

Authority meeting

Date: 11 March 2026 – 12.45pm – 4.00pm

Venue: 2 Redman Place

| Agenda item | Time |
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| 1. Welcome, apologies and declarations of interest (5) | 12.45pm |
| 2. Minutes of previous meeting and matters arising (5) For decision | 12.50pm |
| 3. Chair and Chief Executive's report (5) For information | 12.55pm |
| 4. Committee Chairs' reports (20) For information | 1.00pm |
| 5. Summary of 2025 Licensing Activity (20) For information | 1.20pm |
| 6. Effective Governance (15) For decision | 1.40pm |
| 7. Performance Report (30) For information | 1.55pm |
| 8. Consent to storage (15) For decision | 2.25pm |
| Comfort break (10) | 2.40pm |
| 9. 2026/27 Business Plan (20) For decision | 2.50pm |
| 10. 2026/27 Budget Proposal (15) For information | 3.10pm |
| 11. Women and Equalities Select Committee Inquiry (verbal) (15) For information | 3.25pm |
| 12. Future of data presentation (verbal) (15) For information | 3.40pm |
| 13. Any other business (verbal) (5) | 3.55pm |
| 14. Close | |

Minutes of Authority meeting held 21 January 2026

Details about this paper

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| Area(s) of strategy this paper relates to: | Regulating a changing environment / Supporting scientific and medical innovation |
| Meeting: | Authority |
| Agenda item: | 2 |
| Meeting date: | 11 March 2026 |
| Author: | Alison Margrave, Board Governance Manager |
| Annex | 21 January 2026 Authority Minutes |

Output from this paper

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| For information or decision? | For decision |
| Recommendation: | Members are asked to confirm the minutes of the Authority meeting held on 21 January 2026 as a true record of the meeting. |
| Resource implications: | n/a |
| Implementation date: | n/a |
| Communication(s): | Final signed minutes to be published on the HFEA website. |
| Organisational risk: | Low |

Minutes of the Authority meeting on 21 January 2026 held at 2 Redman Place, London

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|---------------------|---|---|
| Members present | Julia Chain (Chair) Tim Child Frances Flinter Tom Fowler Zeynep Gurtin Graham James Alex Kafetz | Alison McTavish (on-line) Geeta Nargund Catharine Seddon Rosamund Scott Anya Sizer Stephen Troup Christine Watson |
| Apologies | | |
| Observers | Steve Pugh, Department of Health and Social Care (DHSC) (on-line) Samatha West, Department of Health and Social Care (DHSC) (on-line) | |
| Staff in attendance | Peter Thompson (Chief Executive) Rachel Cutting (Director of Compliance and Information) Clare Ettinghausen (Director of Strategy and Corporate Affairs) Tom Skrinar (Director of Finance, Planning and Technology) Kevin Huddson (PRISIM Programme Manager) Luke Reader (Phoenix Programme Manager) Sophie Tuhey (Head of Planning and Governance) Evgenia Savchyna (Corporate Performance Officer) Alison Margrave (Board Governance Manager) | |

Members

There were 14 members at the meeting – 9 lay and 5 professional members.

1. Welcome, apologies and declarations of interest

- 1.1. The Chair welcomed Authority members and HFEA staff to the meeting.
- 1.2. The Chair also welcomed observers and stated that the meeting was being recorded in line with previous meetings and for reasons of transparency. The recording would be made available on the HFEA website to allow members of the public to view it.
- 1.3. Declarations of interest were made by:
 - Tim Child (consultancy work within the fertility sector overseas)
 - Anya Sizer (freelance advisory work within the fertility sector)
 - Stephen Troup (consultancy work within the fertility sector)
 - Geeta Nargund (appointed by the Prime Minister as a Life Peer in [the House of Lords](#))
- 1.4. The Chair and the Authority congratulated Geeta Nargund on her nomination as a Life Peer in the House of Lords.

2. Previous minutes and matters arising

- 2.1. The Chair introduced the minutes from the meetings held on 5 and 19 November 2025.
- 2.2. The minutes of the meetings held on 5 and 19 November 2025 were agreed as a true record of the meetings and could be signed by the Chair.

Matters arising

- 2.3. The Chair informed members that the matters arising from the previous meeting had been actioned as detailed in the report or will be reported under the Performance report.
- 2.4. Members noted the matters arising report.

3. Chair and Chief Executive's report

- 3.1. The Chair gave an overview of her engagement with key stakeholders and her attendance at decision-making committees of the Authority.
- 3.2. The Chair informed members that together with the Chief Executive she had attended the Chair and CEO's ALB Senior Leaders meeting on 27 November 2025. The DHSC Permanent Secretary chaired the meeting and was positive about the work of the HFEA. A meeting has been scheduled with the Permanent Secretary to discuss life sciences and the HFEA.
- 3.3. The Chair informed members that she had attended the all-staff event on 8 December 2025 and remarked on the positive engagement at this event. As agreed at the Authority November 2025 away day members will be given the opportunity to attend future all staff events on a rotational basis.
- 3.4. A member questioned whether there were any concerns or questions for the Authority arising from the all-staff event. The Chair responded that this event was not the mechanism for raising such concerns and she referred to the recent staff survey, the results of which were reported to the [Audit and Governance Committee meeting in December 2025](#). A response rate of 87% was achieved, which is higher than the sector average, with extremely good survey results.
- 3.5. The Director of Strategy and Corporate Affairs reminded the Authority that there are staff equality, diversity and inclusion (EDI) champions and it may be appropriate for them to meet with the Authority. The Authority welcomed this initiative.
- 3.6. The Chair informed members that she had spoken at the Progress Educational Trust (PET) event held on 10 December 2025 and provided a summary of the event.
- 3.7. The Chief Executive informed members that he had met with the Regulatory Horizons Council on 28 November 2025 to discuss In Vitro Gametogenesis (IVGs).
- 3.8. The Chief Executive informed members that he had spoken at a conference yesterday at the Wellcome Trust entitled: Embryo and liminal entities: Rethinking questions of status and protection in shifting scientific, legal and ethical landscapes. Authority members Frances Flinter and Rosamund Scott also spoke at this conference. Members were informed that a written summary of the conference was being prepared and when received would be circulated.

Decision

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

4. Committee Chairs' report

- 4.1. The Chair introduced the report and invited Committee Chairs to add any other comments to the presented report.

- 4.2.** The Statutory Approvals Committee (SAC) Chair (Frances Flinter) stated that the committee has met three times since the last Authority meeting and the minutes of the December 2025 meeting are now approved.
- 4.3.** The SAC Chair spoke about the workload of the committee. A paper looking back at the last year of licensing activity would be brought to the March Authority meeting by the Head of Licensing. The Chair welcomed the opportunity for this paper to come to the next Authority.
- 4.4.** The SAC Chair informed the Authority of the progress in reviewing the Pre-implantation Genetic Testing for Monogenic Disorders (PGT-M) list. As medical treatment has advanced it is prudent to review the conditions authorised for testing to see whether they still meet the legal threshold for being licenced and several expert reviewers are working with the HFEA to complete this work. We will also be looking at the way in which chromosomal disorders are licensed because at the moment they are effectively in one group and given the advances in testing technology, this should be reviewed.
- 4.5.** The Licence Committee (LC) Chair (Graham James) informed the Authority that the committee had met in November 2025 and their most recent meeting was held last week, the minutes from this meeting are not yet approved.
- 4.6.** The LC Chair commented that at the last meeting they had three staff observers, all observers are asked for written feedback on the meeting which is included in the committee's effectiveness review. Whilst these were new staff members observing as part of their induction process, he would welcome more experienced staff to also observe meetings.
- 4.7.** The Director of Strategy and Corporate Affairs welcomed this initiative and would ensure that staff are informed accordingly.
- 4.8.** The Audit and Governance Committee (AGC) Chair (Catharine Seddon) informed members that the AGC met on 3 December 2025. In their pre-meeting the committee had discussed the Government Internal Audit Agency (GIAA) ALB proportionate audit proposal and had agreed not to proceed as it was inflexible and not considered value for money. The committee had agreed to go out to tender for the DSPT audit for 2026/27 and potentially for full internal audit provision for 2027/28.
- 4.9.** The AGC Chair informed members that the committee had discussed the audit plan which is currently projecting an indicative rating of 'moderate'. The committee were pleased to note that the quality of evidence being submitted by the HFEA had improved. The committee had discussed the Strategic Risk Register.
- 4.10.** The AGC had received reports on the PRISM and Phoenix IT programmes. The bi-annual HR report and results of the staff survey were presented with the committee noting the excellent results of the survey. The committee had reviewed their effectiveness and identified several quick wins.
- 4.11.** In addition to the formal meeting a training session on External Audit with focus on planning, identifying risk and how the audit is structured was held, this session was led by the HFEA's External Auditors and National Audit Office.
- 4.12.** The Deputy AGC Chair remarked on the agile way in which the committee had worked in 2025 to ensure that business needs were met without delay.

- 4.13.** A member commented on the interesting work of all the committees and the value that they bring to the Authority. All the committees are well managed and whilst the information presented to committees can be dense it is presented in a user-friendly way.
- 4.14.** The Chair thanked the Committee Chairs for the reports and stated that the Scientific and Clinical Advances Committee (SCAAC) will meet next month and therefore be reported to the March Authority meeting. The Chair expressed thanks to the committee members and the staff who service the various committees for their hard work. The Chair stated that committee papers and minutes are published on the [HFEA](#) website.
- 4.15.** Members noted the Committee Chairs' reports.

5. Performance Report

- 5.1.** The Chief Executive introduced the performance report and reminded members of the Key Performance Indicators (KPIs) which are used to measure performance.
- 5.2.** The HFEA's performance across all KPIs had been variable in December, with 10 indicators rated Green, two Neutral, four Amber and three rated Red. This has been a broadly consistent pattern throughout the year and does not indicate any structural issues.
- 5.3.** The Chief Executive referred to the HR KPIs and stated that both are green, although he cautioned that the 'staff sickness' KPI is close to the threshold, but this could be attributed to seasonal viruses.
- 5.4.** The staff turnover KPI is now at 13% and the Chief Executive stated that this is not overly concerning, with the results of the staff survey indicating a high level of morale.
- 5.5.** The Chief Executive informed the Authority that the HFEA had submitted written evidence to the [House of Lords Industry and Regulators Committee](#) inquiry into the relationship between regulators and economic growth. If the HFEA is called to give oral evidence the Authority will be informed.

Strategy and Corporate Affairs

- 5.6.** The Director of Strategy and Corporate Affairs informed members of the reduction in proactive media at the end of the year, which is typical for this period. At the start of the new year, the HFEA participated in BBC Woman's Hour to discuss the rise in single patients having fertility treatment.
- 5.7.** Members were informed that the HFEA had submitted written evidence to the House of Commons [Women and Equalities Select Committee](#) regarding egg donation and freezing and it is likely that the HFEA will be called to give oral evidence.
- 5.8.** The Director of Strategy and Corporate Affairs stated the HFEA had been represented at Fertility 2026 and had a poster session presenting some aspects of the 2024 National Patient Survey.
- 5.9.** The Director of Strategy and Corporate Affairs spoke of the Persons Responsible (PR) event which will be held at the end of April 2026. There had been a good response to this event and the programme is being finalised.
- 5.10.** The various committees had completed their committee effectiveness reviews and will be proposing a few minor changes to the standing orders at the March 2026 Authority meeting.

- 5.11.** The Register Research Panel (RRP) had met recently to discuss applications from researchers to access register information. The Authority were reminded of the remit of the RRP. The Scientific and Clinical Advances Committee (SCAAC) will be meeting in February 2026 and key agenda items were highlighted.
- 5.12.** The Director of Strategy and Corporate Affairs reminded members that in [September 2024](#) they had made recommendations regarding communicating licensing, regulatory activity and incident information. Information regarding the [latest decisions on clinics](#) is provided on the HFEA website and is now updated weekly.
- 5.13.** The Authority were informed that the [December 2025 Clinic Focus](#) included an article on The Committee of Advertising Practice (CAP) report on the compliance of advertising in the fertility sector. This report showed that there was a high level of compliance with the advertising rules.

Compliance and Information

- 5.14.** The Director of Compliance and Information informed the Authority that fewer Opening the Register (OTR) requests were processed in December 2025, with 80 OTRs closed against a target of 110. This was due to annual leave, the Christmas period and a staff member being on jury service for two weeks.
- 5.15.** Although fewer requests were processed the Director of Compliance and Information stressed that information was provided to 80 applicants and the waiting list has been reduced accordingly. The average waiting time for applicants receiving responses is down to three months, with some applicants receiving their information within six weeks although more complex applications can take longer to be processed.
- 5.16.** The Director of Compliance and Information informed members that Kartik Taneja joined the HFEA as Head of Information in December 2025.
- 5.17.** The Authority was informed that it was a busy fourth quarter for the inspection team, with the team being impacted by maternity and sickness leave. In addition to their usual workload inspectors are supporting the Phoenix IT project.
- 5.18.** The Director of Compliance and Information stated that the compliance KPI performance was variable in December 2025. The 'Inspection Reports to PR' was rated red due to three of the eight reports being deprioritised, the three clinics were in a group and it was decided to renew licences at the same time for convenience. The 'Inspection Reports to Committee' KPI was rated Amber, with two of seven reports slightly delayed due to their complexity. The Director of Compliance and Information stressed that the most important KPI of 'end to end licensing' is rated green.
- 5.19.** The Director of Compliance and Information informed the Authority that she had attended Fertility 26 where the theme of the conference was shaping the future. There were many interesting lectures and she had presented in a session on research and had outlined how the HFEA regulates research and what was included in the HFEA's law reform proposals.
- 5.20.** A member congratulated the OTR team for the reduction in the overall number of respondents waiting for information and the time required to process the information but commented that three months is still a long time for people to wait for such sensitive information and questioned whether this could be reduced further.

- 5.21.** The Director of Compliance and Information outlined the various steps in verifying information and the fact that some clinics are not responding to the HFEA's communications in a timely manner which delayed responses to applicants. The legal responsibilities of clinics providing this information will be communicated in a forthcoming Clinic Focus and inspectors will be asked to mention it during visits.
- 5.22.** In response to a question regarding the number of inspections being more than planned the Director of Compliance and Information responded that there is always some flexibility built into the schedule to allow for additional inspections which are needed for enhanced regulatory oversight, for example where we have concerns following an incident, complaint or whistle blowing allegation.
- 5.23.** The Chair stated that inspections are a core element of HFEA's regulatory work and that the HFEA manages this process well. Feedback is sought from the sector through different avenues and the review of inspection feedback through an online post inspection survey, which was reported to the Authority in November 2025, highlighted that the HFEA could be challenged to ensure a greater number of clinics provide feedback on the inspection process. The Chair asked that further information be given to Authority in the performance report in June 2026 on whether any of the planned actions have increased inspection feedback.

Finance, Planning and Technology

- 5.24.** The Director of Finance, Planning and Technology informed the Authority that the Internal Audit on Risk Management had been concluded and the final report will be brought to the February 2026 Audit and Governance Committee meeting.
- 5.25.** Work is progressing on business plan preparations, the revised Framework Agreement with the Department of Health and Social Care, recruitment of members for licensing functions and supporting the IT Phoenix programme.
- 5.26.** The Planning and Governance team is also busy with updating members' interests and biographies on the HFEA website and planning the 2027 calendar of meetings.
- 5.27.** The Director of Finance, Planning and Technology informed the Authority that the services of a cyber security consultant had been secured and that they will commence working with the HFEA shortly. A 'bring your own' device policy will shortly be rolled out to staff.
- 5.28.** As the AGC Chair had mentioned the HFEA had gone out to market for the provision of the DSPT/CAF process and a new independent assessor had been selected. Members were informed that they have significant experience of working with health-related bodies of different sizes.
- 5.29.** The Director of Finance, Planning and Technology reminded members that since the end of Summer 2025 the HFEA had been forecasting a significant year-end deficit. The HFEA had undertaken a range of actions to reduce this deficit, but this year has been a particularly busy year which has made it hard to reduce costs in-year.
- 5.30.** The HFEA has discussed this situation with DHSC and its Finance Business Partner who has indicated that additional funding should be available, although the Director of Finance, Planning and Technology cautioned that this has not formally been approved.

- 5.31.** At the end of December 2025, the forecast year-end deficit is £435k, with a forecast under-recovery of income of £317k and an overspend against expenditure of £118k. The Senior Management Team continues to scrutinise all decisions that have a financial consequence for the HFEA.
- 5.32.** The Director of Finance, Planning and Technology informed the Authority that the HFEA have had detailed discussions with DHSC finance regarding the 2026/27 budget and fee increase; although confirmation has not yet been received yet regarding Grant-in-Aid (GIA) funding which would allow the HFEA to finalise its fees requirements. A letter will be issued today to clinics regarding fee requirements so that clinics are aware of the likely change.
- 5.33.** In response to a question the Director of Finance, Planning and Technology provided further assurance regarding cyber security and reminded the Authority that the HFEA reports to the AGC on this subject at each of their meetings.
- 5.34.** The AGC Chair confirmed that the committee considers cyber security as a standing agenda item and is reassured by the activities which the HFEA undertakes. The AGC training event in December 2026 will be on cyber security and an invitation was extended to Authority members. Reference was made to the [NCSC](#) cyber training which is available to non-executive directors.
- 5.35.** A member spoke of how some patients may be anxious regarding the level of information held by both clinics and the HFEA and security around this information and whether customer facing communications should be issued on this matter. The Director of Finance, Planning and Technology stated that the results of the DSPT are made public and AGC minutes and papers are published on the HFEA website.
- 5.36.** A member commented that the highest cyber security vulnerability is on the side of suppliers so it would be prudent to ensure future suppliers meet the NHS clinical risk management standards (DCB0129 and DCB0160).
- 5.37.** A member asked for further clarification about how cash flow is reported and reserves held by the HFEA. The Director of Finance, Planning and Technology explained that the cash reserves held by the HFEA more than cover the current budget deficit. He explained that the Department looks at the HFEA's financial position from a budget perspective and that an overspend on the budget can put pressure on the Department, even with the HFEA's cash reserves. The Director agreed to make the cash flow position clearer in future reports to the Authority.

Increase in financial delegations

- 5.38.** The Director of Finance, Planning and Technology introduced the paper and stated that the purpose is to seek formal approval to increase the financial delegation limits for the Accounting Office (Chief Executive) and the Director of Finance, Planning and Technology.
- 5.39.** Members were informed that the current financial delegations were set over 10 years ago and no longer reflect the inflationary environment or potential high-value procurement transactions for the HFEA to meet its obligations.
- 5.40.** The proposed increase seeks to improve operational efficiency, reduce administrative bottlenecks in procurement and ensure that the HFEA's governance framework remains proportionate to its current budgetary scale and risk appetite.

- 5.41.** The Director of Finance, Planning and Technology stated that as an Arm's Length Body the HFEA is governed by [Managing Public Money](#) and the framework agreement with the Department of Health and Social Care.
- 5.42.** In response to a question the Director of Finance, Planning and Technology stated that the proposed increase is sufficient for the HFEA's needs.

Decision

- 5.43.** Members noted the performance report.
- 5.44.** Members approved the revised financial delegations of £800,000 for the Accounting Officer and the Director of Finance, Planning and Technology.

Action

- 5.45.** Finance Team to update the Procurement and Tendering Policy to reflect the revised financial delegations for the Accounting Officer and the Director of Finance, Planning and Technology.

6. Strategic Risk Register

- 6.1.** The Director of Finance, Planning and Technology introduced the paper and reminded the Authority that they review the Strategic Risk Register (SRR) twice a year; with detailed consideration being undertaken by the Audit and Governance Committee (AGC) at each of their committee meetings.
- 6.2.** The Director of Finance, Planning and Technology stated that during the formal review undertaken by the Executive no new risks were identified but one of the current risks was amended and the Director of Finance, Planning and Technology gave a brief overview of this.

Decision

- 6.3.** Members noted the Strategic Risk Register.

7. Phoenix Programme

- 7.1.** The Chair introduced this agenda item by reminding members that the Phoenix Programme is the name given to the HFEA's IT programme which aims to replace the HFEA's inspection scheduling system and electronic records system.
- 7.2.** The Phoenix Project Manager introduced the paper and remarked that it was eight months ago that he reported to the Authority on the aims of the programme and how the programme would be run.
- 7.3.** The programme is now in mid-flight and progressing well which allows the team to look at areas of risk and what is being done to mitigate these risks. The three main areas of risk are governance, testing and staff feedback and he would cover each area in-depth to give the Authority a complete overview of the programme.
- 7.4.** The Phoenix Project Manager said that eight months ago he had stated that the programme would report into the Phoenix Programme Board, the monthly Corporate Management Group and the Audit and Governance Committee. The Phoenix Project Manager confirmed that reports are made to all these groups. In addition, a weekly programme update is issued to all HFEA staff

involved, and that for openness and transparency all those involved in the programme receive the same information via the weekly update.

