

Audit and Governance Committee meeting

Date: 4 March 2025 – 10.00am to 1.00pm

Venue: Virtual meeting via Teams

Agenda item	Time
1. Welcome, apologies and declarations of interest	10.00am
2. Minutes of 6 December 2024 (CS) For decision	10.05am
3. Action log (MA) For information	10.10am
4. Internal Audit – proposed 2025/26 internal audit plan (JC) For discussion	10.15am
5. Progress with current audit recommendations (MA) For discussion	10.30am
6. External audit report (ND/DG) For discussion	10.45am
7. Accounting policies (MA) For comment	10.55am
8. Risk Update <ul style="list-style-type: none"> Strategic Risk Register – for discussion (SQ) Committee discussion on potential horizon scanning items/items to add to deep dive discussion list (CS) 	11.05am
9. Deep Dive discussion –Functional Standards processes For information	11.15am
10. Digital projects <ul style="list-style-type: none"> PRISM update - for information (KH) Epicentre replacement (verbal report)- for information (MC) 	11.25am
11. Resilience, business continuity management & cyber security (verbal) (MC/NMcC) For information	11.45am
12. Draft Annual Governance Statement (verbal report) (MA)	11.55am
13. Fraud Risk Assessment (MA) For comment	12.05pm



14. Counter Fraud and anti-theft Policy (MA) For comment	12.15pm
15. Public Interest Disclosure (Whistleblowing) Policy (MA) For comment	12.25pm
16. Government functional standards (verbal report) (TS) For information	12.35pm
17. AGC forward plan (CS) For decision	12.40pm
18. Items for noting (verbal update) (TS) <ul style="list-style-type: none">• Whistle blowing• Gifts and hospitality• Contracts and Procurement For information	12.45pm
19. Session for members and auditors only	12.50pm
20. Close	

Next Meeting: 17 June 2025 10am-1.30pm (in person at 2RP)

Minutes of Audit and Governance Committee meeting 6 December 2024

Details:

Area(s) of strategy this paper relates to:	<p>The best care – effective and ethical care for everyone</p> <p>The right information – to ensure that people can access the right information at the right time</p> <p>Shaping the future – to embrace and engage with changes in the law, science and society</p>
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Agenda item	2
Meeting date	4 March 2025
Author	Alison Margrave, Board Governance Manager

Output:

For information or decision?	For decision
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Recommendation	<p>Members are asked to confirm the minutes of the Audit and Governance Committee meeting held on 6 December 2024 as a true record of the meeting.</p> <p>The auditors have proposed a couple of amendments to the draft minutes, and these are shown as tracked changes in minutes 4.1, 6.5 and 6.8</p>
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Resource implications

Implementation date

Communication(s)

Organisational risk Low Medium High

Annexes

Minutes of the Audit and Governance Committee meeting on 6 December 2024 held in person at HFEA Office, 2nd Floor, 2 Redman Place, London E20 1JQ and via teleconference (Teams)

	In person	Online
Members present	Catharine Seddon, Chair Tom Fowler Alex Kafetz, Deputy Chair	
External Advisers	Dean Gibbs, KPMG – External Audit lead Nick Dovan, National Audit Office (NAO) – External Auditor	Jo Charlton, Head of Internal Audit (Internal Auditor) – GIAA
Observers	Adrian Thompson, Board Apprentice	Farhia Yusuf (DHSC)
Apologies	Anne Marie-Miller Steve Pugh (DHSC)	
Staff in attendance	Peter Thompson, Chief Executive Tom Skrinar, Director of Finance and Resources Morounke Akingbola, Head of Finance Paula Robinson, Head of Planning and Governance Shabbir Qureshi, Risk and Business Planning Manager Kazuyo Machiyama, Senior Research Manager Alison Margrave, Board Governance Manager	Rachel Cutting, Director of Compliance and Information Clare Ettinghausen, Director of Strategy and Corporate Affairs Yvonne Akinmodum, Head of HR Martin Cranefield, Head of IT Neil McComb, Head of Information Kevin Hudson, PRISM Programme Manager

1. Welcome, apologies and declaration of interest

- 1.1.** The Chair welcomed everyone present in person and online, a warm welcome was extended to new Authority member Tom Fowler who has joined the committee and Board Apprentice, Adrian Thompson.
- 1.2.** Apologies for absence were received from committee member Anne-Marie Millar, Steve Pugh, Department of Health and Social Care and Lea Luna, KPMG.
- 1.3.** There were no declarations of interest.
- 1.4.** The Chair informed the committee that she had attended the GIAA Audit Chairs' meeting, held the quarterly meeting with the Head of Internal Audit GIAA and pre-planning meetings with the Director of Finance and Resources and Board Governance Manager. The Chair informed the

committee that she will be meeting with Dave Willis, Director responsible for oversight of the HFEA at GIAA next week.

2. Minutes of the meeting held on 1 October 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 4.7 so that it reads:

The Head of Internal Audit informed the committee that since its last meeting the final report had been issued on the Data Security and Protection Toolkit (DSPT) audit with a limited assurance. 37% of outstanding audit recommendations relate to DSPT, many from previous years, and the Head of Internal Audit questioned whether the HFEA had a strategy to complete these recommendations and prepare for the next changes to DSPT.

2.3. Proposal to amend minute 4.9 so that it reads:

In response to the committee expressing disappointment with the overall rating assigned at the conclusion of the audit ~~the~~ The Head of Internal Audit commented on the process for completing the DSPT audit which afforded no discretion to the auditor: specific requirements had to be recorded as in place or not.

2.4. Proposal to amend minute 5.10 so that it reads:

The committee were encouraged that the paper should lead to an improved relationship improved ways of working with GIAA in ensuring audit recommendations are closed off in a timely fashion.

2.5. Proposal to amend minute 6.3 so that it reads:

The External Audit Lead, KPMG, responded that PRISM would continue to be a risk that would need to be monitored to consider the level of provision required for duplicate invoices and management's approach to determining this for the year. This could continue to be an area of increased challenge around duplicates and the recognition of revenue in year. The potential need for impairment of PRISM would also continue to be challenged by the auditors. impairment would continue to be a risk that would be monitored regarding the level of provision for duplicate invoices.

2.6. Proposal to amend minute 7.9 so that it reads:

The Head of Internal Audit GIAA informed the committee that they can put HFEA in touch with colleagues with AI expertise in GIAA if required. when the HFEA has progressed further in this project they can put them in touch with colleagues with AI expertise in GIAA.

2.7. Proposal to amend minute 5.2 so that it reads:

The committee discussed whether the Authority had the ~~appetite or~~ resources to close recommendations.

2.8. With these amendments the minutes of the meeting held on 1 October 2024 were agreed as a true record and could be signed by the Chair.

3. Action Log

- 3.1. The Head of Finance presented this item.
- 3.2. The Head of Finance informed the committee that the requirement of item 5.7 from 7 December 2023 regarding outstanding audit recommendations 2.1 and 2.4 has been closed and could be removed from the action log.
- 3.3. The Head of Finance informed the committee that the requirement of item 5.13 from 1 October 2024 regarding management reviewing outstanding audit recommendations and bringing proposals to the December meeting has been completed; with a paper for consideration by the committee under agenda item 5. This item can therefore be considered closed and removed from the action log.
- 3.4. The Head of Finance informed the committee that the requirement of item 9.15 from 1 October 2024 has been closed and could be removed from the action log, as the PRISM Programme Manager has brought the requested report to this meeting, to be considered under agenda item 8.
- 3.5. The Head of Finance informed the committee that the requirement of item 14.4 from 1 October 2024 has been closed and could be removed from the action log, as the committee forward plan had been updated as requested.

Decision

- 3.6. Members agreed the proposed amendments to the action log.

Action

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

4. Internal audit update report

- 4.1. 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.
- 4.2. The committee was informed that since its last meeting in October, the final audit reports for Government Functional Standards (GFS) and Opening the Register (OTR) have been issued, with a limited assurance and moderate assurance, respectively.
- 4.3. The Head of Internal Audit informed the committee that a number of recommendations from these two audits had been rejected by management and for clarity these are shown in pages seven to nine of the report presented to this meeting. She spoke of the positive reduction in the number of overdue audit recommendations.
- 4.4. The Head of Internal Audit referred to the themes arising from the audits regarding second line assurance and audit trails.
- 4.5. The committee's attention was drawn to the supplement pack especially regarding developments in the profession and GIAA training events for members.

