UK Health Security Agency

UKHSA Annual Report and Accounts 2024-25

HC 1573

UK Health Security Agency

Annual Report and Accounts 2024-25

For the year ending 31 March 2025

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About UK Health Security Agency

UK Health Security Agency (UKHSA) prevents, prepares for and responds to infectious diseases, and environmental hazards, to keep all our communities safe, save lives and protect livelihoods. We provide scientific and operational leadership, working with local, national and international partners to protect the public's health and build the nation's health security capability.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care (DHSC).

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Chair's Report

Welcome to UKHSA's annual report covering the period from 1 April 2024 to 31 March 2025, the third full year of the Agency's existence. The year was one of continued high levels of activity across a wide range of disease outbreaks and other health incidents. Internally, the year saw progressive organisational maturity, effectiveness and efficiency. The latter included the reduction of 13% in senior leadership roles and a slimmed down executive committee which contributed to better and quicker decision making with greater empowerment and accountability.

The change of Government during the year led to UKHSA being positioned with key roles in the health and growth missions, the latter through its role in protecting the economy and contributing to the life sciences sector.

The year continued to demonstrate the breadth of the agency's activity including taking the lead role in containing the significant measles outbreak and surveillance of the H5N1 avian flu pathogen, as well as being part of the response to the Southport civil

unrest and the North Sea tanker collision. We have continued to build our capability including the launch of the diagnostic accelerator, the priority pathogens analysis, and breakthroughs in metagenomics. Post the year end the Government has committed to building the much-needed replacement high containment laboratories and related infrastructure at Harlow. The new facilities will not go live before the mid-2030s. All of this was achieved while the senior team were extensively involved in preparing materials for, and appearing as witnesses in, the ongoing Covid Public Inquiry.

Vaccination rates continued to fall and remain one of the major challenges to public health, further accentuating health inequalities. However, the year saw the significant launch of the first RSV vaccine which reduced cases by 30% in its first year.

We continued to make strong progress on our financial controls. Expenditure ended the year within 1% of budget, meeting the Treasury standard.

Around the end of the year we also saw 3 significant changes to the executive team. Dyfed Alsop joined as Chief Operating Officer and Deputy Chief Executive; Isabel Oliver moved on from her role as Chief Scientific Officer to become Chief Medical Officer for Wales; and of most significance, Jenny Harries retired as our first Chief Executive Officer at the end of May this year. I am delighted

that Susan Hopkins has been appointed as Jenny's successor and that Robin May has joined us as the Interim Chief Scientific Officer for a 12-month period.

2025-26 will be a year of transition for UKHSA. We have new leadership, an evolving remit, will be creating our next 3-year strategy, furthering our multiple external collaborations with academia, peer organisations and the private sector, building on existing developments in AI and technological modernisation, as well as playing a central role in the Pegasus pandemic readiness exercise. Susan joins against a background of falling vaccination rates, resurgence of old diseases such as measles, new disease threats from climate change and human mobility, and a more unstable geopolitical context. Technology is also opening up new areas of opportunity. Together, this requires UKHSA to step up in its role and effectiveness.

The Board meets in public 6 times each year, rotating the venue between London and UKHSA's regional offices and laboratories. Its agenda covers routine updates, new strategic topics, a structured approach to performance overviews and workshop-style longer discussions. Our committees cover Audit & Risk, People & Culture, Science & Research and Equalities, Ethics and Communities. The board and each of its

committees continues to be assessed as highly effective.

It continues to be a privilege to chair UKHSA. I would like to set on record my thanks to the many and varied teams across UKHSA for their sustained commitment, excellence, adaptability and resilience in keeping the country safe. I would also thank my board colleagues who bring a wide variety of perspectives and engagement styles. Special thanks to Isabel and Jenny for all they have achieved. Their legacy is the continued good health of the agency and its growing role in health and the economy. To Jenny as UKHSA's first CEO who led UKHSA though its creation, transformation and progressive maturity, I wish her all health and happiness for the future. I and the Board will do all we can to support Susan and her team in the next phase of UKHSA's evolution.