- 7.5.** The Phoenix Project Manager said that the Accountable Personnel for the project is the same as reported to the Authority eight months ago. With the Director of Finance, Planning and Technology as the Sponsor, the Head of IT as the Product Owner and himself as the Project Manager; this provides consistency for the project.
- 7.6.** The Phoenix Project Manager spoke of the different phases of testing used for the project. The suppliers are responsible for quality assurance testing. Demonstrations of early builds have been given to HFEA subject matter experts; with good feedback and steers on the demonstrations being given by the HFEA staff.
- 7.7.** He reported that currently SharePoint technical testing is underway with the HFEA's IT and Information Governance teams to see that the configuration is correct.
- 7.8.** The Phoenix Project Manager spoke of the end-to-end testing and how the links between the portal to dynamics and dynamics to SharePoint will be tested to ensure that it meets the needs of the Inspection and Licensing teams. He stressed that this will be a key phase of the project.
- 7.9.** Security Testing, will be carried out by a third-party specialist. The final phase of testing is the pre-launch 'smoke testing' which will be carried out by the HFEA IT team and subject matter experts.
- 7.10.** The Phoenix Project Manager set out the different stakeholders which included the suppliers, the external users of the clinics who use the portal and internal users which are the different HFEA staff teams.
- 7.11.** The Phoenix Programme was presented at the recent all staff meeting and staff were encouraged to share their hopes and concerns for the project. The Phoenix Project Manager summarised some of the hopes as usability and ease of navigation, efficiency and time saving and reliability, stability and performance. Concerns were summarised as change impact, learning curve and adoption and vendor dependency.
- 7.12.** The Phoenix Project Manager stressed that no concerns were raised around the project not working and staff views not being heard. He concluded his presentation by stating that he was confident that the project team were seeing the bigger picture of staff concerns and ensuring that these are addressed as the project moves forward.
- 7.13.** A member stated that the staff engagement with the project is very encouraging. They questioned what support will be provided post launch and what is contained in the budget for this service. The Phoenix Project Manager responded that supplier support for 12 months post launch had been planned and included within the budget.
- 7.14.** The Director of Finance, Planning and Technology spoke about open and transparent way of working and good involvement from the different HFEA teams. The project will provide the HFEA with a robust system with useful tools, in the longer term the HFEA will look at the IT support requirements and what can be handled by the in-house team and what might need to be provided by external suppliers.
- 7.15.** The Chief Executive commented that when this project started the HFEA had an old system which was vital to its work, but which was no longer supported. The project team were not asked

simply to replicate the old system but to look at the processes and see whether these could be reduced and improved.

- 7.16.** The Chief Executive stated that there had been a couple of high-profile incidents in the public sector where IT teams implementing new systems had been disconnected from the staff who would be using the systems; this had led to systems being not fit for purpose. The HFEA had considered the lessons learnt from these projects and had ensured that staff were involved at each stage and that any concerns were listened to and addressed. He commented that any perceived problems with the project would have been identified and dealt with well in advance of the project launch date.
- 7.17.** A member referred to the staff concern regarding change impact and learning curve and questioned how this would be addressed through staff training. The Phoenix Project Manager said that the proposed training plan would be implemented well in advance of the launch date.
- 7.18.** The Chair drew the discussion to a close noting that this project is an enabler which allows the HFEA to improve and enhance its processes and become more agile. The project team were encouraged to engage and utilise the skills of Authority member, Alex Kafetz, if required.
- 7.19.** The Chair thanked the Phoenix Project Manager for his work in leading the project and requested that an update be brought to the Authority later in the year.

Decision

- 7.20.** Members noted the Phoenix Programme update.

Action

- 7.21.** Update on the Phoenix Programme to be brought to the Authority later in the year.

8. Choose a Fertility Clinic (CaFC) full publication update

- 8.1.** The Chair introduced this agenda item and reminded the Authority that the updated [Choose a Fertility Clinic \(CaFC\)](#) was published on 6 January 2026. This is a significant step forward in providing patients with much more recent clinic level performance data. The Chair remarked that this was a vast amount of work for the team and thanks were given to the PRISM Programme Manager for managing this process.
- 8.2.** The PRISM Programme Manager introduced the paper and reiterated that the full publication of CaFC, through PRISM, was achieved on 6 January 2026. During Summer/Autumn 2025 the PRISM team had worked to verify 2023 and 2024 data with 96% of clinics signing off their data (just five clinics did not) in December 2025.
- 8.3.** The PRISM Programme Manager informed the Authority that during December 2025 the PRISM team worked to build and check the data uploads that populate the CaFC website. This included a detailed statistics upload that contained 30,000 lines of numerical data. The Programme Manager said that a small number of historical anomalies in the detailed statistics were currently being reviewed. Concurrently the HFEA Communications team worked to revise the text of CaFC explanatory pages.
- 8.4.** The PRISM Programme Manager reminded the Authority of their decision taken in November 2025, regarding the headline statistics that would be included in the full CaFC. These were:

- Births per embryo transferred (excluding donor eggs and PGT-A cycles)
 - Births per egg collections (excluding donor eggs and including PGT-A cycles)
 - Multiple birth rates.
- 8.5.** The PRISM Programme Manager referred to the proposed next CaFC publication and stated that this CaFC verification would cover treatments in 2025 and live births relating to treatments in 2024. The verification process usually starts eight weeks after the end of the calendar year, which means that this process could commence on 1 March 2026. The ambition would be to publish the new CaFC in June/July 2026.
- 8.6.** A member congratulated the team for publishing the CaFC data, this was a huge amount of work and will be extremely beneficial for patients seeking information about clinics. The member expressed their appreciation of the excellent system and commented on the improved speed of reporting which the system allows.
- 8.7.** The Director of Strategy and Corporate Affairs spoke of the changes which were made for the CaFC publication including revised homepage text, the ability to reach the 'choose a clinic' more quickly and revised explanatory text about the statistics on each clinic page.
- 8.8.** The Authority were informed that the revised text was tested with both professional and patient organisations and members of the Patient Engagement Forum and this gave the HFEA team valuable feedback on both wording and layout.
- 8.9.** Once the full CaFC was ready to launch an update was given from the Chief Executive directly to all PRs, the HFEA website and Clinic Portal had news stories with the update; the Patient Organisation and Professional Stakeholder groups received direct updates and social media posts announced the launch across the HFEA's four channels.
- 8.10.** The Director of Strategy and Corporate Affairs stated that in the first week of the full CaFC there have been over 8,500 views of the CaFC homepage and over 20,000 views on individual clinic profile pages.
- 8.11.** The Authority were informed that the HFEA had published the results of the [public consultation on Choose a Fertility Clinic 2025](#) on its website and some of the suggestions arising from this consultation were regarding how information is presented to increase clarity and transparency for patients and the public.
- 8.12.** The Director of Strategy and Corporate Affairs spoke of the wider questions around data presentation and the different data/information sources on the HFEA website and reminded the Authority that this was an area for consideration under the HFEA's current strategy and would be included in the 2026-27 business plan.
- 8.13.** The Director of Strategy and Corporate Affairs highlighted some potential considerations which the Authority could discuss at a future meeting including, but not limited to, the importance of published verified data versus publishing data sooner; review of inspector and patient ratings and the Authority's previous decisions not to publish data sets that would lead to the publication of 'league tables'.
- 8.14.** Numerous members congratulated the HFEA team for the CaFC publication, noting the ease of use and presentation of information.

- 8.15.** A member stated that it was good to see that the error rate is very low for those clinics directly submitting their information via PRISM but noted that the error rate is higher for those clinics using an API solution. The member questioned whether a deadline has been set for those clinics who have not submitted their data and whether CaFC will be a subject for discussion at the PR event.
- 8.16.** The PRISM Programme Manager explained the work that is being undertaken by the HFEA operations team with the API suppliers to reduce the error rate. The PRISM Programme Manager explained the process for those clinics who have not yet verified their data. The Director of Strategy and Corporate Affairs said it could be considered whether to add into the PR event.
- 8.17.** In response to a question the Director of Strategy and Corporate Affairs stated that patient ratings were introduced in 2016/17 and some clinics receive hundreds and other clinics very few. The patient and inspector ratings on CaFC would be reviewed as part of the wider piece of work on how data should be presented.
- 8.18.** A member questioned whether the HFEA website had any downtime due to the influx of visitors. The Director of Strategy and Corporate Affairs responded that the website was down for a short period when the update was loaded, but as far as she was aware, there has been no downtime due to visitor numbers.
- 8.19.** A couple of members spoke of the advantage of making the full data set available to reputable organisations and the HFEA being seen as an authoritative source of information and stimulating research. A member spoke about the possibility of providing the full data through APIs, so organisations which had their own patient facing websites in the fertility sector could provide CaFC data.
- 8.20.** A member spoke about the impressive viewing stats for the full CaFC and commented that it reflected the need for this information and that the HFEA was seen as an authoritative source of data. The member asked whether people were just looking at headline data or drilling further down and whether the HFEA had any detail of where website visitors were coming from. The Director of Strategy and Corporate Affairs referred to Annex A of the paper which provided detailed CaFC website views statistics, noting that very few users go down to detailed individual clinics' statistics. The HFEA is looking into where the viewers are coming from but this information is not available yet.
- 8.21.** In considering the future presentation of data on the HFEA website and the whether verified or unverified data could be used, a member felt it was important not to mislead vulnerable users and commented about the commercial sensitivity of unverified data. Suggested principles which could be used when considering the wider question of how HFEA provides its data could be clarity, fairness and user friendliness. The Director of Strategy and Corporate Affairs spoke of the bigger piece of work regarding how the HFEA presents data information and that these items would be part of that future work.
- 8.22.** A member asked whether NHS commissioners and public health consultants had been included in the consultation of stakeholders. The Director of Strategy and Corporate Affairs responded that engagement has not been hugely successful with those stakeholders over the years, but it will be looked at again. Although it was noted that at some points individual Integrated Care Boards (ICBs) have asked the HFEA for data relating to their regional area.

- 8.23.** The Chief Executive stressed that it is very important for the HFEA to have accurate data for the register but that CaFC data needs to be accurate to a percentage. If all clinics were submitting at the level of the best quality data submission then the data could be publishable in near real time. The more clinics that can improve the quality of their data submission, the gap between entry of data and publication can be closed. He spoke about the balance between fine detail accuracy and timeliness of data submission and the potential ability to provide patients with current data rather than historical data.
- 8.24.** A member spoke of the improvements which have been made with the current system noting that if the next publication is Summer 2026, this will be presenting pregnancy outcomes some 8 months after the last data publication. He believed that patients would like the option of rolling, live data publication.
- 8.25.** The Chair drew the discussion to a close noting that future discussions regarding data presentation will need to consider what is going to be most useful for patients and people becoming patients. The Chair thanked the HFEA team for all their hard work.

Decision

- 8.26.** The Authority agreed that the verification for the next CaFC update should start on 1 March 2026.

9. Any other business

- 9.1.** The Chair reminded the Authority that at its away day in November 2025, members requested the opportunity to observe an inspection at a clinic once per term of office. The Chair informed member that this is being organised and dates will be shared shortly.
- 9.2.** The Chair thanked everyone for their active participation in the meeting and for the high quality of papers presented to the Authority. There being no further items of business, the Chair closed the meeting and reminded members that the next full Authority meeting will be held on 11 March 2026. Details of this meeting, including how to request to observe, is posted on the HFEA website.

Chair's signature

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

Signature

Chair: Julia Chain

Date: 11 March 2026

Authority meeting matters arising

Details about this paper

| | |
|--|--|
| Area(s) of strategy this paper relates to: | Regulating a changing environment / Supporting scientific and medical innovation |
| Meeting: | Authority |
| Agenda item: | 2 |
| Meeting date: | 11 March 2026 |
| Author: | Alison Margrave, Board Governance Manager |
| Annexes | N/A |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For discussion |
| Recommendation: | To note and comment on the updates shown for each item and agree that items can be removed once the action has been completed. |
| Resource implications: | To be updated and reviewed at each Authority Meeting |
| Implementation date: | 2025/26 business year |
| Communication(s): | |
| Organisational risk: | Low |

| Date and item | Action | Responsibility | Due date | Revised due date | Progress to date |
|----------------------|--|--|--------------------|------------------|---|
| 25/09/2025 Item 7.28 | The HFEA to develop the proposed guidance for the sector and bring back to the Authority for further consideration | Director of Compliance & Information/Head of Policy (Scientific) | Summer 2026 | | Kick off meeting with some Authority members took place in November 2025. Scoping and development underway with plan to bring back to Authority later in 2026. |
| 19/11/2025 Item 6.17 | Director of Finance, Planning and Technology to continue discussions with the Department and Treasury to implement the 2026-27 budget proposals and report back to the January 2026 Authority meeting. | Director of Finance, Planning and Technology | January 2026 | | DHSC finance have provided sufficient assurances that we can set our 2026/27 fees at the lower rate presented to Authority in November (IVF at £115). We will commence discussions with HMT to gain approval for the change and let clinics know once this has been received. |
| 21/01/2026 Item 5.45 | Finance Team to update the Procurement and Tendering Policy to reflect the revised financial delegations for the Accounting Officer and the Director of Finance, Planning and Technology. | Finance Team | March 2026 | | Procurement and Tendering policy has been updated with the newly agreed financial delegations for the Accounting Officer and Director of Finance, Planning and Technology. The remainder of the policy is being further reviewed and will be shared by year end. |
| 21/01/2026 Item 7.21 | Update on the Phoenix Programme to be brought to the Authority later in the year. | Phoenix Programme Manager | Before end of 2026 | | Item has been added to the Authority's forward planner. The Director of Finance, Planning and Technology together with the Phoenix Programme Manager will decide the optimum meeting for the update to be presented. |

Chair and Chief Executive's report

Details about this paper

| | |
|--|--|
| Area(s) of strategy this paper relates to: | Whole strategy |
| Meeting: | Authority |
| Agenda item: | 3 |
| Meeting date: | 11 March 2026 |
| Author: | Julia Chain, Chair and Peter Thompson, Chief Executive |
| Annexes | N/a |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For information |
| Recommendation: | The Authority is asked to note the activities undertaken since the last meeting. |
| Resource implications: | N/a |
| Implementation date: | N/a |
| Communication(s): | N/a |
| Organisational risk: | N/a |

1. Introduction

- The paper sets out the range of meetings and activities undertaken since the last Authority meeting in January 2026.
 - Although the paper is primarily intended to be a public record, members are of course welcome to ask questions.
-

2. Activities

2.1 Chair activities

- The Chair has continued to engage with the decision-making functions of the Authority and with key external stakeholders:
 - 29 January – met with Lucy Chappell, Chief Scientific Adviser DHSC, to discuss life sciences and HFE law reform
 - 4 February – attended the SCAAC meeting (online)

2.2 Chief Executive

- The Chief Executive has continued to support the Chair and taken part in the following externally facing activities:
 - 28 January - Quarterly Accountability meeting with DHSC sponsors
 - 29 January – met with Lucy Chappel to discuss HFE life sciences law reform
 - 4 February – attended the SCAAC meeting (online)
 - 24 February – Audit & Governance Committee

Committee Chairs' reports

Details about this paper

| | |
|--|-------------------------------------|
| Area(s) of strategy this paper relates to: | Regulating a changing environment |
| Meeting: | Authority |
| Agenda item: | 4 |
| Meeting date: | 11 March 2026 |
| Author: | Caroline Pringle, Head of Licensing |
| Annexes | - |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For information |
| Recommendation: | The Authority is invited to note this report, and Chairs are invited to comment on their committees. |
| Resource implications: | In budget |
| Implementation date: | Ongoing |
| Communication(s): | This information will be published on our website. |
| Organisational risk: | Low |

1. Committee reports

- 1.1.** The information presented below summarises Committees' work since the last report.
- 1.2.** To note that this report now includes an update from the Register Research Panel and will continue to do so going forward.

2. Recent committee items considered

- 2.1.** The table below sets out the recent items considered by each committee:

| Date | Items considered | Centres | Outcomes |
|-----------------------------------|--|--|---|
| Licence Committee: | | | |
| 15 January | Renewal inspection report | Homerton Fertility Centre | Approved – 3 year licence |
| | Renewal inspection report | St Jude's Women's Hospital | Adjourned pending further update |
| | Focused inspection report | Bridge Clinic | Approved – licence continued |
| | Variation of research activities | Human Embryo Research Centre | Adjourned pending further information |
| 5 March | Interim inspection report | Living Systems Institute | Minutes not yet approved |
| | Variation to add an additional named PNT practitioner | Newcastle Fertility Centre at Life | Minutes not yet approved |
| Other comments: | Licence Committee also considered its annual review of committee effectiveness at its January meeting. | | |
| Executive Licensing Panel: | | | |
| 6 January | Renewal inspection report | Agora Clinic Eastbourne | Approved – 4 year licence |
| | Renewal inspection report | TFP Thames Valley Fertility | Approved – 4 year licence (and ITE certificate) |
| | Interim inspection report and variation of SLC T52 without application | The Jack Copland Centre, Scottish National Blood Transfusion Service (SNBTS) | Approved – licence continued and varied |
| | Interim inspection report and variation of SLC T52 without application | Fertility Fusion | Approved – licence continued and varied |
| | Interim inspection report | NUH Life Fertility Services | Approved – licence continued |
| 20 January | Interim inspection report and variation of SLC T52 without application | Andrology Solutions | Approved – licence continued and varied |

| Date | Items considered | Centres | Outcomes |
|-----------------|---|---|---|
| | Interim inspection report and variation of SLC T52 without application | <u>TFP Wessex Fertility</u> | Approved – licence continued and varied |
| | Variation of PR and LH | <u>London Women’s Clinic, Wales</u> | Approved – licence varied |
| 3 February | Renewal inspection report | <u>The Fertility Home</u> | Approved – 4 year licence |
| | Interim inspection report and variation of SLC T52 without application | <u>Roylance Stability Storage t/a Sampled</u> | Approved – licence varied |
| | PTT tissue typing | <u>Birmingham Women’s Hospital</u> | Approved |
| | PTT tissue typing | <u>King’s Fertility</u> | Approved |
| 17 February | Renewal inspection report | <u>TFP Boston Place</u> | Approved – 4 year licence (and ITE certificate) |
| | Renewal inspection report and variation of SLC T52 without application | <u>Care Fertility Tamworth</u> | Approved – 4 year licence (and ITE certificate) |
| | Renewal inspection report and variation of SLC T52 without application | <u>London Fertility Centre</u> | Approved – 4 year licence (and ITE certificate) |
| | Renewal inspection report and variation of SLC T52 without application | <u>Assisted Reproduction and Gynaecology Centre</u> | Approved – 4 year licence (and ITE certificate) |
| | Renewal inspection report and variation of SLC T52 without application | <u>Reproductive Genetics Institute</u> | Approved – 4 year+ licence* (and ITE certificate) |
| | Interim inspection report | <u>CREATE Fertility, London St Paul’s</u> | Approved – licence continued |
| | Interim inspection report | <u>CREATE Fertility, London Wimbledon</u> | Approved – licence continued |
| | Variation of PR and LH | <u>Care Fertility Cardiff</u> | Approved – licence varied |
| | Inspection scheduling | <u>Orian Gametes</u> | Approved – inspection postponed** |
| Other comments: | <p>*London Fertility Centre, Assisted Reproduction and Gynaecology Centre and Reproductive Genetics Institute (RGI) are a group of three clinics led by the same PR. In 2018 the HFEA agreed to inspect all three clinics at the same time however the licence expiry date for RGI is some four months earlier than the other two centres. ELP therefore issued a licence of 4 years, 3 months and 28 days, on the recommendation of the Inspectorate, to bring the licence expiry date in line with the other two centres.</p> <p>**This storage only centre has not commenced any licensed activity since its initial licence was granted in April 2025. The panel therefore endorsed the recommendation to forgo the interim</p> | | |

| Date | Items considered | Centres | Outcomes |
|---------------------------------------|---|--|---------------------------|
| | inspection, as there would be no activity to assess, and to focus instead on the renewal inspection planned for October 2026. In doing so, the HFEA is still compliant with its statutory obligation to inspect licensed premises at least every two years. | | |
| Licensing Officer decisions: | | | |
| 13 January 2026 | Variation of LH | In-OVO Fertility Clinic | Approved – licence varied |
| 20 January 2026 | Variation of LH | Bristol Centre for Reproductive Medicine | Approved – licence varied |
| Other comments: | None. | | |
| Statutory Approvals Committee: | | | |
| 16 December | Pro Nuclear Transfer (PNT) for a specified patient to avoid Maternally Inherited Leigh Syndrome, OMIM #500017 and Neuropathy, Ataxia and Retinitis Pigmentosa, OMIM #551500, caused by the m.8993T>G pathogenic variant within the MT-ATP6 gene, OMIM *516060 | Newcastle Fertility Centre at Life | Approved |
| | Dent Disease (DENT 1), OMIM #300009 | Guys Hospital | Approved |
| | Congenital Myopathy 7A, Myosin Storage, Autosomal Dominant; (CMYO7A) OMIM #608358 | The Centre for Reproductive and Genetic Health t/a CRGH Portland | Approved |
| | Anemia, Congenital, Nonspherocytic, Hemolytic, 1 (CNSHA1), OMIM #300908 | Avenues | Refused |
| | Import of embryos from New Zealand | IVI London | Approved |
| | Import of sperm from USA | Chelsea & Westminster Hospital | Approved |
| | Import of eggs from Hong Kong | The Centre for Reproductive and Genetic Health t/a CRGH Portland | Approved |

| Date | Items considered | Centres | Outcomes |
|-----------------|---|--|-------------------------------------|
| 26 January | Mosaic Variegated Aneuploidy Syndrome 1 (MVA1), OMIM #257300 | Aria Fertility | Approved |
| | UBE2QL1-associated familial renal cell carcinoma, no OMIM number | Care Fertility Nottingham | Approved for applicant patient only |
| | RNU4-2-related neurodevelopmental disorder, no OMIM number | The Centre for Reproductive and Genetic Health t/a CRGH Portland | Approved |
| | Mitochondrial Trifunctional Protein Deficiency 2, OMIM #620300 | Manchester Fertility | Approved |
| | Histiocytosis-lymphadenopathy plus syndrome, OMIM #602782 | Care Fertility Nottingham | Approved |
| | Bifid nose with or without anorectal and renal anomalies (BNAR), OMIM #608980 | The Centre for Reproductive and Genetic Health t/a CRGH Portland | Approved |
| | Import of eggs from USA | Ewell (Harley Street) | Approved |
| | Import of eggs from USA | Ewell (Harley Street) | Approved |
| | Import of sperm from USA | Care Fertility London | Approved |
| 24 February | Short stature, facial dysmorphism, and skeletal anomalies with or without cardiac anomalies 1 (SSFSC1), OMIM #617877 | The Centre for Reproductive and Genetic Health t/a CRGH Portland | Minutes not yet approved |
| | Maple Syrup Urine Disease Type 1b (MSUD1B), OMIM #620698 | The Lister Fertility Clinic | Minutes not yet approved |
| | Import of embryos from USA | London Women's Clinic | Minutes not yet approved |
| | Import of embryos from Portugal | Care Fertility London | Minutes not yet approved |
| | Import of embryos from USA | Ewell (Harley Street) | Minutes not yet approved |
| | Import of oocytes from USA | Ewell (Harley Street) | Minutes not yet approved |
| | Import of oocytes from USA | Care Fertility London | Minutes not yet approved |
| Other comments: | When considering PGT-M applications, the Committee frequently considers not only the specific condition applied for, but also other similar conditions. In such cases, more than one condition may be authorised for testing. | | |

Audit and Governance Committee:

The Audit and Governance Committee (AGC) met on 24 February 2026 and the papers can be found [here](#). Items considered by the committee included:

- Internal Audit including proposed audit schedule for 2026/27
- External Audit including proposed schedule to produce the Annual Accounts
- Progress with current audit recommendations
- Risk update including approving the revised Risk Management Policy
- Digital project – PRISM and Phoenix Programme
- Approving updates to several policies including Whistleblowing and Counter Fraud and anti-theft
- Deep Dive discussion on business continuity

The Chair will report on this meeting verbally.

