

# Audit and Governance Committee meeting

**Date: 17 June 2025 – 10.00am to 1.30pm**

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

Agenda item	Time
1. Welcome, apologies and declarations of interest	10.00am
2. Minutes of previous meetings (CS) <a href="#">For decision</a>	10.05am
3. Action log (MA) <a href="#">For information</a>	10.10am
4. Internal Audit – results and annual opinion (JC) <a href="#">For discussion</a>	10.15am
5. Progress with current audit recommendations (MA) <a href="#">For discussion</a>	10.45am
6. HFEA's Information and Governance Security Risk Management (TS) <a href="#">For information</a>	10.55am
7. Resilience, business continuity management & cyber security (verbal) (MC/NMcC) <a href="#">For information</a>	11.05am
8. Information assurance and security (SIRO report) (TS) <a href="#">For discussion</a>	11.15am
9. Annual report and accounts (including the annual governance statement) (MA) <a href="#">For discussion</a>	11.25am
10. External audit completion report (ND/DG) <a href="#">For discussion</a>	11.40am
11. Risk Update <ul style="list-style-type: none"> <li>Strategic Risk Register – <a href="#">for discussion</a> (SQ)</li> <li>Committee discussion on potential horizon scanning items/items to add to deep dive discussion list (CS)</li> </ul>	12.00pm
12. Digital projects <ul style="list-style-type: none"> <li>PRISM update (verbal report) - <a href="#">for information</a> (KH)</li> <li>Phoenix Programme - <a href="#">for information</a> (LR)</li> </ul>	12.20pm

13. Human resource strategy (YA) For information	12.40pm
14. Estates (verbal report) (TS) For information	12.55pm
15. AGC forward plan (CS) For decision	1.05pm
16. Items for noting (TS) <ul style="list-style-type: none"> <li>• Whistle blowing</li> <li>• Fraud</li> <li>• Gifts and hospitality</li> <li>• Contracts and Procurement</li> </ul> For information	1.10pm
17. Session for members and auditors only	1.20pm
18. Close	

**Next Meeting:** 14 October 2025 **1.30pm start** (virtual meeting)

# Minutes of previous Audit and Governance Committee meetings

## 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	17 June 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: <ul style="list-style-type: none"><li>confirm the minutes of the Audit and Governance Committee meeting held on 4 March 2025 as a true record of the meeting</li><li>note the minutes of the Audit and Governance Committee meetings held on 3 April and 30 April 2025, and which were approved by email.</li></ul>
Resource implications	N/A
Implementation date	N/A
Communication(s)	N/A
Organisational risk	Low

## Minutes of the Audit and Governance Committee meeting on 4 March 2025 held virtually (Teams)

Members present	Catharine Seddon, Chair Tom Fowler Alex Kafetz, Deputy Chair Anne Marie Miller
External Advisers	Dean Gibbs, KPMG – External Audit lead Lea Luna, KPMG Nick Doran, National Audit Office (NAO) – External Auditor Jo Charlton, Head of Internal Audit (Internal Auditor) – GIAA Andrew Angeli, Deputy Head GIAA
Observers	Caroline Pringle, Head of Licensing Luke Reader, IT Project Manager
Apologies	Clare Ettinghausen, Director of Strategy and Corporate Affairs Rachel Cutting, Director of Compliance and Information Sophie Tuhey, Head of Planning and Governance Steve Pugh, Department of Health and Social Care (DHSC)
Staff in attendance	Peter Thompson, Chief Executive Tom Skrinar, Director of Finance, Planning and Technology Morounke Akingbola, Head of Finance Paula Robinson, Head of Planning and Governance Shabbir Qureshi, Risk and Business Planning Manager Alison Margrave, Board Governance Manager Martin Cranefield, Head of IT (item 5, 10 and 11) Kevin Hudson, PRISM Programme Manager (item 10)

### 1. Welcome, apologies and declaration of interest

- 1.1. The Chair welcomed everyone to the meeting and a warm welcome was extended to the observers. The Chair informed the committee that Andrew Angeli, GIAA, would be taking over Head of HFEA Internal Audit from after the June AGC meeting.
- 1.2. Apologies for absence were received from Clare Ettinghausen, Director of Strategy & Corporate Affairs, Rachel Cutting, Director Compliance and Information, Neil McComb, Head of Information, Sophie Tuhey, Head of Planning and Governance and Steve Pugh, Department of Health and Social Care.
- 1.3. The Chair asked for any declarations of interest.
- 1.4. Anne Marie Miller informed the committee that as 1 February 2025 she is a Board member of Two Rivers Housing Group. The committee agreed that there were no conflicts with her role at the HFEA.

- 1.5.** The Chair informed the committee that she has joined the Board of the Health and Care Professions Council (HCPC) for a three-year term to December 2028. The committee agreed there were no conflicts with her role at the HFEA.
- 1.6.** The Chair informed the committee that she had held the quarterly meeting with the Head of Internal Audit GIAA and pre-planning meetings with the Chief Executive and the Board Governance Manager. The Chair informed the committee that she attended the ACE-PCF Annual Conference on Public Bodies data, technology and innovation, where the HFEA Chief Executive had been a speaker. The Chair spoke about the Government publication titled “AI Playbook” and asked that this be circulated to the committee.
- 1.7.** The Chair reminded the committee that as of 1 January 2025 Tom Skrinar was employed full time by the HFEA and was no longer a shared service with the HTA. His new title of Director of Finance, Planning and Technology reflects all the areas that he now oversees.

#### Action

- 1.8.** Board Governance Manager to circulate the AI Playbook to the committee members.

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## 2. Minutes of the meeting held on 6 December 2024

- 2.1.** The Chair introduced the minutes from the previous meeting which had been circulated to the members.
- 2.2.** Proposal to amend minute 4.1 so that it reads:  
The Head of Internal Audit – GIAA presented this item and stated that delivery of the 2024/25 audit plan is progressing well, with 60% of the plan now delivered to final report stage and she feels comfortable that the full plan will be delivered on time, subject to the continued engagement of the HFEA staff in assisting with the delivery of the remaining audits in a timely manner.
- 2.3.** Proposal to amend minute 6.5 so that it reads:  
The proposed timetable for the timing of the audit was presented, noting that an interim audit visit is planned for March February 2025 and final visit in May 2025. The aim is to be able to lay the HFEA’s account in Parliament before summer recess.
- 2.4.** Proposal to amend minute 6.8 so that it reads:  
In response to a question the NAO External Auditor explained why the HFEA’s risk profile had been highlighted due to heightened in relation to the duplicate billing provision and PRISM impairment. He stated that due to the increased work this would incur additional fees, as had been the case the previous year. Both the Chair and Director of Finance and Resources commented that the fee increase the previous year was in part incurred due to the auditors’ lack of understanding about the PRISM system and therefore any proposed fee increase should be offset by the learning gained from the previous year and further evidence to be provided to the NAO regarding duplicate invoices and general assurance of PRISM and the data it contains. The NAO and KPMG agreed to provide an update on the progress made with assessing the revenue risk at the March meeting.
- 2.5.** With these amendments the minutes of the meeting held on 6 December 2024 were agreed 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 this item.
- 3.2.** Regarding the requirement of item 4.24 from 6 December 2024 the Director of Finance, Planning and Technology updated the committee on discussions with GIAA and proposed amendments to the HFEA/GIAA relationship management policy. The committee agreed that this action should stay open until the revised policy is accepted.
- 3.3.** The Head of Finance informed the committee that the requirement of item 5.7 from 6 December 2024 regarding updating the outstanding audit recommendations report can be closed and could be removed from the action log. The updated report will be considered by the committee under agenda item five.
- 3.4.** The Head of Finance informed the committee that the requirement of item 12.6 from 6 December 2024 has been closed and could be removed from the action log, as the committee forward plan had been updated as requested.
- 3.5.** The Head of Finance informed the committee that the requirement of item 14.7 from 6 December 2024 has been closed and could be removed from the action log. Committee members were thanked for completing the skills matrix and the Chair and Governance team will use these results to help plan for future training events.
- 3.6.** In relation to item 14.8, the Head of Finance informed the committee that the Effective Governance Report will be presented to the Authority next week and this will include the results of the committee's effectiveness review; the committee therefore agreed that this could be closed.

#### Decision

- 3.7.** Members agreed the proposed amendments to the action log.

#### Action

- 3.8.** Board Governance Manager to update the action log as agreed by the committee.

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### 4. Internal audit update report

- 4.1.** The Head of Internal Audit (GIAA) presented this item and stated that 60% of the 2024/25 plan had now been delivered to final report stage. Since last reporting to the committee progress has been made on the final two audits with both now being in the field work stage.
- 4.2.** The Head of Internal Audit commented that assuming timely engagement from the HFEA staff continues then she is confident that they will be able to deliver the audit plan to at least draft report stage by 31 March 2025.
- 4.3.** The Head of Internal Audit encouraged the Authority to complete the customer satisfaction questionnaires that are issued after each audit, as this feedback helps GIAA improve its service offering going forwards.
- 4.4.** In response to a question the Head of Internal Audit stated that it is too early to give a judgement on the Authority's overall audit rating and that it is based on several observations not just the actual audit results.

- 4.5.** In response to a question regarding whether the Authority had learnt from the recommendations arising from the audits with limited responses the Chief Executive spoke to the background of the audit reports and that several of the recommendations concern process issues and the Authority must balance resolving these with the other priorities and pressures it has.
- 4.6.** The Chair spoke of the importance of providing sufficient evidence to satisfy the audit recommendations and requested that the presentation which the Head of Internal Audit had presented to the Corporate Management Group (CMG) on GIAA practice and expectations be circulated more widely in the organisation.
- 4.7.** The committee's attention was drawn to the supplementary pack especially regarding developments in the profession and GIAA training events for members.
- 4.8.** In response to a question the Head of Internal Audit stated that the Dear Accounting Officer letter referred to in the supplementary pack should be issued by the end of March. The Chair asked that this be circulated to the committee, with a note on how the HFEA plans to address this, when received.
- 4.9.** The Chair commented that the counter fraud update was a timely resource given that the committee were considering the Fraud Risk Assessment and Counter Fraud and Anti-Theft Policy later in the meeting.
- 4.10.** The Deputy Head of Internal Audit presented the proposed internal audit plan for 2025/26, which has been discussed and agreed with the Senior Management Team (SMT). He stated that GIAA's approach for 2025/26 will continue to be agile and a review with management will be undertaken during the year to ensure that the audit activity remains focussed on the right areas for the latter half of the year.
- 4.11.** The Deputy Head of Internal Audit referred to the longer-term audit view and stated that as previous years GIAA had undertaken a longer term, cyclical approach to planning. This will be reviewed regularly and is intended to be high level and flexible at present. The proposed longer term audit plan gives baseline coverage and aligns to the HFEA's strategic risks.
- 4.12.** In response to a question the Chief Executive explained the rationale for the staff retention audit, noting that staff attrition rate is currently low but as a small organisation it is useful to learn from others.
- 4.13.** In response to a question both the Deputy Head of Internal Audit and Chief Executive explained why inspection was not on the longer-term audit view, noting that when it was audited in 2021/22 it received the highest rating possible and that the Epicentre replacement project is central to its operation so it would be sensible to schedule any audits for once that project is completed.
- 4.14.** The committee discussed the longer-term audit view and the wider independent reviews such as CQC ([interim](#) and [full](#)) and [Ofsted](#) and the ongoing [Review of patient safety across the health and care landscape](#).
- 4.15.** The Chair asked that when the mid-year review of the audit plan is undertaken by GIAA and the SMT, this question should be reconsidered and the decision brought to the committee for information.

## Decision

- 4.16.** Members noted the internal audit update report.

**4.17.** Members approved the proposed 2025/26 internal audit plan.

#### Action

**4.18.** Director of Finance, Planning and Technology to consider wider circulation of the presentation given to CMG by the Head of Internal Audit.

**4.19.** Director of Finance, Planning and Technology to circulate the Dear Accounting Officer letter and the HFEA's proposed response when received.

**4.20.** Mid-year review of the audit plan to be brought to the committee for information.

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## **5. Progress with current audit recommendations**

**5.1.** The Head of Finance introduced this agenda item and spoke to the recommendations contained within the paper.

**5.2.** The Director of Finance, Planning and Technology explained the rationale for accepting at risk the audit recommendations relating to DSPT 2021/22.