Ian Peters

Chair, UK Health Security Agency

Chief Executive's Report

Welcome to UKHSA's annual report and accounts for the 2024-25 financial year.

This marks my first annual report and accounts as Chief Executive, and I am both proud and optimistic about the collective efforts across UKHSA over the past financial year. Across UKHSA, our teams have continued to demonstrate professionalism, scientific excellence and commitment to public service during a period of change.

We have seen significant changes in our senior leadership. We bid farewell to our founding Chief Executive, Dame Jenny Harries, on her retirement, and to Professor Isabel Oliver, who has taken up the role of Chief Medical Officer for Wales. We also welcomed Dyfed Alsop as our new Chief Operating Officer and Deputy Chief Executive, bringing valuable experience in operational delivery and organisational transformation. I am also delighted that Professor Robin May and Dr Shona Arora have joined us in an interim capacity to support the leadership team as Chief Scientific Officer and Chief Medical Advisor respectively.

This new leadership team brings fresh energy and perspectives to UKHSA's mission; to be a

powerful force for health protection. Following the recent Spending Review, we are working closely with the Department of Health and Social Care to finalise our funding settlement, which will underpin our strategic direction for the next 3 years. I am confident that through deepening partnerships with industry and academia, and by continuing to build on our internationally recognised scientific expertise, UKHSA will contribute not only to national health security but also to the UK's economic growth and resilience.

The year has also been one of transition and consolidation. We completed a restructure of our senior leadership, reducing the size of the team to streamline decision-making and strengthen diversity and leadership capability across the agency. These changes are helping us build a more agile, inclusive organisation that reflects the people we serve and can act quickly when public health is at risk.

Amid this change, our focus never wavered. We continued to protect the UK from health threats, both familiar and emerging. A key challenge this year was the resurgence of measles, with 2,911 confirmed cases in 2024 - the highest annual total since 2012, concentrated in Birmingham, the Northwest and London. Falling vaccination rates over the last decade have left thousands of children vulnerable. Working alongside NHS England, we

delivered the second phase of a national campaign to raise awareness and increase uptake of key vaccines, including MMR. Early signs of progress - with coverage for the 6-in-1 and MMR vaccines stabilising, HPV vaccines in our teenagers and maternal pertussis vaccines beginning to rise again. This shows that reversing these trends is possible with evidence-based interventions, sustained effort and robust evaluation by UKHSA.

We have also strengthened the nation's preparedness for new and emerging health threats. UKHSA continues to monitor avian influenza and other zoonotic risks through advanced genomic surveillance.

This year we secured 5 million doses of the H5 influenza vaccine, manufactured in the UK, enhancing our pandemic readiness and national resilience. We provided the evidence to introduce 2 new vaccines in July 2025 to combat sexually transmitted infections, gonorrhoea and mpox. We also welcomed the opening of Moderna's new vaccine manufacturing facility at Harwell - an important milestone in building secure, onshore vaccine capability for future pandemics.

We published the second iteration of the Adverse Weather and Health plan in March 2025 and our Weather-Health Alerting system, jointly run in partnership with the Met Office now has over 43,000 active subscribers and provided active

health messages during the warm weather periods over the Summer.

Innovation remains at the heart of UKHSA's work. We published our first national priority pathogen list to guide research investment and expanded our capacity for metagenomics and data sharing. The launch of mSCAPE was a world-first initiative for rapid pathogen detection within the health system and with UKHSA integrating this data to improve surveillance. We have developed an integrated Enterprise Data Analysis Platform, Secure by Design and Safer Cyber to modernise our data and technology infrastructure.

The Government has demonstrated their commitment to our mission with their funding and approval to proceed with the development of UKHSA's new headquarters and state-of-the-art laboratory facility in Harlow, Essex. The Harlow site will form part of the Government's National Biosecurity Centre network and will become home to the majority of our our staff. It will integrate cutting edge laboratory research on high consequence pathogens with national reference laboratories and the co-location of our specialist epidemiologists, data scientists, modelers and health economics to optimise collaboration and cross specialty fertilisation. This investment in the UK's biosecurity infrastructure is a powerful statement of intent. It will ensure that we can better

protect the public from future health emergencies and strengthen the UK's position as a world leader in health security for the next 50 years.

