additional work that would be entailed, if and when the Government bring forward law reform. The items listed below may not all be possible to deliver if it is necessary to focus significant time on legislative changes.

In addition to our statutory duties, our other main priorities for the year will be:

- work relating to implementing the new European Regulation on standards of quality and safety for substances of human origin intended for human application (the SoHO Regulation) for clinics in Northern Ireland
- a fees review
- publishing an interim CaFC by Spring 2025 and a full CaFC in winter 2025/26
- making improvements to the HFEA website to enhance user experience
- ongoing monitoring of the OTR service, including capacity, future demand and resources
- donation related work to cover topics discussed with the Authority (capacity dependant based on law reform work)
- update multiple births policy if required following a discussion at the March 2025 Authority
- a review of the approved PGT-M conditions list published on our website
- further work to develop our proposals for law reform
- a review of our horizon scanning processes and external communication of our horizon scanning work and findings
- a major programme of work to replace our inspection and licensing database (Epicentre and the Clinic Portal) and our information storage system (CM)
- potential for ongoing work to review AI use in the sector and developments following this year's project work
- commencing work to replace our finance systems (SAGE and WAP)
- working with the new Cyber Assessment Framework (CAF) for cyber security and information governance assurance which replaces the DSPT

The activities set out over the next few pages will help us to deliver our strategic objectives in 2025/26.

Regulating a changing environment

Strategic objective 1 To effectively regulate a changing fertility sector	Benefits and outcomes	Timescale
Continuing to perform our regulatory duties to a high standard, publishing outcomes, and making improvements where we can, using learnings from reviews of other regulators as relevant.	Conduct our regulatory work with fertility centres in an effective, efficient, consistent and transparent manner, publishing outcomes on our website and reducing the regulatory burden where possible. Provide assurance for patients that the UK fertility sector is well regulated, and provides high quality care, regardless of the choice of clinic. Implementation work for the new SoHO regs (Substances of Human Origin) that will affect the NI clinics. Draw learnings from reviews of other regulators as relevant.	Throughout the year
Fees review.	Undertake a full review of our fee structure, to ensure the cost of the HFEA's regulatory activities continues to be effectively and fairly shared across the sector we regulate.	Review in 2025/26, with implementation in year two or three

Regulating a changing environment

Strategic objective 2 **To continue to increase the availability and benefit of our data for patients, clinics and researchers.**	**Benefits and outcomes**	**Timescale**
Choose a Fertility Clinic (CaFC) data updated.	We will publish an interim CaFC with some data and this will be followed by a fully updated CaFC in winter 2025/26.	Spring 2025 to Winter 2025/26
The HFEA website.	Make improvements to the HFEA website to enhance user experience.	Capacity dependant for Spring 2025 to Winter 2025/26

Regulating a changing environment

Strategic objective 3 To ensure that the HFEA responds well to issues related to donation.	Benefits and outcomes	Timescale
Continue to develop and monitor our systems to streamline and improve the efficiency of the OTR process.	We will continue our ongoing monitoring of the OTR service, including capacity, future demand and resources.	Throughout the year
Produce effective communications and clear policy responses on donation issues when these are required.	We will carry out donation related work to cover topics discussed with the Authority.	Capacity dependant throughout the year
	We will review and make changes where necessary to patient information about the implications of using imported donor gametes and exporting donor gametes overseas with regards to the 10-family limit.	Capacity dependant throughout the year

Regulating a changing environment

Strategic objective 4 **To make a difference on issues that matter to patients.**	**Benefits and outcomes**	**Timescale**
Update our policy on multiple births.	Implement changes to the multiple births policy following the March 2025 Authority discussion, if required.	Throughout the year
Update the list of PGT-M conditions.	A review of the approved PGT-M conditions list published on our website to ensure all conditions on the list still qualify for the testing and that terminology is correct.	Capacity dependant for Spring 2025 to Winter 2025/26
Continue to highlight issues relating to inequality of access to fertility treatment and use our data and publications to provide evidence.	Following the publication of reports highlighting inequalities in access to and outcomes from fertility treatment based on ethnicity and family type, we will continue to highlight inequalities within the fertility sector and work with others in reducing these inequalities.	Throughout the year
Work collaboratively with stakeholders and other parts of the healthcare system with a shared interest, for example in relation to inequalities or legislative reforms.	We will continue to call for law reform as a priority area.	Throughout the year