**5.3.** The Director of Finance, Planning and Technology referred to the DSPT 2023/24 recommendations and reminded the committee that the Cyber Assessment Framework (CAF) is being introduced in 2025 which is likely to be more stringent. A paper will be brought to the June AGC meeting on the HFEA's approach to the CAF and therefore it was practical to extend the deadline for these recommendations.

**5.4.** The Head of IT reminded members that the HFEA is part of the NHS licence agreement for Microsoft products and is therefore reliant on the NHS IT Team responding to our requests to provide access to the software to manage logs. Members were informed that he is continuing to engage with the NHS team and has requested their roadmap for this implementation which is been planned for summer 2025.

**5.5.** The committee discussed the benefits of being within the NHS licence agreement and whether the proposed revised target dates would be realistic given the dependency on NHS IT. The Deputy Chair offered his support and contacts, if required. The committee supported extending these target dates to December 2025.

**5.6.** The Director of Finance, Planning and Technology referred to the audit recommendations relating to business continuity and stated that these relate to engaging an external company to test the procedures and plans which the HFEA has put into place. The responsibility for this has now been transferred to the newly appointed Head of Planning and Governance and it was felt prudent to extend the target dates.

**5.7.** The committee discussed the need to set realistic and achievable target dates and were assured that there were clear implementation plans for the recommendations with proposed target dates, which provided the committee with assurance.

#### Decision

**5.8.** The committee agreed that the target dates for audit recommendations relating to record management and business continuity should be extended to October 2025.



- 5.9.** The committee agreed that the target dates for audit recommendations relating to DSPT 2023/24 be extended to December 2025 and that detail of the timeline and implementation plans regarding all of the above recommendations should be brought to the AGC in June.
- 5.10.** The committee agreed to accept at risk the audit recommendations relating to DSPT 2021/22.

#### Action

- 5.11.** The Head of Finance to update the report and the amended report including timeline and implementation plans for DSPT 2023/24 audit recommendations to be brought to the AGC in June.

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## 6. External audit

- 6.1.** The External Audit Lead, KPMG, introduced the paper and informed the committee that since the last meeting they have held inquiries with a number of members of the management team; performed walkthroughs of the processes for generating invoices from the data submitted; reviewed data provided by management relating to refund issues during the year and consulted with their internal specialists on the level of assurance required where incomplete data is available.
- 6.2.** The External Audit Lead reported that the level of refunds issued in the first half of the year is higher than expected and as this materially exceeds the amount expected, they have made further inquiries of management and reviewed initial data to seek to understand the high level of refunds better. He thanked the HFEA team for their assistance in this matter.
- 6.3.** The External Audit Lead spoke of some challenges regarding downstream billable cycles relating to a duplication which had been removed from the database and the submission and deletion of a cycle in the same period. Given these challenges, KPMG is continuing to consult with its internal specialists on how to obtain the assurance that is required over the accuracy of invoices that have been generated. The fact that PRISM is a live database made audit checks more difficult.
- 6.4.** The External Audit Lead spoke of the next steps KPMG plans to take to address the risk arising from revenue recognition and stated that they will keep the committee updated on this work.
- 6.5.** The Chair asked whether this could result in qualified accounts? The External Audit Lead referred to the risks associated with revenue recognition and the need for strong assurance that there are no other issues. The Director of Finance, Planning and Technology provided assurance that management understands how data flows through PRISM to the accounting system and that the HFEA finance team will do regular review of refunds in future as part of standard financial processes (though volumes of corrections and refunds are expected to reduce significantly once CAFC transition is complete).
- 6.6.** The Chief Executive spoke of the detailed accounting work being undertaken to address this issue and spoke of the planned fee review work which could address this further in the future.
- 6.7.** The committee discussed the additional information provided in the 'Digital Projects PRISM' paper and the level of assurance this provided to the committee.
- 6.8.** In response to a question, the External Audit Lead stated that the technical team had been very engaged since January and there was no delay in their engagement on this matter.

- 6.9.** In response to a question the Director of Finance, Planning and Technology stated that there is not a fundamental issue with PRISM for raising invoices; the issues have arisen due to patient information being entered and then changed or deleted, in particular where clinics are using third-party system interfaces. There is an iterative process of updating and correcting patient records between clinics and PRISM that is particularly active currently due to transition to CAFC. These corrections create multiple billing actions that management understand to be correct, but are high volume and difficult to track.

#### Decision

- 6.10.** The committee noted the audit progress report.

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## 7. Accounting policies

- 7.1.** The Director of Finance, Planning and Technology introduced the paper and stated that the purpose is to advise members of the accounting policies adopted for the preparation of the accounts for the financial year 2024/25. He stated that the policies adopted for 2024/25 are the same as those adopted for the previous fiscal year.
- 7.2.** In response to a question, the Director of Finance, Planning and Technology stated that he was preparing a paper for the committee on the impairment of PRISM, and this would be circulated to the committee for a decision towards the end of the month.

#### Decision

- 7.3.** The committee noted the accounting policies applicable to the financial year 2024/25.

#### Action

- 7.4.** Director of Finance, Planning and Technology to distribute impairment of PRISM paper to the committee for decision.

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## 8. Strategic risk

#### Strategic risk register

- 8.1.** The Risk and Business Planning Manager introduced the paper and informed the committee that a grass roots review of the strategic risk register (SRR) will be conducted in line with the launch of the new strategy.
- 8.2.** Given that the Authority approved the new strategy for 2025-2028 and that this is due to be published in April 2025, the SRR will be presented in full to the June 2025 AGC meeting.
- 8.3.** The Risk and Business Planning Manager informed the committee that the new SRR will use the existing template with the same categories as per Orange Book guidance. One of the main risks will be the Phoenix Programme (Epicentre replacement programme) as this has organisation wide impact, and he spoke about the mitigations and controls in place and the leadership of the programme.
- 8.4.** In response to a question as to whether the HFEA would be affected by the Government spending reviews, the Director of Finance, Planning and Technology stated that the HFEA had responded to the communications received but reminded the committee that 95% of the HFEA's funding is through chargeable fees.

- 8.5.** The committee discussed the Governance risk and the risks if legislative reform was announced or not, especially regarding the current lack of proportionality in powers for the Licence Committee.
- 8.6.** The committee discussed the Information 1 risk and the potential risk of failing to be recognised as an authoritative source of information. A member raised a broader sub-risk of diminishing trust in government data, noting that this was outside the HFEA's control.
- 8.7.** The committee discussed the People risk and whether this should reflect the opportunities of AI in the recruitment and retention of staff and the risk of failing to identify the required skill sets of staff when AI opportunities are adopted.
- 8.8.** The committee discussed the Reputational risk and noted the challenges and changes happening to other regulatory sectors. The Chief Executive spoke of the complication of on-line services in the fertility sector which are not currently regulated by the HFEA. The committee noted the communications team work in positioning the HFEA and how this can help mitigate some of the risks.
- 8.9.** The committee discussed the ongoing [Review of patient safety across the health and care landscape](#) and how this may impact ALBs, noting that this is a risk which the HFEA cannot put any mitigations in place for.
- 8.10.** The Chair drew the discussion to a close and thanked all for their comments.

#### Action

- 8.11.** Risk and Business Planning Manager to bring full new risk register to June AGC meeting for further comments.

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## 9. Deep dive – Government functional standards (GFS)

- 9.1.** The Director of Finance, Planning and Technology introduced the report and reminded the committee that the GFS were created to promote consistent and coherent ways of working across government and provide a stable and comparable basis for assurance, risk management and capability improvement. The standards also serve to help accounting officers fulfil their duties and link to other central standards such as Managing Public Money and the Orange Book for risk management.
- 9.2.** The Director of Finance, Planning and Technology reminded the committee that the HFEA's policy for GFS management was developed in early 2024/25 and the overall policy and approach were reviewed by GIAA in the summer of 2024. GIAA had some concerns as to the extent of assurance and compliance with the GFS and therefore some amendments had been made to the policy and guidance had been sought from the Department of Health and Social Care (DHSC) as to the appropriateness of the HFEA's approach.
- 9.3.** The Director of Finance, Planning and Technology spoke of the detailed self-assessments completed and agreed by the GFS leads. Where any actions for improvement have been identified it is expected that they will be completed in line with normal business timetables, unless the Director specifies a specific timescale. The Corporate Management Group (CMG) will review progress and identify any major changes to GFS content in Q4 of 2025/26.

- 9.4.** The Director of Finance, Planning and Technology commented that whilst a proportion of the GFS questions and tools are not entirely relevant to an organisation of the HFEA's size, the HFEA will use the GFS reviews as a way of positively discussing and reviewing, on an annual basis, to ensure it remains compliant with the mandatory elements of GFS.
- 9.5.** In response to a question, the Director of Finance, Planning and Technology informed the committee that evidence had been submitted to GIAA, which he hoped would allow that audit recommendations be closed. The Head of Internal Audit confirmed receipt of evidence but stated that this had not yet been reviewed.

#### Decision

- 9.6.** The committee noted the paper and agreed that it is content with the HFEA's general approach and policy regarding functional standards.

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## 10. Digital projects

### PRISM update

- 10.1.** The PRISM Programme Manager presented the paper and informed the committee of the activities undertaken since last reporting to the committee in December 2024.
- 10.2.** The PRISM Programme Manager explained that the sign off process for the interim CaFC commenced on 18 February 2025 and he explained the information which had been sent to each clinic PR and lead clinic staff. He spoke of the response rate which had been achieved and the support the team is providing to some clinics. It is anticipated that the interim CaFC will be published at around the end of March 2025.
- 10.3.** The PRISM Programme Manager highlighted to the committee the work that is being undertaken towards completing the full CaFC during 2025 and provided an update on the progress on addressing missing thaw linkages.
- 10.4.** The PRISM Programme Manager provided an update on the automated 10 family limit alerts and stated that the new process has been well received by clinics and professional bodies.
- 10.5.** The PRISM Programme Manager noted that the committee had discussed the issue of billing through PRISM under agenda item six, but he provided further updates on the work and ongoing liaison with KPMG.

### Phoenix Programme (Epicentre replacement)

- 10.6.** The Head of IT spoke about the main aims of the programme and introduced the IT Project Manager to the committee
- 10.7.** The IT Project Manager spoke about the scope of the programme and informed the committee that the contract had been signed with the supplier (Ceox) and provided the main details of the contract.
- 10.8.** The IT Project Manager spoke of the different phases for the programme which are discovery, design, delivery and optimisation. The programme is in the discovery phase and he spoke of the discovery workshops being held with the different teams within the HFEA.
- 10.9.** The IT Project Manager explained the other phases of the programme and stated that the delivery phase would consist of agile two-week sprints.

- 10.10.** The governance of the programme was explained noting the weekly progress email, monthly programme board management meetings, monthly reporting to the Corporate Management Group (CMG) and quarterly to this committee.
- 10.11.** The IT Project Manager spoke of the staff engagement within the programme and how this will be maintained during the different phases.
- 10.12.** The Chair thanked the IT Project Manager for the verbal report and noted the importance of staff engagement in all aspects of the programme.

#### Decision

- 10.13.** The committee noted the progress with the interim and full CaFC.
- 10.14.** The committee noted the progress with the commencement of the 10-family limit alerts and the work being undertaken for the current KPMG audit of PRISM billing.
- 10.15.** The committee noted the verbal report on the Phoenix Programme (Epicentre replacement).

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## **11. Resilience, cyber security & business continuity**

- 11.1.** The Head of IT informed the committee of the work being undertaken for the Umbraco update and due to this the pen testing will be delayed until after all the upgrades have been implemented.
- 11.2.** The Head of IT informed the committee that whilst responsibility for arranging testing of the business continuity plan has been transferred to the new Head of Planning and Governance, he will be working with her to implement this.

#### Decision

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

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## **12. Draft Governance Statement**

- 12.1.** The Head of Finance informed the committee that as in previous years the draft governance statement is being prepared and will be circulated to members, via email before the end of March, for comment. Committee members were asked to provide feedback and comment within 7 working days.
- 12.2.** The Head of Finance informed the committee that the NAO published a new guide on annual reporting on 11 February and this is being reviewed to see whether any changes are required for the HFEA's reporting.
- 12.3.** The Chair thanked the Head of Finance for the verbal report and asked that when committee members respond to the email regarding the draft governance statement that they respond to all, so that the same items are not raised multiple times.