Scientific and Clinical Advances Advisory Committee:

| Date | Items considered | Outcomes |
|------------|---|--|
| 4 February | The agenda and papers for this meeting are published on the SCAAC webpage . | The SCAAC Chair will report on this meeting verbally. |
| | Items considered included: | Key takeaways are as follows: |
| | Relevant public health developments and research findings | SCAAC reviewed nine recently published studies on a variety of areas including PGT-A, microbiome research, oocyte utilisation after planned oocyte cryopreservation, draft guidelines for use of add-ons and variations in IUI treatment issued by the British Fertility Society, and in vitro modelling of embryo implantation. |
| | | The SCAAC reviewed the prioritisation of horizon scanning topics and agreed their workplan for 2026/27. |
| | | The topic 'Understanding the genetic basis of infertility' was moved from the watching brief list to the main prioritisation list in the medium priority category. |
| | Prioritisation of horizon scanning topics and Committee workplan 2026/27 | The high priority topic 'AI, robotics and automation in fertility treatment' was split into two topics: 'AI, robotics and automation in fertility treatment' in high priority category and 'Robotics and automation in fertility treatment' assigned medium priority. |
| | | The medium priority topic 'Reproductive organoids' was split into two topics: |

| | |
|--|---|
| | 'Female reproductive organoids' in medium priority category and 'Male reproductive organoids' assigned low priority. |
| Reproductive organoids | An external expert, Dr Margherita Yayoi Turco from the Friedrich Miescher Institute for Biomedical Research, was invited to present on research progress in female reproductive tract organoids. Members discussed research developments on reproductive organoids. |
| Artificial intelligence, robotics and automation in fertility treatment | The Committee considered research on using large language models (LLMs) for provision of fertility related content, associated limitations of current LLMs, the use of machine learning (ML) models to predict treatment outcomes using multi-dimensional data, and the associated risk of bias and model validation. Members also advised on novel applications of AI. |
| Review of authorised use of calcium ionophore | Members agreed that the current authorisation of the use of calcium ionophore is for artificial oocyte activation (AOA) only and does not cover its use for poor embryo development. A novel processes application would need to be submitted for SCAAC's consideration should a clinic want to use calcium ionophore for poor embryo development. |
| Other comments: The Committee conducted its annual review of effectiveness at the February meeting and a summary of feedback was recorded. | |

Register Research Panel:

The Register Research Panel met on 27 January 2026.

| Items considered | Topic | Outcomes |
|---|--|---|
| New project application | 'Disability data collection in IVF' | Approved with conditions |
| Datasets prepared and released to researchers | Association of the body mass index of women undergoing in vitro fertilisation, with pregnancy, live birth, and pregnancy loss rates, and number of eggs collected: a population-based study of the Human Fertilisation and Embryology Authority database | Datasets prepared and provided to researchers |

| | | |
|--------------------------------------|--|---|
| | <p>Chief investigator: Moscho Michalopoulou and Nerys Astbury</p> <p>Research establishment: University of Oxford</p> <p>The effect of government funding on IVF (in-vitro fertilisation) demand: Evidence from regional data in the UK</p> <p>Chief investigator: Matthias Doepke</p> <p>Research establishment: London School of Economics and Political Science</p> <p>General Health Outcomes in Subfertile Men: a UK register-based cohort study</p> <p>Chief investigator: Alastair Sutcliffe</p> <p>Research establishment: University College London</p> | |
| Annual reports | Information about all active projects can be found in the HFEA data research website . | No issues raised |
| Data enquiries | | 11 data enquiry forms submitted Five meetings with researchers |
| Project changes and project renewals | <p>Associations between Assisted Reproductive Technologies and Women's Mental Health: an investigation using clinical data linkage</p> <p>Chief investigator: Robert Stewart</p> <p>Research establishment: South London and Maudsley NHS Trust</p> | Change of co-chief investigator and two-year renewal |
| | <p>Effects of Assisted Reproductive Technology (ART) on long-term Birth Weight trends: A National Cohort Study</p> <p>Chief investigator: Stephen Roberts</p> <p>Research establishment: University of Manchester</p> | Two-year renewal |
| | <p>Development and validation of prognostic models to predict pregnancy outcomes following in-vitro fertilization (IVF) treatment</p> <p>Chief investigator: David J McLernon</p> <p>Research establishment: University of Aberdeen</p> | Two-year renewal |
| New publications | 'Assessing ambient air pollution's effects on birth outcomes: a Scottish IVF cohort study (2010-2018)' , in journal 'Environmental Health' | RRP publication |

['Shifting the reproductive window: The contribution of ART and egg donation to fertility rates in the UK'](#), published in 'Population Studies'.

Anonymised register publication

Committee effectiveness review

See Effective Governance paper

3. Recommendation

- 3.1. The Authority is invited to note this report. This information is published on the HFEA website.
- 3.2. Comments are invited, particularly from the committee Chairs.

Summary of Licensing Activity 2025

Details about this paper

| | |
|--|---|
| Area(s) of strategy this paper relates to: | Regulating a changing environment |
| Meeting: | Authority |
| Agenda item: | 5 |
| Meeting date: | 11 March 2026 |
| Author: | Caroline Pringle, Head of Licensing |
| Annexes | Annex 1: Summary of licensing committees Annex 2: Licensing data Annex 3: Observer feedback |

Output from this paper

| | |
|------------------------------|---|
| For information or decision? | For decision |
| Recommendation: | The Authority is invited to: <ul style="list-style-type: none"> - Note the licensing activity in 2025; - In respect of SAC, consider whether to extend delegated authority for granting special directions for the import and export of gametes and embryos to other licensing committees (noting that changes to Standing Orders would need to be brought back to Authority for approval); and - Consider the options set out in paragraphs 3.12 and 3.13 and confirm if it wishes the Executive to pursue either of these further. |
| Resource implications: | Recommended option is in budget |
| Implementation date: | June 2026 |
| Communication(s): | Internal communications only |
| Organisational risk: | Low |

1. Introduction

- 1.1** Licensing is a key statutory function of the HFEA. Clinics and human embryo research projects can only operate if they hold an appropriate licence from us authorising their activities. The length of a licence reflects a centre's compliance history and risk, and the HFEA's only regulatory sanctions are the power to suspend, revoke, refuse, or place conditions on a centre's licence.
- 1.2** The Authority has delegated responsibility for the exercise of its licensing functions to the Licence Committee, Executive Licensing Panel and the Licensing Officer. Decisions about the granting, renewal or variation of a licence are taken through one of these three mechanisms. Further details about each are provided in annex 1.
- 1.3** The Authority also maintains a Statutory Approvals Committee which has responsibility for licensing embryo testing, mitochondrial donation, and granting special directions for the import and export of gametes and embryos, within our legislative framework.
- 1.4** This report provides a summary of licensing activity from 1 January - 31 December 2025 and makes some recommendations for change in relation to the Statutory Approvals Committee.

2. Centre Licensing

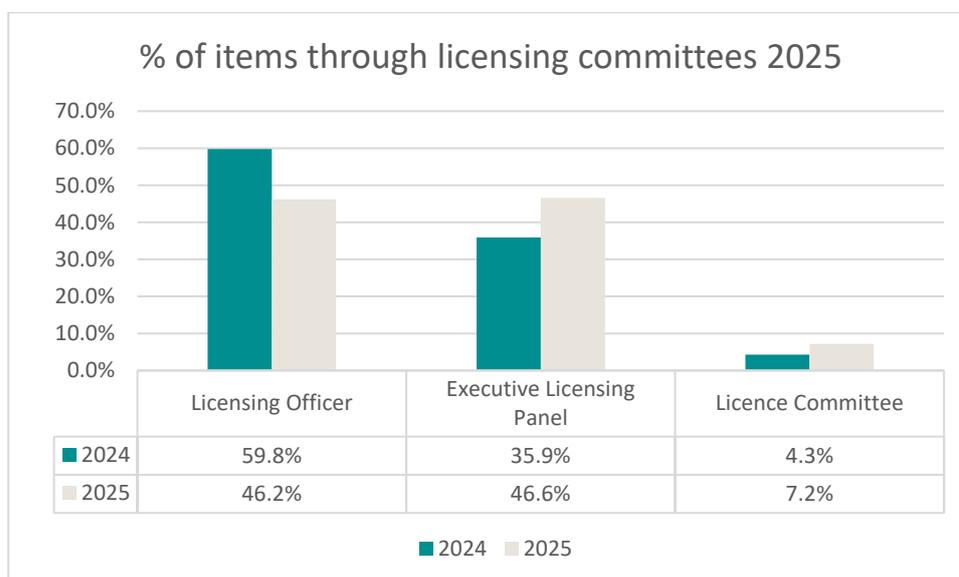
- 2.1** As of 31 December 2025:
- There were 134 licensed centres, holding 142 licences.
 - 111 centres were licensed for treatment and/or storage
 - 17 centres were licensed for research
 - 6 centres were licensed for treatment and research
 - 126 licences (89%) were for the maximum licence length (4 years for treatment and storage licences and 3 years for research licences). This rises to 93% if new centres, which are typically granted a shorter initial licence of 2 years, are excluded.
 - 10 centres currently hold licences of less than 4 years due to concerns about their compliance with the requirements of the HFE Act, HFEA Standard Licence Conditions or the Code of Practice.
 - No licences were suspended or revoked in 2025 and there were no representations or appeals against licensing decisions.
- 2.2** A more detailed breakdown of licence types and lengths is provided in annex 2.
- 2.3** Overall, activity through Licence Committee, ELP and the Licensing Officer was comparable to 2024. A total of 305 licensing items were considered in 2025, compared with 351 in 2024. The

difference is largely attributable to a lower number of ITE certificates¹ being issued in 2025 than in 2024², as opposed to a reduction in inspections or applications from the sector.

- 2.4** 2025 also saw more than twice as many variations of Person Responsible (34 up from 15 the previous year). This is not the result of a move in the sector towards a 'group PR' model (where one individual is the PR for multiple licensed centres within the same commercial group), as even discounting these applications, there have been almost twice as many PR variations in 2025 as compared to 2024. The reason for the increase in applications is unclear, but the most common reasons cited for change of PR were: leaving the organisation, retirement, and stepping down from the role due to health or other personal reasons.
- 2.5** In 2025 there was an increase in the proportion of licensing activity considered by ELP, and a decrease in the proportion considered by the Licensing Officer, compared to 2024. This is due to the relicensing project to vary Standard Licence Condition T52 (see below) which led to more items being sent to ELP, rather than the Licensing Officer, so that SLC T52 could be varied at the same time. This trend is likely to continue into 2026 until the relicensing exercise is complete.
- 2.6** There was also an increase in the proportion of items considered by Licence Committee, compared with 2024. In 2024 much of Licence Committee's activity related to two separate centres where there was an immediate risk posed to the safety of patients, gametes of embryos. In one case, this resulted in the suspension of the centre's licence for five months.
- 2.7** By contrast, in 2025 Licence Committee considered 22 items from 12 centres. Although there were no cases which were so serious as to justify a suspension, Licence Committee considered a number of reports from the Inspectorate relating to centres where either their current regulatory performance is below the expected standards, or there have been concerns in the recent past and improvement is being closely monitored and supported. The HFEA has limited regulatory powers and one of the few ways to drive improvement in the sector, where required, is increased frequency of inspections and reporting to Licence Committee. In the absence of a proportionate range of sanctions, Licence Committee has requested, or endorsed the Inspectorate's recommendation, for increased inspections for a very small number of centres where concerns have been identified, generally relating to staffing levels or leadership.
- 2.8** The Committee has also, on three occasions this year, deferred its decision about renewing centre licences to allow the PRs the full timeframe to complete actions arising from inspections, so that the Committee can be assured that issues have been addressed before making a final decision about licence length. This approach has enabled the Committee to make proportionate decisions, and in some cases drive improvement.

1 Importing Tissue Establishment (ITE) certificates authorise HFEA licensed centres to import gametes and embryos from third country suppliers which meet UK quality and safety standards.

2 In 2024 a large Danish sperm bank changed its address, resulting in 40 centres' ITE certificates being updated and reissued.



Varying Standard Licence Condition T52

2.9 On 28 November 2024, the Human Fertilisation and Embryology (Amendment) Regulations 2024 came into force. In summary, these Regulations amend Schedule 3A(a) of the Human Fertilisation and Embryology Act 1990 to allow people who are living with HIV with an undetectable viral load to donate gametes and embryos for use in the treatment of someone that they know, and to provide gametes and embryos as part of a surrogacy arrangement. Consequently, it is necessary to vary Standard Licence Condition T52 that attaches to each treatment and storage licence.

2.10 Centres were given the opportunity to request that their licences be varied at the earliest opportunity, if they had patients waiting for treatment. Three centres did so and had their licences varied in January 2025. All other centres are having their licences varied without application as inspection reports and other licence applications come before ELP and Licence Committee. As of 31 December 2025 80 centres have had their licence varied to include the updated SLC T52. This relicensing exercise should conclude by December 2026.

3. Statutory Approvals Committee

3.1 In 2025 SAC considered a total of 57 PGT-M items, 25 special direction items and 5 mitochondrial donation items.

3.2 96% of PGT-M, 96% of special direction and 100% of mitochondrial donation items were approved, which is comparable to previous years.

| | No. items | Approval rate |
|------------------------|-----------|---------------|
| PGT-M | 57 | 96% |
| Special Directions | 25 | 96% |
| Mitochondrial Donation | 5 | 100% |

3.3 When considering PGT-M applications, SAC frequently considers not only the specific condition applied for, but also other similar conditions on the recommendation of its expert adviser. In such cases, more than one condition may be authorised. In 2025 111 new conditions were added to the list of approved PGT-M conditions, bringing the total number of approved conditions to 2001, as of 31 December 2025. A project is in progress to review the list of conditions to identify if there have been any significant developments in treatment which would warrant removing any condition from the PGT-M list. This is due to report later in the year.

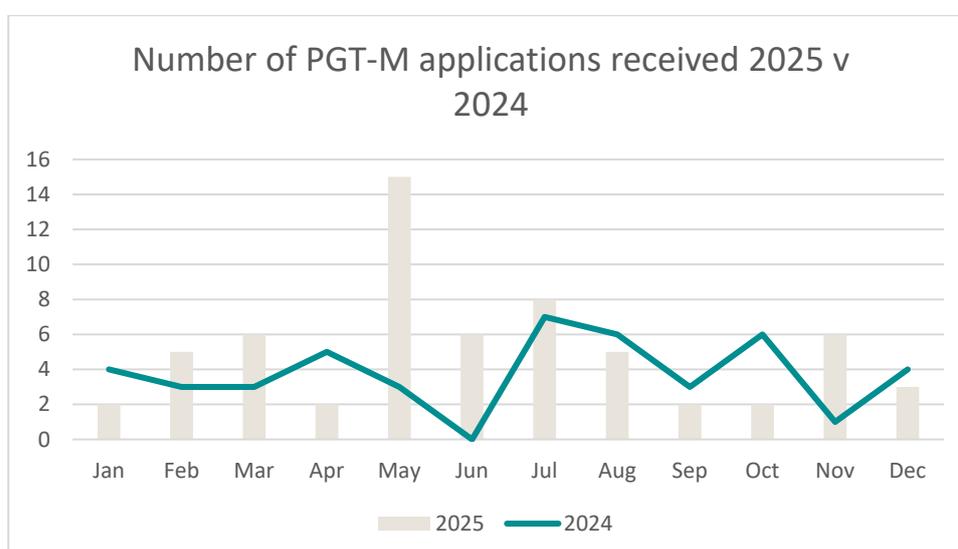
3.4 As of 31 December 2025, there were 66 centres licensed by the HFEA to perform embryo testing. The PGT-M items considered by SAC in 2025 came from 12 of these centres, with 86% of items (N=49) coming from the five centres that hold contracts with NHS England to provide NHS funded PGT-M cycles.

Workload increase

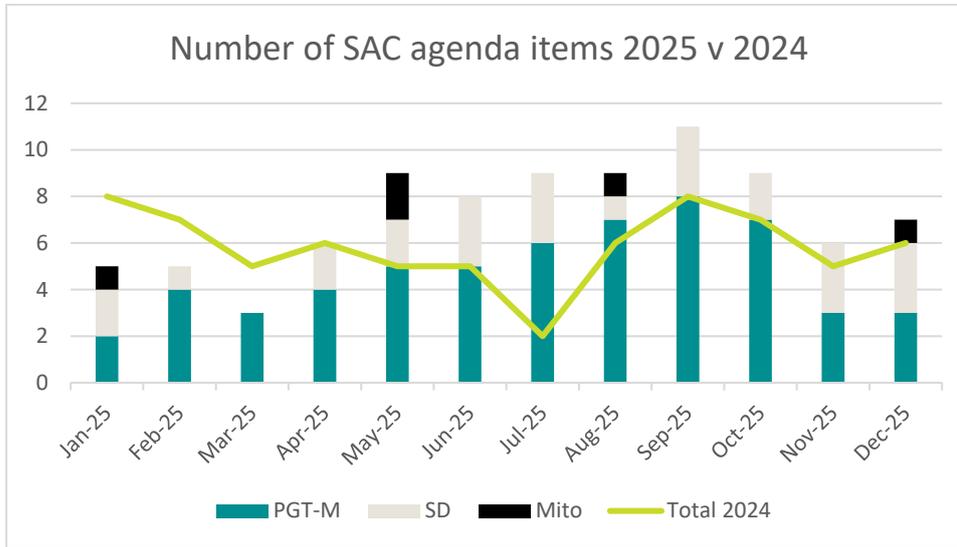
3.5 SAC's overall workload was 24% higher in 2025, compared with 2024, leading to longer agendas than in previous years. This was primarily driven by a large spike in PGT-M applications received in May 2025, followed by slightly higher than average application numbers in June and July, causing pressure on agendas in July to October. This was compounded by an increase in mitochondrial donation and special direction applications, compared to 2024.