- 4.6.** The Chair referred to recommendation five from the GFS audit and asked the Head of Internal Audit whether GIAA felt there were any gaps in mandated requirements.
- 4.7.** The Head of Internal Audit responded that the HFEA's action plans are less formal than they would have expected, with no owners or action dates.
- 4.8.** The Director of Finance and Resources responded that there are no major gaps between mandated and "shall" requirements in the GFS. He stated that the action plans are clearly owned by the relevant functional lead and there are no hard target dates set so that work can be fitted in with dynamic business priorities.
- 4.9.** The Chair referred to recommendation eight of the GFS audit and questioned whether the HFEA should include information about GFS in staff induction documents.
- 4.10.** The Director of Finance and Resources responded that it is included in the induction documents for functional leads but due to the complexity of these standards it is not included for all staff. Rather, team SOPs (Standard Operating Protocols) are written and updated to incorporate agreed standards, and staff in teams would learn the correct way of approaching tasks from these.
- 4.11.** The Deputy Chair referred to the OTR audit and supported management's response regarding not charging a fee for OTR services. He stated that this has already been discussed at Authority level and the decision was taken not to introduce charges.
- 4.12.** The Chair questioned whether there would be a trigger point in OTR applications that would warrant management bringing forward this topic again to Authority for consideration. The Director of Compliance and Information referred to previous committee/Authority papers which explained the difficulties in predicting the numbers and therefore the difficulty in any model predication until the new system has fully settled.
- 4.13.** The Chair asked whether during the OTR KPI review consideration will be given to the waiting list and time taken to process applications. The Director of Compliance and Information responded that this information is presented at each Authority meeting in the performance report and that the waiting list had been reduced by 30% to just over 1000. In response to a question, she stated that for applications closed in the last six months people have waited 8.6 months and for those closed in the past month they have waited 5.4 months. Therefore we are able to evidence the improvement.
- 4.14.** The Director of Finance and Resources stated that this risk is one which is taken very seriously by the Authority and is managed appropriately with several mitigations in place and management felt that the recommendation proposed by the auditors would not help manage this risk any further as it was too specific and singular in approach.
- 4.15.** The Chair informed the committee that GIAA were surprised at the number of OTR audit recommendations which were rejected by management, as there appeared to be general acceptance during the audit close out meeting. She questioned whether the ways of working agreement with GIAA needed amending to ensure that the audit sponsor was present during the close out meeting.
- 4.16.** The Head of Internal Audit spoke of the importance of ensuring that the right people are in the close out review meetings. She spoke of the recommendations which had not been accepted and

asked that management be clear in their responses as to why they are prepared to accept any risk or how they currently manage that risk.

- 4.17.** The Chief Executive asked that audit recommendations be clearer and provide a concrete proposal which management can either accept or reject. He gave an example of an audit recommendation which is ambiguous. The Head of Internal Audit noted this point and undertook to review this.
- 4.18.** In response to a question the Director of Compliance and Information provided further information about why the recommendation regarding streamlining the OTR process was rejected. She stated that there have been vast improvements to the system over the past 12 months and staff are working very efficiently. The register is very complex and the importance of being able to provide accurate information was reinforced. The Authority will not compromise on this.
- 4.19.** The Director of Compliance and Information reminded the committee how risks are managed by regular reporting via the Performance Report to the Corporate Management Group (CMG) and the Authority.
- 4.20.** In response to a question about providing evidence the Chief Executive stressed the importance of getting the balance right. He stated that the HFEA has highly skilled, experienced staff and the recent staff survey showed that they appreciate being given the space to complete their work. If staff were over managed this would erode trust and productivity.
- 4.21.** The Head of Internal Audit responded that audits are evidence based and opinions are based on evidence provided. She reminded the committee that a moderate assessment is a good audit, but that it indicates that there are some improvements which can be made.
- 4.22.** The Chair drew the discussion to a close noting that it is right and proportionate for the Senior Management Team to reject audit recommendations when the identified risk is being managed by alternative means.

Decision

- 4.23.** Members noted the internal audit update report and themes identified in this report.

Action

- 4.24.** Director of Finance and Resources and Head of Internal Audit to discuss offline the subject of attendance at audit close out meetings.

5. Progress with current audit recommendations

- 5.1.** The Head of Finance introduced this agenda item and informed the committee that five recommendations were closed before the meeting, which means that 28 are either outstanding or not yet due.
- 5.2.** The Head of Finance explained the rationale for accepting at risk some of the recommendations, as detailed in the report presented to the committee. In response to a question about tracking fraud training, she stated that this is managed by HR using the Astute learning platform and by herself using the Civil Service Learning platform.

- 5.3.** The Head of Finance explained the rationale for extending the target date for recommendations relating to the Data Security and Protection Toolkit (DSPT) and business continuity to end of May 2025.

Decision

- 5.4.** The committee noted the paper and the progress being made in completing the audit recommendations.
- 5.5.** The committee agreed to accept at risk the following recommendations:
- Rec 1.1 – Alternative performance indicators should be evaluation whilst both awaiting the launch of PRISM and immediately afterwards until the system has been embedded to allow an analysis of progress towards strategic objective four.
 - Rec 3.1 – Authority should access the extent to which internal incidents lessons learnt, communications when reinstated, are having the desired impact and preventing recurrence.
 - Rec 3.1 – We recommend all future training (both in person and digital, one-offs and annual mandatory) registers include the following information: date/description of training provided/list of people required to attend/ticks for those who did attend/any follow up actions for those who did not attend.
- 5.6.** The committee agreed amended target dates for audit recommendations relating to DSPT and business continuity.

Action

- 5.7.** The Head of Finance to update the report.

6. External audit

- 6.1.** The External Audit Lead, KPMG, introduced the paper on the audit plan for 2024-25.
- 6.2.** Members were advised of the initial assessment of the significant risk of material misstatement and audit focus areas. Three areas of significant risk were identified as:
- the presumed risk of management override of controls;
 - accuracy of revenue recognised; and
 - valuation of PRISM intangible asset.
- 6.3.** The Auditors commented that they were satisfied that there was nothing to report following their assessment of risk of fraud.
- 6.4.** Members were informed that the materiality has been determined as 2% of expenditure and should it be required to be revised the committee would be informed.
- 6.5.** 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.
- 6.6.** The External Audit Lead confirmed KPMG's independence.
- 6.7.** In response to a question the Chief Executive provided further information about the recording of duplicate cycles, which is a historic issue. He welcomed the early discussions with the auditors and the opportunity to have detailed conversations about the clear ask for IT information. He

provided further information about the process which is undertaken to check data and commented that PRs are well versed in this process.

- 6.8.** 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.

Decision

- 6.9.** The committee noted and accepted the proposed plan and timetable for the preparation of the 2024-25 financial statements audit.

7. Strategic risk

Risk Management Strategy

- 7.1.** The Risk and Business Planning Manager introduced the revised risk management strategy and reminded the committee that this was last updated in December 2023 following the changes to the Orange Book that were published in May 2023.
- 7.2.** The Risk and Business Planning Manager stated that the committee had agreed that there should be an annual review of the risk strategy and the document presented to them incorporated updates from feedback received from this committee and internal audit.
- 7.3.** In response to a question the Risk and Business Planning Manager explained the rationale for the low risk maturity level rating for the organisation as a whole. He stated that the Corporate Management Group (CMG) have a higher level of understanding following recent training but for other staff this is not yet as advanced.
- 7.4.** The committee discussed the risk appetite and the suggestion that regulators are seen as naturally cautious. The committee felt that the Authority was not overly cautious and had taken firm action and bold decisions regarding the law reform proposals. The Chief Executive responded that this is historic wording which he will revisit.

Strategic risk register

- 7.5.** The Risk and Business Planning Manager introduced the paper and provided further information on the updates which had been made to the strategic risk register.
- 7.6.** The committee discussed the following sections of the register:
- People 2 – the committee agreed the proposal to close this risk.
 - Information – the committee agreed that this risk should be kept open.
 - Reputational – the committee discussed the positive Public Bodies' Review from 2023 and exclusion from other more recent ALB reviews.

Horizon scanning

- 7.7.** The Chair informed the committee that this agenda item is for members to raise topics which could affect the HFEA in the future but are not yet reflected in the strategic risk register. There were no items raised under this agenda item.

Decision

- 7.8.** The committee noted the updated risk strategy.
- 7.9.** The committee noted the revised strategic risk register and agreed to close the People 2 risk.

8. Digital projects

PRISM update

- 8.1.** The PRISM Programme Manager presented the paper and spoke of the plan for an interim Choose a Fertility Clinic (CaFC) to be published by March 2025 and the work that will need to be undertaken to facilitate this. The PRISM Programme Manager highlighted the additional work that will be required for publishing the full update to CaFC later during 2025.
- 8.2.** In response to a question the PRISM Programme Manager explained the regular and direct communication he has with PRs about their progress in correcting records.
- 8.3.** In response to a question the Chief Executive reiterated the established process for validating data and that if responses are not received from clinics, then caveats are made on the appropriate data on the HFEA website.
- 8.4.** The committee discussed whether to remove the historical 2018 data from the HFEA website when the 2022 data is published. The Director of Strategy and Communication stated that it might not be in the best interests of the public to remove historical data as it could be used to review a clinic's data over several years to see changes.
- 8.5.** In response to a question the PRISM Programme Manager stated that he believed that there would be enough critical mass of information to allow for the publication of the interim CaFC report in March 2025 and any data which is signed off by clinics later can be added on a piecemeal basis.
- 8.6.** In response to a question the PRISM Programme Manager confirmed that there are still areas of challenge in verifying historical thaws reporting but the issues with missing thaw linkages do not affect the clinics' reported headline success rates so can be accommodated in the interim CaFC.
- 8.7.** The PRISM Programme Manager stated that the PRISM database allows the HFEA to interrogate the register in far greater and more systematic way than was possible under the old system and that the 10 family alerts will be made live at the beginning of December 2024. He spoke of the good engagement with clinics regarding the implementation of this alert.
- 8.8.** The Chief Executive spoke of the value which can now be realised from PRISM and the public reassurance which is afforded from a stable database.

Epicentre replacement

- 8.9.** The Head of IT informed the committee that 20 bids had been received and that these had been independently reviewed by the bid assessment panel. It is anticipated that the tender will be awarded in late December with the project starting in the new calendar year.
- 8.10.** The Chair congratulated the Head of IT for undertaking and managing the procurement process for the Epicentre replacement.