#### Decision

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

#### Action

- 12.5.** Committee members to respond to the draft governance statement email within 7 days of receipt, copying all other AGC members.
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### **13. Fraud risk assessment**

- 13.1.** The Head of Finance introduced the paper and explained that the Fraud Risk Assessment is a critical component of the GFS Standard GovS 013: Counter Fraud, which sets out the framework for managing fraud, bribery and corruption risks across the HFEA.
- 13.2.** The Head of Finance informed the committee that the FRA had been reviewed by the Corporate Management Group (CMG) in February 2025 and a review and test of controls is planned for the end of Q4.
- 13.3.** In response to a question the Head of Finance confirmed that there had been no identified fraud within the last nine months. The committee discussed the possibility of adding fraud to agenda item 17 – Items for Noting.
- 13.4.** In response to a question regarding a potential new sub risk regarding suppliers and contract management the Chief Executive explained the procurement regime with a business case needing to be submitted to the DHSC.
- 13.5.** In response to a question regarding risk 10 and whether there could be a risk in processing applications for financial benefits, the Chief Executive explained the process for handling the Opening the Register (OTR) applications and how all data is checked by two separate people.
- 13.6.** The Chair questioned whether the rating is correct for risk 7 and asked the Head of Finance to review this.

#### **Decision**

- 13.7.** Subject to consideration of the additional points raised by the committee, the FRA was noted by the committee.
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### **14. Anti-fraud policy**

- 14.1.** The Head of Finance introduced the paper and informed the committee that a review of the policy had taken place in February 2025 and there were a few small amendments proposed to the policy.
- 14.2.** The Head of Finance explained that reference to the Economic Crime and Corporate Transparency Act 2023 (ECCT 2023) had not been included as it applies to organisations with more than 250 staff or £36m turnover. The Head of Finance will continue to monitor this legislation for updates that may change which organisations would be in scope.
- 14.3.** In response to a question, the Head of Finance confirmed that HFEA staff undertake fraud training annually on the civil service-learning platform. The committee asked that this be clarified in the policy. The Director of Finance, Planning and Technology informed the committee of the fraud training that was delivered by an external trainer at the last all staff meeting in December 2024.

#### **Decision**

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- 14.4.** The committee agreed the exclusion of the ECCT 2023 from the policy and, subject to the proposed amendment regarding training, approved the anti-fraud policy.
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## **15. Whistle blowing policy**

- 15.1.** The Head of Finance introduced the paper and reminded the committee that the purpose of this policy is to ensure people working for the HFEA were aware of the channels available to them to report inappropriate behaviour.
- 15.2.** The Head of Finance informed the committee that the policy had been reviewed, and a few minor amendments were being proposed to the policy.
- 15.3.** The Chair proposed that paragraphs 5.2 and 8.6 should be combined into one so that staff knew what could be reported and how to report it.
- 15.4.** The committee asked for clarification that the Employment Right Bill (2024) was now policy, as reflected in the proposed new paragraph 7.1 of the HFEA's whistle blowing policy.
- 15.5.** A member commented that the policy explains the protection for those who whistle blow but does not explain what should be done if HFEA staff are contacted by a journalist and encouraged to whistle blow. The Chief Executive stated that this is covered in other policies, including the HFEA's Staff Code of Conduct and in staff contractual clauses. Furthermore, a deep dive into the HFEA's external whistle blowing policy, which may be more likely to attract external attention, will be presented to AGC in October for further discussion.

### Decision

- 15.6.** The committee approved the policy with the proposed amendments to paragraphs 5.2 and 8.6.

### Action

- 15.7.** The Head of Finance to amend the policy.
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## **16. Governmental Functional Standards**

- 16.1.** The verbal report from the Director of Finance, Planning and Technology was incorporated into agenda item 9 Deep Dive on Governmental Functional Standards.
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## **17. AGC forward plan**

- 17.1.** The Chair referred to the paper and asked the committee whether the proposed deep dive and training topics were still relevant. The Chair spoke of the skills matrix the committee had recently completed and how this will be used to guide future training opportunities.
- 17.2.** The committee discussed the proposed schedule of deep dive topics and agreed that this was correct.
- 17.3.** The committee discussed the proposed training topics and asked that consideration be given to cyber security training. The proposed training for December 2025 on knowledge of the role/functions of the external auditor/key reports and assurances was discussed and External Audit agreed to deliver. The External Audit lead, KPMG, referred to the training delivered in 2022 and agreed to recirculate those slides to the committee.



### Decision

**17.4.** The committee noted the AGC forward plan.

### Action

**17.5.** The Board Governance Manager to circulate the slides prepared by KPMG for the previous training session held in December 2022.

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## 18. Items for noting

### 18.1. Whistle-blowing

- Members were advised that there were no whistle-blowing incidents.

### 18.2. Gifts and Hospitality

- Members were advised that there was nothing to report.

### 18.3. Contracts and Procurement

Members were advised that a contract had been signed with Ceox and as this had been outside the delegated level of authority for the Chief Executive and Director of Finance, Planning and Technology approval had been sought from the Chair and two other Authority members via a Final Business Case.

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## 19. Any other business

**19.1.** The Chair informed the committee that this was the last meeting for the Head of Planning and Governance, Paula Robinson, as she will be retiring at the end of the month. The committee expressed their immense and sincere thanks to Paula for all her work and support of the committee.

**19.2.** In a review of the meeting, members congratulated the Chair for managing the agenda and for allowing important topics to be discussed fully. The staff and auditors were congratulated for the calibre of papers presented to the committee.

**19.3.** There being no further business the Chair drew the meeting to a close and thanked all for their active participation.

**19.4.** The committee were reminded that the next meeting was in person at 2 Redman Place on 17 June 2025.

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## Chair's signature

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

### Signature

**Chair:** Catharine Seddon

**Date:** 17 June 2025



## Minutes of the Audit and Governance Committee meeting on 3 April 2025 held virtually

Members present	Catharine Seddon, Chair Tom Fowler Alex Kafetz, Deputy Chair Anne Marie Miller
Staff in attendance	Tom Skrinar, Director of Finance, Planning and Technology Nicola Fookes, Finance Manager Alison Margrave, Board Governance Manager

### 1. PRISM

- 1.1.** The Chair welcomed everyone to the meeting to discuss the review of the capitalisation of PRISM as detailed in the paper issued by the Director of Finance, Planning and Technology issued to members on 31 March 2025.
- 1.2.** The Director of Finance, Planning and Technology introduced the paper and stated that PRISM development began life as part of the IfQ (Information for Quality) Programme. The programme addressed key, pressing issues with the HFEA's infrastructure, systems and website that were no longer fit for purpose. The objectives for the IfQ programme were to transform the HFEA's approach to the following:
- The information we collect – what the dataset should include and why
  - How clinics submit data to us – the system for submitting data and how we check data for publication
  - How the information was held – the structure and resilience of the Register database
  - How we publish information – how success rates should be published on the website and what additional information – such as patient experience information – should be presented.
- 1.3.** This review focusses only on PRISM – predominantly how clinics submit data to us and how the information is held. The IfQ developments for PRISM focussed on improving, standardising and stabilising how our data was collected and stored, so that it could be effectively retrieved and published.
- 1.4.** The Director of Finance, Planning and Technology stated that all clinics are now submitting data via PRISM, whether directly or through third party APIs, but ongoing delays to achieving a steady state of data collection with a number of clinics that submit data via APIs rather than directly into PRISM has meant that we have had to continue working in a transitional phase, supported by specialist development resources, for longer than initially foreseen. The delay also prevents the publication of full reports due to the lack of a complete data set, although interim reports are to be published soon. The final element – the full update of data for 'Choose a Fertility Clinic' (CaFC) - should be complete by the end of 2025.

- 1.5.** The Director of Finance, Planning and Technology commented that the original business case from the programme is over 10 years old and much of the context of the programme has changed. He referred to the full overview of the originally identified benefits which the HFEA can be expected to accrue from PRISM, as detailed in annex A of the paper, and spoke of additional benefits being delivered which were not part of the original business case. The Director of Finance, Planning and Technology explained the rationale for the proposed interim impairment of £93k assuming that the HFEA has delivered 50% of the expected benefits across the three years of the ten year expected useful life of the asset, which would suggest that 15% of the value of PRISM on the balance sheet would be a reasonable estimate for an impairment. The HFEA has not achieved all expected benefits, but a good proportion have been achieved - though they are difficult to quantify in percentage terms - and an impairment of greater than 100% would suggest that no benefits have been realised over the three years, which is certainly not the case.
- 1.6.** In response to a question, the Director of Finance, Planning and Technology confirmed that the HFEA would certainly continue using PRISM over the next ten years, as it is a core part of the HFEA's IT systems and data management. The main driver for the creation of PRISM was to replace a system that was out of date, lacking in functionality and unreliable. PRISM, despite continuing issues for a number of clinics, is a much more resilient system than previously, and also allows us to manipulate data in ways we could not have done previously.
- 1.7.** In response to a question the Director of Finance, Planning and Technology confirmed that the HFEA should be able to accommodate the proposed level of impairment without moving into an overspend position. The Finance Manager confirmed this and stated that accounting standards allow for the revaluation of assets and re-scoping of benefits.
- 1.8.** In response to a question, the Director of Finance, Planning and Technology informed the Committee of his discussions with NAO and confirmed they had received a copy of the paper presented to the committee, and had commented on an earlier draft (as had Anne Marie Miller).
- 1.9.** The Deputy Chair spoke of the difficulties experienced by NHS Trusts in being able to articulate the long-term benefits of IT systems.
- 1.10.** The committee discussed the benefits of PRISM noting the following points:
- that it is an essential system which helps the HFEA deliver on its core statutory duties, and would clearly continue to do so.
  - committee members are aware of the issues relating to transition, as it is closely monitored by AGC. These notwithstanding, PRISM has also allowed the HFEA to be flexible and responsive to the changing market and needs of clinics.
  - PRISM undoubtedly contributed to the recent successful Public Bodies Review (PBR) and message from the HFEA's sponsor Minister, Baroness Mellon, that the HFEA was viewed as a 'model regulator' which did a difficult job with great skill and dedication
  - the HFEA could not be as effective as it is without PRISM: where possible the HFEA should capitalise on messaging around the success and benefits of PRISM – both those outlined in the original business case and those that have become apparent since.

#### Decision

- 1.11.** The Committee agreed the interim impairment of £93k in 2024/25, with a further review at the end of 2025/26.

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## 2. Any other business

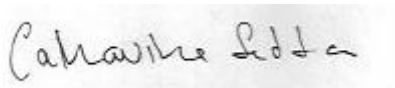
- 2.1.** The Chair reminded members that they are to review and comment on the draft governance statement before the deadline of 14 April 2025. Members were asked to reply to all on the email, so that all could see the comments made.
- 2.2.** The committee were reminded that the next meeting was in person at 2 Redman Place on 17 June 2025.

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## Chair's signature

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

Signature

A handwritten signature in dark ink, appearing to read 'Catharine Seddon', is written on a light-colored rectangular background.