3.6 The increased workload has been felt by committee members and was discussed as part of the recent committee effectiveness exercise. Application numbers are driven by demand in the sector and are therefore difficult to predict. However, as things currently stand, the committee is still comfortably getting through agendas well within the time allowed and internal KPI targets for minute production have been consistently met throughout the year. With the exception of May, applications numbers received each month were broadly similar to the previous year.

Total number of PGT-M applications received in 2025 compared to 2024

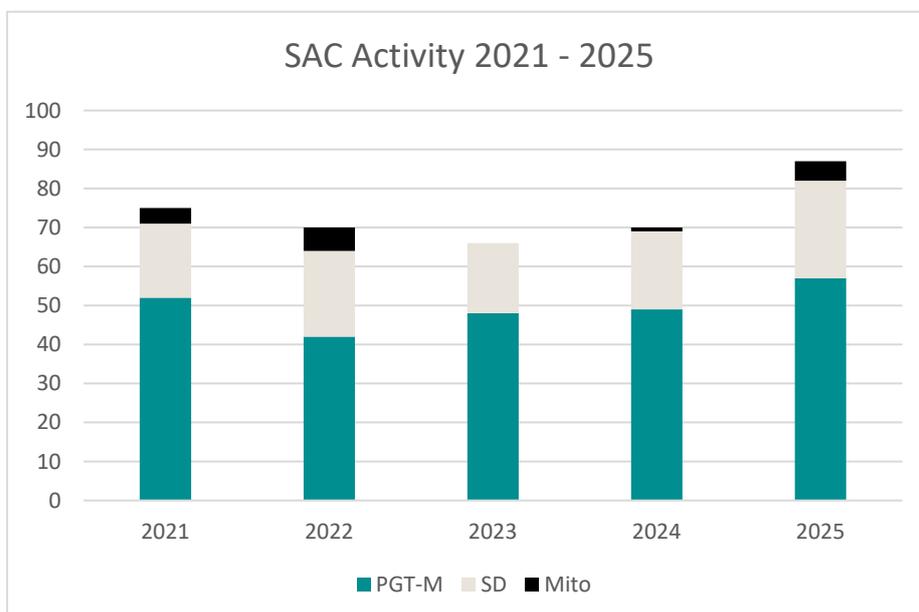


Total number of items considered by Statutory Approvals Committee in 2025 compared to 2024



| Year | PGT-M | Special direction | Mitochondrial donation | Total |
|------|-------|-------------------|------------------------|-------|
| 2024 | 49 | 20 | 1 | 70 |
| 2025 | 57 | 25 | 5 | 87 |

Total number of items considered by Statutory Approvals Committee from 2021 - 2025



3.7 However, there are a number of options which could be considered, now or in the future, to create more capacity for SAC.

Option 1: Special directions

3.8 In order to import or export gametes and embryos to and from the UK, HFEA licensed centres must be able to meet the conditions set out in [General Direction 0006](#). Where one or more of the conditions cannot be met then centres must apply to the HFEA for a special direction to permit the import or export to take place.

3.9 These applications are currently only considered by SAC but there is no statutory reason for this. Special direction applications are often relatively straightforward and over the past several years SAC has established a clear precedent in relation to the most common applications. There is therefore an argument that continuing to consider all special direction applications, regardless of their complexity, is not the best use of the committee's time.

3.10 Extending delegated authority to allow Executive Licensing Panel to grant special directions for import/export would create a limited amount of additional capacity for SAC and increase scheduling options, giving greater flexibility to balance agendas across committees. It is worth noting, however, that given the relatively low numbers of special direction applications this change will not save a considerable amount of SAC's time.

3.11 If the Authority approves this change then amendments to Standing Orders would be required to allow other committees to consider applications for special directions, as would training for panel/committee members and staff. This could be managed within existing budgets.

Option 2: Co-option

3.12 Co-opting additional non-Authority members to SAC would reduce the workload on individual committee members. Members are currently expected to attend 6 meetings per year, although some do more than this, attending extra meetings when other members have limited availability. Increasing the committee's membership via co-option could reduce meeting attendance to an average of 4 meetings per year per committee member. There would be a financial cost to this option due to recruitment, training and remuneration of co-opted members. Consideration could also be given to reducing the number of attendees per meeting from five committee members to four (the quorum is three) but this would need to be balanced against the risk of inquorate meetings.

Option 3: Root and branch review

3.13 A root and branch review of the PGT-M approval process could be carried out to consider more radical changes to the current approvals process, particularly if we continue to see an upward trend in the number of applications received during 2026. However, this would be a significant piece of work that is not in the planned business plan for 2026/27.

4. Committee Feedback

4.1 Since January 2025 observers at ELP, Licence Committee and SAC have been asked to provide feedback. This was introduced as a way of identifying opportunities for improvement. To date, the feedback has been overwhelmingly positive with observers particularly commenting on:

- the quality of chairing and the inclusive nature of committee discussions;
- the value of the expert advisers; and
- the clarity of decision-making, aided by the papers and decision trees.

4.2 This feedback is shared with committee chairs on a quarterly basis, and a selection is provided at annex 3.

5. Recommendation

5.1 The Authority is invited to:

- note the licensing activity in 2025;
- in respect of SAC, consider whether to extend delegated authority for granting special directions for the import and export of gametes and embryos to other licensing committees (noting that changes to Standing Orders would need to be brought back to Authority for approval); and
- consider the options set out as paragraphs 3.12 and 3.13 and confirm if it wishes the Executive to pursue either of these further.

Annex 1 - Summary of licensing committees

Licence Committee meets 6 times per year and consists of 7 members of Authority. It considers more complex renewal and interim inspection reports or variations, as well as Grade A incidents, and applications for new research licences.

Executive Licensing Panel (ELP) meets 25 times a year and consists of 9 members of staff sitting in panels of three. It considers more routine inspection reports and licence variation applications.

Licensing Officer (LO) is the Chair of ELP and approves straightforward variations to licences, such as changes of address. The Licensing team also issues ITE certificates for the import of gametes and embryos on behalf of the LO.

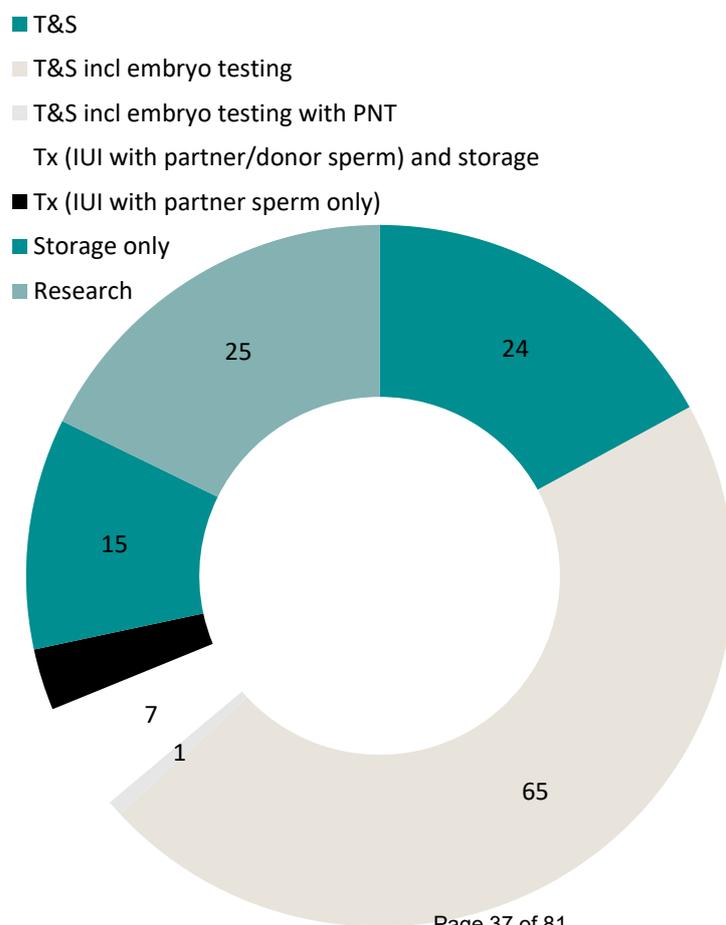
Statutory Approvals Committee (SAC) meets 12 times a year and has delegated authority for:

- authorising embryo testing in line with the permitted purposes set out in Schedule 2, para 1ZA(1)(a)-(e) of the Act;
- authorising the use of maternal spindle transfer (MST) and/or pronuclear transfer (PNT) under The Human Fertilisation and Embryology (mitochondrial donation) regulations 2015;
- and issuing special directions for the import/export of gametes or embryos (under section 24(4AA) of the Act).

Annex 2 - Licensing data

Number of licences by licence type as of 31st December 2025

| | |
|--|------------|
| Treatment and storage | 24 |
| Treatment and storage including embryo testing | 65 |
| Treatment and storage including embryos testing with PNT | 1 |
| Treatment (IUI with partner/donor sperm) and storage | 7 |
| Treatment (IUI with partner sperm only) | 4 |
| Storage only | 15 |
| Research | 25 |
| TOTAL | 142 |



Number of licences by licence length as of 31st December 2025

| | Treatment | Research | Total |
|--------------------------------------|------------|-----------|------------|
| 4 years | 101 | N/A | 101 |
| 3 years | 9 | 25 | 34 |
| 2 years (existing treatment centres) | 1 | 0 | 6 |
| 2 years (new treatment centres) | 6 | 0 | 1 |
| 1 year | 0 | 0 | 0 |
| TOTAL | 117 | 25 | 142 |

Items considered by Licence Committee, Executive Licensing Panel and Licensing Officer in 2024 vs 2025

| | 2024 | 2025 |
|--|------|------|
| Initial research licence applications | 1 | 1 |
| Research renewal inspections | 11 | 4 |
| Voluntary revocation of research licence | 2 | 1 |
| Initial T&S licence applications | 5 | 3 |
| T&S renewal inspections | 22 | 35 |
| Interim inspections | 58 | 47 |
| Licence extensions (special directions) | 1 | 3 |
| Incident notifications | 5 | 1 |
| Executive update | 6 | 0 |
| Variation of centre name | 3 | 3 |
| Variation of address | 2 | 1 |
| Variation of premises | 9 | 9 |
| Variation of licence activities | 4 | 5 |

| | | |
|---|-----|-----|
| Variation of person responsible | 15 | 34 |
| Variation of licence holder | 19 | 19 |
| Variation to remove a condition | 1 | 0 |
| Variation to amend SLC T52 (at centre request) | 0 | 3 |
| Voluntary revocation of T&S licence | 2 | 4 |
| ITE certificates (excl those issued on renewal/variation of licences) | 185 | 130 |
| TOTAL | 351 | 305 |

Annex 3 - Observer feedback

Very positive; I gained fantastic insight into the processes, factors and expertise that inform decision making around licence approvals for PGT-M, sex selection and mitochondrial replacement therapy. The expert summaries of conditions submitted for approval were succinct and clear, and considered both biomedical and social aspects of the conditions presented. I felt very welcome as an observer and appreciated that Francis asked if I had any questions at the close (Francis is a fantastic chair). The quality of the questions raised, and discussion around each item was excellent, really engaging, detailed and thought provoking.

It was lovely to be welcomed and brought back at the end – really appreciate the efforts of committee chair to ensure everyone was introduced and to acknowledge new starters. Generally positive, really impressed at how much time the committee must have taken to go through the papers in detail in order to have a detailed, fact based discussion on each matter on the agenda. Also great teamwork when one member was invited to take over as chair due to technical issues.

At both meetings it was striking that every member contributed to discussion and decision making. Chairs were careful to summarise discussion and views, and there was a clear process for making decisions which was referred to and applied.

Really helpful to hear the expertise of the Specialist Adviser, that was clearly useful to ensure understanding and spark discussion on the PGT-M applications. I thought the committee worked well together and everyone listened to/engaged with the views of others in reaching a decision. Also, it was noticeable that the committee took the time to consider the human impact of each application too.

Excellent. Chair facilitated free-flowing, detailed, relevant discussions (helpful balance of formality /informality) allowing all to contribute and then distilling comments appropriately.

Effective governance

Details about this paper

| | |
|--|--|
| Area(s) of strategy this paper relates to: | Regulating a changing environment / Supporting scientific and medical innovation |
| Meeting: | Authority |
| Agenda item: | 6 |
| Meeting date: | 11 March 2026 |
| Author: | Alison Margrave, Board Governance Manager |
| Annexes | Annex A: Standing Orders proposed changes |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For decision |
| Recommendation: | Agree the proposed changes to Standing Orders, effective 1 April 2026 (vote required). Note the annual reviews of committee effectiveness and the action points for each committee. |
| Resource implications: | In budget |
| Implementation date: | 1 April 2026 |
| Communication(s): | The Standing Orders are published on our website and on the staff intranet (Hub). They are also included in the standard licensing pack, which will be updated. |
| Organisational risk: | Low |

1. Introduction

- 1.1. As a public body, the HFEA is committed to adopting best practice in corporate governance and adhering to the principles set out in the [Code of Good Practice](#).
- 1.2. The HFEA has a number of [committees](#) established under the Standing Orders and which are made in accordance with the powers of the HFE Act.
- 1.3. High-quality decision-making processes are essential to maintain the integrity of the HFEA as a regulator and licensing body and trust in the conduct of operational activities as it applies to everyone affected by fertility treatment including licensed centers, patients and the wider public.
- 1.4. This paper is intended to provide assurance over the structures established by the Authority, effectiveness of committees, decisions taken, and that activities of the HFEA are aligned with its statutory duties, responsibilities and objectives.
- 1.5. This review also provides members with updates and recommendations related to the governance of the Authority. The HFEA is committed to an annual review of its governance arrangements consisting of a review of each committee's effectiveness and of the Standing Orders.
- 1.6. In accordance with the Standing Orders, Authority members received notification and written motion regarding the intention to amend the Standing Orders at the March 2026 Authority Meeting.

2. Annual review of committee effectiveness

- 2.1. All committees are required to review their own effectiveness annually using a standard template. Between September 2025 and March 2026 this exercise was conducted by the Licence Committee, Executive Licensing Panel (ELP), Statutory Approvals Committee (SAC), the Scientific and Clinical Advances Advisory Committee (SCAAC) and the Register Research Panel (RRP).
- 2.2. The Audit and Governance Committee (AGC) used the specific effectiveness tool for Audit Committees produced by the National Audit Office ([NAO](#)) and carried out a 360 review whereby feedback was received not just from committee members, but also the Senior Management Team and the Internal and External Auditors.
- 2.3. The Corporate Management Group (CMG) also completes an effectiveness review but, as this is an executive operational group rather than a formal committee, they are not included in this report to the Authority.
- 2.4. All Authority members sit on at least one committee which means that they all participated in the review of their respective committee(s).
- 2.5. The HFEA services over 50 formal meetings a year so it is reassuring that all committees stated that the meetings and papers were well prepared and that they had sufficient information necessary to take decisions. Several members expressed appreciation for the high quality of papers which were presented to the committees.
- 2.6. Generally, the feedback from committees has been positive. There are a number of recommendations for improvement and the table below summarises the feedback from each committee and possible actions which the committee/staff could take.

| Committee | Conclusions and Recommendations | Suggested actions (for the committee itself and/or staff) |
|--------------------------------------|---|--|
| Audit and Governance Committee (AGC) | <p>Committee discussed what actions could be taken to help members have a clear understanding of what is expected of them in their role, including: an understanding of the organisation – strategy, operating environment and key risks?</p> <p>The committee felt that it does not always benefit from the attendance of appropriate officials from the sponsoring body (Department of Health and Social Care).</p> <p>The committee questioned if they issue sufficient guidelines concerning the format and content of papers presented to them.</p> <p>The committee questioned its knowledge on challenging the external audit plan and assessing the performance of the external audit.</p> <p>The committee agreed to invite an external independent observer (AGC Chair or Deputy Chair from another ALB) to observe the October 2026 meeting and then provide feedback to the AGC Chair on the committees' performance.</p> | <p>Facilitate visits to licensed fertility clinics for AGC members, as required, to provide an enhanced understanding of the operating environment</p> <p>The HFEA has asked in quarterly accountability meeting whether DHSC Finance reps could be invited to AGC meetings</p> <p>Template for papers and internal SOP on how to write Authority/Committee papers was shared with committee members. The AGC Chair will agree terms of reference for each deep dive topic.</p> <p>A training session on external audit was held in December 2025 and we believe that this session was sufficient to address any questions arising from this review.</p> <p>Board Governance Manager has approached other small health ALBs to see whether they would be interested in a reciprocal arrangement.</p> |
| Licence Committee | <p>It would be helpful to improve the dialogue between the Executive Licensing Panel and Licence Committee.</p> <p>Members would find it beneficial to observe a clinic inspection to better understand the inspectorate's approach (particularly for those members who have no experience of working in a clinic).</p> | <p>Chair and Deputy Chair of Licence Committee to connect with Chair of the Executive Licensing Panel.</p> <p>Compliance to arrange visits for those members who haven't yet had that experience.</p> |

| Committee | Conclusions and Recommendations | Suggested actions (for the committee itself and/or staff) |
|---|--|--|
| | The Chair's Brief could include reference to the page numbers in the bundle for ease of reference. | Licensing Committees Manager to reference page numbers when drafting the Chair's Brief. |
| Executive Licensing Panel (ELP) | <p>Would be helpful for ELP Chairs to meet with Chair/Deputy Chair of LC to get feedback</p> <p>ELP members have done clinic visits but would be good to go on inspection</p> <p>Review information for research renewal applications.</p> | <p>Meet with Chair/Dep Chair LC and feedback to ELP</p> <p>Follow up with compliance</p> <p>Licensing to consider list of publications linked instead of in bundle</p> |
| Statutory Approvals Committee (SAC) | <p>There tends to be pages of empty boxes in the special direction applications. Perhaps any box not completed could say this and copy to be read could be in bold or highlighted so we can go directly to these.</p> <p>Delegated powers may need to be reconsidered, if the number of PGT-M applications continue to increase.</p> <p>Consider a vice chair of SAC to balance the load and diaries if the chair is unavailable.</p> | <p>Licensing Team to consider highlighting the completed boxes on the special direction additional information forms so that it is clear for members to locate the detail.</p> <p>The Head of Licensing to present a paper to the March Authority meeting which will lay out potential options for consideration should the volume of items continue to increase.</p> <p>Licensing Team to follow up.</p> |
| Scientific and Clinical Advances Advisory Committee (SCAAC) | <p>Suggestion made that SCAAC members could benefit from attending Authority meetings.</p> <p>Two points about committee skill mix and background were raised. First, the need to ensure the committee contains clinicians who work in the NHS, not just the private sector and second about commercial interests. A member also said that having information on other member's different roles and responsibilities would be helpful.</p> | <p>Executive to flag to SCAAC members when Authority meeting has items of particular relevance, then members can register to join the meeting as an observer.</p> <p>Executive noted that SCAAC recruitment panels consider NHS representation.</p> <p>The Executive agreed to recirculate information about declarations of interest.</p> <p>The Executive considered the request about member roles and will ask members to complete a table on their different roles. This would cover remunerated and voluntary roles such as honorary academic appointments and membership of other committees.</p> |

| Committee | Conclusions and Recommendations | Suggested actions (for the committee itself and/or staff) |
|-------------------------------|--|--|
| | <p>It was suggested that longer meetings might be appropriate to allow fuller discussions on some topics.</p> <p>Reference lists for SCAAC papers are sometimes very long and member cannot read them all. SCAAC papers could be slightly less detailed.</p> <p>Suggestion that AI tools could help the Executive to pare down papers and references lists.</p> <p>Questions were raised about how outcomes were communicated to wider external stakeholders. It was noted that that information on add-ons can be slow to be added to the website and could it be undertaken more quickly. Executive explained that there is now another step in that process, namely Patient Engagement Forum review which does add some time.</p> | <p>A full day is allocated for SCAAC meetings but rarely used, so there is scope to extend meetings if needed.</p> <p>It was confirmed that SCAAC members are not expected to read all the papers in the reference lists, only the SCAAC papers which summarise the research.</p> <p>The Executive agreed to investigate AI tools that could help filter down the volume of papers included.</p> <p>Executive will endeavour to speed up the process of updating the website with new add-on information while retaining PEF review.</p> |
| Register Research Panel (RRP) | <p>Query about timeline between papers being shared and the meeting. One week is occasionally not enough time to review the papers before the meeting, especially for those working part-time.</p> <p>Query about minutes not been agreed for months. This is due to unknown timelines between meetings.</p> <p>Query about improving Authority perception of the work done by RRP.</p> <p>Queries about the usability of the decision tree and its adherence to HFEA format</p> | <p>Papers to be shared at least two weeks before meeting. Other material – such as the comments from the legal advisor – can be shared closer to the meeting.</p> <p>Minutes to be circulated and agreed by the committee outside of meetings, within a month of the previous meeting.</p> <p>Add RRP updates such as approved projects and new publications to the committee Authority report</p> <p>Update to decision tree to include mention to the Act.</p> |

| Committee | Conclusions and Recommendations | Suggested actions (for the committee itself and/or staff) |
|------------------------|---|--|
| | Queries about internal legal advisor and the role of the legal team in RRP meetings | Query with Legal about whether the HFEA legal advisor should observe and/or feature as part of the Panel or Executive. |
| Remuneration committee | Formal review not undertaken due to infrequency of meetings. | - |

3. Review of the Standing Orders

3.1. A review of the Standing Orders has been undertaken, including any recommendations arising from the results of the committee effectiveness review. The proposed changes to the Standing Orders are shown at Annex A. If members would like to see a full tracked changes copy of the Standing Orders, they may request this from the Board Governance Manager.