Decision

- 8.11.** The committee approved the plan for establishing an Interim CaFC and publishing headline success rates for clinics earlier than would otherwise be achieved.
- 8.12.** The committee noted the ongoing work on the full CaFC for data to 2023, and this will be without 2021 data because of the changeover from EDI to PRISM. The committee noted however that future updates will return to a calculation based on three years of data when the HFEA publish the Full CaFC for data to 2024 later during 2025.
- 8.13.** The committee noted that the HFEA will undertake a retrospective data validation to address EDI (Electronic Data Interchange) errors in 2020 and 2021 and missing thaw linkages earlier than 2020, noting the importance of this work for the accuracy of the register.
- 8.14.** The committee noted the launch of the new 10 Family Limit alerts from December 2024.

9. Resilience, cyber security & business continuity

- 9.1.** The Head of IT informed the committee of the work being undertaken for the Umbraco update and that this work is currently ahead of schedule.
- 9.2.** The Head of IT informed the committee that the business continuity plan has been disseminated to all staff and a business continuity exercise is being planned for next year.

Decision

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

10. HR Report

- 10.1.** The Head of HR introduced the paper and informed members that a response rate of 87% had been achieved in the Annual Survey, which is considerably higher than the sector average of 70%.
- 10.2.** The Head of HR commented that whilst there has been a positive increase in response to EDI (Equality, Diversity and Inclusion) based questions, this is still below the comparator survey respondents. The purpose of the EDI staff champions was explained and whilst relatively new, their initiatives and proposed workplan were shared with the committee.
- 10.3.** In response to a question the Head of HR informed the committee of the career development training sessions being offered to staff at different levels and how these sessions are targeted to differing groups of seniority.

- 10.4.** The Director of Strategy and Communication commented that due to the small size of the organisation the opportunity for career development internally is limited and that some of the responses to survey questions reflect this limited career development.
- 10.5.** In response to a question the Head of HR informed the committee that Heads will discuss at team level the survey results and consult on future actions.
- 10.6.** The Head of HR informed the committee that the HFEA had been awarded People Insight's Outstanding Workplace Award 2024. The committee congratulated the team for this recognition.

Decision

- 10.7.** The committee noted the HR report.

11. Governmental Functional Standards

- 11.1.** The Director of Finance and Resources informed the committee that the governmental functional standards (GFS) self-assessments will be completed and signed off by the relevant director before the January CMG meeting.
- 11.2.** The Chair proposed that the GFS process be the subject of the Deep Dive discussion for March 2025 and that this could be discussed under the AGC forward plan.

Decision

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

12. AGC forward plan

- 12.1.** The Head of Finance introduced the paper and stated that this had been updated to reflect the committee's decisions made at the last meeting.
- 12.2.** The Chair commented that whilst CaFC had been agreed as the deep dive topic for March 2025, in the light of ongoing delays to full publication, it would be prudent to postpone this until March 2026 and GFS processes to be discussed in March 2025. The committee supported this proposal.
- 12.3.** The committee discussed the Chair's proposal for reviewing the implementation of the external auditor's recommendations and performance of the external auditors as a potential deep dive topic for October 2026 and agreed to discuss this again in March 2025.
- 12.4.** The Chair proposed that the training session for December 2025 be on External Audit, the role/functions of the external auditor and the key reports and assurances they provide. The external audit representatives commented that this would be possible but requested a clearer steer on the training request.

Decision

- 12.5.** The committee agreed that the deep dive discussion on CaFC should be postponed until March 2026 and that GFS processes be the deep dive discussion for March 2025.

Action

- 12.6.** The Board Governance Manager to amend the committee forward plan.

13. Items for noting

13.1. Whistle-blowing

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

13.2. Gifts and Hospitality

- Members were advised that there was one item which had been added to the register, as detailed in the report presented to them.

13.3. Contracts and Procurement

Members were advised that a contract had been signed with Umbraco.

14. Review of AGC effectiveness

14.1. The Head of Planning and Governance introduced the paper and highlighted the key observations of the review undertaken by committee members, using the [NAO](#) audit and risk assurance committee effectiveness tool.

14.2. The Head of Planning and Governance stated that whilst the average score for all questions answered are “standard met” there are some areas for possible improvement and these had been categorised as quick wins, actions we can incorporate into already planned work and other possible future actions.

14.3. A committee member welcomed the Chair’s report on her meetings and engagement between the formal AGC meetings. The committee member questioned whether it is necessary for each of the HFEA’s committee to undertake an annual effectiveness review suggesting half the committees do a review every other year on a rolling basis.

14.4. The Chair commented that it was important for the AGC to complete this review on an annual basis, especially gaining 360 feedback from staff members and auditors. The auditors were supportive of an annual review but commented that it should not be a check list exercise and should encourage discussion.

14.5. The Chief Executive commented that these reviews are important as it allows the committees to review whether they are given the correct information and support to carry out their functions.

Decision

14.6. The committee noted the report and agreed the potential actions for improvement.

Action

14.7. The Board Governance Manager to circulate the AGC skills audit to committee members for completion.

14.8. The Executive to present the results of the committee’s effectiveness review to the Authority as part of its annual governance review.

15. Any other business

15.1. The Chair informed the committee that the Director of Finance & Resources, Tom Skrinar, will be employed full time by the HFEA in the New Year. Currently this position is a shared service with

the Human Tissue Authority (HTA) but following discussions with DHSC and HTA it was agreed to end this shared service agreement.

- 15.2.** The Chair informed the committee that the Head of Planning and Governance, Paula Robinson, will be retiring next year. The committee expressed their thanks to Paula for all her work and support of the committee.
- 15.3.** The Chair stated that Adrian Thompson's term as Boardroom apprentice will finish at the end of December, she hoped that he had found the placement beneficial and rewarding.
- 15.4.** In a review of the meeting, members congratulated the Chair for managing the agenda so efficiently and a member stated it was helpful when people referred to page numbers when introducing agenda items.
- 15.5.** There being no further business the Chair drew the meeting to a close and thanked all for their active participation.

Chair's signature

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

Signature

Chair: Catharine Seddon

Date: 4 March 2025

AGC Action log

Details about this paper

Area(s) of strategy this paper relates to:	<p>The best care – effective and ethical care for everyone</p> <p>The right information – to ensure that people can access the right information at the right time</p> <p>Shaping the future – to embrace and engage with changes in the law, science, and society</p>		
Meeting	Audit and Governance Committee		
Agenda item	3		
Meeting date	4 March 2025		
Author	Morounke Akingbola (Head of Finance)		
Output:			
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		
Implementation date	2024/25 business year		
Communication(s)			
Organisational risk	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Medium	<input type="checkbox"/> High

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		Currently revising the HFEA/GIAA relationship management policy with GIAA, including covering attendance at audit close out meetings.
6 Dec 2024 Item 5.7	The Head of Finance to update the progress with current audit recommendations report.	Head of Finance	March 2025		Completed please see revised report at agenda item 5. This item is closed and can now be removed.
6 Dec 2024 Item 12.6	The Board Governance Manager to amend the committee forward plan.	Board Governance Manager	March 2025		Completed please see revised report at agenda item 17. This item is closed and can now be removed.
6 Dec 2024 Item 14.7	The Board Governance Manager to circulate the AGC skills audit to committee members for completion.	Board Governance Manager	March 2025		Email issued to AGC members 13 December 2024. This item is closed and can now be removed.
6 Dec 2024 Item 14.8	The Executive to present the results of the committee's effectiveness review to the Authority as part of its annual governance review.	Head of Planning and Governance and Board Governance Manager	March 2025		This will form part of the annual paper for March Authority, which will be produced once all committee reviews are complete, in February 2025.

Accounting policies 2024/25

Details:

Area(s) of strategy this paper relates to:	<p>The best care – effective and ethical care for everyone</p> <p>The right information – to ensure that people can access the right information at the right time</p> <p>Shaping the future – to embrace and engage with changes in the law, science, and society</p>
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Agenda item	7
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Meeting date	4 March 2025
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Author	Tom Skrinar, Director of Finance, Planning and Technology
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Output:

For information or decision?	For information
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Recommendation	AGC are requested to review and comment on the key policies
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Resource implications	None
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Implementation date	2024/25
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Communication(s)

Organisational risk	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Medium <input type="checkbox"/> High
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Annexes	None
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Purpose of paper

1. This report advises the Audit and Governance Committee of amendments and updates to the accounting policies adopted for preparation of the accounts for the financial year 2024/25. For ease, the policies adopted for 2024/25 are the same as those adopted for 2023/24.

Summary

2. This report summarises the main elements of the accounting policies adopted by the HFEA and proposed changes to ensure the accounts for 2024/25 are prepared in accordance with accounting regulations. Any further changes to accounting regulations may require the policies to be changed further, however none are anticipated at this stage. Any significant impacts from changes to the 2024/25 policies will be highlighted to the committee in the Annual Report and Accounts report in June 2024.
3. The policies remain broadly unchanged from the previous financial year.
4. It is good practice for Audit Committees to review accounting policies on an annual basis. Adoption of the 2024/25 policies also means draft policies are in place for the start of the financial year to which they relate.

Recommendations

5. The Committee is asked to note and comment on the accounting policies applicable to financial years 2024/25.

Accounting Policies

Introduction

6. This report sets out the revised accounting policies that will be applied during 2024/25 in preparation of the HFEA's financial statements. The full policies are shown in appendix A to this report and will be included in the Annual Report and Accounts. The policies are prepared under the International Financial Reporting Standards (IFRS). Members of the Audit, Risk and Assurance Committee are invited to note these policies and make comment.
7. Unless there are major changes to accounting rules and regulation, accounting policies do not change significantly between years because the accounts would not be comparable from one year to the next.
8. The audited Annual Report and Accounts for 2024/25 are expected to be presented to the June 2025 Audit Governance Committee for approval. The accounting policies statement will be included within the accounts and any changes made during the course of the

closedown programme and/or audit will be highlighted and explained by officers. There might be a need to make changes to these policies following the completion of the audit.