As we enter the final year of our current strategy, we are already looking ahead. New health threats are emerging, including vector-borne diseases with pathogens such as West Nile virus, recently detected in UK mosquitoes. Meanwhile, long-standing challenges persist: tuberculosis incidence is rising, we are not yet on track to meet our 2025 HIV transmission reduction targets and antimicrobial resistance continues to emerge and spread in our healthcare facilities. These issues remind us that progress is never permanent - it must be maintained through vigilance, collaboration, and sustained investment and with focused prioritisation on disease areas where there is cost effective evidence-based interventions or greatest health impact.

Despite these challenges, I remain deeply optimistic. UKHSA's strength lies in its people, delivering 24/7 through their expertise, reliability, and shared commitment to protecting lives. Working together across government, the NHS, local authorities, academia, and industry, we have the knowledge and partnerships needed to meet the threats of tomorrow.

Our mission is clear: to protect people and the country from health threats. With focus, collaboration, and ambition, we will continue to deliver on that mission for the public we serve

Susan Hopkins

Chief Executive, UK Health Security Agency

About us

This section provides an overview of UKHSA. It includes details on our purpose and goals as well as the activities of the agency.

Our purpose

UKHSA's mission is to prepare for, prevent and respond to health threats, save lives, and protect livelihoods.

We provide health security to the nation through effective prevention, preparation and response, based on our scientific and public health expertise.

Our activity ranges from preventing infections through cutting-edge surveillance, to working with industry and academia to co-develop new vaccines and diagnostics and partner with the NHS to ensure antibiotics keep working. As a core health protection emergency responder, we worked on close to 15,000 health protection situations in 2024-25 and helped to prevent many more. Our work is local, regional, national and global.

Through addressing health threats, we aim to create a safe and prosperous society.

Our work directly protects the health and lives of the public, whilst reducing demand on the NHS and our public services. We contribute to the economy, help grow the UK life sciences sector

through innovative commercial and academic partnerships, drive health protection science globally, and play a vital part in ensuring our national security.

Our goals

Our work is driven by our 3 goals, underpinned by our commitment to achieve fairer and more equitable health outcomes for all.

UKHSA aims to ensure that the country is prepared for, and when feasible can prevent, future health security hazards. We maintain world leading clinical and scientific expertise to ensure UK government's understanding of health threats and risks; develop the right evidence, insight and tools to best protect against them; and have the right tested response plans in place to protect the population. We prevent harms through specialist guidance and evidence to support effective interventions and limit exposure, and through the critical role we play in all stages of the vaccine cycle from development to delivery.

UKHSA protects people from health threats every day, responding to around 15,000 situations per year. We deliver agile, rapid, evidence-based responses at a local, national and international level, minimising the impact of these incidents and providing specialist advice. We respond to infectious disease outbreaks, health security incidents, and ongoing health security threats such as mpox and shiga toxin-producing e-coli (STEC).

We continue to build and invest in the scientific, public health and operational capabilities needed to protect the country's health now and in the future. We are modernising our approaches and technology, ensuring we are a high- performing and efficient agency.

Our organisation

UKHSA is an Executive Agency of the Department of Health and Social Care (DHSC), providing specialist and expert policy advice as part of delivering the Secretary of State for Health and Social Care's statutory duty to protect the nation's health. The agency is accountable to the public through ministers and Parliament.