3.2. Annex A includes:

- proposed changes to reflect the new structure of the HFEA Licensing Team.
- proposed changes to reflect that the Register Research Review Panel (RRP) should authorise projects under both the Act and 2010 Regulations. This was highlighted to the Authority in the RRP annual report presented in July 2025

3.3. As detailed in Article 3.1 of the Standing Orders any proposed changes to the Standing Orders require a majority vote by the Authority.

3.4. The Authority is asked to review and approve the proposed change(s) to the Standing Orders as set out above. If approved the new Standing Orders would come into effect on 1 April 2026.

3.5. The Authority is asked to note that a full-scale review of the Standing Orders will be undertaken in 2026/27 to ensure proportionality, relevance and clarity.

4. Recommendations

4.1. The Authority is asked to:

- Approve, by a majority vote, the revised Standing Orders to come into effect from 1 April 2026.
- Note the feedback from the annual reviews of committee effectiveness and the action points for each committee.
- Note that a full-scale review of the Standing Orders will be undertaken in 2026-27 to ensure proportionality, relevance and clarity.

Annex A: Standing Orders – proposed changes

Colour legend used: yellow highlight is text to be deleted and green highlight is text to be added

Page 22 article 6.5.1

to exercise the Authority's functions **of data disclosure for research purposes** under the **Act and/or the HFE** ~~Human Fertilisation and Embryology~~ (Disclosure of Information for Research Purposes) Regulations 2010 (**the 2010 regulations**).

Page 34 article 3.12 c)

the Licensing **Committees** Manager or the Head of ~~Planning and Governance~~ **Licensing**

Page 40 article 7.1

The purpose of the Register Research Panel is to consider applications made under the **Act and/or the** ~~Human Fertilisation and Embryology (disclosure of information for research purposes) regulations 2010~~ (**the 2010 regulations**), **and requests for additional fields on the anonymised register ("safeguarded" data)**.

Page 40 article 7.3 a)

consider requests for the provision of data for research purposes, including **safeguarded and** identifiable data

Page 40 article 7.3 b)

insofar as they are relevant and/or appropriate, comply with the requirements of the 2010 regulations

Page 47 article 5.2

Subject to paragraph 5.3, only the Chair and members of the panel, the secretary, and any other required support staff from the ~~Planning and Governance~~ **Licensing** team may be present at a meeting of the panel.

Page 54 article 3.4

At the conclusion of every meeting of the Licence Committee, the Head of ~~Planning and Governance~~ **Licensing** shall collate any feedback from the Chair and members of the committee on matters that the Chair considers should be brought to the attention of the Authority's Director of Compliance and Information.

Page 54 article 5.2

Subject to paragraph 5.3 only the Chair and members of the committee, the secretary, any other required support staff from the ~~Planning and Governance~~ **Licensing** team and advisers to that committee may be present at the meeting of the committee.



Human
Fertilisation &
Embryology
Authority

Monthly performance report

Performance up to January 2026

Evgenia Savchyna

Corporate Performance Officer

11/03/2026

www.hfea.gov.uk

About this paper

Details about this paper

| | |
|--|--|
| Area(s) of strategy this paper relates to: | Whole strategy |
| Meeting: | Authority |
| Meeting date: | 11/03/2026 |
| Agenda item: | Item 7 |
| Author: | Evgenia Savchyna, Corporate Performance Officer |
| Contents | Latest review and key trends Management summary Summary financial position Key performance indicators |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For information |
| Recommendation: | To discuss |
| Resource implications: | In budget |
| Implementation date: | Ongoing |
| Communication(s): | <p>The Corporate Management Group (CMG) reviews performance in advance of each Authority meeting, and their comments are incorporated into this Authority paper.</p> <p>The Authority receives this summary paper at each meeting, enhanced by additional reporting from Directors. Authority's views are discussed in the subsequent CMG meeting.</p> <p>The Department of Health and Social Care reviews our performance at each DHSC quarterly accountability meeting (based on the CMG paper).</p> |
| Organisational risk: | Medium |

Management summary

- Performance across KPIs in January 2026 was good, with ten KPIs rated Green, four Neutral, three Amber and two rated Red.
- The Compliance KPI performance was good, with all reports submitted to committee on time and completed within the set target. The 'Inspection Reports to PR' KPI was rated Red, as two of the six reports were deprioritised and slightly delayed (by 3 and 7 days). The December 'Inspection reports to PR' data submitted last month was incorrect, which has now been corrected in the report. The mistake, however, did not impact the KPI.
- The PGT-M indicator was rated Amber due to one application being delayed (66 wd), as a busy SAC agenda resulted from a high number of PGT-M applications received in the previous months.
- The OTR team processed 130 OTRs which is more than in December 2025 but less than in previous months, resulting in both OTR KPIs being rated Amber. Despite this, the team still reduced the waiting list to 269 applications and brought down the average waiting time to 34 days.
- One FOI request on HR/Finance information was processed within the KPI. The team also processed one EIR (Environmental Information Regulation) request on water and wastewater services.
- Following the CaFC update, the HFEA website saw an increase in sessions and users, and social media engagement returned to normal. No proactive media coverage was published by us in January.
- Both HR KPIs remained in Green. There is currently no long-term sickness.
- The Finance 'Debt collection within 40 days' KPI went back to Red after being rated Amber in December 2025. The remaining two Finance KPIs stayed Green.

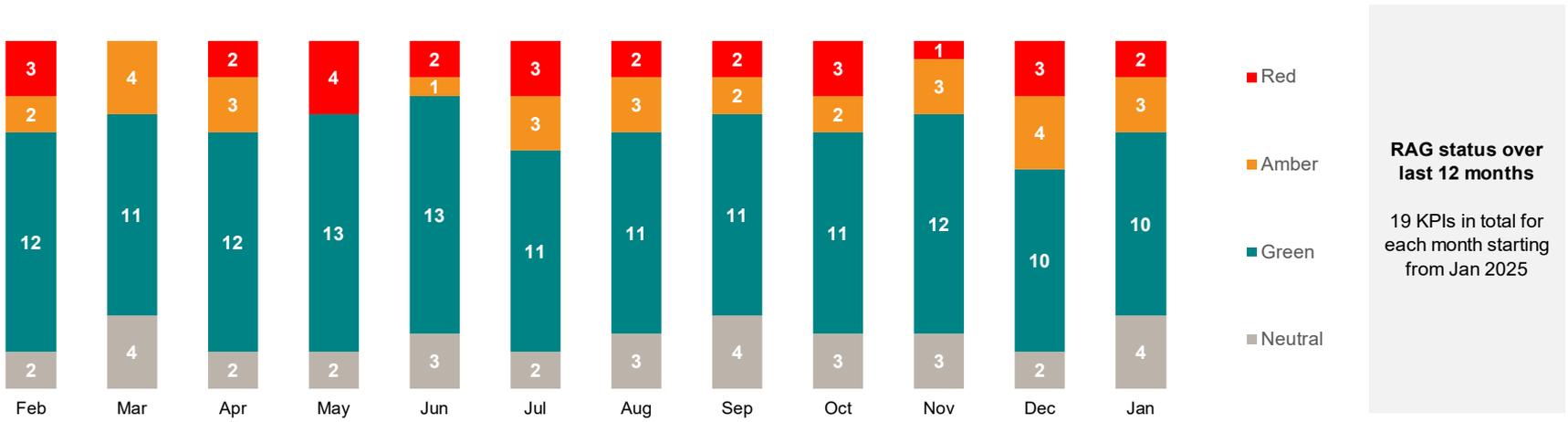
KPI reviews:

- The Licencing KPI review has commenced in February 2026.
- The Finance KPI review has been slightly delayed but is now in its final stage.

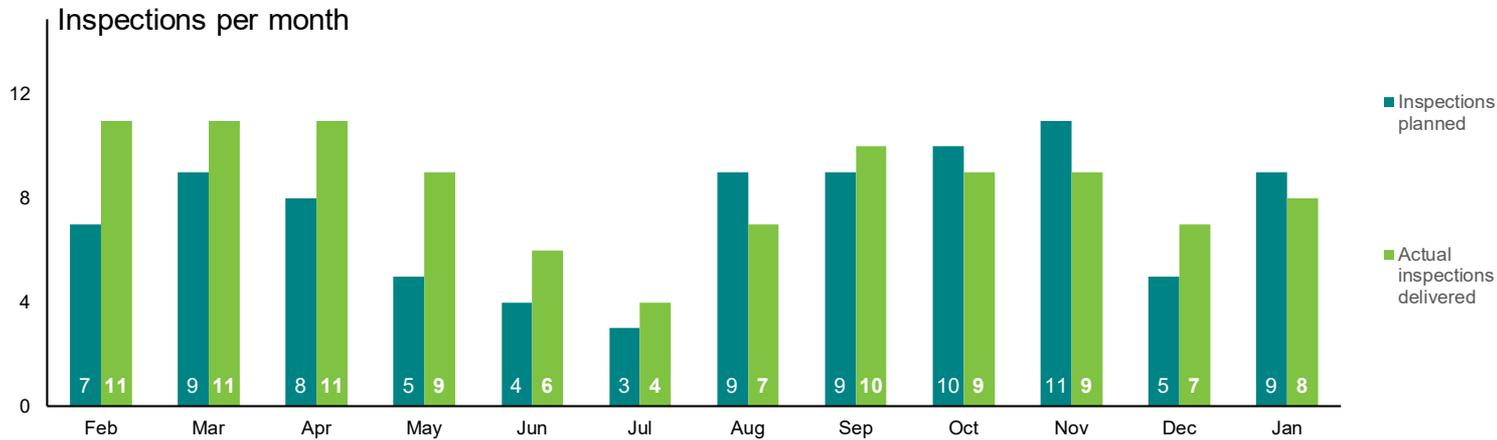
Key performance indicators



RAG status over last 12 months

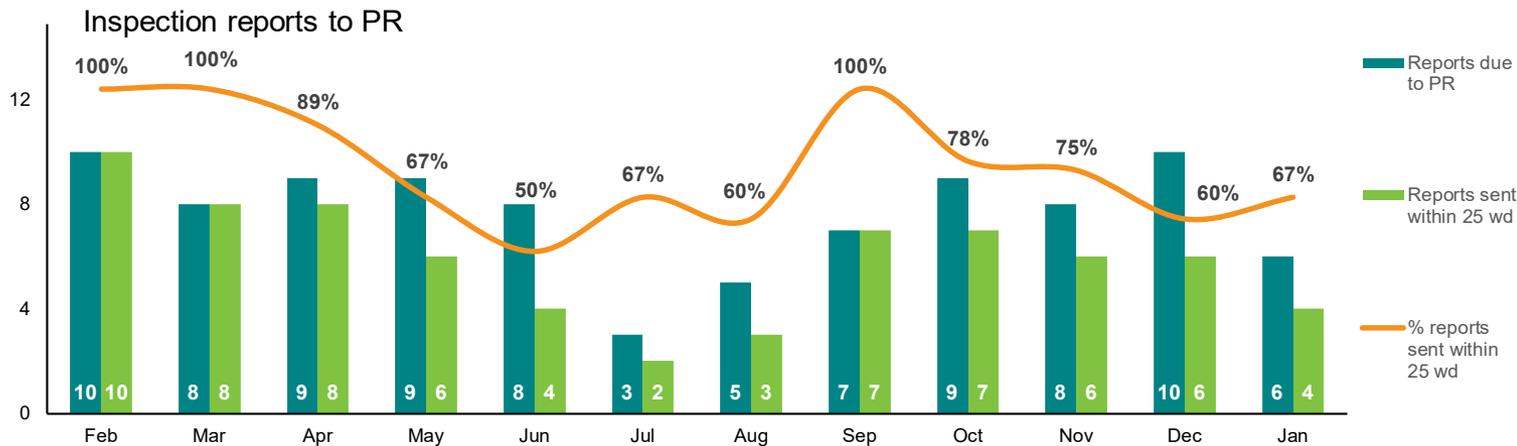


For January, the 2 red indicators are in **Compliance - 1** ('Inspection reports to PR'), and **Finance - 1** ('Debt collection within 40 days').



| | |
|-------------------------------|-----|
| Status: | N/A |
| Compliance | |
| Inspections delivery | |
| Target: not defined | |

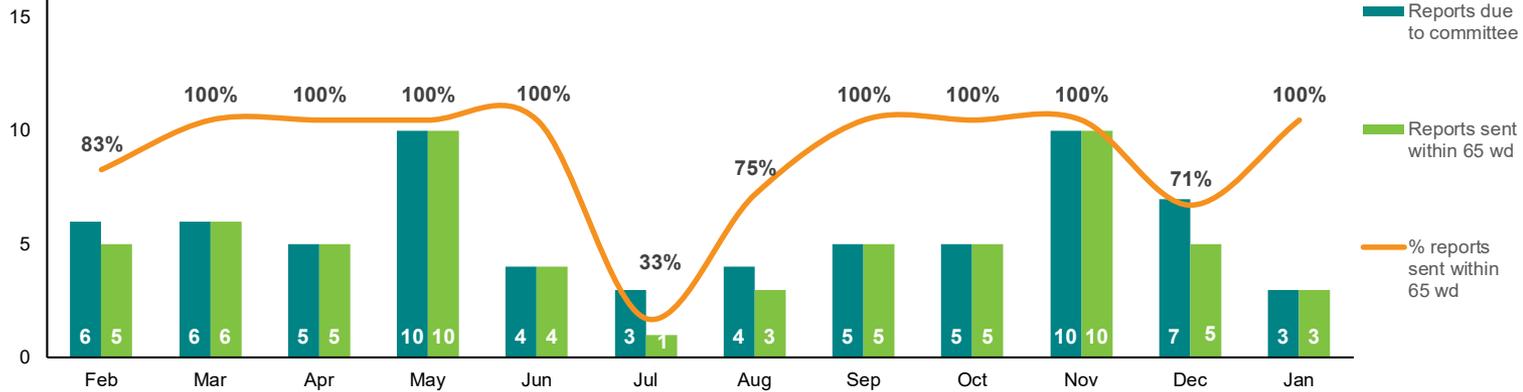
Nine inspections were planned for January 2025, and eight were delivered following a reshuffle of the inspection schedule.



| | |
|--|------------|
| Status: | Red |
| Compliance | |
| Inspection reports sent to PR | |
| Target: 100% sent within 25 working days | |

Two inspection reports were delayed due to Christmas holidays and annual leave, in addition, the second one required extensive QA (28 wd and 32 wd).

Inspection reports to committee



Status: **Green**

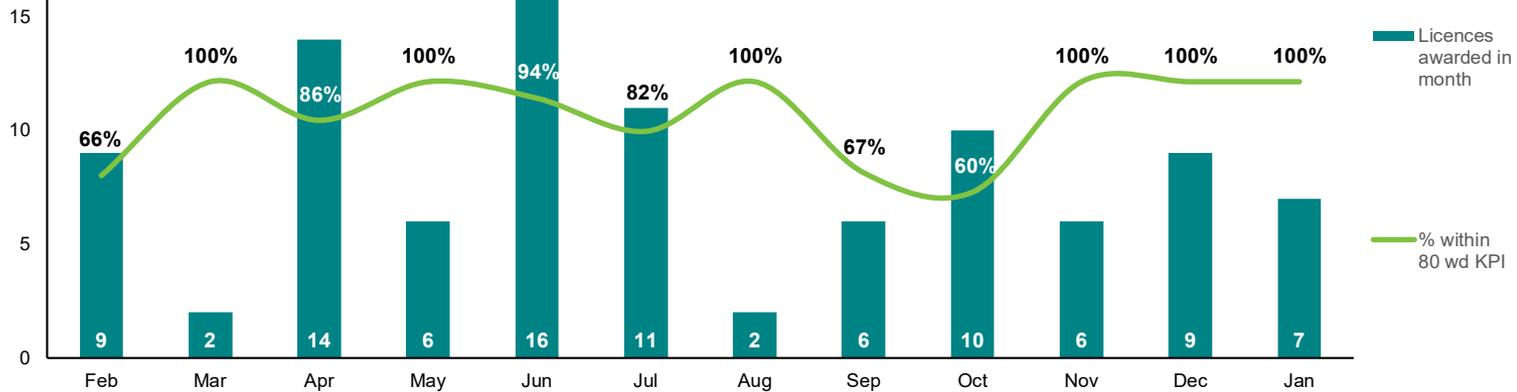
Compliance

Inspection reports sent to relevant licensing committee

Target: **100% sent within 65 working days**

All reports have been sent within KPI.

End to end licensing



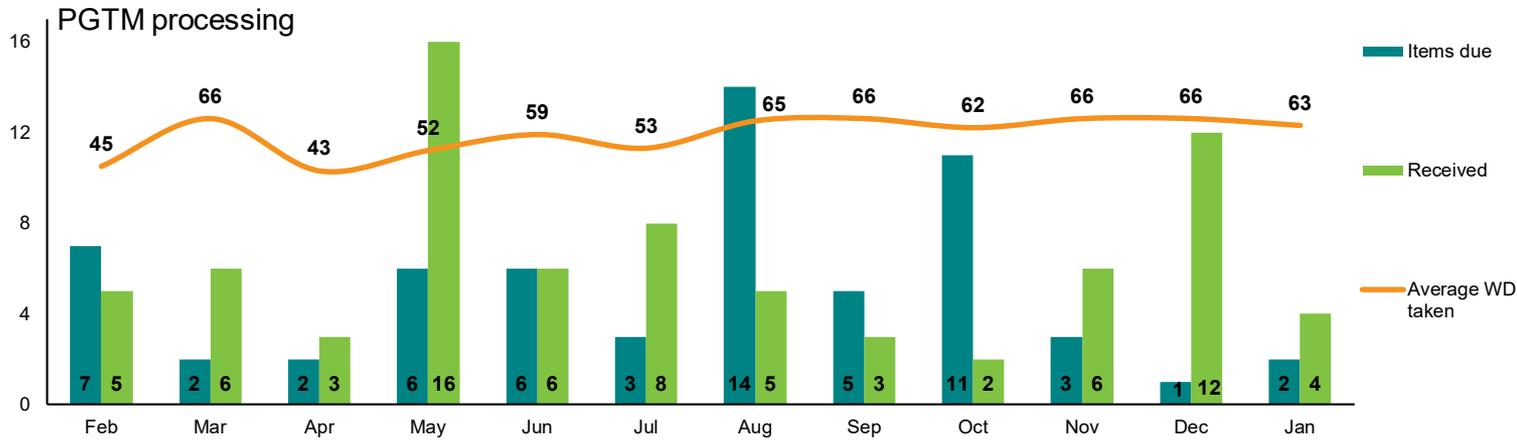
Status: **Green**

Compliance

End to end licensing process

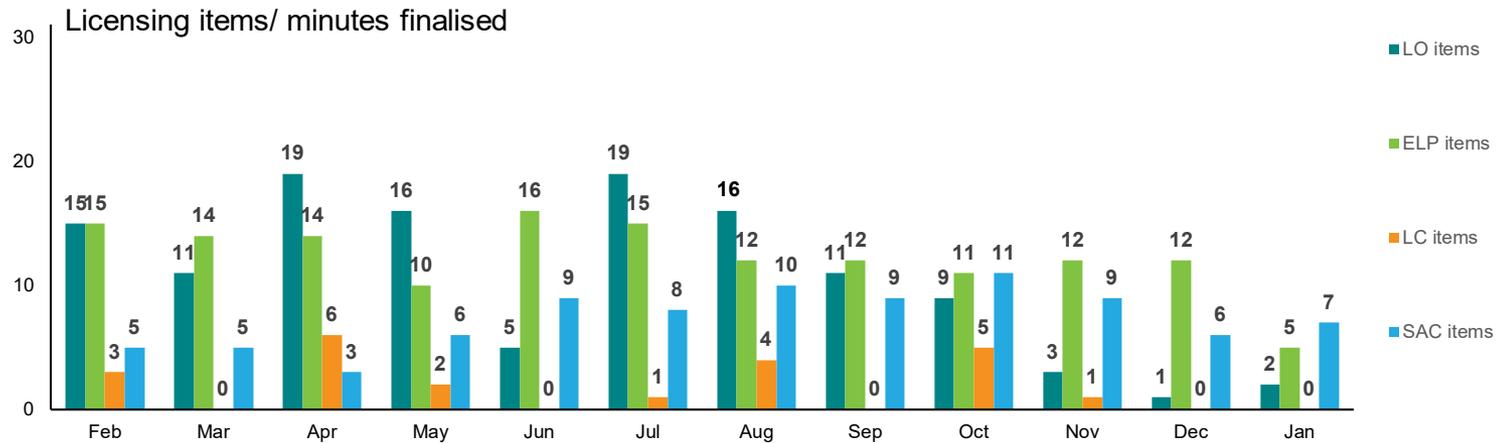
Target: **100% items completed within 80 working days**

All reports have been completed within KPI.