Purpose of Accounting Policies

9. The definition of accounting policies is "the principles, bases, conventions, rules and practices applied by an organisation that specify how the effects of transactions and other events are to be reflected in its financial statements through recognising, selecting measurement bases for, and presenting assets, liabilities, gains, losses and changes in reserves".
10. The application of accounting policies supports the implementation of the main accounting concepts of best practice. These ensure financial reports:
 - Are relevant – providing appropriate information on the stewardship of Authority monies.
 - Are reliable – financial information can be relied upon and is without bias and free from error, within the bounds of materiality and has been prudently prepared.
 - Allow comparability – the interpretation of financial reports is enhanced by being able to compare information across other accounting periods and other organisations.
 - Are understandable – though financial reports have to contain certain information; they have to be understandable.
 - Reflect material information – significant transactions must be incorporated in the financial reports.
 - Prepared on a going concern basis – the assumption that the authority will continue in operational existence for the foreseeable future.
 - Prepared on an accruals basis – accounts are prepared to reflect the benefit of goods and services received and provided rather than when cash transactions occur when invoices are paid in a later accounting period.
11. The significant accounting policies currently adopted by the HFEA are in line with the concepts set out paragraph 10.

Underlying Assumptions

12. The International Accounting Standard (IAS 1) requires that management make an assessment of an entity's ability to continue as a going concern and to disclose any material uncertainties related to events or conditions that may cast a significant doubt upon an entity's ability to continue as a going concern. The Authority discloses that the accounts have been prepared on a going concern basis and that the HFEA will continue in

existence for the foreseeable future. The HFEA has based its considerations of Going Concern around the continuous provision of service.

Accounting Policies

13. Below are the significant accounting policies, the remaining policies are as detailed in the 2023/24 Annual Report and Accounts and are not expected to change for the 2024/25 financial year.

14. **Property, Plant and Equipment (PPE)** – these assets have a physical substance and are held for use in the provision of services or administrative purposes and are expected to be used for more than a year (e.g., Information Technology – IT equipment). Expenditure on the above on acquisition is capitalised on an actual basis provided it yields benefit to the Authority and the benefit it provides exists for more than one financial year.

- **Measurement** - Property, plant and equipment are initially shown on the Balance Sheet at cost, comprising the purchase price and all expenditure that is directly attributable to bringing the asset into working condition for its intended use. Assets under construction are held at historical cost and are not depreciated until brought into use (.
- **Depreciation on PPE** - Depreciation has been calculated using a straight-line method (i.e. apportioned equally over each year of the life of the asset) for all assets. The estimated useful life of each asset is determined by its type i.e. laptops generally have a useful life of 3-4 years or leases or refurbishment costs in line with the lease term of buildings occupied.

15. **Intangible Assets** – expenditure on non-monetary assets that do not have physical substance but are controlled by the Authority as a result of past events (e.g. software licences) is capitalised when it is expected that the future economic benefits or service potential will flow from the intangible asset to the Authority. Internally generated assets are capitalised where it is demonstrable that the project is technically feasible and is intended to be completed and the Authority will be able to generate future economic benefits or deliver service potential by being able to use the asset. Expenditure is capitalised where it can be measured reliably as attributable to the asset and is restricted to that incurred during the development phase.

- **Measurement** – intangible assets are measured initially at cost. Amounts are only revalued where the fair value of the asset held by the Authority can be determined by reference to an active market. In practice, no intangible asset held by the Authority meets this criterion, and they are therefore carried at amortised cost.
- **Depreciation/amortisation** – The depreciable amount of an intangible asset is amortised over its useful life and is charged to the Statement of Comprehensive Income and Expenditure.

- 16. Right of Use Assets and Liabilities** – IFRS 16 Leases was adopted on 1 April 2022. In the 2024/25 accounts, IFRS 16 provides a single lessee accounting model, requiring lessees to recognise assets and liabilities for all leases, unless the lease term is 12 months or less, or the underlying asset is of low value. On the date of transition to IFRS 16, the HFEA recognises a right of use asset and a lease liability. The asset described as ‘right of use’ asset, will be presented under note eleven within the annual accounts. Our lease previously treated as an operating lease has been measured at the present value of the remaining lease payments, adjusted for any prepayments or accruals in respect of lease payments. The HFEA has taken into account the commencement date of the lease in determining the remaining term of its lease.
- 17. Impairments** – Appropriate assets are reviewed for impairment at the end of each reporting period. The HFEA has financial assets (Receivables - debtors) that are reviewed using a simplified approach to impairment in accordance with IFRS 9. An impairment loss allowance is made for debts that are not considered collectable – referred to as impairment of financial assets. The provision is calculated based on the expected amount that will not be collected and applied to the amount of outstanding debt. The balance of debtors on the Statement of Financial Position (Balance Sheet) is reduced by the amount of provision made.
- 18. Critical accounting judgements** – in applying the accounting policies, the HFEA has to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements that will be made in the Annual Report and Accounts are:
- IAS 36 Impairments – management will make a judgement on whether there are any indication of impairment to the carrying amount of PRISM. A benefits realisation review will be undertaken by the team with oversight of PRISM as to whether the benefits as detailed in the original business case have been (or will be) realised. The outcome of which will impact on whether management decides to write down further the value of PRISM which currently sits on the Statement of Finance Positions (SoFP).
 - IAS 37 Provisions – these are recognised when the HFEA has a present legal or constructive obligation as a result of a past event, it is probable that the HFEA will be required to settle the obligation, and a reliable estimate can be made of the obligation. In 2023/24, a provision of c£195k was provided for a reduction in our treatment fee income which arose due to the number of duplicate cycles that were billed for and would need to be refunded. Since this provision, through analysis, we have discovered that a significant amount of refunds have been made in 2024/25. A review of the provision created in 2023/24 will be undertaken once analysis of these duplicate cycles has been completed. This may result in an increase or reduction in the provision.
- 19. Income recognition** – income is recognised when the performance obligations in a contract have been satisfied. In application to HFEA licence fees, which are based on IVF

and Donor IUI cycles each year, income is recognised on all treatment cycles that meet the qualifying criteria in the financial year.

20. **IFRS 16 Leases recognition and measurement** – at commencement of a lease (or the IFRS 16 effective date) HFEA recognises a right of use asset and a lease liability. The lease liability is measured as the payments for the remaining lease term net of irrecoverable value added tax (VAT), discounted either by the rate implicit in the lease, or, where this cannot be determined, HFEA’s incremental cost of borrowing. For HFEA, incremental cost of borrowing is the rate advised by HM Treasury for that calendar year. The lease term is as reflected in the lease agreements. The liability is based on payments that are fixed in the lease.
21. The right of use asset is initially measured at the value of the liability. The liability is adjusted for the accrued interest and repayments.
22. Expenditure includes interest and straight-line depreciation. Lease payments reduce the lease liability. Rental payments for leases of low value items or shorter than twelve months are expensed.
23. The Committee are requested to note the above policies that will be applied to the 2024/25 annual accounts.
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2024/25 review of Government Functional Standards (GFS)

Details about this paper

Area(s) of strategy this paper relates to:	<p>The best care – effective and ethical care for everyone</p> <p>The right information – to ensure that people can access the right information at the right time</p> <p>Shaping the future – to embrace and engage with changes in the law, science, and society</p>
Meeting:	AGC
Agenda item:	Item 9
Meeting date:	4 March 2025
Author:	Tom Skrinar
Annexes	<p>A. Government Functional Standards in the HFEA</p> <p>B. Initial HFEA Assessment against core Government Functional Standards</p> <p>C. Initial review of assessment tool (2024/25) and actions planned for 2025/26</p>

Output from this paper

For information or decision?	For information and decision
Recommendation:	AGC is asked to confirm it is content with the HFEA's general approach and policy regarding functional standards.
Resource implications:	None
Implementation date:	Immediate
Communication(s):	AGC
Organisational risk:	Low

1. Purpose

- 1.1. At the AGC meeting on 6 December 2024 it was agreed that a deep dive into the HFEA's management and oversight of the Government Functional Standards (GFS), would be brought to AGC in March 2025.
- 1.2. The HFEA policy outlining our approach to GFS management was developed in early 2024/25, and our overall policy and approach was reviewed by Internal Audit in the summer of 2024. GIAA had some concerns as to the extent of assurance and compliance with the GFS, therefore we have made some amendments to the policy since then and also sought guidance from the Department of Health and Social Care (DHSC) as to the appropriateness of our approach.
- 1.3. This paper provides an update on both the policy and the recent annual review and plan for 2025/26.

2. Background and initial reviews

- 2.1. 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 serve to help accounting officers fulfil their duties, bringing together and clarifying what should already be happening, linking to other central standards such as Managing Public Money and the Orange Book for risk management.
- 2.2. Fifteen standards have been issued and updated since 2021 and are mandated for use across Government Departments and Arms-Length Bodies. Assessments should be undertaken as part of routine assurance and organisations should set their maturity ambition based on business need.
- 2.3. Our approach is intended to ensure that we comply with the GFS in a way that is internally robust, and that supports business improvement through the adoption of standard approaches where they are identified as genuine improvements within the HFEA's business context.
- 2.4. The HFEA's policy for compliance with the Government Functional Standards (Annex A) requires functional leads to carry out an internal annual review against the functional standards where they both confirm that the HFEA is appropriately compliant with the basic, mandatory elements of the GFS, as well as identifying improvement activity to be taken forward in the coming year through the use of a range of GFS self-assessment tools. Directors are then required to review the assessments with Functional Leads to ensure they are complete and that findings and proposals are appropriate and meet business need in a sufficiently ambitious way.
- 2.5. The policy has been updated since the GIAA audit, with increased specificity for reviews of self-assessments by Directors, as well as clarifying responsibilities for functional leads to inform staff in an appropriate manner about the details of specific GFS. These changes were agreed by CMG on 19 February 2025.
- 2.6. We have previously discussed the GFS with individual functional Directors in DHSC about our approach and, after making policy updates as proposed by GIAA, we shared our policy with the central ALB oversight team. DHSC has confirmed that that

we have a good approach that is proportionate and suitable for a health ALB of the HFEA's size.

a) Is AGC content with the HFEA's general approach and policy regarding functional standards?