Supporting scientific and medical innovation

Strategic objective 5 **To ensure the safe regulation of emerging new science and technology under a clear ethical framework.**	**Benefits and outcomes**	**Timescale**
Lead policy formation and the development of regulatory criteria in response to new treatment advances and scientific developments.	We will review our horizon scanning processes and external communication of our horizon scanning work and findings.	Throughout the year
	Respond to emerging areas as and when they arise.	Throughout the year

Supporting scientific and medical innovation

Strategic objective 6 To prepare for the ways in which AI and its future potential is likely to impact on the sector and the HFEA.	Benefits and outcomes	Timescale
Through our IT development activities explore the use of AI and automation to streamline certain administrative tasks.	A major programme of work to replace and update our core systems (our inspection and licensing database and our information storage system) has commenced.	Throughout the year
	We will be replacing and updating our finance systems to identify options for automation, increase efficiency and to integrate with our updated core systems.	Starting towards the end of 2025/26, depending on core system replacement

Supporting scientific and medical innovation

Strategic objective 7 **To inform and advise Government in relation to new developments and their regulation.**	**Benefits and outcomes**	**Timescale**
Speak up for patients, using our expertise and our voice to inform and advise policymakers and legislators in relation to new bioscience developments and their regulation.	Ad hoc work in response to developments.	Throughout the year
Work to ensure that changes to the Act are made in such a way as to build in some degree of 'futureproofing', so that future, as yet unknown, developments can be regulated effectively without requiring changes to the law on each occasion.	This work will be subject to parliamentary time being scheduled for the Act.	Dependent on parliamentary time

Financial picture

Our finances and high-level budget

We receive funding from two main sources: the majority, 95%, from clinics and the balance from our sponsors, the Department of Health and Social Care, as grant-in-aid (GIA).

The vast majority of fee income arises from individual IVF treatments in regulated clinics. In aggregate, together with licence fees, these cover the costs of regulation including:

- evaluating licence applications,
- making licensing decisions and issuing licences,
- managing licences,
- site visit inspections,
- managing statutory information flows, and,
- providing advice and guidance to licensed establishments.

We maintain a model to predict the likely activity in future years. This is based on a combination of historic trend data and Office for National Statistics population forecasts. We monitor how closely actual activity follows our projections including a formal review of the model as part of the budgeting process.

Over the years, we have managed our expenditure to ensure we spend within our annual budget and expect to do so moving forward. We continue to maintain a cash reserve to ensure we can manage fluctuations in our monthly income and provide a buffer should we see a material deviation from our forecast income levels.

April 2024 saw an increase in the fee charged for IVF treatment cycles from £85 to £100.

This increase in licence fee is to cover reductions in our grant-in-aid received from the Department and to enable further investment in our systems.

Income

Table 4 – HFEA high-level income for 2024-2025

Income	Budget £000s
Department of Health and Social Care funding	1,070
Non-cash income	229
Treatment and licence fees	7,186
Other income	162
Total income	8,647

Expenditure

Table 5 – breakdown of HFEA operating costs for 2024-2025

Operating costs	Budget £000s
Staff costs	5,885
Other operating costs	1,793
Project Costs	740
Non-cash	229
Total operating costs	8,647

Our increased treatment and licence fee income reflects a shift in funding from the Department. We have not increased IVF or DI fees this year, however, budgeted cycle activity has increased slightly from 65,000 cycles to 69,000 cycles, based upon trends experienced in 2024/25.

Our staff costs are based on the resource required to deliver our business plan for 25/26 and beyond as are our other operating costs. Where we need to be flexible due to changes that are outside of our control, we have the ability to limit our operating expenditure and delay recruitment as and when necessary.

Other required information

Introduction

A sound delivery framework and a well-maintained organisational infrastructure are prerequisites for the successful delivery of any strategy or business plan. It is also important that we remain compliant with Government rules that apply across all arm's length bodies (ALBs).

Our governance structure includes corporate governance tools, a people strategy and HR policies, a risk strategy and a business continuity plan. These enable us to manage our work effectively and meet external and internal requirements such as information requests, compliance with the Equality Act 2010, the production and laying in Parliament of our annual report, and the management of organisational risks and performance.

The information below is provided to explain those aspects of our organisation that are structural, or which help us to meet particular Department of Health and Social Care or cross-Government requirements.

Better regulation and innovation

The objective of the business impact target (BIT) is to reduce unnecessary regulatory burdens on business and ensure that regulatory decisions are made in the light of high quality, robust evidence about the likely impact on business.

We will satisfy the statutory requirements that are relevant to us in a proportionate manner that assists our continued implementation of effective regulation across the whole of the IVF sector, and our strategy objective of the best care.