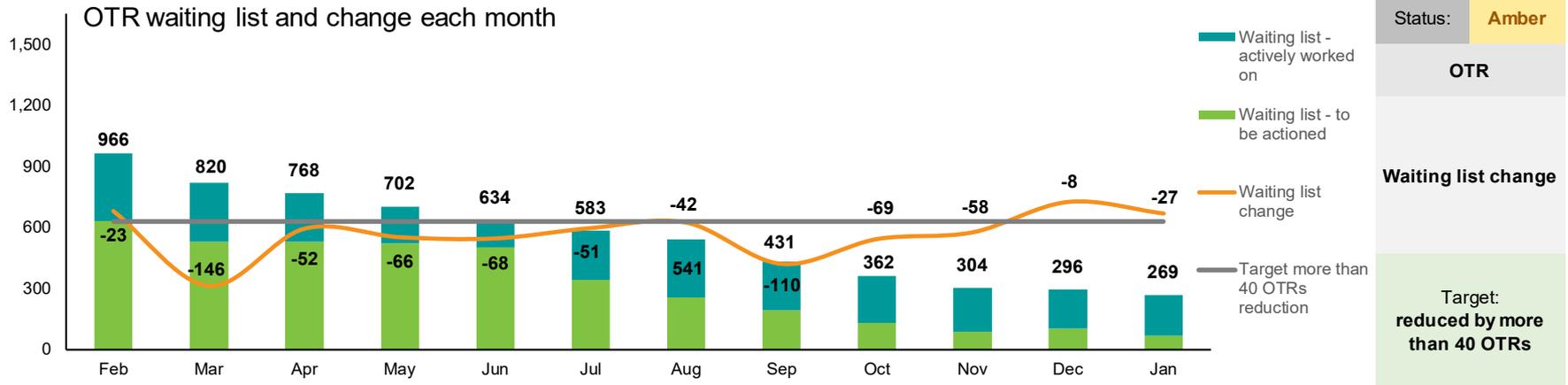
| | |
|--|--------------|
| Status: | Amber |
| Compliance | |
| PGTM processing efficiency | |
| New target - Dec 24: average time within 60 working days | |

One application was completed but took 66 wd as there has been a high number of PGT-M applications, meaning SAC agendas have been full months in advance, so was put on the SAC agenda for earliest available date. Another application due was completed within 59 wd.

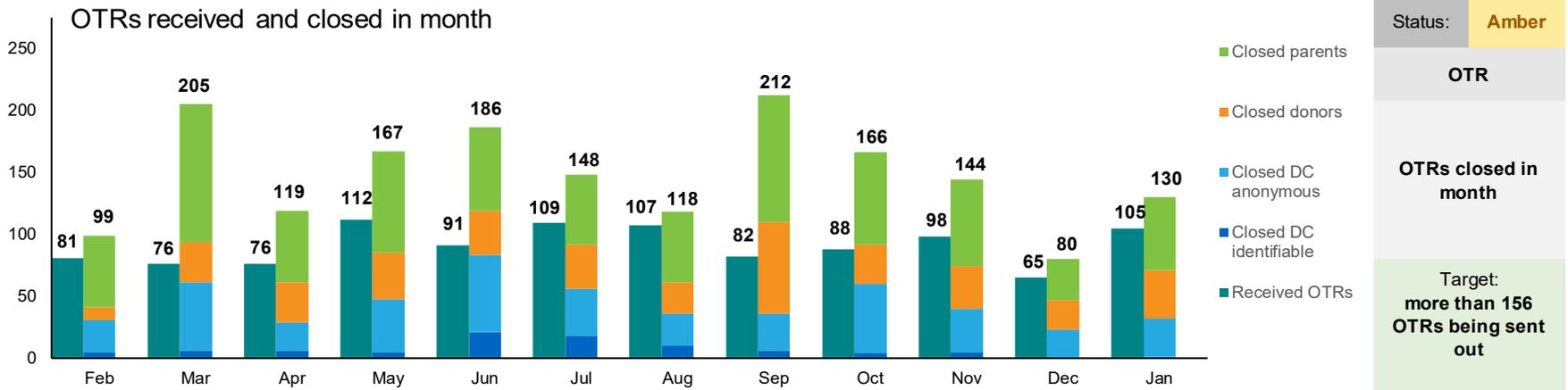


| | |
|---|----------------|
| LO: | Green |
| ELP: | Green |
| LC: | Neutral |
| SAC: | Green |
| Licensing | |
| Licensing efficiency | |
| Targets: LO - 5 WD ELP - 10 WD LC - 15 WD SAC - 20 WD | |

Another quiet month for LO (variation of LH). The number of ELP and SAC items are comparable to the same time last year.

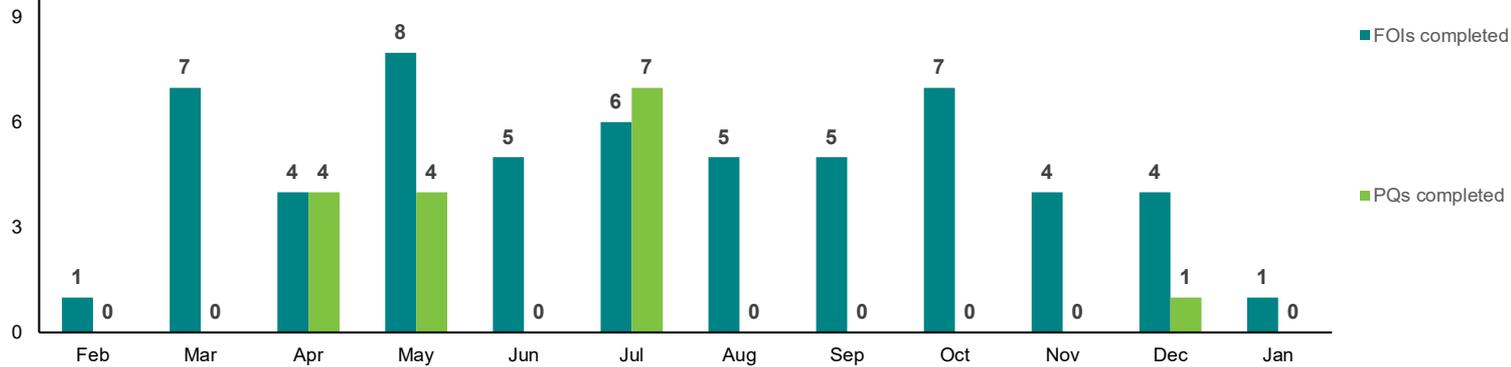


OTRs in the waiting list: **Donor OTRs - 44; DC identifiable - 42; DC anonymous - 63; Parents - 120.**
 Waiting list was reduced by only a small amount, due to the lag of fewer OTRs being started in December.



OTRs sent out: **Donor OTRs - 39; DC identifiable - 1; DC anonymous - 31; Parents - 59.**
 The team lowered the waiting list and provided information to 130 applicants despite not achieving the set target of closing 156 OTRs. The average waiting time was brought down from 3 months in December 2025 to 34 days in January 2026.

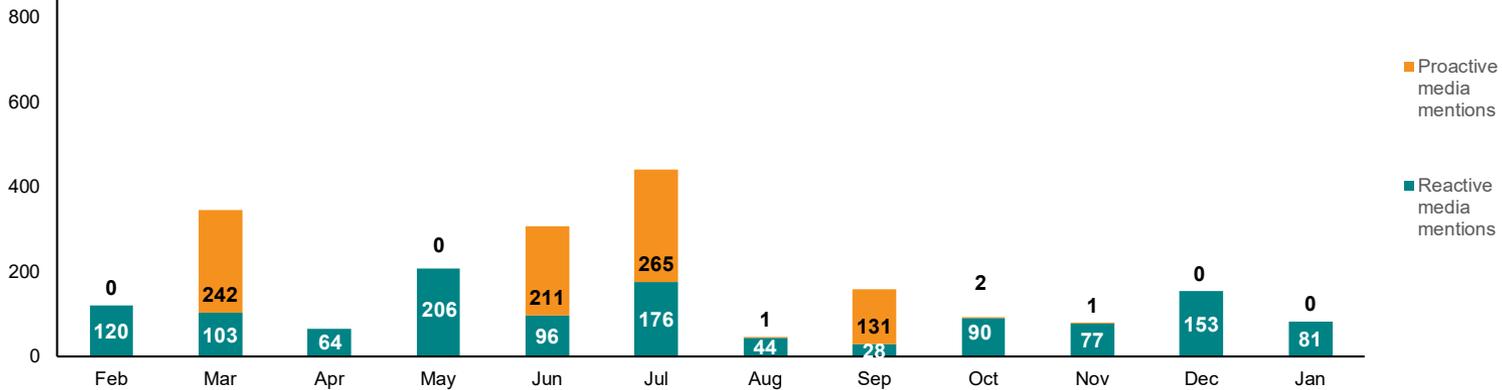
FOI requests and PQs completed



| | |
|---|---------|
| FOI: | Green |
| PQ: | Neutral |
| Intelligence | |
| FOI and PQ completed | |
| Targets: FOI - 20 WD PQ - set by DHSC | |

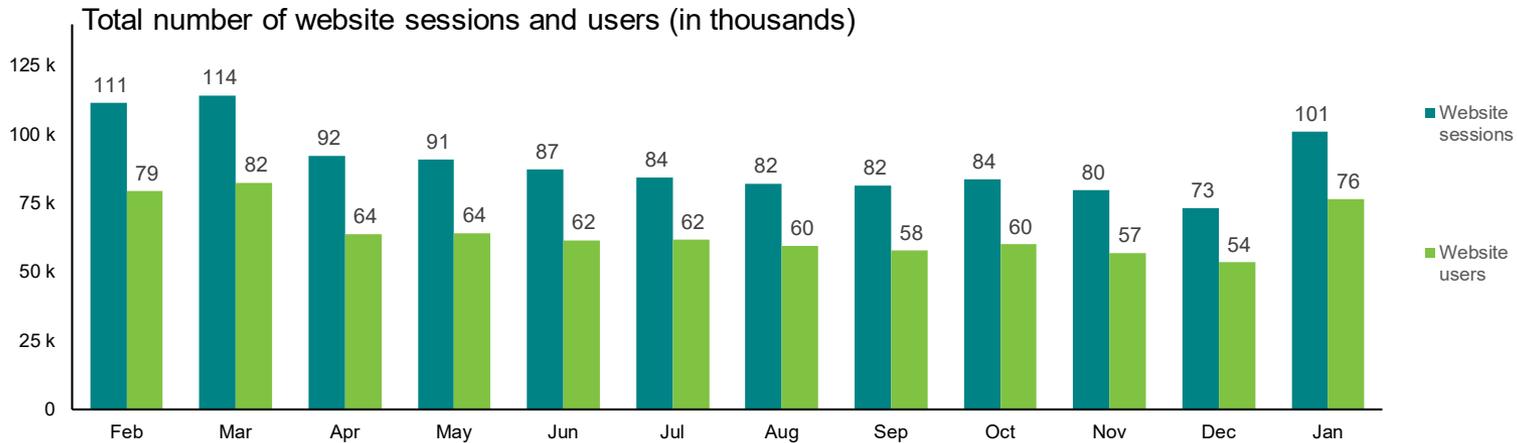
FOI related to HR/Finance information was turned around within KPI timescales. The team also received and processed the EIR (Environmental Information Regulation) request which was on water and wastewater services.

Proactive and reactive media mentions



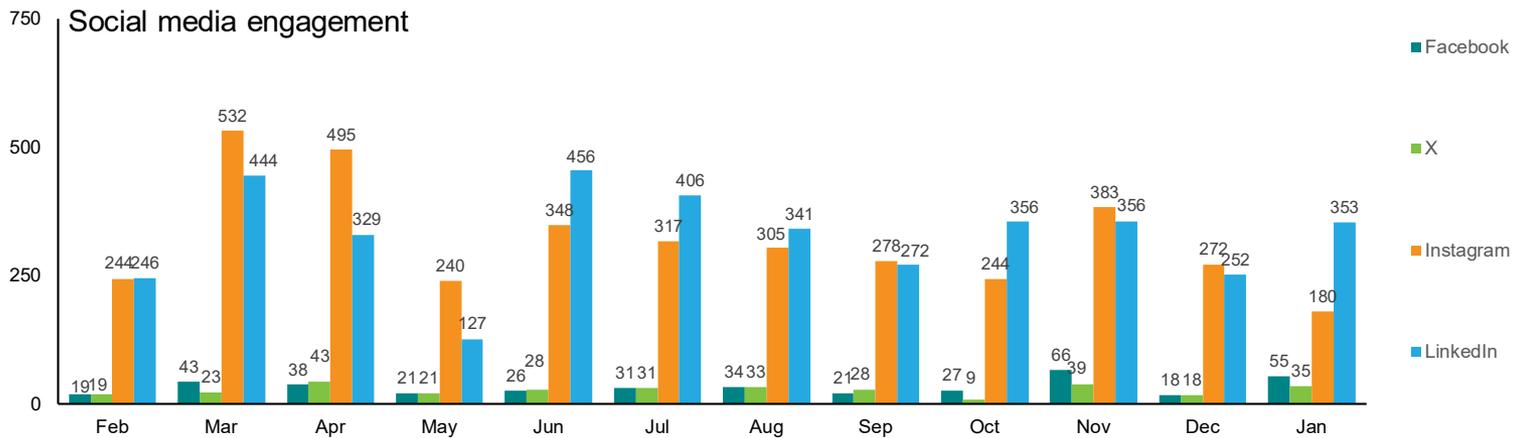
| | |
|--|-----|
| Status: | N/A |
| Comms | |
| Total media mentions (proactive and reactive split from April 2024) | |
| Target: not defined | |

Coverage themes included egg freezing, unregulated donation and IVF. These were driven by an article about women being exploited by online sperm donors on Facebook, and news of scientists 'rejuvenating' human eggs in a technique that could improve IVF success rates. No proactive media coverage this month.



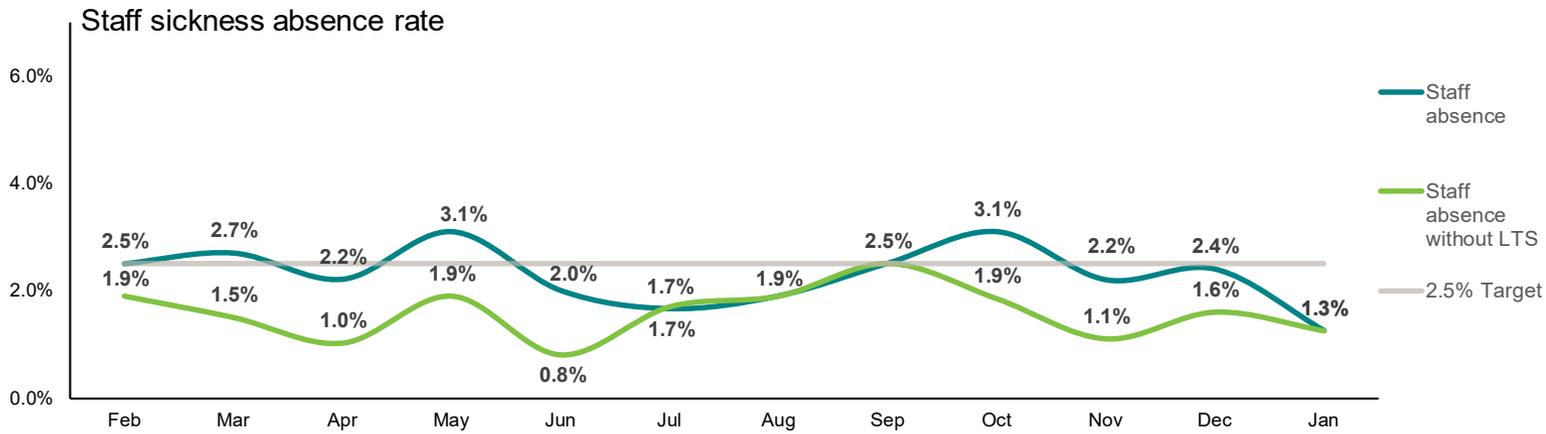
| | |
|---|-----|
| Status: | N/A |
| Comms | |
| Total number of website sessions and users (Internal traffic excluded from October 2023) | |
| Target: not defined | |

The website saw an increase in traffic in line with expected trends after the New Year. CaFC pages saw a rise in engagement following the update.



| | |
|---------------------------------------|-----|
| Status: | N/A |
| Comms | |
| Engagement across social media | |
| Target: not defined | |

In January, our channels returned to usual engagement figures with the exception of Instagram which has a much lower engagement than usual. The top two performing posts across all platforms were the HFEA dashboard data on the number of live births from 1991 to 2023 and the announcement of the Choose a Fertility Clinic updates.



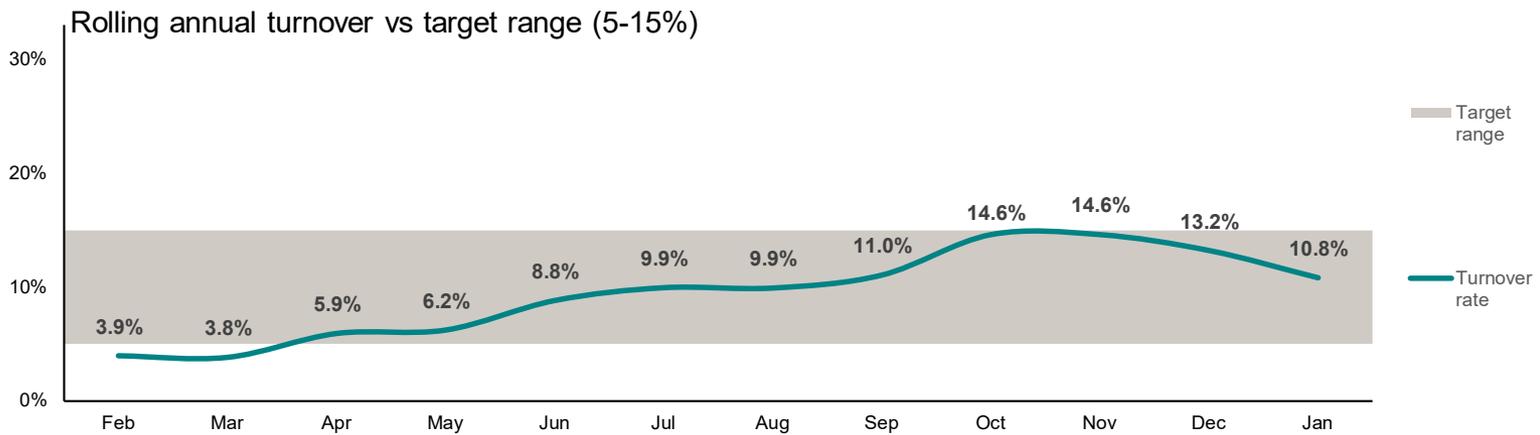
Status: **Green**

HR

Sickness

Target:
Less than or equal to 2.5%

Sickness absence is low at present with no LTS.