3. GFS self-assessments and business improvement proposals for 2025/26

- 3.1.** The initial priority was to ensure that the HFEA can at least meet the mandatory ('shall') elements of each standard. This work was completed in 2024/25 and reported to AGC in October 2024. An overview of the Functional Standards and initial reviews within the HFEA can be found at Annex B. This work, taken forward by functional leads and teams, then signed off at an individual Standard level by HFEA Directors, identified that we were broadly compliant with the core of the GFS, with no areas identified with significant gaps in compliance.
- 3.2.** Detailed self-assessments, where centrally produced assessment tools exist, have been completed and agreed by GFS leads. A detailed overview of areas identified for improvement can be found at Annex C (this includes some initial self-assessments done for 2024/25 though, as most of the self-assessments were completed and agreed later in the year, we have assumed that all actions will apply to 2025/26).
- 3.3.** The completed self-assessment and improvement proposals for 2025/26 were review at the CMG meeting in February 2025. The self-assessments show a good range of ideas for improvement and concrete proposals prompted by the use of the GFS centrally created self-assessment tools (that now exist for the majority of GFS). CMG agreed that there were no obvious gaps in what was planned for the year, and no particular proposal was identified as being of a higher priority or requiring an expedited approach.
- 3.4.** As outlined in the HFEA's GFS policy, where any actions for improvement have been identified, it is expected that they will be completed in line with normal business timetables (eg for policy updates), unless the Director specifies a specific timescale. CMG will review progress and identify any major changes to GFS content in Q4 of 2025/26 (unless a different date or regularity is identified by CMG).

4. Conclusion

- 4.1.** Having been through a number of the tools with teams across the HFEA, it is clear that a proportion of the questions or points in the tools are not entirely relevant to an organisation of our size. That said, apart from the significant volume of questions included in some of the tools, it is generally a straightforward process to work through them and identify elements that are clearly relevant and helpful to review and consider in detail.
- 4.2.** There will continue to be an evolving range of standards and requirements that Public Sector bodies will need to comply with. We will use the GFS reviews as a way of positively discussing and reviewing, on an annual basis, what our intentions are

for improvement in the coming in the coming year across our core functional areas, whilst ensuring we remain compliant with the mandatory elements.

Government Functional Standards in the HFEA

1. Purpose

- 1.1. An overview of the HFEA's approach to maximising value from the Government Functional Standards.
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2. Requirement

- 2.1. 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 serve to help accounting officers fulfil their duties and do not alter the fundamental principles of Managing Public Money (MPM), bringing together and clarifying what should already be happening.
 - 2.2. Fifteen standards have been issued and updated since 2021 and are mandated for use across Government Departments and Arms-Length Bodies, with an expectation that they would begin to be embedded from April 2022. The initial priority is to ensure that all organisations in scope can at least meet the mandatory ('shall') elements of each standard.
 - 2.3. The self-assessment process requires consideration of an organisation's levels of maturity against each standard. Assessments should be undertaken as part of routine assurance and, beyond meeting the mandatory elements of each standard, organisations should set their improvement and maturity ambitions based on business need.
 - 2.4. As the GFS are generic and required to support a range of public sector organisations including large central departments, there are elements of them that are not necessarily relevant to smaller ALBs. Organisations are expected to identify where this is the case and explain why they are not relevant, seeking advice from CO and/or DHSC where necessary. Our approach to the GFS needs to be included in the Governance Statement in our Annual Report and Accounts.
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3. General approach

- 3.1. Named HFEA business leads are responsible for understanding and self-assessing against specific GFS. All business leads should read the core GFS documentation¹, which is kept in a CM folder as a central repository, identify the mandatory 'shall' elements of the relevant Standards and indicate where they have been met as an

¹ <https://www.gov.uk/government/collections/functional-standards>

initial self assessment (see linked spreadsheet 'record of GFS review'). This should be agreed with your Director.

- 3.2.** Centrally designed and produced self-assessment tools provide a clear and structured approach to self-assessment. The HFEA has decided that it will not create its own tools as they would require significant resource to be developed to a sufficiently high standard. Furthermore, standardised assessments allow meaningful benchmarking between organisations that would not be possible with a home-produced tool. The HFEA has contacted named GFS leads to acquire the assessment tools and there now exists a central tool for at least 10 out of 14 standards (see linked spreadsheet 'record of GFS review').
- 3.3.** All HFEA business leads that are responsible for a GFS (HFEA functional leads) are expected to complete the full self-assessment tool where they exist (ie where they have been centrally produced). They are not expected to gather evidence to support their self-assessment, but they are expected to provide comments on individual questions within the self-assessment indicating the rough basis for their judgement or indicating why a question may not be relevant to the HFEA.
- 3.4.** On completion of the self-assessment, all business leads need to summarise the findings and indicate what the GFS and business need suggest they should take forward to improve organisational performance (eg amendments to organisational policies, SOPs, etc). This should be discussed and agreed with your Director.
- 3.5.** As it is expected that relevant elements of the GFS where appropriate will be embedded into standard HFEA policies and working practices, we do not think it is helpful for general staff to have a detailed understanding of the GFS. HFEA functional leads are responsible for ensuring that colleagues within the HFEA have an appropriate understanding of the Functional Standards that are relevant to their roles.
- 3.6.** New functional leads in the HFEA will need to cover Functional Standards as part of their induction.

4. Specific Approach

- 4.1.** For the initial assessment against the main GFS document, business leads need to do the following:
 - Ensure that the version of the GFS held in the HFEA GFS folder is the most up to date.
 - Read the GFS and identify the mandatory 'shall' statements and indicate where they have been met or not. For any mandatory statements that have not been met, either an action plan to meet them will be required, or an explanation as to why that specific statement is not relevant to the HFEA. If there is any doubt about the relevance of a mandatory GFS, consult the GFS lead or DHSC.
 - Ensure that the record of GFS review is updated. Ensure that the Director responsible for this GFS has agreed and accepted the assessment. Director's assessment should confirm the quality and completeness of the assessment, ensuring that the HFEA's approach in the specific functional standard area is

compliant. Where any actions for improvement have been identified, it is expected that they will be completed in line with normal business timetables (eg for policy updates), unless the Director specifies a specific timescale.

4.2. For the full self-assessment:

- Ensure that the version held in the HFEA GFS folder is the most up to date. If a centrally produced tool has not been provided, check with the GFS lead (contact details are on the GFS website) to see if one will be provided.
- Complete the full self-assessment, providing reasoning in the tool for the ratings provided. You do not need to provide evidence for each answer, and you do not need to provide a detailed explanation of the scoring, but you do need to give an outline of your thinking in providing an assessment as to how well HFEA’s approach compares to the standard.
- Where a question in a self-assessment tool is not relevant, score as n/a (or equivalent for that tool) and include a reason as to why it is not considered relevant in the tool.
- When you have completed the tool, prepare a short summary of the output and indicate what plans the tool may have suggested that you feel should be taken forward. This needs to be based on the risk indicated within the tool and business needs.
- Once complete, ensure that the record of GFS review is updated. Ensure that the Director responsible for this GFS has agreed and accepted the assessment, as per the Director’s assessment in paragraph 4.1 above.

4.3. For oversight of the process:

- Review the record of GFS once per annum at CMG, in quarter 4, including any decisions and/or actions arising from self-assessment. Identify any further business improvement work to be delivered in the following year.
- Check for updated GFS core documents and self-assessment tools annually.