Chair: Catharine Seddon

Date: 12 May 2025

## Minutes of the Audit and Governance Committee meeting on 30 April 2025 held virtually

Members present	Catharine Seddon, Chair Tom Fowler Alex Kafetz, Deputy Chair Anne Marie Miller
Staff in attendance	Peter Thompson, Chief Executive Clare Ettinghausen, Director of Strategy & Corporate Affairs Rachel Cutting, Director of Compliance & Information Tom Skrinar, Director of Finance & Resources Rachel Cooper, Senior Legal Adviser Kevin Hudson, PRISM Programme Manager Alison Margrave, Board Governance Manager
Staff observing	Morounke Akingbola, Head of Finance Sophie Tuhey, Head of Planning and Governance Shabbir Qureshi, Risk and Business Planning Manager Kathleen Sarsfield-Watson, Communications Manager
Apologies	Steve Pugh, Department of Health and Social Care (DHSC) Kath Bainbridge, Department of Health and Social Care (DHSC)

### 1. Digital Projects/PRISM update April 2025

- 1.1. The Chair welcomed everyone to the meeting and noted that it had been called to consider issues relating to the publication of the Interim and Full CaFC.
- 1.2. The Chair noted that apologies had been received from our sponsor team at the Department of Health and Social Care.
- 1.3. The Chair asked members whether there were any declarations of interest concerning the topic to be discussed. There were none declared.
- 1.4. The Chair proposed how the meeting would be structured: the committee would receive updates on developments from the Chief Executive, PRISM Programme Manager and Senior Legal Adviser since the AGC meetings in December 2024 and March 2025. Then the committee could consider each section of the paper before them.
- 1.5. The Chief Executive thanked the committee for accommodating the additional meeting. The Chief Executive reminded the AGC that in October 2024 the committee had asked that options for the publication of CaFC be brought to their next meeting as they were concerned that delays in publication were not in the best interest of patients.
- 1.6. In December 2024 the committee had received a paper from the PRISM Programme Manager and after consideration had agreed to:
  - publish an Interim CaFC with headline success rates earlier than would otherwise be achieved if waiting for the full set of data to be verified;

- continue work on missing thaw linkages for the Full CaFC;
- publish the Full CaFC (for treatments up to the end of 2023) by the end of June 2025
- publish the full CaFC (for treatments up to the end of 2024) by the end of December 2025 (and to include only treatments from 2022 onwards); and
- Address data verification for EDI data submitted in the years 2020 and 2021 via a retrospective data verification exercise after the 2024 Full CaFC is published. This will also include addressing the 22,500 missing thaw linkages that are in the Register relating to years earlier than 2020.

**1.7.** Continuing, the Chief Executive reminded the committee that during its 4 March 2025 meeting members were advised of the relevant updates about the Interim CaFC including:

- That a letter from the Chief Executive to Persons Responsible (PRs) had been issued on 17 December 2024 setting out the plan for 2025, the scope of the Interim CaFC and confirming that the detailed data until 2018 would remain available on the website. (A summary of this information was included in the December 2024 edition of Clinic Focus).
- That a decision of the Executive on 23 January had agreed the detailed methodology that would be used to calculate success rates for the Interim CaFC, specifically the proposed birth per embryo transferred success rate that amalgamates all IVF treatments (the composite rate).
- That the PRISM programme manager wrote to all clinics on 29 January 2025, setting out the detailed process by which they would receive their Interim CaFC calculation.
- That sign off for the Interim CaFC commenced on 18 February 2025 and the statistics that were on the calculation sheets were sent to each clinic.
- That a decision was taken to publish a caveat with regard to clinics with higher-than-average levels of donor egg treatments.
- That ongoing work was being undertaken to address the remaining missing thaw linkages for the Full CaFC publication.

**1.8.** The Chief Executive informed committee members that since the March 2025 AGC meeting the HFEA had received correspondence about a potential judicial review of its decision to publish an Interim CaFC using the composite rate.

**1.9.** The Chair thanked the Chief Executive and asked the PRISM Programme Manager to provide an update on the verification process.

**1.10.** The PRISM Programme Manager informed the committee that the calculation sheets for the Interim CaFC were issued to the clinics in early March and 77 clinics signed off their data in the following eight weeks. Of the remaining 13 clinics, one clinic had declined to sign off as the HFEA was proposing to report only one headline rate. The PRISM Programme Manager stated that the other clinics are still in the process of reviewing their data and the HFEA staff will continue to engage with them.

**1.11.** The PRISM Programme Manager informed the committee that three clinics will not be included in the Interim CaFC publication as they have not submitted enough information on PRISM. The clinics had been advised of this fact and were provided with partial calculations for information only.

- 1.12.** The Chair thanked the PRISM Programme Manager and asked the Senior Legal Adviser to provide an update to the committee.
- 1.13.** The Senior Legal Adviser confirmed that as the Chief Executive had stated earlier the HFEA had received correspondence about a potential judicial review of its decision to publish an Interim CaFC using a new methodology, specifically a success rate that amalgamates all IVF treatments (the composite rate). The substantive challenge being made by the claimant is that the proposed metric would be misleading for patients.
- 1.14.** Although the HFEA does not accept this premise, the Senior Legal Adviser stated that to allay concerns raised by the potential claimant, the HFEA had proposed publishing an additional births per embryo transferred success rate for women having fresh stimulated IVF using their own eggs only (which is the current headline rate used for CaFC) and to add an additional caveat about the success rates published in order to assist patients in their interpretation of the data.
- 1.15.** Given the concerns raised by the claimant, the HFEA had conducted a short survey to gauge the views of clinics on publication (see section 2 of the paper) and the purpose of this meeting is for the AGC to consider the evidence and make a decision on whether to approve the recommendation to publish the Interim CaFC using the headline metrics now being proposed and with the caveats suggested.
- 1.16.** The Chair thanked the Senior Legal Adviser and opened the floor for comments from the committee members on the first section of the paper.
- 1.17.** In response to a question the PRISM Programme Manager confirmed that the new CaFC data would only be published once each clinic had signed off their data via their verification process. If the data is not signed off, then the 2018 data would remain in place for that clinic. The Chief Executive confirmed that this had been the general practice in previous CaFC updates.
- 1.18.** A member commented that if a clinic's old data (2018) showed a higher success rate than their new data they could decide not to sign off the verification process. The Chief Executive stated that historically clinics have decided it is better to be included in the update than not.
- 1.19.** A member asked what would happen if those clinics who have not yet signed off their data did so after the Interim CaFC had been published. The PRISM Programme Manager responded that if the remaining clinics were to sign off their data once the first publication had taken place, then it would not be too onerous a task to update the data, clinic by clinic, with only a short delay.
- 1.20.** In response to a question the Chief Executive confirmed that the HFEA's sponsor team are aware of the potential legal challenge. He confirmed that the HFEA has a communication plan in place for whenever publication might take place.
- 1.21.** The Chair thanked the committee members for their questions on the first section of the paper and asked that they now look at section two of the paper, which would be split into three parts: the survey results, the proposed metrics and subsequent decision on the appropriate metrics to be published for the Interim CaFC and whether to reference PGT-A data and donor egg data in the caveats.
- 1.22.** Committee members noted, as detailed in the paper, that the HFEA had conducted a brief survey of clinics (via letter to PRs dated 28 March 2025) outlining the proposed headline rate metrics to be published for the Interim CaFC and asking clinics to confirm whether they were in favour of the

Interim CaFC using those metrics or whether they preferred delaying publication until a Full CaFC is possible.

- 1.23.** Committee members noted that 68% of all licensed clinics had responded by the close of survey on 11 April 2025 and the results were as follows:
- 79% of respondents (49 clinics) were in favour of the interim CaFC publication with the proposed metrics. Several respondents cited patient interest in updated data being published as soon as possible as the main reason for supporting interim publication.
  - 19% of respondents (12 clinics) preferred publication of the full CaFC only. No reasons were given for opposing interim publication.
  - 1 clinic was happy either way.
- 1.24.** Committee members agreed that the results of this survey showed that there is a clear, strong majority support for pushing ahead with an Interim CaFC.
- 1.25.** In response to a question, the PRISM Programme Manager confirmed that the survey results were presented on a one-vote-per-clinic basis and no weighting of votes due to the size of the clinic had been applied.
- 1.26.** The Chief Executive commented that the aim of the survey was to establish the sectors' view on the merits of publishing an Interim CaFC with limited metrics.
- 1.27.** The Chair then asked the committee to turn their attention to the issue of the composite rate as calculated (i.e. including PGT-A data, donor egg data etc), but to support patients in being able to interpret this data by adding some further information in the introductory text for all clinics and caveats on pages where a clinic's PGT-A and/or donor egg rate is higher than the national average.
- 1.28.** The Director of Compliance and Information provided further information about the use of PGT-A.
- 1.29.** Members felt it was appropriate to include PGT-A data with a suitable caveat for the reasons set out in the paper. A member suggested that a link to the HFEA's rating for the PGT-A add-on should also be included.
- 1.30.** In response to a question, the Director of Compliance and Information confirmed that the HFEA would make use of the expertise of Authority members (including the Chair of the Scientific and Clinical Advances Advisory Committee) in finalising the wording of any caveats.
- 1.31.** The committee agreed that it is in the public's interest to have up-to-date information provided but stressed that the language in any surrounding caveats must be capable of being understood by lay persons.
- 1.32.** The Chief Executive provided further explanation of the proposed metrics for the Interim CaFC ie that this will include publishing three headline rates (the composite headline rate, the 'fresh only' headline rate and the multiple birth rate). Alongside this data will be caveats, to assist patients in their interpretation of the data.
- 1.33.** The Chair thanked the committee for their comments and asked them to now consider section three of the paper regarding the recommendation for the Interim CaFC.
- 1.34.** Members were supportive of the metrics proposed for the Interim CaFC noting that public interest and patient benefit remains paramount in the decision-making process.



- 1.35.** In response to a question, the Director of Strategy and Corporate Affairs provided further details about the proposed communications plan for both the Interim and Full CaFC, including updates to the FAQs section on the HFEA website.
- 1.36.** In response to a question, the Director of Strategy and Corporate Affairs informed members that the success of the communications will be assessed by monitoring the number and theme of enquiries received and if required, the FAQs would be amended further.
- 1.37.** The Chair asked the committee whether they were content with the recommendation regarding the Interim CaFC. The committee agreed the recommendation noting:
- that 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 believe that it is in the public and patients' interest to have an authoritative source of data to help inform choice.
  - the committee is satisfied that all clinics have been treated equally and fairly.
  - there is strong support from the sector for the Interim CaFC Publication.
  - the committee is satisfied with the evidence provided to them for the use of the metrics for the Interim CaFC.
  - that caveats will be provided against the data explaining that various practices affect success rates and that those clinics who do more than the average number of PGT-A or donor egg cycles make it difficult to compare against the UK average and other clinics.
- 1.38.** The Committee agreed the recommendation to proceed with the Interim CaFC as soon as possible, based on the proposed metrics, i.e. publishing three headline rates (the composite headline rate, the 'fresh only' headline rate and the multiple birth rate) and including the caveats that various practices can affect success rates such as the proportion of donor egg treatments or PGT-A cycles carried out by clinics for the reasons set out by the Chair and in the paper. In addition, for clinics where the number of donor egg treatments and/or PGT-A cycles is above the national average, a note should be added advising patients that this can make it more difficult to compare those clinic's rates against the UK average and those of other individual clinics.
- 1.39.** The Chair thanked the committee for their discussion on the Interim CaFC and asked the PRISM Programme Manager for an update on the proposed Full CaFC publication, focusing on what has changed since the March 2025 AGC Meeting.
- 1.40.** The PRISM Programme Manager stated that learning from the Interim CaFC verification process suggests that rather than undertake two separate verification exercises for the Full CaFC as planned (in June for 2023 treatments and December for 2024 treatments), it would be more efficient to undertake one Full CaFC, likely to be published in Autumn 2025. The PRISM Programme Manager explained that this is because in order to properly calculate births per egg collection three years of data is needed – 2022, 2023 and 2024 – and if 2023 and 2024 were verified separately it would mean verifying 2023 data twice, first against pregnancies and then against live births.
- 1.41.** The committee noted that:
- the proposal would ease resource implications for both the sector and the HFEA and would therefore reduce regulatory burden.



- the proposal would only incur a small delay against the original timeline for publication of 2023 data.
- the HFEA proposes to conduct a form of consultation in 2025 to consider the appropriate metrics prior to publication of the Full CaFC in the Autumn. Additionally, once CaFC is properly re-established, the HFEA plans to undertake a wider piece of work, in line with its business plan, to establish appropriate metrics for future CaFC publications.

**1.42.** The Chair drew the discussion to a close and asked the committee if they were ready to take a decision on the recommendation before them. The committee agreed the recommendation to have one Full CaFC publication for both 2023 and 2024 in Autumn 2025, rather than the previous plan for the two separate publications.

**1.43.** The Chief Executive thanked the committee and informed them of the next steps.

### Decisions

**1.44.** The Committee agreed the recommendation to proceed with the Interim CaFC as soon as possible, based on the proposed metrics, i.e. publishing three headline rates (the composite headline rate, the 'fresh only' headline rate and the multiple birth rate) and including the caveats, that various practices can affect success rates such as the proportion of donor egg treatments or PGT-A cycles carried out by clinics. In addition, for clinics where the number of donor egg treatments and/or PGT-A cycles is above the national average, a note should be added advising patients that this can make it more difficult to compare that clinic's rate against the UK average and those of other individual clinics.