Status: **Green**

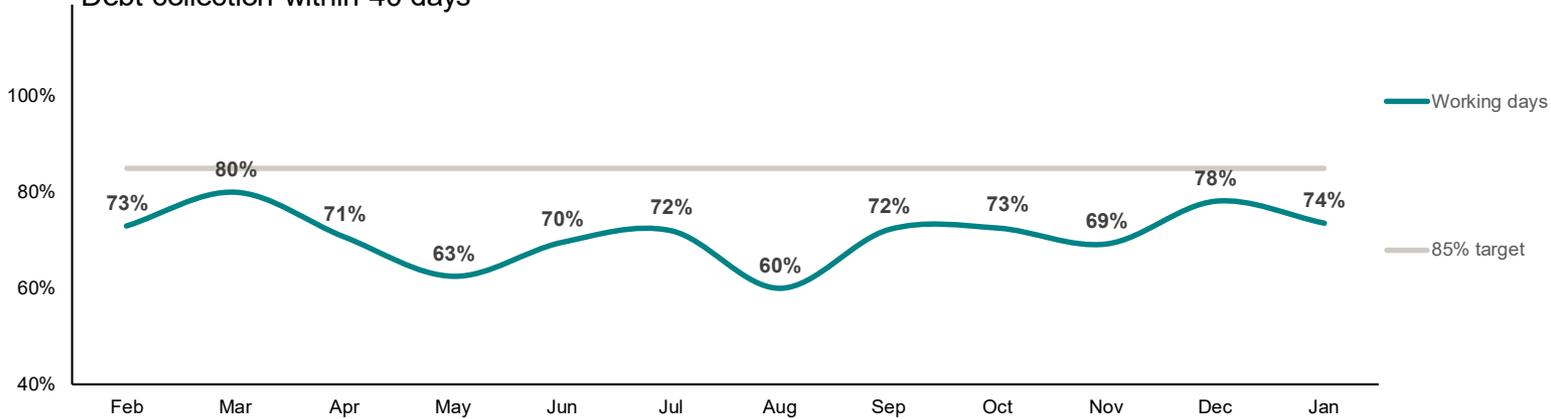
HR

Turnover

Target:
From 5% to 15%

Although we had two leavers in January, they still appear on payroll for most of the month so will appear as leavers in February.
 Supplementary HR data: **Headcount - 87, Budgeted posts - 84, Vacant posts -1, Starters - 2, Leavers - 0.**

Debt collection within 40 days



Status: **Red**

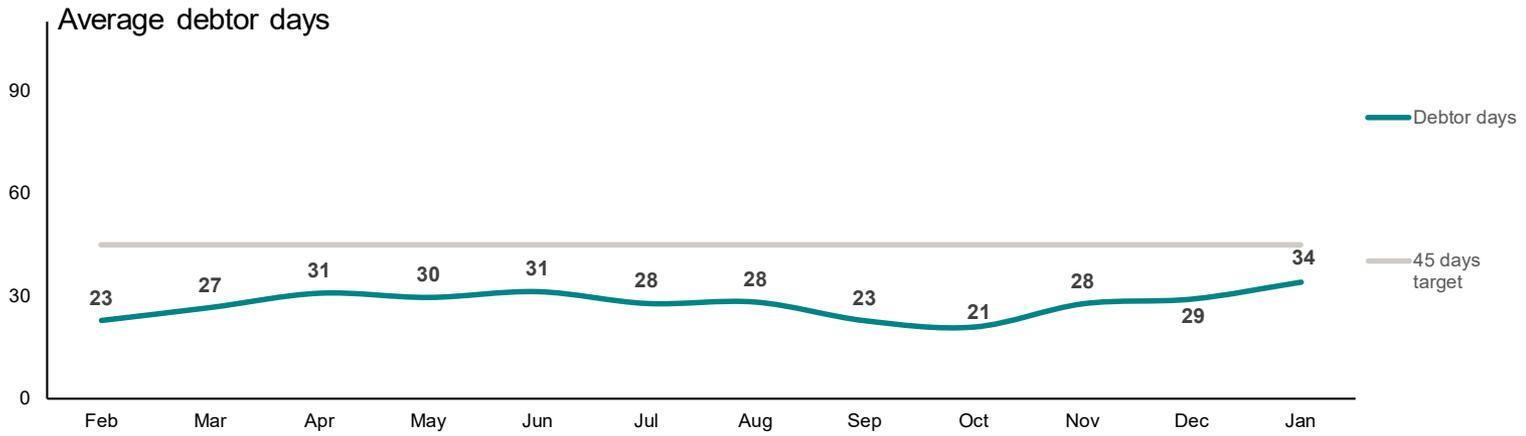
Finance

Debt collection

Target:
85% or more debts collected in the month within 40 days from billing

80 invoices (92%) were paid within 60 days.

Average debtor days



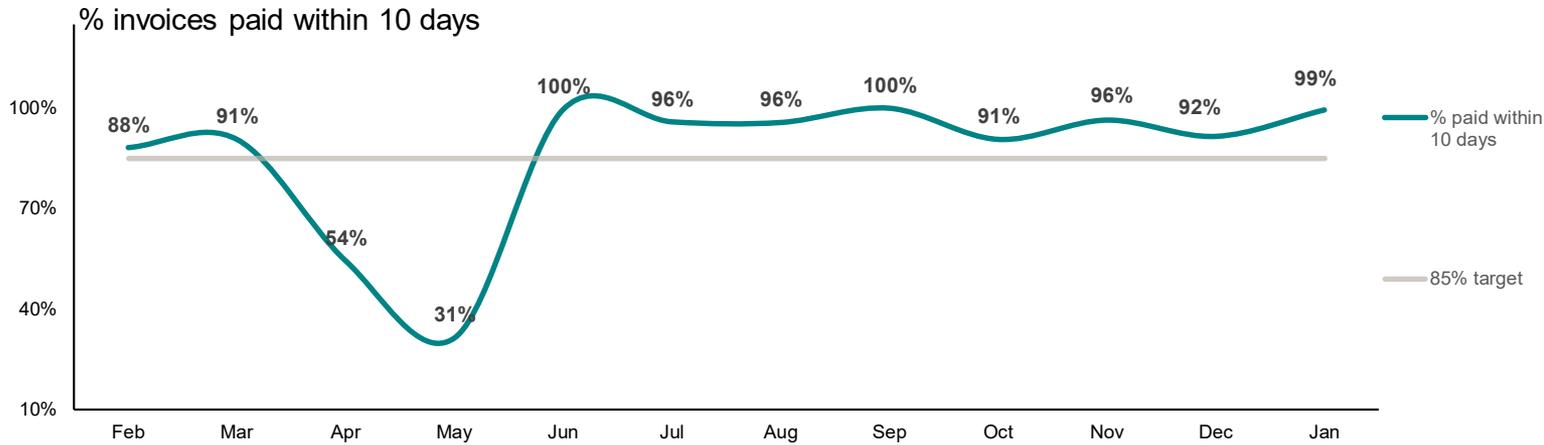
Status: **Green**

Finance

Debtor days

New target from Oct 2024:
45 days or less

The target has been met.



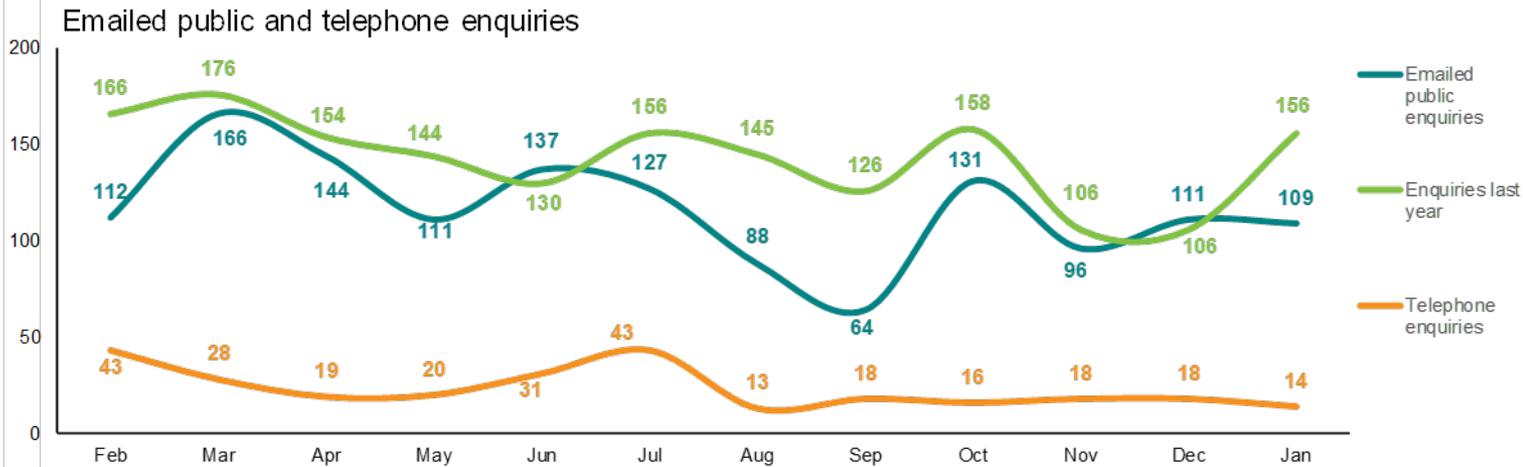
Status: **Green**

Finance

Prompt payment

Target: **85% or more invoices paid within 10 days**

The target has been met.



Status: **N/A**

Comms

Engagement across social media

Target: **not defined**

The enquiries team received 109 enquiries in January 2026 which is slightly lower than the number of enquiries in December 2025. 14 calls were received in January. Themes included Opening The Register (4), Movement of material (national and international) (3), Beginning treatment (1) and Other (5). Out of the 14 calls, ten were categorised as Straightforward and four as Challenging.



Human
Fertilisation &
Embryology
Authority

Finance Report

Ten months to January 2026

Tom Skrinar

Director of Finance, Planning and Technology

11 March 2026

www.hfea.gov.uk

Summary financial position as of 31 January 2026

| Type | Actual YTD £'000s | Budget YTD £'000s | Variance Actual vs Budget £'000s | Forecast Full year £'000s | Budget Full year £'000s | Variance Forecast vs Budget £'000s |
|--------------------------------|----------------------|----------------------|-------------------------------------|------------------------------|----------------------------|---------------------------------------|
| Income | 7,012 | 7,434 | (422) | 8,268 | 8,647 | (379) |
| Expenditure | (7,207) | (7,150) | 57 | (8,773) | (8,647) | (126) |
| Total Surplus/(Deficit) | (195) | 284 | (479) | (505) | 0 | (505) |

Year to date is a deficit against budget of £479k, comprised of a short-fall in income of £422k and an overspend on expenditure of £57k. This is an increase of £112k from Q2. Our income short-fall against budget has also increased by £67k and is largely due to cycles charged at rates lower than the current £100 for IVF (see slide 3).

For the end of year, we are forecasting a deficit against budget £505k, this is a significant increase from Q2 position (increase £69k). A break down of significant variances, can be found on the following pages.

For information and will be included in reports going forward.

Month-end cash balance (M10 January) £3,217,364 (M9 December) £3,159,462

2025/26 Income – YTD 31 January 2026

| Year end | YTD Actual | YTD Budget | Variance | Forecast Full yr | Budget Full yr | Variance |
|-------------------------|--------------|--------------|--------------|------------------|----------------|--------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Income | | | | | | |
| DHSC Funding | 1,075 | 1,075 | 0 | 1,136 | 1,070 | 66 |
| DHSC Funding – non-cash | 193 | 190 | 3 | 229 | 229 | 0 |
| Licence Fees | 5,656 | 6,034 | (378) | 6,803 | 7,186 | (383) |
| Other income | 88 | 135 | (47) | 100 | 162 | (62) |
| Total | 7,012 | 7,434 | (422) | 8,268 | 8,647 | (379) |

INCOME

Year to date, our total income is below budget by 6%. This is a small increase in the short-fall (5.5% at month 9:December).

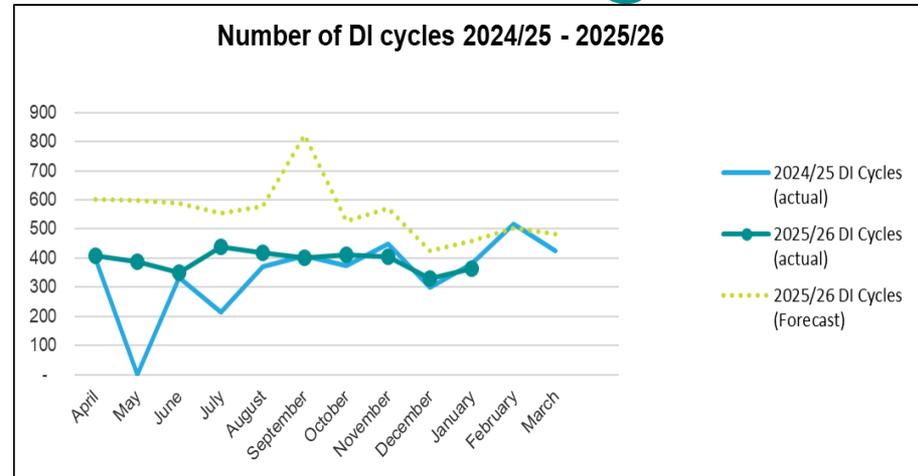
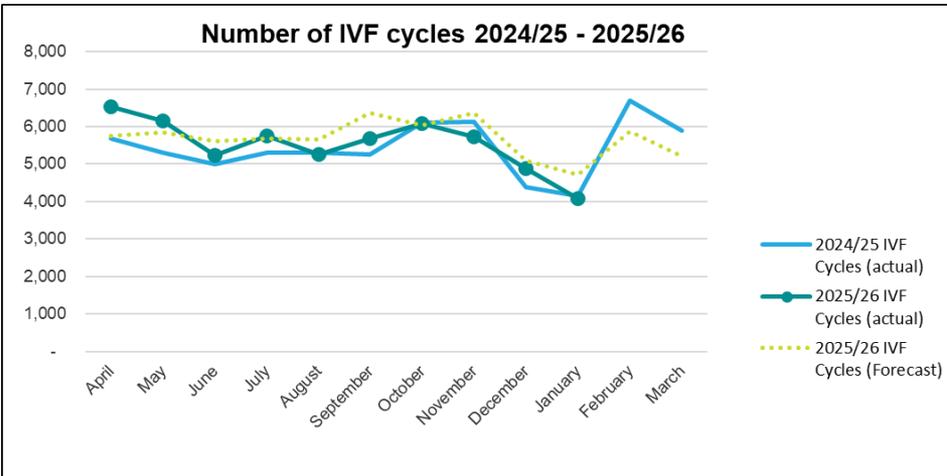
The £66k positive variance within DHSC funding is due to additional funding received from the cyber investment fund for cyber security work being undertaken.

Our treatment/licence fees are below budget by £383k and is due to:

- Budget setting assumption that all cycles would be at £100
- Treatments (bill-able) at rates between £85-£100
- Changes that may have been necessary prior to publication of data on CaFC

Our forecast short-fall for the year has increased from £317k reported in December to £379k, assisted by additional GIA received of £66k.

2025/26 Income - YTD Actual vs Budget



IVF / DI Activity

The above graphs show the volumes of IVF and DI cycles, comparing activity for the 2024/25 and 2025/26 financial years as of January 2026

IVF cycles YTD are 55,408 compared to 52,659 for the same period in 2024/25, with January 2026 activity being 75 cycles lower than January 2025. Total cycles for 2024/25 was 65,252, in order to reach this level, IVF cycles for the remaining 2 months will need to total c9800 cycles which is achievable. However, it should be noted that whilst cycle activity may reach similar levels to 24/25, the income generated is still significantly short against budget for reasons previously shared with the Authority.

DI cycles are forecast to end the year at 4,900 (best case) against 2024/25 at 4,170 cycles. Based on the trend over the last 6 months, monthly cycles are closer to 390 which means we could still end the year higher than 2024/25.

2025/26 Expenditure YTD 31 January 2026

| | YTD Actual | YTD Budget | Variance | Full yr Forecast | Full yr Budget | Variance |
|----------------------------|--------------|--------------|-----------|------------------|----------------|------------|
| | £'000s | £'000s | £'000s | £'000s | £'000s | £'000s |
| Expenditure | | | | | | |
| Salaries/Wages | 5,048 | 5,060 | (12) | 6,137 | 6,072 | 65 |
| Other Staff costs | 154 | 209 | (55) | 196 | 262 | (66) |
| Other costs | 205 | 205 | 0 | 243 | 258 | (15) |
| Project Costs | 603 | 617 | (13) | 660 | 740 | (80) |
| Facilities (estates) costs | 406 | 426 | (20) | 495 | 527 | (32) |
| IT Costs | 531 | 383 | 148 | 657 | 464 | 193 |
| Legal and Professional | 260 | 250 | 10 | 385 | 324 | 61 |
| Total | 7,207 | 7,149 | 57 | 8,773 | 8,647 | 126 |

Variations

Salaries/wages – year-to-date are under budget by £12k, however we are forecasting an overspend of £65k (down from £104k). Small increases in temporary staff costs and a settlement payment not budgeted for are contributing to this overspend.

Other Staff costs – year-to-date are under budget by £55k and are expected to remain below budget as per the forecast (£66k). Significant underspends are within Staff and Inspection travel and subsistence (£23k); recruitment (£17k), staff training (£32k) plus smaller under spends, offsetting this is an overspend (£18k) within Staff Welfare (£18k) relating to job evaluation costs and additional pension testing costs (from payroll bureau).

2025/26 Expenditure continued

- **Other Costs** - are on budget due to delaying spend till 26/27. The forecast underspend of £15k, relates mainly to spend within the Strategy Directorate covering subscriptions and digital communications.
- **Project Costs** – these costs are for the Pheonix project which is ongoing. We are forecasting a (planned) underspend at year end.
- **Facilities (incl estates) costs** – are under budget (£20k) year to date mainly due to non-cash costs which are depreciation/amortisation of assets. We are forecasting a (£32k) underspend as we expect to make accounting adjustments to our rent (lease) at year end which leaves unrecoverable VAT. We are also expecting service charge costs relating to years 2021 to 2024 which were advised of just recently. Based upon our percentage share of costs, these should not be significant.
- **IT Costs** – are overspent against budget by £148k and are forecast to end in an overspend of £193k (£188k at Q2 which is a small increase from that reported in October report).
- **Legal and Professional** – is over budget by £10k and is due to internal and external audit fees higher than expected. As mentioned in previous reports, the internal audit fee increased due to VAT which we were advised of after the budget had been set. Our external auditors (National Audit Office) advised that their fee for 25/26 will be £100k excluding VAT). Whilst we have been accruing for external audit fees of c£55k, we had not planned for this significant increase. This has now been factored into the yearend forecast The forecast for Audit fees total £199k which is against an original budget of £104k.
- Mitigating action has commenced. We have informed the Department via our Finance Business Parter and have requested cover for the short-fall in our income which if received will reduce the overall deficit significantly. It is hoped we will receive confirmation before year end.

Implications of Recent Judgment Relating to Consent

Details about this paper

| | |
|--|-----------------------------------|
| Area(s) of strategy this paper relates to: | Regulating a changing environment |
| Meeting: | Authority |
| Agenda item: | 8 |
| Meeting date: | 11 March 2026 |
| Author: | Rachel Cooper, Head of Legal |
| Annexes | None |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For decision |
| Recommendation: | Members to note the change of policy on unlawful storage driven by the recent High Court decision in AA and Others [2026] and agree communications to the sector |
| Resource implications: | Low |
| Implementation date: | 11 March 2026 |
| Communication(s): | Licensed centres will be advised of the change and other learnings from this case |
| Organisational risk: | Low |

1. Introduction

- 1.1. In late October 2025, a group action was heard in the family division of the High Court. The action was brought by 15 sets of patients, all seeking a declaration that they could continue to store their gametes or embryos even though their consent had expired and had not been renewed within the timeframes required by law. The 82-page judgment was handed down last month ([AA and others - Courts and Tribunals Judiciary](#)).
- 1.2. The Court granted the declaration to 14 of the 15 sets of applicants. The Judge was clear that these cases should not be used as a 'test case', but the judgement has wider implications in respect of how clinics should handle consenting errors including gaps in consent. It also raises other important issues, where the Judge particularly noted the interplay between consent to storage and patients paying for storage.
- 1.3. The Authority is asked to note the proposed future approach to gaps in consent necessitated by the Court's decision in this case.

2. The law on consent to storage

- 2.1. The law prohibits the storage of gametes or embryos without the consent of each of the gamete providers and requires that they are stored in accordance with the terms of the consent provided. If consent has expired or been withdrawn, storage is no longer lawful and the gametes or embryos must be removed from storage and disposed of. It is also a condition of every licence granted by the HFEA that the consent provisions set out in Schedule 3 of the Human Fertilisation and Embryology (HFE) Act 1990 (as amended), are complied with.
- 2.2. Before 1 July 2022, patients could store material for up to 10 years although Regulations made provision to extend storage where the patient was (or was likely to become) prematurely infertile. On 1 July 2022, new legislation came into effect which permitted storage for treatment for up to 55 years for all patients provided the gamete providers renew their consent every 10 years. It also introduced a renewal regime which requires clinics to alert patients when they need to renew consent at several specific stages. Donors can consent to 55 years without having to renew consent.

3. Lapsed consent and gaps in consent - historic approach

- 3.1. Clinics have long struggled with cases where clinics are storing without consent or where gaps in consent are discovered. These situations would often occur due to administrative errors made by the clinic or a lack of clarity by clinics as to the law on consent.
- 3.2. Historically, in cases where patients wished to continue storage (and the statutory storage limit has not yet been reached), the HFEA tried to find a way to resolve the issue where possible without requiring the disposal of the gametes or embryos.
- 3.3. In 2019, the Authority agreed to allow storage to continue despite gaps in consent. It was however noted in the Authority paper <https://www.hfea.gov.uk/media/2994/november-2019-authority-papers.pdf>, that this option applied a generous interpretation of the law with the aim

of reducing the likelihood of the patient having to go to court and that clinics that have storage consent cases will still face regulatory action.

- 3.4.** The 2019 Authority decision was made on the basis of the pre-2022 law and crucially it was decided recognising that this interpretation of the law had not been tested by a court (see para 11.7 at <https://www.hfea.gov.uk/media/3070/november-2019-authority-minutes.pdf>).