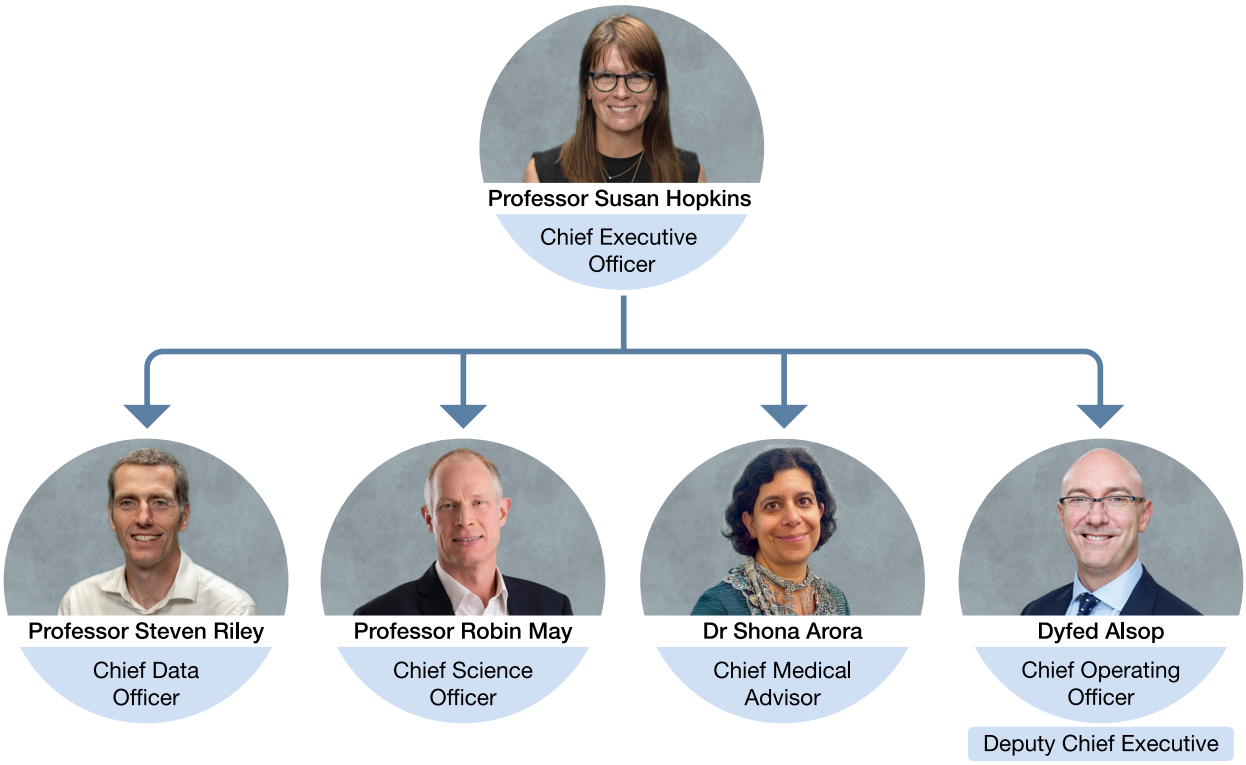
UKHSA is both a UK-wide agency and the body that delivers health security in England in partnership with national and local actors as health protection is largely a devolved policy area. We hold some UK-wide responsibilities on reserved matters where the UK government has retained policy responsibility. UKHSA recognises the cross-border nature of health threats and works in close partnership with the devolved governments and global partners on common challenges.

Our headquarters are in London, and we have laboratories and science campuses around the country, as well as 9 regionally based health protection teams and several corporate offices across England. Our network of scientific campuses includes Colindale in London, Chilton in Oxfordshire, Porton Down in Wiltshire, Public Health microbiology laboratories and specialist radiation and chemicals teams across the country.

These form an ecosystem that ensures that our work is based on the best scientific evidence and makes an important contribution to life sciences and the ambitions for the UK to be a leader in science and innovation.

Our leadership structure has 4 Groups each led by a Director General:

- Chief Scientific Officer (CSO) Group
- Chief Medical Advisor (CMA) Group
- Chief Data Officer (CDO) Group
- Chief Operating Officer (COO) Group



Chief Scientific Officer (CSO) Group
The CSO Group leads on the Science Strategy and the delivery of a range of services. Our science and research functions support national health security by advancing microbiology, environmental hazard expertise, and strategic innovation, underpinned by world-class laboratories, research, and scientific talent

Chief Medical Advisor (CMA) Group
The CMA Group provides trusted clinical and public health leadership through expert advice, guidance, epidemiological insights and evidence. The group leads and delivers services protecting the population from hazards locally, nationally and globally.