Version	Changes	Updated by	Approved by	Release date	Review date
1.0	Original policy	Tom Skrinar	CMG	August 2024	March 2025
1.1	Updated: -Requirement for awareness and induction -Detail of Director sign off approach -change in responsible lead/Director Annex A	Tom Skrinar	CMG	February 2025	February 2026

Functional Standard	HFEA lead
GovS 001: Government functions	HFEA Accounting Officer and Executive
GovS 002: Project Delivery	Head of Planning and Governance
GovS 003: Human Resources	Head of HR
GovS 004: Property	DHSC Estates [managed through the shared agreement with ALBs at 2 Redman Place]
GovS 005: Digital, Data and Technology	Director Compliance and Information; Director Finance, Planning and Technology
GovS 006: Finance	Head of Finance
GovS 007: Security	Director Compliance and Information; Director Finance, Planning and Technology
GovS 008: Commercial	Director Finance, Planning and Technology
GovS 009: Internal Audit	Director Finance, Planning and Technology
GovS 010: Analysis	Head of Intelligence
GovS 011: Communications	Head of Communications
GovS 013: Counter Fraud	Head of Finance
GovS 014: Debt	Director Finance, Planning and Technology [though is not applicable to the HFEA]

Initial HFEA Assessment against core Government Functional Standards

No GovS	Functional Standard	Ambition and internal assessment of risk	Initial review against standard (against mandatory 'shall' statements)
1	GovS 001: Gov functions	Governance: Our governance framework is in place, and has previously been highly rated on internal audits and external reviews. Our ambition is to maintain existing high standards.	Reviewed in full in CTM. Focus is on Functional Lead role, but document detailing HFEA governance prepared by Head of Planning and Governance (see 'PlanGo note'). Broader detail on specific UK government guidance on governance and management frameworks added to the GFS001 folder as a better standard to consider for general governance as opposed to managing GFS.
2	GovS 002: Project Delivery	The recent audit of our project management function (report issued 21 Apr 23) was rated 'moderate' overall, and the majority of the recommendations have already been put in place.	We are already broadly compliant with the majority of the standard. Many areas of the standards don't apply to the size of project generally taken forward by the HFEA; however, our governance and reporting structures are well established, acknowledged in recent audits. Large projects have separate governance structures, managed through programme boards, reporting directly to Authority/AGC. Functional standards in these areas may need more development.
3	GovS 003: Human Resources	HFEA will continue to focus on best practice in its HR service.	The head of HR has been through the standard and finds the HFEA to be broadly compliant. DHSC Director of HR has stated that there is no requirement for small health ALBs (ie the HFEA) to be compliant in this. Furthermore, 'the standard applies to the planning, delivery and management of human resource activity in government departments and their arm's length bodies, where civil servants are employed' [HFEA staff are not civil servants]
4	GovS 004: Property	HFEA do not own or manage Government property or property leases directly. Will take lead from DHSC Estates. GFS has been reviewed and elements that relate to the HFEA indicated.	HFEA do not own or manage Government property or property leases directly. We engage regularly with the estates and facilities team within DHSC and for 2RP and with partner ALBs (NICE/CQC). Director Finance has discussed GFS with DHSC Facilities Director who said that DHSC has no expectations for HFEA regarding this GFS. HFEA Director Finance has also discussed GFS compliance with NICE/CQC, who are also required to be compliant with GFS.
5	GovS 005: Digital, Data and Technology	We commissioned a 3rd party review of data backups and are working to implement the recommendations. Compliance generally maintained via DSPT process.	Broadly Compliant

Annex B

6	GovS 006: Finance	Director of Finance and Resources is keen to further standardise systems and processes across HFEA when a new finance system is implemented.	Broadly Compliant. Applies to ALBs in the same way as HMT Managing Public Money and makes reference to agreed Framework agreements between sponsor and ALB.
7	GovS 007: Security	This GFS contains a mixture of security issues, not all of which are relevant to the HFEA.	Broadly Compliant. Significant focus on vetting and physical security / responding to threat due to higher risk (HFEA is not higher risk). Physical security relates to relationships with 2RP. Also includes incident response planning (BCP) as well as cyber security. Key focus is cyber security and elements of work required to meet DSPT/CAF requirements (including GIAA recs) cross over with the GFS. Will need to generate a cyber security approach for CAF that builds on DSPT - this, alongside IT investment in new systems, should be the main approach for ensuring we are in line with the security GFS. BCP developed and improved in 2024/25 after GIAA audit. Focus on awareness across HFEA and stress testing to ensure it remains relevant (eg with respect to managing cyber attacks or IT outages).
8	GovS 008: Commercial	HFEA does not regularly undertake significant procurement, but will review approach after engagement with DHSC commercial on the epicentre replacement procurement. Will also consider commercial apps within the new finance systems.	Broadly compliant, though significant proportion of GFS focused on large public body with major projects/investments. Good relationship with DHSC commercial to ensure remain compliant with DHSC requirements.
9	GovS 009: Internal Audit	To discuss with GIIA	We meet the principles for this functional standard. We work closely between GIAA, NAO and AGC to ensure audit objectives are aligned to government policy and organisational objectives and risks. This includes ensuring appropriate access for auditors to HFEA business. Actions are taken forward to address risks identified in audits, scrutinised by AGC. We manage quality of audit processes through feedback and contracting.
10	GovS 010: Analysis	Risk against data release are reviewed monthly/weekly by team, monthly by CMG and on the strategic risk register by AGC/Authority	Compliant
11	GovS 011: Communications	Monthly review of risk against principles in standard by team and CMG	All compliant where standard is applicable. Communications strategy reviewed by Authority. New comms strategy developed in parallel with any new organisational strategy. Evaluation of comms plans for each major piece of work/campaign circulated to SMT. Some further work to formalise written plan for crises comms.

Annex B

13	GovS 013:Counter Fraud	Counter-fraud strategy presented to AGC on 2 October 2023, created with reference to the Functional Standard	Broadly compliant with standard and in line with broader UK Government counter-fraud standards. Established requirement in line with extant Cabinet Office guidance and expectations.
14	GovS 014: Debt	A well established debt management approach but, due to ongoing difficulties in recovering all debt, some need to keep approach under review.	Not all of the standard is relevant to HFEA as discussed with the HMT debt functional lead. No requirement for HFEA to show formal compliance with this GFS.
15	GovS 015: Grants	The HFEA does not pay grants	The GFS has been reviewed in full. It only relates to the payment of grants, which the HFEA does not do

Functional Standard	Initial review of assessment tool (2024/25)	Actions planned for 2025/26
GovS 001: Gov functions	<i>See initial review in Annex B</i>	<ul style="list-style-type: none"> - Maintenance of SOPs as needed. Updating of our governance framework document as relevant (e.g. if changes are made to Standing Orders). -If a self-assessment questionnaire materialises, we will work through it. -This work will be ad hoc, as and when required during the year.
GovS 002: Project Delivery	<p><i>Due to the small size, both in scope and budget, of the majority of the projects we undertake, improvements need to focus on what is within scope/ requirements/ resource constraints.</i></p> <p><i>A review of our project management systems is in place, due to complete by end of this financial year. Aspects from the FS have been incorporated and others will be included in the next phase of development.</i></p>	<ul style="list-style-type: none"> -Improve compliance to the agreed project management system. PAG oversight to include a bigger focus on both the project planners and risk/ issue logs. -Implement training plans for improving knowledge in the HFEA project management system. This will include bespoke training for PAG members. -Evaluate project management tools that can be deployed as part of the move to SharePoint, specifically MS Planner.
GovS 003: Human Resources	<p><i>Some of the areas we feel there could be room for improvement include conducting further updates to the way we conduct our induction sessions for new starters</i></p> <p><i>The other area that needs a review is around training for managers on recruitment best practice.' Hd HR</i></p>	<ul style="list-style-type: none"> -Update our HR strategy to align with our new Strategy 2025-28 and Business Plan 2025-26. This will include a review of our organisational structure and design along with conducting a skills audit to ensure we have the appropriate skills mix to support our business goals.
GovS 004: Property	<i>We engage regularly with the estates and facilities team within DHSC and for 2RP. I have discussed GFS with DHSC Facilities Director who said that DHSC has no expectations for HFEA regarding this GFS.</i>	<ul style="list-style-type: none"> -Director of Finance to continue engaging with DHSC and relevant parties on the 2RP rental agreement.

Annex C

<p>GovS 005: Digital, Data and Technology</p>	<p><i>Good level of compliance considering the size of the HFEA. Some further work to do in revising our strategy and reviewing our plan for insourcing/outsourcing services, as well as improving senior understanding of digital. Epicentre/SharePoint work will need to review organisational use of data.</i></p>	<ul style="list-style-type: none"> - To revise the IT/digital/tech strategy, checking aligned with gov requirements as we do, and ensuring aligned with org strategy, supported by SMT, etc. - IT/digital/tech strategy should also include supply/management of services and how we staff our IT requirements internally. - Consider supporting digital skills / understanding for SMT/CMG? DFPT and HdIT to engage with DHSC/cross-gov IT groups? - Consider a second cloud platform? Balance of cost vs risk (eg business continuity)? - Better use of data across HFEA – to ensure this is a clear focus of development work, starting with Epicentre/SharePoint
<p>GovS 006: Finance</p>	<p><i>Compliant with core financial approach and controls. Could have clearer set of oversight docs and policies (esp delegation) for broader organisation. Also links to improvements for both commercial and debt GFS.</i></p>	<ul style="list-style-type: none"> - To develop an updated overview of HFEA financial delegations policy, to include in budget delegation information proved to Directors/budget holders. This will include guidance and internal policy (eg on delegated expenditure limits), central DHSC and CO expectations and controls, as well as support and potentially training for budget holders. - HFEA finance team to consider lessons learnt and potential improvement actions on a regular basis in team meetings. This should also cover potential requirements for new HFEA finance system (expect to start planning for in 2025/26). - HFEA finance team to work with the new Head of Planning and Governance to consider how to strengthen financial aspects of business planning and project management, including ensuring that financial and commercial best practice is followed and that investment decisions are made appropriately using green book methodology (where relevant).
<p>GovS 007: Security</p>	<p><i>No self-assessment tool provided, but a wealth of other detailed requirements for security exist, in particular relating to cyber security. Furthermore, recent GIAA audits of for example business continuity planning also apply, therefore identified actions for improvement are predominantly drawn from there.</i></p>	<ul style="list-style-type: none"> -Response to GIAA recommendations on HFEA's Business Continuity Plan and Incident Response. -To consider general physical security issues with 2RP, possibly consider general training package on security (though this may already be covered). -Focus on cyber security via ongoing response to DSPT and CAF.