4. AA and Others - the Decision

- 4.1.** The applicants in the AA litigation had missed the deadline to update their consent for various reasons. In some cases, patients had not been sent statutory notices by clinics in the timeframe required by the law (or at all). In other cases, they had been sent these notices but had not received them or did not understand their significance (confusion between updating payment to storage and consent to storage was a common theme). There were cases where consent had expired years ago (before the 2022 law change) and others whose consent expired more recently, even after the transitional period (ie after June 2024). In some cases, the patients should have been identified as prematurely infertile and offered the opportunity to extend consent to storage and other cases where this was done but an administrative error meant that the extension was invalid. In short, whilst lapsed consent was a common thread for all the applicants, the facts were quite different in each case.
- 4.2.** The relevant clinics, the HFEA and the Secretary of State for the Department of Health and Social Care (the "SSHSC") were all interested parties in this litigation and both the HFEA and SSHSC made written and oral submissions to the Court.
- 4.3.** The HFEA did not oppose any of the declarations sought and considered that it was open to the court to grant relief in each case. However, the Judge considered the relevant provisions of the law and concluded that it was "a strict scheme permitting of no exceptions. If there is to be relief, it can only be outside the scheme by reading in provisions to allow renewed consent". Therefore, the only avenue open to the Court was to consider the facts of each individual case to ascertain whether the patients, on the very particular facts of their case, were given a fair and reasonable opportunity to renew consent. Where it was found they had not been given such an opportunity, the Court relied on section 3 of the Human Rights Act to read into the legislation an opportunity to renew consent in order to prevent a breach of the patient's Article 8 rights (right to respect for private and family life).
- 4.4.** Mrs Justice Morgan emphasised that the approach adopted by the court was not a "blanket approach" and specifically considered whether it would be right to go on to identify that there are categories of case or circumstance in which such relief should be available and categories where it should not.

"I have, however, drawn back from that approach. I recognise that there may be cases in which there is a similarity to the particular circumstances which bring them to the court, and that those circumstances may be especially compelling, but that is, as I see it a matter of the strength and persuasiveness of the evidence in each particular case rather than a reason to create artificially a category within which to place applications. That the relief may be available does not mean that it is on all occasions to be granted. I accept Mr Hyam's point that the Court should hold in mind that a broad and general approach may give rise to the potential for a floodgates situation".

5. Implications

- 5.1.** AA and Others was the first case of its kind. Whilst there have been many cases about posthumous storage where consent for that purpose was not in place, this is the first time that the Court has had to consider lapsed consent where patients are alive and expressing a clear wish to continue to store their gametes or embryos.
- 5.2.** The Court concluded that the law does not permit consent to be given outside of the required timeframes and in light of this unambiguous approach, the HFEA is no longer able to maintain the previous position on gaps in consent that was agreed in 2019.
- 5.3.** As such, where there are gaps in consent or consent has lapsed but the patient(s) wishes to continue storing their gametes or embryos, their only option will be to seek a Court declaration to that effect. The court will consider the facts of their case and decide whether it would be appropriate to grant the relief on a case-by-case basis. The only other option would be for the patient to apply to the SAC for a special direction to export the material to a clinic outside the UK although this would incur further costs of having treatment abroad and could present risks to the embryo(s) during transportation.
- 5.4.** This approach will make it harder, longer and potentially more expensive for patients to continue storage after errors in consent have occurred and this is not the result we wanted or advocated for. However, we have a statutory duty to promote compliance with the law and this case has provided clarity on the boundaries of what the law permits.
- 5.5.** We will be issuing a statement to the sector to highlight this case and the approach to gaps in consent going forward and will also be reinforcing the need for clinics to be clear about the law on consent and their obligations in terms of the renewal process as well as general bring-forward systems and policies.
- 5.6.** We will also be communicating with the sector to highlight other learnings from this case, both the practices which led to consenting errors but also the good practice by some of the clinics involved which, despite making errors, were upfront about their mistakes and supported their patient(s) in getting the application sought, including through funding the litigation on the patient's behalf. This will include concerns raised in the judgment about the "lack of joined up thinking" within many clinics between the storage consent and payment for storage functions.

6. For Decision

- 6.1.** The Authority is asked to note the implications of the case above, specifically the position on lapsed consent and gaps in consent, and agree the planned actions to communicate this to the sector.

Business Plan activities 2026-27

Details about this paper

| | |
|---|---|
| Area(s) of strategy this paper relates to: | Whole strategy 2025-2028: <ul style="list-style-type: none"> • Regulating a changing environment • Supporting scientific and medical innovation |
| Meeting: | Authority |
| Agenda item: | 9 |
| Meeting date: | 11 March 2026 |
| Author: | Sophie Tuhey, Head of Planning and Governance |
| Annexes | Annex 1: Business Plan activities 2026-27 |

Output from this paper

| | |
|-------------------------------------|---|
| For information or decision? | For decision |
| Recommendation: | The Authority is asked to approve the main activities of the Business Plan for 2026-27, to be included in the published Business Plan |
| Resource implications: | In budget |
| Implementation date: | 1 April 2026 – 31 March 2027 |
| Communication(s): | HFEA website |
| Organisational risk: | Low |

1. Introduction

- 1.1. Business Plan activities for 2026-27 have been developed following engagement with Authority members and the Corporate Management Group (CMG).
- 1.2. The 2026-27 Business Plan represents the second year of the HFEA's [strategy for 2025-28](#). Business Plan activities have been developed with a view to implementing the strategic aims and objectives over this three-year period.
- 1.3. The 2026-27 Business Plan will be drafted in full in the coming weeks and submitted to the Department of Health and Social Care (DHSC) for approval in April 2026 (on request).
- 1.4. The sections to be produced during March and early April are:
 - standard material about our role, our strategy, and our legislation
 - update on delivery of the current (2025-26) Business Plan priorities
 - financial information and budget
 - other information required under business planning guidance
- 1.5. Once the Business Plan (incorporating our budget) is approved by the DHSC, it will be published on the HFEA website.

2. Priority activities for 2026-27

- 2.1. Members are asked to approve the priority activities outlined in Annex 1.
- 2.2. Activities shown include 'business-as-usual' (BAU) activities for the HFEA, which use most of our resources, as well as activities that will take place in addition to BAU.
- 2.3. Activities are outlined against the seven strategic objectives in our three-year [strategy for 2025-28](#).
- 2.4. The proposed priority activities have been drafted on the assumption that if the Government brings forward law reform proposals then some of the priority activities would be dropped to free up staff capacity as needed.

3. Recommendation

- 3.1. Authority members are asked to approve the Business Plan activities for 2026-27, as outlined in Annex A.
- 3.2. Further development of the Business Plan and confirmation of our budget will follow, and Department colleagues will review the Business Plan prior to publication.

Annex A: Business Plan activities 2026-27

Regulating a changing environment

| Strategic objective | BAU activities | Additional activities |
|--|--|--|
| <p>Strategic objective 1 To effectively regulate a changing fertility sector</p> | <ul style="list-style-type: none"> Delivering the HFEA’s licensing and appeals function, supporting the committees that make the decisions to grant licences to centres or authorise genetic testing. Ensuring quality and safety in clinics that offer licensed fertility treatments, including compliance with all regulatory requirements, through inspections at licensed centred every two years. Set standards for clinics through our Code of Practice, consent forms and associated guidance. | <ul style="list-style-type: none"> Completion of the Phoenix programme, to replace our inspection and licensing database (Epicentre) and our information storage system with SharePoint. Review of the HFEA licence fees. Support DHSC to recruit a new Chair and Authority Members to ensure a smooth transition following the conclusion of current Authority members’ terms. Begin to look at how to build on our risk-based inspections and how our tools could be applied to a changing fertility sector. |
| <p>Strategic objective 2 To continue to increase the availability and benefit of our data for patients, clinics and researchers</p> | <ul style="list-style-type: none"> Maintaining the HFEA Choose a Fertility Clinic tool. Maintaining the HFEA Register of information. Our annual statistical release, <i>Fertility Trends</i>, and annual publication on our regulatory work: <i>The Fertility Sector</i>. Responding to research requests through the Register Research Panel. Responding to Freedom of Information requests, in line with statutory obligations. | <ul style="list-style-type: none"> Post PRISM (Patient Register Information System) review of data collection. Develop plans for improving the use of data across the HFEA Continue improvements to the HFEA website. Begin a review of presentation of data on the HFEA website including inspection and patient ratings. |

Strategic objective 1
To ensure that the HFEA responds well to issues related to patient safety

- Advance our Data Security and Protection Improvement Plan in line with the National Cyber Security Centre's (NCSC) Cyber Assessment Framework (CAF), in order to strengthen cyber security and information governance.
- Development of a 5-Year PRISM roadmap, outlining key milestones and strategic priorities for system enhancement and patient data management.

Strategic objective 3
To ensure that the HFEA responds well to issues related to donation

- Responding to requests for information from donor-conceived people, their parents and donors through our Opening the Register (OTR) service.
- Consider a wider approach to donation-related issues, working with the fertility sector and others.

Strategic objective 4
To make a difference on issues that matter to patients

- Providing impartial, accurate information about IVF, clinics and other fertility treatments on our website, social media channels and through our patient enquiries team.
- Facilitating the HFEA Patient Engagement Forum to gather views and feedback from people with lived experience of fertility treatment to help shape our work and the information we produce.
- Review our Corporate Complaints Policy and Procedure, to ensure it is clear, accessible, and easy to follow for patients who wish to raise a concern or make a complaint to the HFEA.
- Potential recruitment for a new Patient Engagement Forum cohort.

Supporting scientific and medical innovation

| Strategic objective | BAU activities | Additional activities |
|---|---|---|
| <p>Strategic objective 5 To ensure the safe regulation of emerging new science and technology under a clear ethical framework</p> | <ul style="list-style-type: none"> Consider advances in science and clinical practice which are relevant to the HFEA’s work through the Scientific and Clinical Advances Advisory Committee (SCAAC). | <ul style="list-style-type: none"> Work on genetic testing guidance. |
| <p>Strategic objective 6 To prepare for the ways in which AI and its future potential is likely to impact on the sector and the HFEA</p> | <ul style="list-style-type: none"> Advance our Data Security and Protection Improvement Plan in line with the National Cyber Security Centre’s (NCSC) Cyber Assessment Framework (CAF), in order to strengthen cyber security and information governance. Continue to monitor developments in the use of AI technologies across the fertility sector through our horizon scanning function and through SCAAC. | <ul style="list-style-type: none"> Digital improvements and business efficiencies. |
| <p>Strategic objective 7 To inform and advise Government in relation to new developments and their regulation</p> | <ul style="list-style-type: none"> Respond to any Parliamentary Questions (PQs). | <ul style="list-style-type: none"> Implement the new European Regulation on standards of quality and safety for substances of human origin intended for human application (the SoHO Regulation) for clinics in Northern Ireland. Engage and respond to any recommendations from the Women and Equalities Committee (WEC) inquiry into egg and embryo donation and freezing. |

2026/27 Budget proposal - update

Details about this paper

| | |
|--|---|
| Area(s) of strategy this paper relates to: | Whole Strategy |
| Meeting: | Authority |
| Agenda item: | 10 |
| Meeting date: | 11 March 2026 |
| Author: | Tom Skrinar, Director of Finance, Planning and Technology |
| Annexes | n/a |

Output from this paper

| | |
|------------------------------|--|
| For information or decision? | For information |
| Recommendation: | To note the current position regarding our expected 2026/27 GIA settlement, and our final draft budget for the year |
| Resource implications: | Budget and fee requirements for 2026/27 |
| Implementation date: | 1 April 2026 |
| Communication(s): | Clinics have already been informed of a significant increase to fees in 2026/27 (between £115 and £120 for IVF). Subject to final budget agreements and HM Treasury sign off, Licensed Centres will be advised of 2026/27 confirmed fee values by 31 March 2026. |
| Organisational risk: | High |

1. Introduction

- 1.1.** At the November 2025 Authority meeting we proposed a planned 2026/27 expenditure budget of £9.1m that would require sectoral fees to be set at either £115 or £120 for IVF and at £45 for DI, subject to our Grant in Aid (GIA) funding settlement from DHSC.
- 1.2.** In late January, we received sufficient confidence as to the size of our GIA allocation from the Department in 2026/27 to allow us to finalise our budget and fee requirement, which this paper presents. To note, the revised budget is now at £9.2m, as it includes additional investment funding from DHSC.

2. The HFEA's GIA settlement for 2026/27

- 2.1.** The HFEA received an indicative settlement in Autumn 2025, shown in Table 1 below, as an outcome to the Spending Review process that ran in early 2025. By 'indicative', we mean that the values are subject to the Department's annual business planning rounds and can change significantly, depending on broader financial pressures across the health family. This year's process is not due to complete until March, but DHSC colleagues have indicated that our final settlement for 2026/27 is very unlikely to change from the one indicated below, although we have not yet received our formal delegated budget. We are sufficiently comfortable to plan on this basis and finalise our budget for the new year.
- 2.2.** As the funding is at the upper end of what we were expecting, we are able to set our fees at the lower end of the scale indicated in November (i.e. at £115 per IVF transfer, rather than £120). We are currently starting discussions with HMT to gain approval for this fee increase as required by the Act. We have already informed clinics that we will raise fees in 2026/27 to either £115 or £120. As soon as we have approval from HMT/DHSC, we will send formal notice to clinics about the actual increase which will come into effect from 1 April.

Table 1: Grant in Aid funding (excluding non-cash)

| HFEA | 2025/26 | 2026/27 | 2027/28 | 2028/29 |
|------------|---------|---------|---------|---------|
| RDEL Admin | £739k | £739k | £739k | £739k |
| RDEL Prog | £331k | £327k | £272k | £222k |

3. HFEA core spend – RDEL Admin

- 3.1.** Admin funding generally covers core, recurrent public sector costs that do not directly relate to front-line services. For the HFEA, as we charge fees to the fertility sector to cover the majority of the cost of regulation, our RDEL admin settlement generally covers ongoing areas of spend that we cannot charge for, such as for the Opening the Register service. In 2025/26, the Department also rolled over our Phoenix IT development funding to our Admin budget, with the intention to remove the need to make temporary fee increases to manage significant ad hoc spending requirements. Additionally, we expect to use some GIA in this financial year to cover the shortfall in our fee income due to inherent variability.

3.2. As can be seen in Table 1 above, the RDEL admin allocation for 2026/27 is a basic continuation of our 2025/26 budget, which covers OTR and the cost of the Phoenix development as well as some income shortfall. Our RDEL Admin for 2026/27 will cover the same kinds of costs, including the final costs of delivering Phoenix and upgrading our IT infrastructure and maintaining some contingency budget for additional costs or income shortfalls.

4. RDEL Programme allocation

4.1. In addition to RDEL Admin funding, we bid for Programme funding at the Spending Review in 2025. Programme funding is generally non-recurrent funding that focusses on improvement and development work. Our SR bid covered a number of areas that we felt would benefit from investment (see Table 2 below). This funding should augment our business plan.

4.2. We have not yet allocated all of this budget, though there is certainly scope for us to invest in all of the areas identified below and potentially in other areas. We have already committed some expenditure, but we will undertake further work to develop plans to make best use of the rest. We expect to be extremely busy in 2026/27; therefore it is our capacity to oversee and manage effective investment that will determine the extent of work that we can do. We will take a longer-term view and will return any funds we are not able to use in 2026/27 to the Department as early as we can, then aim to deliver further improvements in future years.

Table 2: Allocation of Programme budget 2026/27, as at beginning March 2026

| Area of spend | Allocated budget (£) | Note |
|---|----------------------|---|
| Cyber | <i>TBC</i> | Will driven by externally supported cyber strategy development. A key priority area for investment. |
| Information Governance and Records Management | 44,000 | Additional fixed term resource to support IG improvements |
| Finance system | <i>TBC</i> | Will need to commence once Phoenix has completed, though not urgent. |
| Dynamics development and improvements | 46,000 | This covers some of the final Dynamics costs. We will also identify further areas of investment over the coming years to develop business improvements in new IT systems, including AI. |
| Website - pays for content manager | 50,000 | Additional fixed term resource to support website improvements. Possible additional opportunities. |
| Total allocated | 140,000 | |
| Programme budget | 327,000 | |
| <i>Remaining to be allocated</i> | <i>187,000</i> | |

5. Overall budget position for 2026/27 as at March 2026

5.1. Our expected income position for 2026/7 is shown in Table 3 below. To note:

- As outlined above, we have only drawn down RDEL Programme funding where we have identified concrete investment plans – we will draw down more as we develop further plans (and therefore increase our forecast expenditure).

- Our IVF fee income assumes that a proportion (5%) of submitted clinic activity will relate to prior years and therefore will be charged at a historic rate. Total activity of 68,000 remains our best forecast for 2026/27.

Table 3: Income Budget/Forecast 2026/27

| Income type | Vol | Rate (£) | Total (£) |
|---------------------|--------|----------|------------------|
| GIA – RDEL Admin | | | 739,000 |
| GIA – RDEL Prog | | | 140,000 |
| GIA – Noncash | | | 195,000 |
| IVF Fees (5%) | 3,400 | 100 | 340,000 |
| IVF Fees (95%) | 64,600 | 115 | 7,429,000 |
| DI Fees | 6,000 | 45 | 270,000 |
| Other Fees | | | 25,000 |
| Bank Interest | | | 90,000 |
| Total Income | | | 9,228,000 |

5.2. The income outlined above covers our core expenditure plans for the coming year, including the delivery of our business plan, as well as some improvement investment. Below is our final draft budget and headcount for 2026/27 and a comparison to 2025/26.

Table 4: Budgeted expenditure 2026/27, compared to 2025/26

| Expenditure | 2025-26 | 2026-27 | Growth | 2025-26 | 2026-27 | Growth |
|-------------------------------|-------------------------|--------------|-----------|--------------|--------------|-----------|
| | (Forecast) ¹ | (Budget) | | (Budget) | (Budget) | |
| | £000's | £000's | | £000's | £000's | |
| Salaries & Wages | 5,967 | 6,441 | 8% | 5,911 | 6,441 | 9% |
| Other Staff costs | 128 | 359 | 180% | 206 | 359 | 74% |
| Audit and Inspection costs | 221 | 191 | -14% | 192 | 191 | -1% |
| IT and Office costs | 656 | 713 | 9% | 464 | 713 | 54% |
| Legal Fees | 187 | 262 | 40% | 220 | 262 | 19% |
| Authority & Committee costs | 209 | 248 | 19% | 212 | 248 | 17% |
| Communication costs | 52 | 92 | 77% | 77 | 92 | 19% |
| Finance & Facilities | 301 | 288 | -4% | 293 | 288 | -2% |
| Professional Fees | 199 | 165 | -17% | 104 | 165 | 59% |
| Current projects - Phoenix | 660 | 214 | -68% | 740 | 214 | -71% |
| Future projects / contingency | 0 | 60 | 0% | 0 | 60 | 0% |
| Non-cash | 193 | 195 | 1% | 229 | 195 | -15% |
| TOTAL(S) | 8,773 | 9,228 | 5% | 8,648 | 9,228 | 7% |

¹ This is the position as at the end of January

| | 2025-26 (Forecast) | 2025-26 (Budget) | Growth | 2026-27 (Budget) | 2025-26 (Budget) | Growth |
|------------------------------|-----------------------|---------------------|--------|---------------------|---------------------|--------|
| | # | # | | # | # | |
| Headcount² | 86 | 88 | -2% | 92 | 88 | 5% |

5.3. As a reminder, the 7% increase in budgeted costs from 2025/26 takes into account inflation and general price increases, as well as additionally:

- Our staff costs have increased due to the need to cover maternity leave using fixed term contractors. We also expect to bring some currently out-sourced IT resource in-house.
- Other staff costs includes a 3.3% pot to cover potential pay awards.
- IT costs reflect the detailed review undertaken in the autumn of 2025 and a more accurate reflection of expected costs and how they will change post-Phoenix.
- Professional fees reflect the increase in the external audit fee (£55k in 2024/25 to £100k in 2025//26).
- After lengthy engagement with our IT development partner, we have released additional funds to cover a further 2-3 months' worth of work to finalise Dynamics development, predominantly focusing on inspections and go-live, to run alongside previously planned SharePoint migration work (we do not expect this additional work to necessarily delay the planned go live in July). The budget includes a certain amount of contingency, with any underspends being recycled back into programme budgets.
- Our income in 2025/26 was lower than originally forecast and insufficient to cover our actual costs.

6. Conclusion

6.1. Between our grant in aid settlement and the increase in fees, we should be in a much healthier financial position in 2026/27 than in 2025/26, allowing us to manage a busy business plan as well as investing in some improvements, including to our IT, our Information Governance and Security and our website.

6.2. Our Programme budget is extremely welcome, but we want to make sure that we make the most of it, therefore we will develop pragmatic plans to provide quality outcomes that will be deliverable alongside the rest of our business plan activities.

² 2026/27 headcount includes 10 staff on fixed term contracts