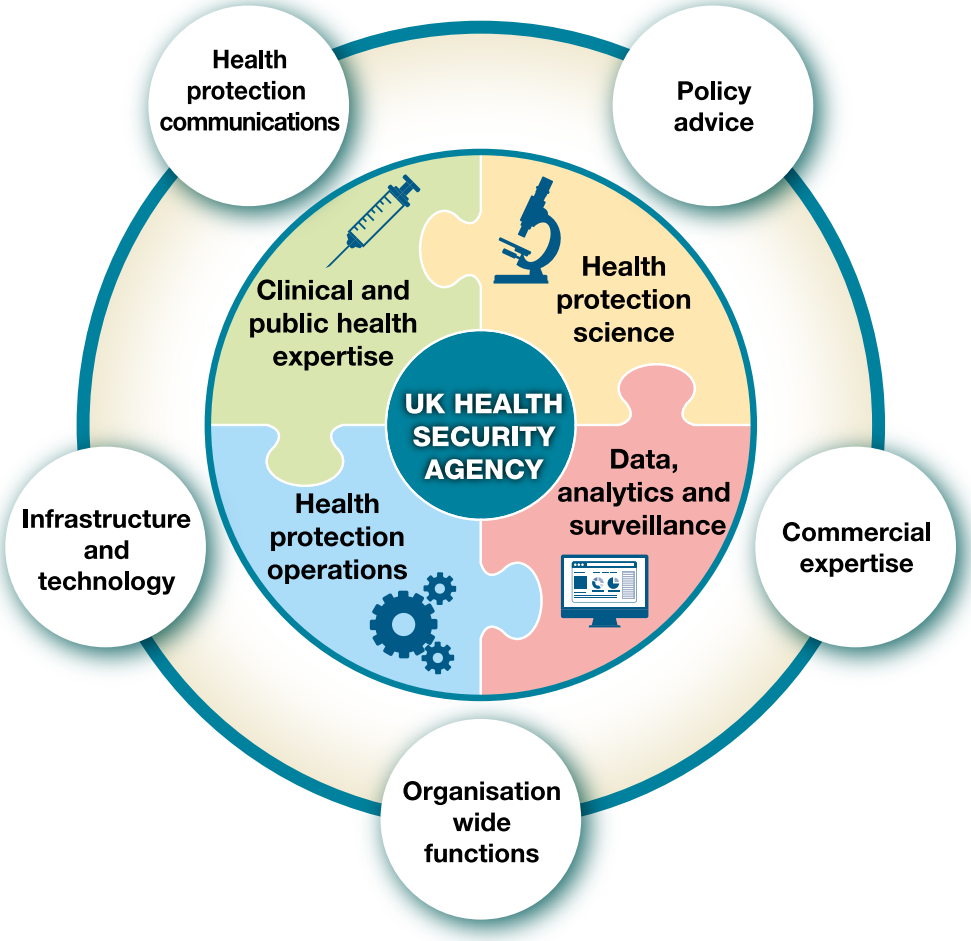
Chief Data Officer (CDO) Group
The CDO Group brings together UKHSA's Technology, Data, Analytics and Surveillance functions to deliver secure, digital public health capabilities. We drive innovation and investment to transform public health intelligence, enabling effective threat analysis, informed response, and improved health outcomes, strengthening national health security and economic resilience.

Chief Operating Officer (COO) Group
The COO Group functions support other agency teams in achieving their goals and directly execute critical functions integral to our mission. The group brings greater coherence for essential activities

and enables better support and collaboration with teams across the organisation.

Our capabilities

Fig. 1 UKHSA capabilities



We harness a range of capabilities to tackle diverse threats including existing and new infectious diseases; harms from chemicals, radiation and nuclear incidents; the health impacts of adverse and extreme weather, including heatwaves, air pollution and flooding; and barriers to effective treatment, such as anti-microbial resistance.

Our core capabilities are:

Clinical and public health expertise
Our public health experts and clinicians provide evidence, guidance and advice for local government, the NHS, central government and international partners. We develop, deliver and evaluate programmes to protect the population from health threats and prevent harm.

Health protection science
We are a centre of scientific excellence in areas such as microbiology, toxicology, pathogen genomics and the health impacts of radiation. We apply that expertise to accelerate ground-breaking research into health threats and translate that into practical action. We enable the development of new vaccines alongside academia and industry, supporting the UK's growth in life sciences and the nation's overall resilience.