Annex C

<p>GovS 008: Commercial</p>	<p><i>As per AGC paper for March 24 'GFS deep dive for AGC - '3.5. Although the GFS commercial principles (the 'shall' statements) are broadly covered through the HFEA policies and processes outlined above, the tool did raise a number of interesting questions that were relevant but less easy to answer, suggesting further potential work in the following areas [see actions 24/25]</i></p>	<ul style="list-style-type: none"> - For smaller value procurements where we do not use CCS frameworks, clarifying our approach to due diligence and specifying which standard form contracts to use (using CCS standards and DHSC guidance – to be included in future procurement policy updates). - Firming up our evidence base for making investment decisions (for example, using Green Book methodology more explicitly in our Business Case formatting). - Focusing on commercial responsibilities across the HFEA and championing good procurement practice and internal policies. - Considering further staff training and development on procurement, including further staff engagement in collaboration with DHSC and other ALBs in discussing shared commercial solutions. - Explore improving how HFEA's finance system monitors commercial policy adherence when the new system is procured, for consideration with new finance system design.
<p>GovS 009: Internal Audit</p>	<p><i>This generally does not apply to the HFEA, but we will continue to aim to build strong working relationships with GIAA to ensure the spirit of the GFS for internal audit is met.</i></p>	<p>-Ongoing engagement with GIAA</p>
<p>GovS 010: Analysis</p>	<p><i>Self-assessment completed (also response to DHSC on business critical models).</i></p> <p><i>SOPs up to date. Lessons learnt after each set of data release. Compliance with other standards e.g. publication of official statistics</i></p>	<p>-Maintenance of SOPs as needed. -If further info from DHSC is published then will review against that.</p>
<p>GovS 011: Communications</p>	<p><i>Has been reviewed and set out where improvements could be made.</i></p>	<p>-Formalise crisis communications plan at CMG</p>
<p>GovS 013: Counter Fraud</p>	<p><i>N/a, but reliant on other fraud work across government, including the DHSC Counter-Fraud Action Plan work</i></p>	<p>-Will update once the Counter-Fraud Action Plan for 2025/26 has been finalised</p>

<p>GovS 014: Debt</p>	<p><i>As per AGC paper for March 24 'GFS deep dive for AGC' - 4.3. Through review of both the Debt GFS core principles and the self-assessment tool, there were no core areas of compliance where risks were indicated, or major gaps in policies and processes. There were some areas, though, where our responses to questions allowed us to consider where we might strengthen our current processes'</i></p>	<ul style="list-style-type: none"> - Update the debt policy and debt collection procedure (focusing on the management of debt over time and escalation processes for aged or larger debts. - Regarding debt that is persistently difficult to recover, consider specific options to force payment; what our appetite is for doing this in different situations; and at what point do we make a decision to write debt off. - Consider how we can better gather information from across the organisation to support engagement with those establishments that have more persistent debt issues.
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Digital Projects / PRISM Update February 2024

Details about this paper

Area(s) of strategy this paper relates to:	The right information – to ensure that people can access the right information at the right time.
Meeting:	AGC
Agenda item:	10
Meeting date:	4 March 2025
Author:	Kevin Hudson, PRISM programme manager
Annexes	

Output from this paper

For information or decision?	For information
Recommendation:	To note progress on the Interim CaFC, Full CaFC, automated alerts for 10 family limit and the current KPMG audit of billing through PRISM.
Resource implications:	
Implementation date:	Publication of the Interim CaFC will take place by March 2025. The first Full CaFC is scheduled for June 2025 with the next CaFC (treatments to December 2024) published by December 2025.
Communication(s):	
Organisational risk:	Medium

1. Introduction and recap from last meeting

- 1.1.** PRISM went live on 14th September 2021 for 40 direct entry clinics and API deployment was completed by the end of June 2022 for the other 62 clinics. Since then, over 830,000 units of activity have been submitted through PRISM.
- 1.2.** In relation to CaFC, it is important to recognise that the verification of Register data through the CaFC process serves three purposes:
- To provide patients with performance data on each licenced clinic
 - To ensure traceability of all cycles to enable the OTR function to track patients, donors and donor conceived individuals
 - To quality control the accuracy of the data held in the Register for the purpose of statistical reporting and in national-level fertility research studies which inform patient care and are based on high quality data.
- 1.3.** At the December AGC meeting we reported that:
- It was our plan to publish an **Interim CaFC** that included latest available headline live birth success rates for clinics (specifically for the year ending 2022) around the end of March 2025.
 - We were continuing work on missing thaw linkages that are important for the **Full CaFC**.
 - Our plan was to publish the Full CaFC for treatments to 2023 by the end of June 2025 and the Full CaFC for treatments to 2024 by the end of December 2025.
 - When we publish these Full CaFCs, only data from 2022 and onwards will be included in the calculations (i.e. data from PRISM, not EDI).
 - Data verification for EDI data submitted in the years 2020 and 2021 will be addressed in a **retrospective data verification exercise**, which will take place after the 2024 Full CaFC is published at the end of December 2025. This will also include addressing the 22,500 missing thaw linkages that are in the Register relating to years earlier than 2020.
- 1.4.** This paper provides AGC with an update on progress with the delivery of firstly the Interim CaFC and then the two Full CaFCs that we aim to publish during 2025.
- 1.5.** This paper also updates AGC on the progress of automated clinic alerts for 10 family limits, and the KPMG audit of billing through PRISM which is currently in progress.

2. Update on progress on Interim CaFC to be published by March 2025

- 2.1.** AGC should note that it remains our assessment that whilst the data issues that remain for some clinics are material to their detailed reporting, it is possible to calculate headline success rates for

a considerable majority. Moreover, we do not think that any subsequent amendments that might happen in the detail of the 'full CaFC' will be of sufficient scale to affect that headline figure.

2.2. Therefore, since AGC approved the approach for an Interim CaFC in December, we have undertaken the following activity:

- Before Christmas 2024, Peter Thompson wrote to the sector to outline the CaFC approach during 2025, and specifically the scope of the Interim CaFC. An overview of this communication was also provided in the December edition of Clinic Focus.
- As a slight difference to the paper submitted to AGC in December 2024, we advised clinics that we would keep the detailed 2018 data on CaFC open, but with a clear note regarding its age. This is so those few clinics that are still catching up on their PRISM submissions can access CaFC data, albeit relating to earlier periods.
- The PRISM programme team undertook considerable testing at clinic level of headline success rate calculations extracted from current PRISM data.
- In January, executives, the PRISM programme team and HFEA intelligence team met to agree the detailed methodologies that would be used to calculate success rates for the Interim CaFC.
- At the end of January, the PRISM programme communicated to all clinics about the detailed process by which they will receive their interim CaFC calculation. A summary of this information was included in the January edition of Clinic Focus.

2.3. The sign off process for the Interim CaFC commenced on 18th February 2025. We have sent each clinic PR and lead clinic staff for PRISM a calculation sheet that outlines the following statistics for their clinic:

- Live birth outcome rate per embryo transferred for IVF treatments – showing the total number of transfers HFEA have recorded, the total number of live births events, and the success rate this generates. We will also report the average success rate for the sector.
- The same statistics for patients aged 38 and over and for patients aged under 38.
- The multiple IVF birth rates for all patients and for the abovementioned age bands.
- Success rates for Donor Insemination treatments – overall and for the abovementioned age bands.

2.4. 'Total number of transfers' will include all fresh and frozen cycles including donor sperm and donor eggs. The details of the calculation methodology that we will be using for the Interim CaFC is the same as outlined to the sector when CaFC was re-launched through the new HFEA website in 2016.

2.5. However, we are mindful that success rates using donor eggs are often higher than those using the patient's own eggs. Hence clinics with higher-than-average levels of donor egg usage may have slightly higher overall success rates. Consequently, we plan to add a note to the website to

inform users on this point. Publication of the full CaFC later in 2025 will allow users to drill through to distinguish clinic success rates between donor eggs and own eggs.

- 2.6.** We will provide clinics with calculated overall success rates for their clinic for each year from 2019, although it is the success rates for 2022 that, once they have confirmed, will be published in the clinic profile page of the HFEA website. The calculation sheet will clearly mark those statistics to be published.
- 2.7.** We will be asking clinics to check the overall totals and confirm they are happy for these success rates to be published on the website. We have advised clinics that we would be happy to discuss any queries that arise, and we expect the next few weeks to be a short period of intense activity whilst such conversations take place.
- 2.8.** We plan to store clinic's emailed responses as proof of sign-off with a view to publishing new headline rates around the end of March 2025.
- 2.9.** At the March meeting, we will update AGC further on the initial feedback we are receiving from clinics regarding the sign-off process for the Interim CaFC.

3. Update on progress towards completing the Full CaFCs during 2025.

- 3.1.** AGC should note that the work on the Interim CaFC and the Full CaFC are mainly being undertaken by different members of the PRISM programme team. Hence, we are able to progress both workstreams in parallel together.

Progress on addressing missing thaw linkages

- 3.2.** We previously reported to AGC that we estimate that there are 6,189 missing thaw linkages for PRISM submissions in 2022 and 2023. Of these, 3,552 (57%) relate to 12 clinics from CARE and 1,826 (30%) relate to 6 Meditex clinics. Of the remaining missing thaw linkages, 11% relate to IDEAS clinics, although there is only one clinic with significant levels (0109 Kings), whilst only 2% relate to clinics that enter data directly to PRISM.
- 3.3.** It is important to attempt to fully correct missing thaw linkages, both to ensure that we do not leave later reporting gaps for OTR and to ensure that there can be accurate data for effective clinical research into treatments that involve frozen embryos.
- 3.4.** AGC should note that the missing thaw linkages from Meditex relate to previous submissions, but current data is being correctly submitted. However, the thaw linkage issues at CARE are ongoing and current data is still being submitted with these issues.
- 3.5.** In January we completed a full, fully reconciled, verification report for missing thaw linkages for clinic 0033 Manchester Fertility (a Meditex clinic) which is serving as a 'corrective pilot'. Our developers are now taking this report to the clinic and working with them on the required corrective actions at their end, so we can establish a blueprint for other Meditex clinics to follow.