**1.45.** The committee agreed the recommendation to have one Full CaFC publication for both 2023 and 2024 in Autumn 2025, rather than the previous plan for the two separate publications.

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## 2. Any other business

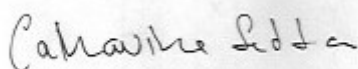
**2.1.** The committee were reminded that the next AGC meeting was in person at 2 Redman Place on 17 June 2025.

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### Chair's signature

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

Signature



Chair: Catharine Seddon

Date: 12 May 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:	17 June 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
6 Dec 2024 Item 4.24	Director of Finance and Resources and Head of Internal Audit to discuss offline the subject of attendance at audit close out meetings.	Director of Finance and Resources	March 2025	June 2025	<p>Currently revising the HFEA/internal audit relationship management policy with GIAA, including covering attendance at audit close out meetings.</p> <p>Update June: the HFEA's internal audit relationship policy has been updated with GIAA and discussed with CMG, focusing in particular on close out meetings and signing off audit reports as well as agreeing ToRs. This will be brought to AGC in October as part of a wider review of the HFEA's responsibilities re internal audit in light of changes to internal audit standards.</p> <p>This item is closed and can now be removed.</p>
4 March 2025 Item 1.8	Board Governance Manager to circulate the AI Playbook to committee members	Board Governance Manager	June 2025		<p>Completed email sent to AGC members 4 March 2025.</p> <p>This item is closed and can now be removed.</p>
4 March 2025 Item 4.18	Director of Finance, Planning and Technology to consider wider circulation of the presentation given to CMG by the Head of Internal Audit	Director of Finance, Planning and Technology	June 2025		<p>We have received the slides from GIAA and HFEA internal comms will consider how best to share with staff.</p> <p>This item is closed and can now be removed.</p>
4 March 2025 Item 4.19	Director of Finance, Planning and Technology to circulate the Dear Accounting Officer letter and the HFEA's proposed response when received	Director of Finance, Planning and Technology	June 2025	October 2025	<p>The DAO letter and associated updates to International Internal Audit Standards and the relevant Functional Standard have been reviewed by the Director. There are no significant change requirements for the HFEA. The detail of the changes will be discussed with AGC in October.</p>

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
4 March 2025 Item 4.20	Mid-year review of the audit plan to be brought to the committee for information	Board Governance Manager			Mid-year review added to the AGC forward planner.  This item is close and can now be removed.
4 March 2025 Item 5.11	The Head of Finance to update the progress with current audit recommendations paper	Head of Finance	June 2025		See paper under agenda item 5. Regular reporting on progress with current audit recommendations is considered BAU.  This item is closed and can now be removed.
4 March 2025 Item 7.4	Director of Finance, Planning and Technology to distribute impairment of PRISM paper to the committee for decision.	Director of Finance, Planning and Technology	June 2025		The paper was shared with AGC and discussed at an exceptional meeting on 3 April, where the impairment proposed by the Executive was agreed by Members.  This item is closed and can now be removed.
4 March 2025 Item 8.11	Risk and Business Planning Manager to bring full new risk register to June AGC meeting for further comments.	Risk and Business Planning Manager	June 2025		See paper under agenda item 11.  This item is closed and can now be removed.
4 March 2025 Item 12.5	Committee members to respond to the draft governance statement within 7 days of receipt.	All	April 2025		Completed and committee members comments and suggestions were incorporated into the Annual Report which can be found at agenda item 9.  This item is closed and can now be removed.
4 March 2025 Item 15.7	Head of Finance to amend the Whistle blowing policy as per the committee's decision	Head of Finance	May 2025		Paragraphs 5.2 and 8.6 brought together within the policy.  This action is complete.

Date and item	Action	Responsibility	Due date	Revised due date	Progress to date
4 March 2025 Item 17.5	Board Governance Manager to circular the slides prepared by KPMG for the previous training session held in December 2022.	Board Governance Manager	April 2025		Completed email sent to AGC members 4 March 2025. This item is closed and can now be removed.

# SIRO 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:	8
Meeting date:	17 June 2025
Author:	Tom Skrinar, Director of Finance, Planning and Technology
Annex:	Annex A – Assessment of the HFEAs compliance with the Security Policy Framework 2014 (As at 31 March 2025)

## Output from this paper

For information or decision?	For information
Recommendation:	N/A
Resource implications:	N/A
Implementation date:	N/A
Communication(s):	N/A
Organisational risk:	Medium

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## 1. Purpose

The Senior Information Risk Officer (SIRO) holds responsibility for managing the strategic information risks that may impact on our ability to meet our corporate objectives, providing oversight and assurance to the Executive and Authority of the HFEA. It is a Cabinet Office (CO) requirement that Boards receive regular assurance about information risk management. This provides for good governance, ensures that the Board is involved in information assurance and forms part of the consideration of the Annual Governance Statement (AGS).

This is my annual report to the Accounting Officer and AGC, providing an overview of the key information and data governance activities and performance for the 2024/25 financial year. In addition, it aims to provide assurance to the Audit and Governance Committee that the HFEA remains compliant with its statutory and regulatory obligations.

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## 2. Background and Governance

The HFEA routinely assesses the risks to information management across the organisation, through its assessment of the risk of data loss, cyber security and the inclusion of guidance on creating and managing records throughout its Standard Operating Procedures (SOPs) and policies.

The HFEA has historically held and processed personal data and records and maintained robust controls and security protocols around all data relating to fertility treatments, which it is required to hold under the HFE Act. In recent years we have also responded to changes in legislation relating to the broader personal data we hold in relation to our staff, clinic staff and members of the public who may have contacted us. We continually review the effectiveness of our policies and SOPs to ensure we comply with relevant legislation, including the UK General Data Protection Regulation and the Data Protection Act 2018.

This work is overseen by the HFEA's Information Governance Manager, who administers and reports to the Information Governance Steering Group, which is chaired by me as SIRO and attended by the HFEA's Data Protection Officer, The Director for Compliance and Information, The Head of Information (and Caldicott Guardian) and the Head of IT. This Group considers information and cyber risk management and data protection issues as well as ensuring that the HFEA has an up to date understanding of relevant regulatory requirements.

Information Governance and Security risks are discussed as part of the HFEA's broader approach to Strategic and Operational Risk Management at CMG at an Operational level and at AGC at a Strategic level, as well as periodically with the full Authority. AGC is also provided with regular updates on Information Governance and Security as well as progress in meeting DHSC and broader government expectations, such as the Data Security and Protection Toolkit (DSPT – covered in more detail below).

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### 3. Resourcing and systems

The small size of the HFEA and limited dedicated resource has made it difficult for us to continuously adjust our response to the growing scale and range of risk, as expected by DSPT and other cross-government information risk initiatives. The HFEA's approach to managing information risks, including information security risks, is currently under review, and we have developed an Information Governance and Security Risk Management position paper (discussed with AGC on 17 June 2025) outlining our intentions regarding information risk management.

We have invested in Privacy Engine, an IG management system, in 2024/25, recognizing the need to streamline and automate our approach as far as possible to allow our team to focus on risk management in what can be an administratively heavy, process driven area work. We are building an understanding of how to take best advantage of what it has to offer, but it is already proving an invaluable tool that allows us to track incidents, risks and lessons learnt in an easily accessible way.

The HFEA's major IT project, Pheonix, will replace a number of outdated systems, including Content Manager (CM), our document management system, which will be replaced with SharePoint. SharePoint will provide a number of benefits, in particular allowing us to improve our data management, which will facilitate quicker and more effective reporting and responses to queries, FOIs, legal cases, etc. It should also provide some further options to automate records management, including document retention rules and keeping policies and SOPs up to date. Our IG Manager will support the design of our future data structure, and we have met with other ALBs that have also recently migrated to SharePoint to learn from their experiences.

Information Governance can be a resource intensive area of work, and the HFEA manages a relatively high volume of Subject Access Requests, Freedom of Information requests, as well as having to respond to data breaches when they happen (see the section below on activity), provide training and awareness for HFEA staff and support projects to produce robust Data Protection Impact Assessments (DPIAs).

In recognition of growing pressures on our IG manager to manage business as usual tasks as well as supporting the DSPT process and supporting SharePoint migration, we are recruiting additional fixed term support to allow her to focus on strategic improvements and maximizing the benefits of our new systems. We will review resource requirements once new systems are bedding in.

Regarding cyber security, we will seek external expert advice in 2025/26 as to how best to manage cyber security risks in an organisation of our size and scope. We have already begun engaging with experts to understand our options and are likely to use National Cyber Security Centre assured providers.



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## 4. The Cyber Assessment Framework

The Data Security and Protection Toolkit (DSPT), an evaluation of an organisation's ability to manage cyber and information security risk, changed in September 2024 for NHS bodies and the Department of Health and Social Care (DHSC) arm's length bodies (ALBs) to align with the Cyber Assessment Framework, which is the National Cyber Security Centre's (NCSC) standard. The HFEA will be using this approach for the 2025 evaluation, elements of which will be audited by GIAA for compliance as in previous years.

We are still working on our submission which is due for completion by 30/06/2025. We have reviewed the 47 outcomes and assessed our current position against the expectations of the CAF framework and estimate that we fall short of the expected outcomes on approximately 10 areas. Some of these we knew about before and are already in the process of improvement through the replacement of epicentre, for example, though this will not be completed by the submission date. It should be noted that this is the HFEA's first experience of using the new CAF/DSPT framework and our own assessment of our current position may not align with that of the GIAA.

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## 5. Information Governance activity in 2024/25

### Data Subject Requests

In accordance with the UK GDPR, individuals have the right to exercise a number of data subject rights in relation to their personal data. These include the right of access, rectification, erasure, restriction of processing, data portability, and objection to processing. The statutory timeframe for completion of these requests is one calendar month, however, in specific circumstances this may be extended by a further two months, for example if the request is complex.

Subject Access Requests: 7

During 2024/25, the HFEA received 7 Subject Access Requests (SARs), all subject to the one-month legal response deadline. Of these, 4 were granted and 3 were denied. Denials were issued on grounds including: failure to verify identity of the data subject, redirection to the relevant licensed clinic, or the information was not held. In some cases, requesters were signposted to the OTR process if they were seeking to obtain certain information (Register data).

SARs are becoming increasingly complex, particularly when submitted by staff or when part of a wider complaint. These cases often involve large volumes of data held across multiple systems, requiring considerable time and resource to manage. In one staff-related SAR, an extension to the response deadline was applied due to this complexity. All SARs were responded to within the legal timeframe, with the exception of one which was extended.

Data Erasure Requests: 0

The HFEA did not receive any data erasure requests during the 2024/25 financial year. However, two requests were received at the start of 2025/26, which is unusual for the organisation. In response, a new standard operating procedure (SOP) has been developed to support the handling of such requests. One request remains pending, while the other is currently overdue, partly due to IT staffing absence and the novelty of the process. These issues are being actively addressed to ensure that future erasure requests can be managed more effectively.

### **Freedom of Information Requests**

In accordance with the Freedom of Information Act (FOIA) 2000, the HFEA, as a public body, is required to respond to requests from the public within 20 working days to promote transparency and support democratic principles. Furthermore, the ICO, in its responsibility to monitor compliance and set performance standards, has set an expectation that public authorities respond to at least 95% of FOI requests within the statutory time frame.

FOI KPI was met across the year, with the exception of one complex request that required additional time. The complexity of FOIs this year has increased with requests mainly relating to clinic information, donation, human resources, and finance.

Last financial year we answered 67 FOI requests, where all but one met the deadline.

There were no Internal Reviews.

### **Data Breaches and Security Incidents**

In the 2024/25 reporting year, the HFEA recorded five data breaches, above the usual average of around two per year. One breach, involving donor-related information, was voluntarily reported to the ICO despite not meeting the statutory reporting threshold. The case was closed with general recommendations from the ICO on improving redaction processes.