Organisational structure and establishment

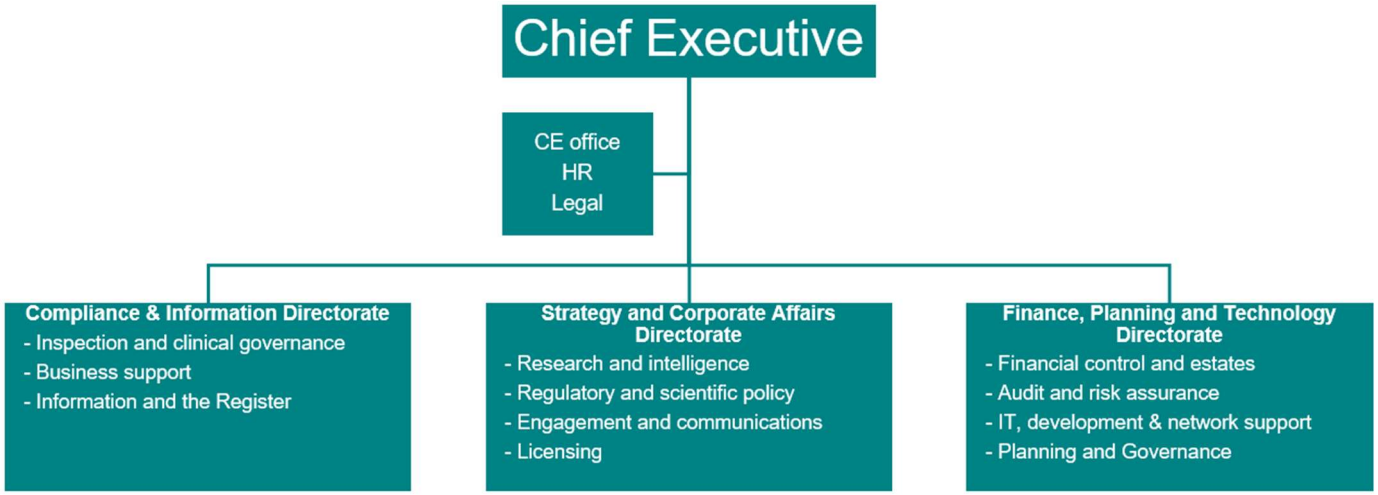
Our staff complement is 86 (from 1 April 2025). We have put in place shared services arrangements with other bodies where feasible. For example, we share part of our finance and resources team staffing with the Human Tissue Authority, and our facilities management service is shared with the five other Department of Health and Social Care ALBs with whom we occupy the same premises.

We need to ensure we retain the capability and capacity to deliver our overall strategy for 2025-2028.

We have a people strategy which sets out how we will ensure we attract and retain the capacity and skills we need in order to deliver our strategy. Our learning and development activities continue to equip our staff with the skills they need. Services are procured in accordance with continuing Government requirements to ensure value for money.

All staff pay is determined in line with HM Treasury annual guidance. We adhere to the formal pay remit when it is announced.

Our current organisational structure is illustrated below.



Financial management systems

We continue to maintain sound financial governance and business planning processes. We manage our processes efficiently and continue to develop and deepen our various collaborative relationships and shared services with other bodies, which provide increased value as well as some economies of scale.

Internal audit

We continue to be part of the Department of Health and Social Care group assurance framework and to work with the co-sourcing provider on delivering the annual internal audit plan for each year. The programme of internal audits has been streamlined to meet our needs and to make best use of the group audit arrangement, which helps to improve the overall levels of assurance for the group.

Assurance framework

A framework agreement with the Department of Health and Social Care sets out the critical elements of the relationship between us and the department and other ALBs where relevant. A new framework agreement was approved in 2021. As an ALB, we will continue to operate our assurance and risk management independently and report this to the Authority. We recognise that, on rare occasions, our risks or assurance may have a significant impact or interdependency with the Department of Health and Social Care or other ALBs and understand the correct dialogue and escalation mechanisms for communicating the issues and relevant mitigations.

Equality Act 2010

We remain compliant with the requirements of the Equality Act 2010. There is an equality champion within our Senior Management Team. We will collectively continue to ensure, throughout the year, that we fulfil our obligations under the Equality Act.

Whistleblowing policy

We value staff who raise concerns over potential wrongdoing and are committed to ensuring that our staff have access to, and a clear understanding of, public interest disclosure (whistleblowing). Our policy is reviewed each year to ensure that the details are up to date and reflect latest legislation and guidance. Should any individual raise a concern through this route, we are committed to ensuring that their confidentiality is appropriately protected and that they will not suffer any detriment as a result of whistleblowing.