- 3.6.** Discussions are also ongoing with CARE about their missing thaw linkages. At their request, meetings are being scheduled to consider the options on how these data issues can be once and for all addressed.
 - 3.7.** In the March meeting, we will update AGC further on our discussions with Meditex and CARE.
 - 3.8.** In terms of publishing the Full CaFC, depending on progress by June, we may need to impute or exclude details of calculated success rates for the 19 clinics referenced in 3.2 above where we have missing thaw linkages.
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4. Update on automated 10 family limit alerts

- 4.1.** At the start of December, we commenced issuing clinics with automated 10 family limit alerts in cases where we detected that a donor has reached 9 or more families, or where they had registered a new clinic but had already contributed to 9 or more families in other clinics.
 - 4.2.** The average level of alerts per month is about 185 alerts relating to 56 Donors. For context, there are approximately 36,000 sperm donors on the Register.
 - 4.3.** This new process has been well received by clinics and professional bodies.
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5. Update on KPMG audit of billing through PRISM

- 5.1.** AGC should note that this year's KMPG audit includes a detailed audit of HFEA billing through PRISM, including credits that arise when clinics send us a billable record more than once, which is then subsequently de-duplicated (with the value of the duplicate invoice being refunded). KPMG are undertaking the audit on behalf of the National Audit Office. The risk around the accuracy of our income was identified at last year's year end audit, where a provision of £195k was created based on an estimate of the likely value of duplicate invoices we would need to refund in future years.

Update on action on potential duplicates and why they have occurred

- 5.2.** As part of CaFC verification during 2024, our review of data submitted indicated that there were some instances where clinics had sent us data relating to the same patient for the same cycle date.
- 5.3.** Further investigation showed that whilst many of these submissions were for valid clinical reasons, some submissions, particularly from API suppliers, were a duplication of a submission they had previously sent.
- 5.4.** This was mainly because system suppliers need to build API solutions that synchronise with PRISM. When they synchronise, their API solution should then tell the clinic's system whether this record is already on PRISM and therefore whether they need to update the ongoing record held in PRISM, rather than submit it as a new record.

- 5.5.** However, if the system supplier's synchronisation method is faulty, then it can lead to the system supplier sending a new record rather than updating an existing one. This will lead to a duplication on the Register that neither they, nor the HFEA, might spot.
- 5.6.** Not all cycles are billable, but if it is billable this could lead to two invoices being raised for the same treatment but at a different date of submission.
- 5.7.** During 2024 CaFC verification, we identified a number of IDEAS clinics which had potential duplicates. We have been working with Mellowood to address these records. As the Mellowood API solution only presents 'one record' to the clinic through their IDEAS system, the clinics themselves are not aware of any potential duplicates and cannot view them in IDEAS. Consequently, over the Summer of 2024, Mellowood staff – who can view both the record in IDEAS and the record in PRISM (using the PRISM user interface for manual entry) – undertook a manual record-by-record de-duplication exercise to remove these duplications on behalf of their clinics.
- 5.8.** This was very time-consuming work and overall Mellowood addressed approximately 4,800 records. They also corrected their synchronisation mechanisms to ensure no repeat of this issue in future.
- 5.9.** As a function of this de-duplication work, if a billable record was deleted, then through the PRISM billing systems, this would generate a credit for the clinic.
- 5.10.** Therefore, in correcting the Register this has meant that the level of credits issues during 2024 have been significantly higher than for previous years. During 2024, PRISM has issued 3,435 IVF credits (compared to 742 in the previous year) and 923 DI credits (compared to 104). This, in part, has prompted KMPG undertake an audit of the HFEA billing and credit systems through PRISM.
- 5.11.** AGC should note that whilst 8,638 potential duplicates were identified as part of the 2024 CaFC verification, the total number that relate to the current year is only 420. The PRISM programme team believe this is very much a historic issue relating to PRISM launch and deployment, rather than any current or ongoing issue.
- 5.12.** In relation to current de-duplication activity, all is now complete except:
- 421 duplicates at 0044 CRGH. This was an IDEAS clinic that had the highest level of data entanglement. During 2024 they chose to move to manual entry and are manually correcting their duplicates. From a starting position of 1,500 duplicates, they have approximately 400 remaining.
 - 231 duplicates at 0316 CARE Cardiff. This was an IDEAS clinic that was taken over by CARE and has moved to the CARE method of data submission although the duplicates were incurred whilst the clinic was using IDEAS. Discussions with CARE on resolving these duplicates are ongoing.
 - 712 potential duplicates at other CARE clinics. These may not be actual duplicates, but we have asked CARE to review these records in case they are.

Scope of the audit

5.13. KPMG commenced their audit in February 2025 and it will cover the following steps:

- **Understanding of general IT controls:** This is an update on previous general IT audits including such topics as HFEA cybersecurity and IT architecture.
- **Review of Code used for identification of billable cycles within PRISM:** KPMG experts are reviewing the PRISM billing code, and a copy of this code has been provided to them. This is a new scope for 2025.
- **Testing IT Controls over PRISM:** Development controls for such activities as bug fixing, testing and deployment. This is a new scope for 2025.

5.14. As part of preparing for the audit, we have identified an error in the process by which PRISM generates a credit note. If an invoice and credit note were created in the same month then this erroneously caused a record to be credited and with being originally invoiced. Since PRISM launched in September 2021 this has involved 514 records with a value of £44,335. (For context, there have been approximately 233,000 records billed through PRISM since launch). Finance is considering the best way to re-invoice the clinics concerned for these records, and the PRISM billing code has been corrected.

5.15. The PRISM programme is also doing some work with Finance to understand the quantity of billable 'downstream dependent' records that may have been deleted and reinstated as a result of clinic's de-duplication activity. Whilst the deletion may generate a credit, the reinstatement generates a corresponding invoice and the net financial effect of such activity will be zero.

5.16. We will keep AGC informed on the findings of the audit.

6. AGC recommendations

6.1. AGC are asked to:

1. Note the progress with the Interim CaFC and that we remain on track to publish this around the end of March 2025.
2. Note the progress with the Full CaFC. We remain on track to publish two Full CaFCs this calendar year, and there remain 18 clinics with data issues which might impact their full publication.
3. Note the progress with the commencement of the 10 family limit alerts.
4. Note the work being undertaking for the current KPMG audit of PRISM billing.

Audit and Governance Committee Forward Plan

Strategic delivery:

- The best care – effective and ethical care for everyone
- The right information – to ensure that people can access the right information at the right time
- Shaping the future – to embrace and engage with changes in the law, science, and society

Details:

Meeting	Audit & Governance Committee Forward Plan
Agenda item	17
Meeting date	4 March 2025
Author	Morounke Akingbola, Head of Finance

Output:

For information or decision?	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
Organisational risk	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
	Not to have a plan risks incomplete assurance, inadequate coverage or unavailability key officers or information
Annexes	N/A

Audit & Governance Committee Forward Plan

AGC items Date:	4 Mar 2025 <i>Virtual</i>	17 June 2025 <i>In-person</i>	14 October 2025 <i>Virtual</i>	3 Dec 2025 <i>In-person</i>	Mar 2026 <i>Virtual</i>
Following Authority Date:	21 Mar 2025	2 July 2025	19 Nov 2025	Jan 2026	Mar 2026
Internal Audit	Approve draft plan	Results, annual opinion	Update	Update	Approve draft plan
Internal Audit Recommendations Follow-up	Yes	Yes	Yes	Yes	Yes
External audit (NAO) strategy & work	Interim Feedback	Audit Completion Report			Interim Feedback
Session for Members and auditors	Yes	Yes	Yes	Yes	Yes
Annual Report & Accounts (including Annual Governance Statement)		Yes, for approval			
Strategic Risk Register	Yes	Yes	Yes	Yes	Yes
Risk Management Strategy ¹				Yes	
Horizon scanning committee discussion	Yes	Yes	Yes	Yes	Yes
Deep dives	GFS processes		Whistle blowing		CaFC
Digital Programme 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

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

AGC items Date:	4 Mar 2025 <i>Virtual</i>	17 June 2025 <i>In-person</i>	14 October 2025 <i>Virtual</i>	3 Dec 2025 <i>In-person</i>	Mar 2026 <i>Virtual</i>
Information Assurance & Security		Yes, plus SIRO Report			
HR, People Planning & Processes		Bi-annual HR report			
Contracts & Procurement including SLA management	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Whistle Blowing, fraud (report of any incidents)	Update as necessary	Update as necessary	Update as necessary	Update as necessary	Update as necessary
Estates		Yes			
Review of AGC effectiveness and terms of reference			Yes	Yes	
Functional standards	Yes	Yes	Yes	Yes	Yes
AGC Forward Plan	Yes	Yes	Yes	Yes	Yes
Accounting policies	Yes (annually)				Yes (annually)
Public Interest Disclosure (Whistleblowing) policy	Yes				Yes
Counter fraud and anti-theft policy	Yes				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

AGC items Date:	4 Mar 2025 <i>Virtual</i>	17 June 2025 <i>In-person</i>	14 October 2025 <i>Virtual</i>	3 Dec 2025 <i>In-person</i>	Mar 2026 <i>Virtual</i>
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
GFS processes	6 Dec 2024	4 March 2025
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 <i>(to be discussed at the March 2025 meeting)</i>	6 Dec 2024	Oct 2026