All breaches underwent a full data breach investigation and root cause analysis, with identified actions tracked to completion by the relevant manager. The common theme was unauthorised internal disclosure of personal data, often attributed to human error such as misdirected emails, incomplete redaction, or incorrect donor code assignment. Underlying causes included training gaps, high workloads, and insufficient procedural safeguards. Recommendations included SOP updates, targeted training, and increased staff awareness, particularly during high-pressure periods.

The increase in reported breaches is not seen as a decline in standards, but rather as a positive reflection of greater staff awareness and improved incident reporting.

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## **6. Conclusion**

We have a small and dedicated team of specialist staff that lead the HFEA's management of information and cyber security risk in a highly effective manner, but the context in which we manage our data is changing, as are the risks we face and the expectations placed upon us.

We hold some highly sensitive data, and the focus of our resource and efforts will continue to be the secure and compliant storage of these records.

In terms of the security of our data, the HFEA has appropriate cyber security in place, but we will need to develop a clear improvement programme over the coming year to ensure we are able to protect ourselves against changing threats, or to recover from incidents, in an efficient and effective way.

I have considered the HFEAs compliance with the mandatory requirements set out in the 10 National Data Guardian (NDG) standards for data security<sup>1</sup>. These standards were designed to protect sensitive data, and also protect critical services which may be affected by a disruption to critical IT systems (such as in the event of a cyber attack), and were the basis of the DSPT approach prior to alignment with the NCSC's Cyber Assessment Framework. This is contained at Annex A to this document. As can be seen, there are areas where we perform well, but there are also areas where we need to go further, which we will focus on as we develop our improvement plan from the autumn.

In conclusion I believe the HFEA has progressed in its approach to data, information and records management over the past year and is in a stronger position in terms of its information governance and security as a consequence. As SIRO I believe the HFEA takes issues relating to information risk seriously and has appropriate processes in place to assess and minimise these risks. We will continue to maintain and improve processes over the coming year and ensure we consider how we can maximise the use of our information as a business asset.

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<sup>1</sup> [Data Security and Protection Toolkit assessment guides - NHS England Digital](#)

## Annex A – Assessment of the HFEAs compliance with the mandatory requirements set out in the 10 National Data Guardian (NDG) standards for data security

	Mandatory Requirement	Compliance	Further actions required
1	<b>Personal confidential data</b> is only shared for lawful and appropriate purposes. Staff understand how to strike the balance between sharing and protecting information, and expertise is on hand to help them make sensible judgments. Staff are trained on relevant legislation and periodically reminded of the consequences to patients and service users, their employer and to themselves of mishandling personal confidential data.	We have internal protocols (including DPIAs, SOPs and staff acting in advisory capacity) to reach sensible judgments considering relevant information. All staff undergo mandatory data protection awareness e-learning, which is refreshed on an annual basis.	Implementation of privacy compliance software and additional resource to help us to design more tailored training modules which will be delivered on a regular basis/available on demand
2	<b>Staff responsibilities.</b> All staff understand their responsibilities under the National Data Guardian's Data Security Standards, including their obligation to handle information responsibly and their personal accountability for deliberate or avoidable breaches.  All staff understand what constitutes deliberate, negligent or complacent behaviour. Insecure behaviours are reported without fear of recrimination and procedures which prompt insecure workarounds are reported, with action taken.	Staff responsibilities are clearly included in employment contracts and policies, including the HFEA Staff Code of Conduct, Acceptable Use Policy, Information Security Policy and Incident Reporting Policy.	Review of this suite of policies, including any gaps, such as Bring Your Own Device 'BYOD' policy to reinforce a security culture in the organisation.
3	<b>Training.</b> Staff have appropriate understanding of information governance and cyber security, with an effective range of approaches taken to training and awareness	The HFEA has a focused Training Needs Analysis that is reviewed by the IG Steering Group. All staff undergo mandatory data protection awareness e-learning, which is refreshed on an annual basis.	Implementation of privacy compliance software and additional resource to help us to design more tailored training modules which will be delivered on a regular basis/available on demand
4	<b>Managing Data Access.</b> Personal confidential data is only accessible	We control this by applying permissions only when	We will consider our position when we take

	Mandatory Requirement	Compliance	Further actions required
	to staff who need it for their current role and access is removed as soon as it is no longer required. All access to personal confidential data on IT systems can be attributed to individuals.	required and always used named accounts	forward a consultancy review of our processes in the autumn.
5	<b>Process Reviews.</b> Processes are reviewed at least annually to identify and improve processes which have caused breaches or near misses, or which force staff to use workarounds which compromise data security	When breaches or near misses are identified, relevant SOPs are reviewed to prevent reoccurrences	SOP annual reviews are not currently formally tracked or monitored. We will explore the possibility of an automatic notification during the SharePoint records management design phase
6	<b>Responding to Incidents.</b> Cyber-attacks against services are identified and resisted and CareCERT security advice is responded to. Action is taken immediately following a data breach or a near miss, with a report made to senior management within 12 hours of detection.  All staff are trained in how to report an incident. Basic safeguards are in place to prevent users from unsafe internet use. Anti-virus, anti-spam filters and basic firewall protections are deployed to protect users from basic internet-borne threats.	The HFEA developed new Business Continuity and Critical Incident Response plans in 2024/25, with an understanding that senior management would be informed within 12 hours.	We are reviewing and testing these plans in summer 2025.
7	<b>Continuity Planning.</b> A continuity plan is in place to respond to threats to data security, including significant data breaches or near misses, and it is tested once a year as a minimum, with a report to senior management.	The HFEA developed new Business Continuity and Critical Incident Response plans in 2024/25.	We are reviewing and testing these plans in summer 2025.
8	<b>Unsupported systems.</b> No unsupported operating systems, software or internet browsers are used within the IT estate.	The HFEA has some key legacy systems that we are currently updating, in particular epicentre, our inspection and licensing software.	This work should complete by summer 2026.
9	<b>IT Protection.</b> A strategy is in place for protecting IT systems	We deploy protection in various forms e.g. device	We will consider our position when we take

	Mandatory Requirement	Compliance	Further actions required
	from cyber threats which is based on a proven cyber security framework such as cyber essentials. This is reviewed at least annually.	endpoint management (monitoring and anti-virus protection); email security (malware and phishing filtering); Azure security (cloud monitoring systems)	forward a consultancy review of our processes in the autumn.
10	<b>Accountable Suppliers.</b> IT suppliers are held accountable via contracts for protecting the personal confidential data they process and meeting the National Data Guardian's Data Security Standards.	Hold all third-party suppliers and data processors accountable through appropriate contracts and due diligence	Use of data protection software to aid data flow mapping and to monitor progress on this  Further work based on alignment with Secure by Design and Privacy by Design approaches, focussed on project and procurement approach as well as contracting.

# Phoenix Programme Update (from 10<sup>th</sup> March to 29<sup>th</sup> May 2025)

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## Details about this paper

Area(s) of strategy this paper relates to:	Regulating a changing environment
Meeting:	Audit and Governance Committee (AGC)
Agenda item:	12
Meeting date:	17 June 2025
Author:	Luke Reader, IT Project Manager
Annexes	3

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## Output from this paper

For information or decision?	For information
Recommendation:	The AGC is invited to note this report
Resource implications:	In budget
Implementation date:	Currently June 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
Milestone: Discovery Complete	End-March	04/04/2025	11/04/2025
Milestone: Design Complete	April	April	29/04/2025
Development & Testing	December	December	Date
Milestone: Dynamics	October	October	Date
Milestone: HFEA Portal Forms	December	December	Date
Milestone: Content Manager Migration	May-26	May-26	Date
Milestone: Go-Live	June-26	July-26	Date

- 1.2.** Further detail on the current timeline is provided in Annex B.
- 1.3.** The projected final launch date (of the new Dynamics and Client Portal systems) has moved out one month. This reflects work items identified during Discovery that were not included or known in the original tender documentation, such as the size of the Portal Knowledge Base. This has been netted off against specific work that has been removed from scope, primarily the Portal version of the Licence Enquiry form.
- 1.4.** Overall projected spend is £46k above Baseline as shown:



- 1.5.** At this early stage of the project a number of unknown factors may yet impact the final programme costs. For example, the costs of the first Dynamics build phase (the BSIS functions) are proving to be lower than planned. Our approach at this stage is to monitor this projected variance as a Risk while it remains within contingency tolerances.
- 1.6.** The **Discovery** and the **Design** phases of the project are now complete, with key deliverables reviewed and signed off by the HFEA. A summary of both phases is in Annex C.
- 1.7.** The **Delivery** phase has begun, encompassing all the work from initial build through testing, training, and launch. This phase represents the bulk of the programme in both time and cost terms, and in terms of active risks.
- 1.8.** Using an Agile process with fortnightly demonstrations of built items to HFEA staff, the first demonstrated deliverables seen have been:
- Dynamics screens for the key Support team for Inspections;
  - 3 Clinic Portal forms.
- 1.9.** Initial feedback on these demonstrated items from HFEA staff has been favourable. Detailed Ceox testing of these elements vs their User Stories is now in progress. HFEA User Testing of those elements will then follow, referring both to the User Stories and using the testers' real-world knowledge of what needs to happen. This is intended to enable a rapid provision of feedback to the supplier's development team.
- 1.10.** Further build and testing will continue in parallel to the end of 2025.

## 2. Risks

- 2.1.** The top risks (taken from the Programme Board notes) are:

ID	Description	Mitigation	Owner
R0006	The business teams and end users will not buy-in to the change and be reluctant to transition to the new system.	Proactive engagement with the business teams throughout delivery will establish an understanding of their pain points early. Regular engagement will aim to show the benefits of the new system and take-on their feedback. Product Owner to act as the voice of the end-users and work collaboratively with Ceox to ensure a solution meets end user needs. The senior team within HFEA will be required to champion the new system to all employees.	Luke R
R0039	The business teams may highlight areas outside of the agreed scope that could be fixed/improved, and the temptation would be to fix these. But that risks both delaying the project timescales and utilising budget in incorrect places.	Closely monitor scope changes and lean against any that could lead to a significant risk of delay or failure.	Luke/Martin
R0007	Availability and access to the business teams will be limited and they won't have capacity to engage with the project and provide swift responses.	The delivery plan provided within the tender includes forecasted timeframes for each workstream and business team. We can be flexible around teams to accommodate their availability.	Luke R

## 3. Conclusion

- 3.1.** Progress on the Phoenix Programme is broadly on track, with the current projected cost variance being within contingency tolerances.
- 3.2.** In the last period the Discovery and Design elements appear to have gone well. A key positive milestone was seeing the first Dynamics screens and Portal forms built and demonstrated. All risks have so far been managed and have not become issues.
- 3.3.** In the next period we plan to finish the build of the BSIS and Clinical Governance functionality in Dynamics, and start building the Licensing screens. Several more Portal Forms are scheduled to be built, and we're due to start on the build of the SharePoint site to replace Content Manager. The risk around needing sufficient engagement from HFEA staff will increase, both due to the workload and the holiday season.

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## **4. Recommendations for the AGC**

- 4.1.** The AGC to note this progress update for the Phoenix Programme.