Transparency requirements

We will continue to comply with the various data requests and requirements for the publication of data, arising from the wider government transparency agenda. We regularly publish all required spending data openly, in the required file format.

All our Authority meetings are held in public (except in exceptional circumstances, such as during the early period of Covid-19) and the papers and audio recordings are published on our website. Committee papers and a wealth of other information are also routinely published on our website.

Information technology (IT) and data security

We maintain an information asset register identifying our key IT systems and their owners. Our IT systems ensure we comply with the data management requirements of legislation, including the HFE Act 1990 (as amended) and help us to manage the significant databases we hold.

Our databases are currently held on highly secure servers within the Microsoft cloud. Security measures are in place to ensure that 'section 33A patient-identifying data' is appropriately protected. While we occupy premises shared with other ALBs, this necessarily entails sharing a communications room on-site to house a small number of servers. Security measures are in place to ensure that 'section 33A patient-identifying data' is appropriately protected.

We remain fully compliant with Cabinet Office rules regarding data security and with our own legislative requirements regarding confidentiality of information under the HFE Act 1990 (as amended).

Our IT strategy includes secure arrangements for our cloud and onsite servers, while adhering to all applicable central Government requirements. We have a cloud-based Microsoft 365 arrangement for our desktop systems, which is more cost-effective and increases our resilience in the event of any business continuity issues with our physical premises.

The robust information security arrangements we have in place, in line with the NHS Data Security and Protection toolkit (DSPT), include a security policy for staff, secure and confidential storage of, and limited access to, Register information and stringent data encryption standards for systems and IT hardware. We completed the Data Security Protection Toolkit for the first time in 2021 and met the standards in 2022 and 2023, achieving 'Approaching Standards' in 2024. We are working to improve our completion of this annual submission in 2025 after which we will be assessed using the National Cyber Security Centre's Cyber Assessment Framework (CAF). We are modelling our approach to various aspects of our information management, data security and cyber security activities in keeping with DSPT and CAF.

We have a clear desk policy in place within our office along with confidential material disposal arrangements.

Business continuity

We review our business continuity plan regularly to ensure it remains fit for purpose. The plan was last updated in 2024. Our key IT functions are cloud-based, and throughout the Covid-19 pandemic, staff have been able to work from home for extended periods, as necessary. This remains the case for any future business continuity event or pandemic.

Estates strategy

We have no estate. Our office strategy is to co-locate with other public bodies. To that end, we moved office in 2020. Our site, 2 Redman Place in Stratford, brings together five DHSC ALBs under one roof, with some key services shared.

We work with other ALBs at 2 Redman Place on health and safety and general facilities services, which are provided centrally.

Sustainable development

We recycle paper, card, glass, plastic cups, containers and bottles, metal cans and toner cartridges. Our office at 2 Redman place also has sustainability features such as grey water harvesting for the toilets and blinds deployed automatically for energy efficiency.

Our multi-function devices (for secure printing, scanning, and photocopying) are pre-set to print on both sides of the paper. Our IT equipment is re-used and working lives extended where possible and is switched off when not in use. Surplus equipment is either sold or donated. Staff are able to work from home for the majority of the time, allowing reduced travel impact.

We do not procure energy or other items with significant environmental impact.

Procurement

We comply with all relevant Department of Health and Social Care and Cabinet Office efficiency controls. These cover advertising, marketing and communications, IT, digital, professional services and learning and development. Business case approval from the department is required in most cases.

We are aware of the green agenda in relation to procurement. However, we rarely set our own contract terms or purchase directly and are dependent on Crown Commercial Service (CCS) and other framework holders for integrating sustainability features in their contract letting.

Nearly all of our procurement is done through CCS. So, as far as we are able, we aim to meet the Department of Health and Social Care target for public sector procurement of 33% of procurement spend going to small and medium sized enterprises (SME) but we are dependent (as with sustainability) on CCS ensuring that SME suppliers are present on the relevant frameworks in the first place. Where we have a choice of supplier, our criteria do include both sustainability and SME usage.

We are too small to have a procurement pipeline. Any necessary procurement will be conducted using CCS frameworks and with close CCS oversight. We provide the Department of Health and Social Care with quarterly reporting on procurement.

There is no significant non-pay spend that is not via CCS or Department of Health and Social Care frameworks or contracts.

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