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## Annex A – Background and Benefits

### Background

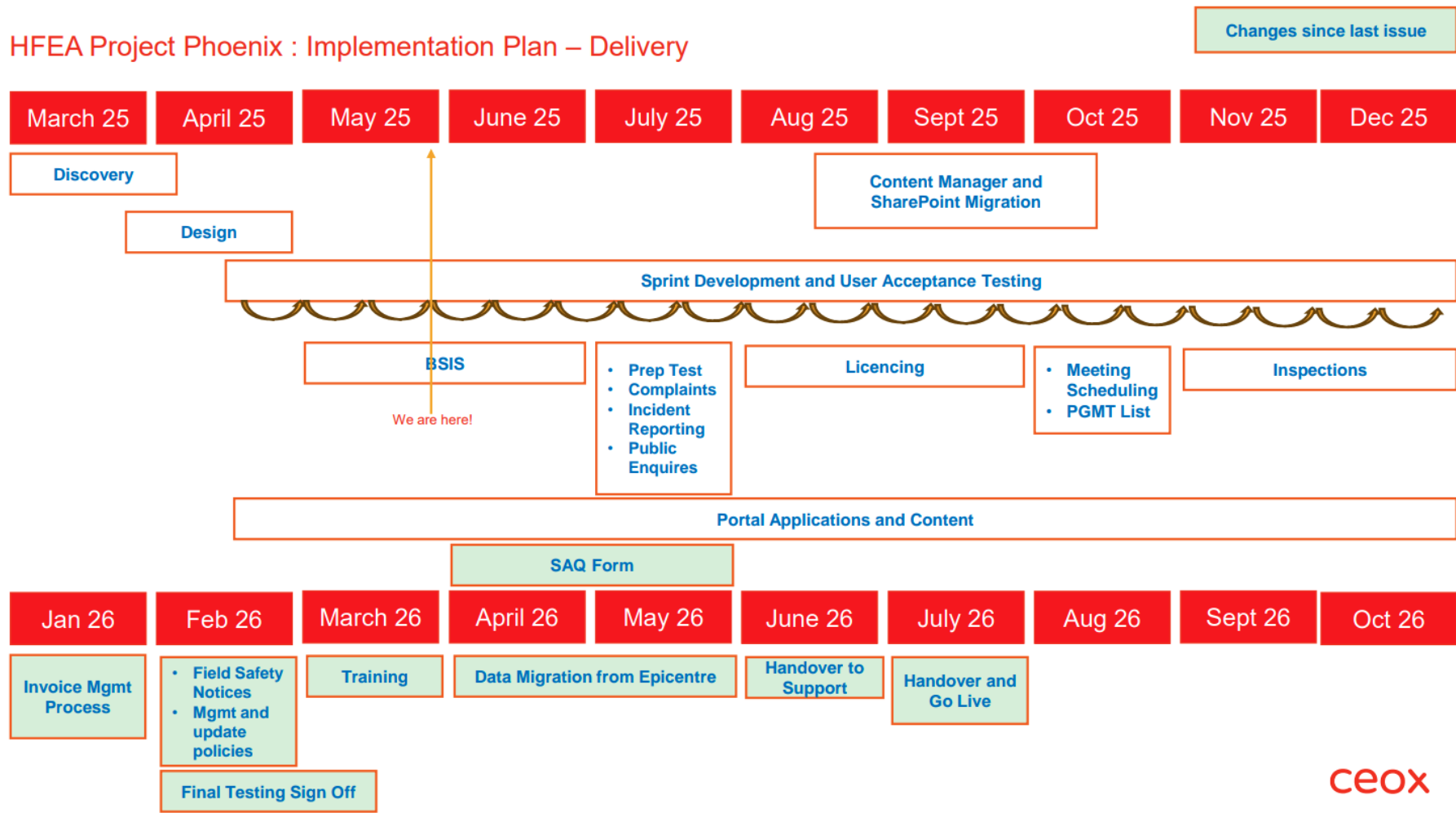
- The HFEA has a core set of operational systems that it relies on to deliver its business that have reached, and in some cases, surpassed their useful lives, with one key system in particular no longer running on a supported operating system nor receiving security updates. The risk of system failure 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, which has now become the Phoenix Programme (as named by HFEA staff by popular vote).

### 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 - Current Phoenix Programme Timeline



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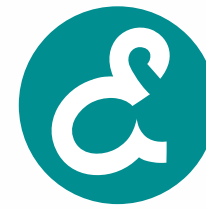
## Annex C – Discovery and Design phases

### Discovery Phase - summary

- The **purpose of Discovery** is to enable the supplier to understand and document the HFEA activities that the new systems need to support, and to verify their understanding by playing it back to us.
- Discovery began with the supplier reviewing a set of **8 video-recordings** from a previous similar exercise run with by HFEA with a different supplier in 2023.
- Discovery continued with a set of **13 workshops** over February and March 2025. After the initial Kick-off workshop there were 12 that each focussed on a specific HFEA team or area as follows: Inspectors – 3 workshops, Clinic Portal – 2 workshops, Licensing, BSIS, Policy, Document Management, Clinical Governance, Intelligence, and IT.
- The first **outputs** were a Playback slide-deck presented to the HFEA and a set of detailed process-flows for HFEA review. The supplier also provided an initial view of a few areas that differed from the original tender document scope, and a set of possible new requirements that HFEA might choose to bring into scope, all costed.
- **Discovery ran** a week into April, slightly over the end-of-March planned end-date. The outputs have proved to be fit-for-purpose in terms of enabling design and initial build, and in terms of review feedback.
- Most of the supplier's suggested **additional items** were deferred to a potential future project ('Phase 2'). HFEA agreed to a few of them, referred to in the costs summary.

### Design Phase - summary

- The **purpose of Design** is for the supplier to lay out how they will meet the needs identified in Discovery, in terms of software (packages and configurations), infrastructure, and project delivery structure and plan.
- The **outputs** were a Vision document, a Solution Blueprint, a Test Management strategy, and User Stories for the first areas to be built.
- **Design ran** to the end of April as planned, with the caveat that reviews of some of the outputs has largely happened in May.
- **Reviews** of the outputs have identified a number of small improvements, but the broad design and plans have found to be fit-for-purpose. The project has moved into the Delivery (Build) phase.



Human  
Fertilisation &  
Embryology  
Authority

# HR strategy

## Presentation to AGC

**Yvonne Akinmodun**

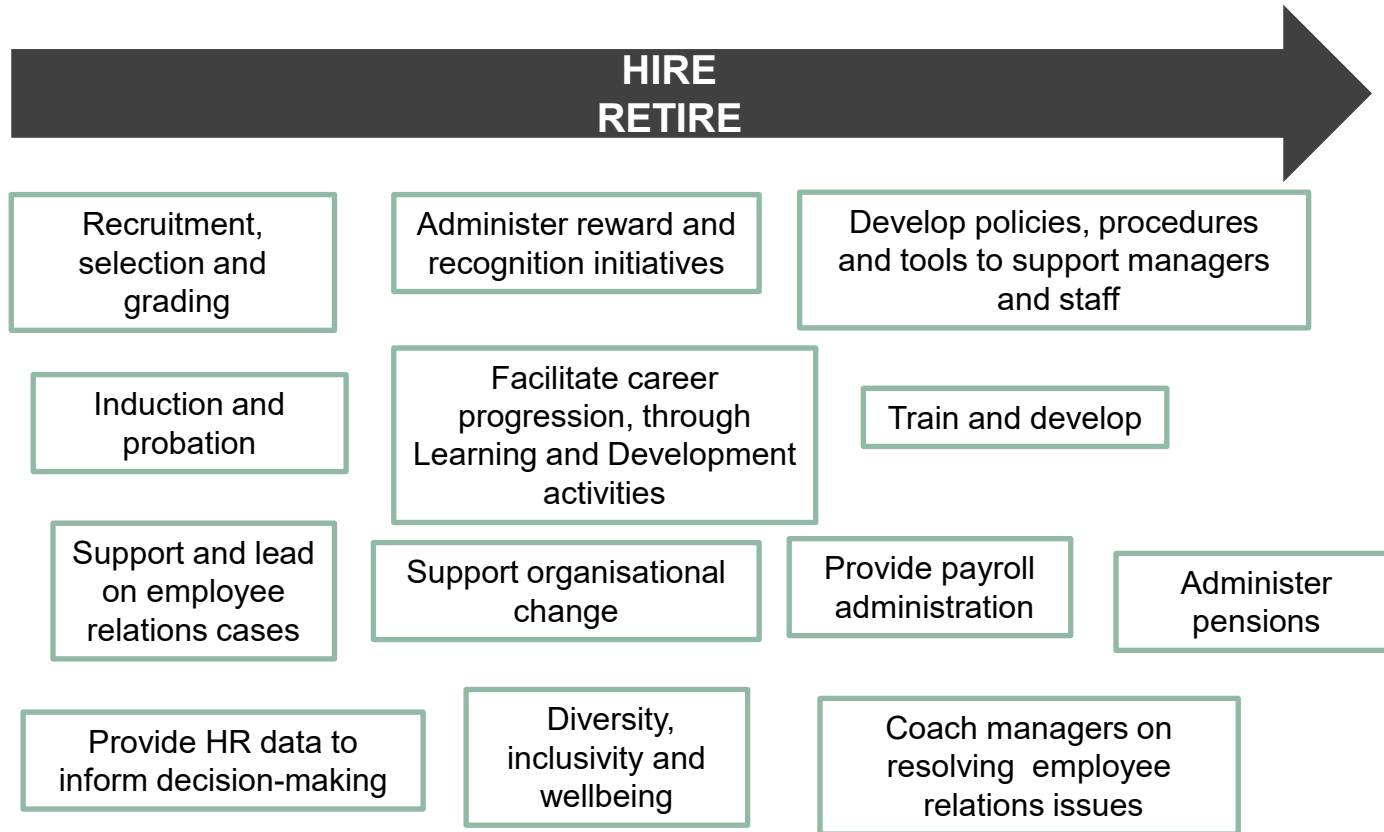
Head of HR

March 2025

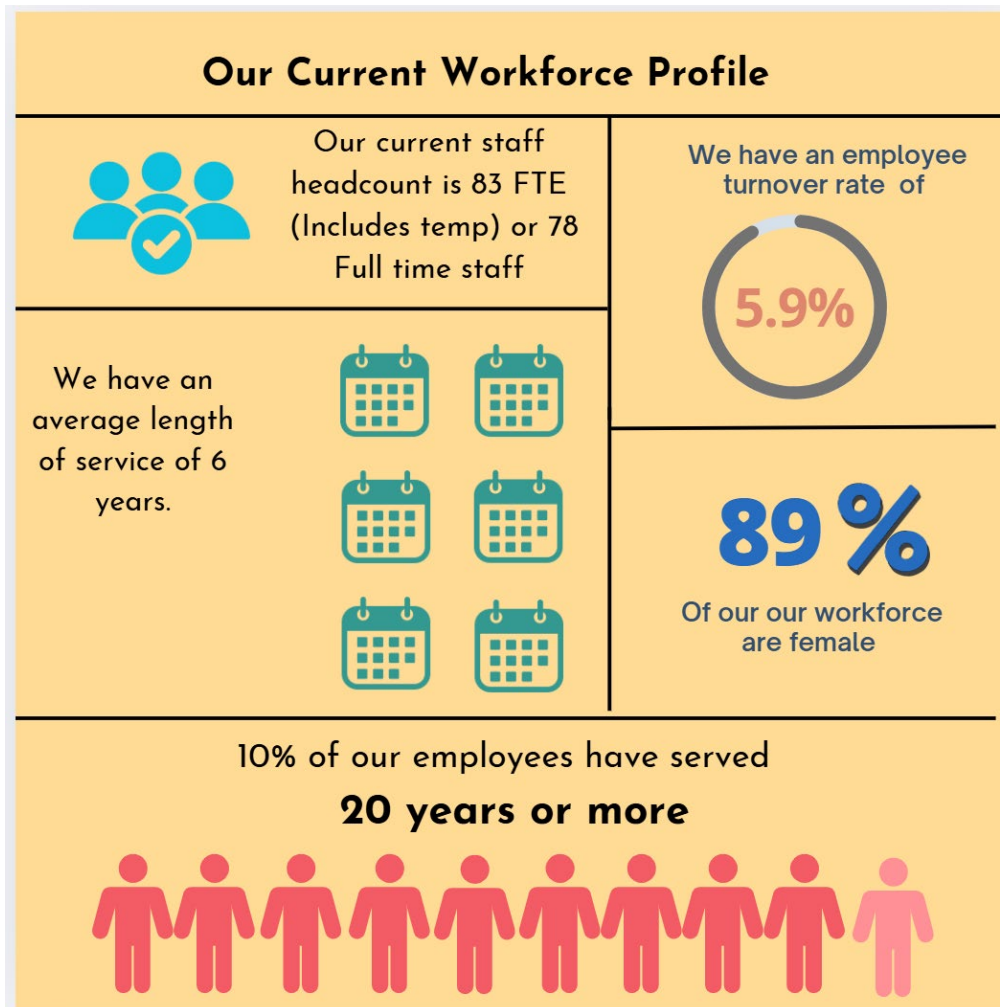
[www.hfea.gov.uk](http://www.hfea.gov.uk)

# What we do in HR

## Key activities



# Our Current Workforce Profile





# SWOT Analysis

Strengths	Weaknesses
<p>Worldwide reputation as a robust regulator.</p> <p>Our reputation and the nature of the work we do, appeals to people keen to work in the sector</p> <p>Our size provides opportunities for staff to work across a broader range of areas compared with what they might access working for a larger organisation</p> <p>We offer good pension benefits not often found in organisations of our size</p> <p>We provide flexible working arrangements, which can be a useful benefit to some candidates who we might otherwise not attract</p> <p>We have a highly engaged workforce</p> <p>The work we do helps to make a difference to the patients</p>	<p>We are a small organisation with limited opportunities for progression within the organisation</p> <p>As a public sector body, we are limited by what pay and benefits we can offer to attract candidates from a wider pool</p> <p>We currently operate with old IT systems</p> <p>We have a small number of inhouse people specialists</p>
Opportunities	Threats
<p>Being based in a co-hub in Stratford opens opportunities for collaboration and sharing of resources.</p> <p>Being able to pool resources such as training and development could enable a wider and richer array of training and development opportunities for staff</p> <p>Being at the forefront of new scientific innovations and initiatives</p>	<p>Turnover/pay</p> <p>Political uncertainty</p> <p>OTR demand and/or inaccuracies in our data could impact our ability to keep on top of requests, which could impact on our reputation <u>and also</u> affect retention of good staff.</p> <p>Changes in employment law</p>

# Our People Vision

## How do we want to be seen?

- We want to be an outstanding organisation with high-performing, motivated and flexible staff, who work together with shared values, putting patients and donor conceived people at the heart of their work, and ensuring quality in all that we do.
- This will enable the HFEA to be successful in making a positive impact for patients and donors by achieving its strategic objectives, while responding effectively to future challenges.

# Our Vision

## Our aspirations are that by 2028 we will:

- Continue to have staff with the right balance and breadth of skills to respond positively to a continually changing and challenging environment
- Have a refreshed set of shared set of values that guide us in the way we carry out our work and promote a positive and inclusive working culture
- Continue to known as an employer that listens to feedback so that all staff feel that their contribution is valued
- Be ambitious for all our staff and ensure that continual individual, team and organisational learning will enable them to develop meaningful careers
- Recognise excellence and deal effectively with poor performance
- Ensure we are an inclusive organisation, recognising and promoting diversity across our workforce.
- Ensure that all activities continue to add value and are cost-effective so that efficiencies are secured

# People Strategy

## Context

- The next 4 years are likely to bring profound changes to the fertility sector.
- We are operating within an ever-changing Labour Market. In addition to resourcing challenges in the health, social care sector, the rapid adoption of technology and automation means many jobs now require digital skills and there is increasing demand for specialised IT skills and knowledge.
- Upskilling and reskilling the current workforce is therefore critical, as is attracting and retaining new talent

# People Strategy

## Key components of our people strategy

- **Recruitment**
- **Employee Development**
- **Leadership**
- **Diversity, inclusion & wellbeing**
- **Organisation design & resilience**
- Deliver a timely and efficient HR service



# Recruitment

## Attract and retain a diverse and inclusive high performing workforce

### How we are going to achieve this:

- Roll out the new automated applicant system to recruiting managers, which will help create a faster and better manager and candidate experience
- Provide training for recruiting managers on recruitment
- We will seek to partner with and advertise our job vacancies in diversity led media alongside any mainstream media outlets

# Organisation Development

**Develop and support our people so that they can deliver to a high standard, fulfil their potential and work towards achieving their career aspirations.**

**How we are going to achieve this:**

- Analyse development needs to inform current and future training and development initiatives
- Introduce our refreshed values and behaviours
- Create appropriate systems that will enable us to reward and recognise our staff throughout the year
- Seek opportunities through surveys, team meetings and staff events to gather feedback on ways in which we can continue to improve our culture
- Provide managers with the skills to pro-actively manage sickness absence and workplace stress

# Leadership development

**Continue to develop and grow a talented team of people leaders**

**How we are going to achieve this:**

- Run aspiring manager programmes to help strengthen and develop skills for those who are new to leadership
- Introduce a strength-based 360 feedback system for leaders within the organisation. The feedback gained, will help inform future leadership development activities
- Develop a peer-support network of leaders



# Value diversity and promote wellbeing and inclusion

## Create an inclusive workforce in line with our corporate goals around equality and diversity

- **How we are going to achieve this:**
- **Awareness training** - we will conduct a rollout of refresher mandatory equality and diversity awareness course for all staff from October 2025.
- **Recruitment** - we will make a commitment, wherever possible and within the constraints of our budget, to work with organisations that can support us in reaching a wider section of the community when advertising our job and board vacancies.
- We will continue to work with our EDI champions to support our goals of being an inclusive employer.
- Introduce bi-annual wellbeing pulse surveys so we are equipped to be able to support the ongoing wellbeing of our staff
- Provide managers with the skills to pro-actively manage sickness absence and workplace stress

# Organisation design & resilience

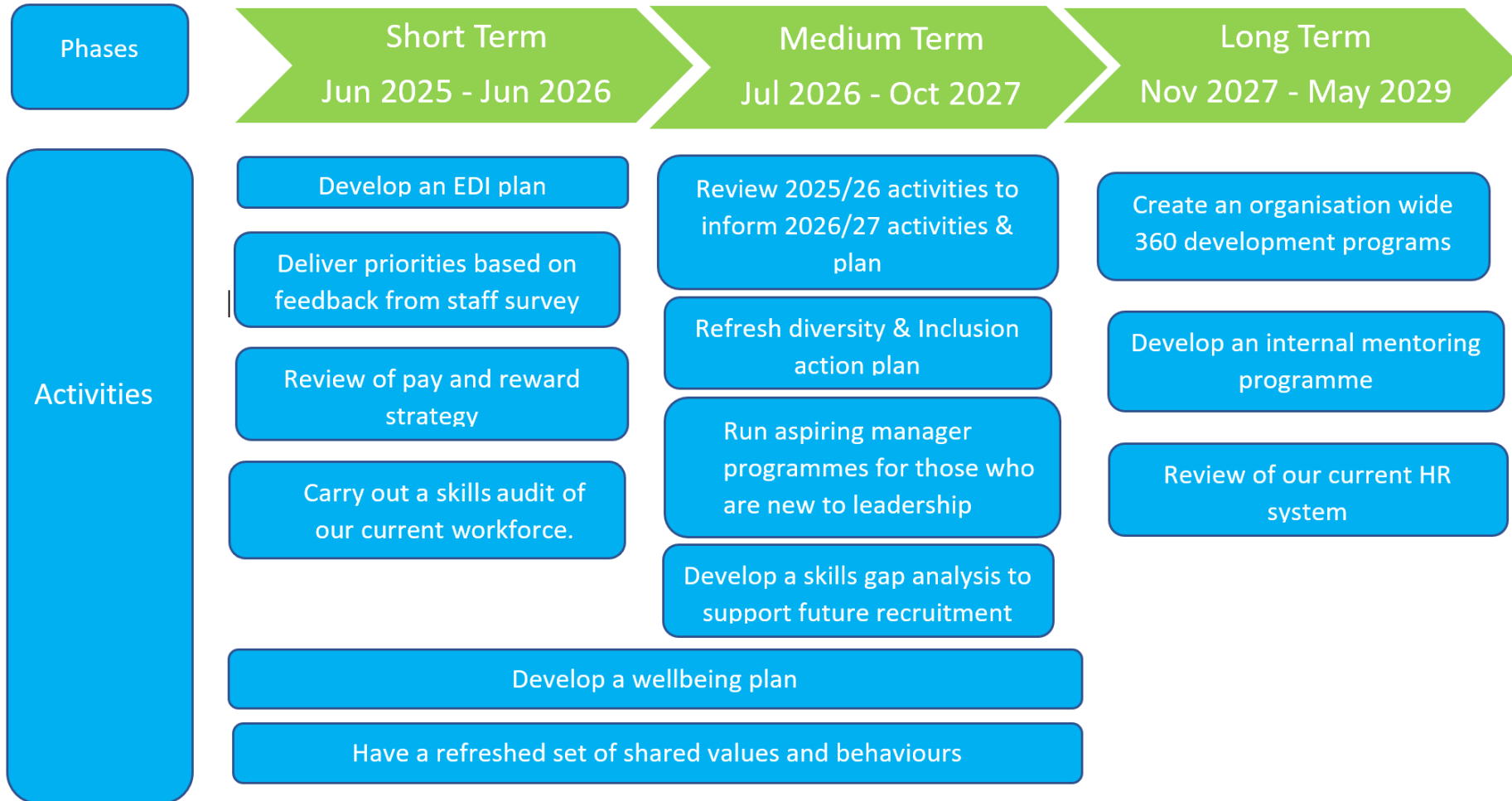
**Create an agile workforce that can support the delivery of our strategic goals and help future-proof the organisation and its workforce**

**How we are going to achieve this:**

- Make provision by ensuring adequate resources are available for clear learning and development to upskill and help continuously develop our employees
- Carry out a skills audit of our current workforce.
- Conduct a workforce and skills gap analysis, which also incorporates diversity and inclusion data to ensure the organisation maintains the necessary skills and expertise needed to deliver against a changing political and legislative landscape

# PEOPLE PLAN ROADMAP

The following roadmap outlines our short, medium and long-term activities between June 2025 and May 2029.



# Evaluation and review

**The success of the People Strategy can only be determined through effective dialogue with managers and employees in HFEA and measurement of performance and outcomes. We will do this in a number of ways:**

- Communication with managers and employees across HFEA
- Staff survey results
- External benchmarking
- Sickness absence
- Turnover ratio
- Candidate feedback
- Review of our diversity and inclusion data

# Consultation on the strategy

**A draft of the people strategy will be presented to the following groups:**

- CMG in March/April 2025
- AGC – June 2025
- All staff in July 2025



# 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:	15
Meeting date:	17 June 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:	17 June 2025 In-person	14 October 2025 Virtual	3 Dec 2025 In-person	24 Feb 2026 Virtual	16 June 2025
Following Authority Date:	2 July 2025	19 Nov 2025	21 Jan 2026	18 Mar 2026	8 July 2026
Internal Audit	Results, annual opinion, internal audit charter	Update - mid year review of audit plan discussion around audit charter, GovS009 and the DAO letter	Update	Approve draft plan	Results, annual opinion, internal audit charter
Internal Audit Recommendations Follow-up	Yes	Yes	Yes	Yes	Yes
External audit (NAO) strategy & work	Audit Completion Report			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				Yes, for approval
Strategic Risk Register	Yes	Yes	Yes	Yes	Yes
Risk Management Strategy <sup>1</sup>			Yes		

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



<b>AGC items Date:</b>	<b>17 June 2025 In-person</b>	<b>14 October 2025 Virtual</b>	<b>3 Dec 2025 In-person</b>	<b>24 Feb 2026 Virtual</b>	<b>16 June 2025</b>
Horizon scanning committee discussion	Yes	Yes	Yes	Yes	Yes
Deep dives		Whistle blowing		CaFC	
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				Yes, plus SIRO Report
HR, People Planning & Processes	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				Yes
Review of AGC effectiveness and terms of reference		Yes	Yes		
Functional standards	Yes	Yes	Yes	Yes	Yes

AGC items Date:	17 June 2025 In-person	14 October 2025 Virtual	3 Dec 2025 In-person	24 Feb 2026 Virtual	16 June 2025
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 topics

- This list below are suggested topics which could be considered for AGC members -note it is proposed that a training session on External Audit be held December 2025.
- Risk Management
- Counter fraud
- External Audit – Knowledge of the role/functions of the external auditor/key reports and assurances.

Suggested deep dive topics

Suggested topic	Date added	Potential meeting to be discussed
External whistleblowing reports (both for clinics and for the HFEA’s inspection process)	1 Oct 2024	14 Oct 2025
CaFC	27 June 2023	March 2026
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

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:	Regulating a changing environment / Supporting scientific and medical innovation
Meeting	AGC
Agenda item	16
Meeting date	17 June 2025
Author	Morounke Akingbola, Head of Finance
Annexes	Annex A – Register of gifts and hospitality

## 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

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## 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.

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## Update

The register at Annex A contains one new item since the March 2025 meeting.

Register of Gifts / Hospitality Received and Provided/Declined

Version: HFEAG0001

Jun-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	HFEA	C Ettinghausen