Health protection operations
We lead tailored health protection responses across England and, with our partners, deliver and support services locally, nationally and internationally. We manage cases and contacts, provide tailored technical advice on outbreak management and support emergency planning.

Data, analytics and surveillance
We are experts in gathering data on health threats, conducting analysis, and generating evidence and insight. We share this with partners on a local

national and international scale to protect the public.

UKHSA in partnership

UKHSA works at multiple levels, building relationships and partnerships to maximise our impact. UKHSA proactively works with partners to protect the public at large events such as Glastonbury Festival.

We lead national initiatives such as the 10-year partnership with Moderna on Pandemic Resilience that enable us to better prepare and respond to health threats. We also work on international initiatives such as the new Pan-European Network for Disease Control for the World Health Organisation (WHO) and supporting international health emergencies through the UK Rapid Public Health Support Team.

We host WHO Collaborating Centres deploying UKHSA technical expertise in support of global evidence generation and policy making in specialist areas, and WHO Affiliated Laboratories.

UKHSA works across government to ensure the UK's health security. We work closely across the wider public health family, including with the NHS, Directors of Public Health and local authorities. We have strong partnerships across academia and with industry, supporting innovation and generating critical evidence and insight.

UKHSA plays a critical role in the UK's efforts to strengthen global health security. Globally, we work with the WHO, the European Centre for Disease Prevention and Control (ECDC), the US Centre for Disease Control and Prevention (US CDC) and many other public health agencies to identify emerging threats and prepare for and prevent health threats before they reach the UK.

Public access: Freedom of Information requests, public enquiries, and complaints

From 1 April 2024 to 31 March 2025 UKHSA received 852 statutory access requests (c.f. 856 in 23-24). Most of these were handled under the Freedom of Information Act; others were handled under the Environmental Information Regulations and General Data Protection Regulation (GDPR). UKHSA did not consistently meet its performance targets of responding to 85% of enquiries within 20 working days across all statutory access regimes.

In the same period UKHSA received 3,005 public enquiries and 121 complaints received to the central team (c.f. 3,847 and 892 in 23-24). UKHSA met its performance targets for responding to both 90% of public enquiries and complaints within 20 working days. We are committed to providing a high-quality service to everyone we deal with. Where complaints arise, we want to resolve them promptly and constructively. Our published complaints procedure

is available at https://www.gov.uk/government/organisations/uk-health-security-agency/about/complaints-procedure

Parliamentary accountability

From 1 April 2024 to 31 March 2025 UKHSA responded to 176 parliamentary questions and contributed to 92 Department of Health and Social Care (DHSC) and other government department (OGD) parliamentary questions (c.f. 255 and 305 in 2023-24). UKHSA exceeded its performance target for parliamentary questions of responding to 80% of questions within 48 hours.

UKHSA contributed to 240 DHSC and OGD letters from parliamentarians and replied to 42 pieces of correspondence directly from parliamentarians (c.f. 255 and 71 in 23-24). UKHSA exceeded its performance target of 85% for parliamentary correspondence.

UKHSA provided written and oral evidence on 22 occasions to Parliamentary Select Committees (c.f. 30 in 23-24).

The most common topics across all parliamentary business were environmental hazards, mpox, vaccines, COVID-19, respiratory syncytial virus, Shingles, air pollution, radiation and climate change.

Performance summary

The performance summary for 2024-25 highlights important achievements, challenges, and progress towards our 6 strategic priorities.

UKHSA is the United Kingdom's permanent, standing capacity to prepare for, prevent and respond to threats to health. Our work includes threats to health from vaccine preventable diseases including COVID-19, outbreaks of infections, chemical, nuclear, or biological dangers and developing local and global networks for health security.

UKHSA's statutory roles and priorities are set out in the remit letter from the Department of Health and Social Care published on 24 October 2024. This outlines core and ongoing responsibilities of UKHSA alongside in year priorities which may change in future years.

The UKHSA 2023-26 strategic plan was published in July 2023. This outlines our goals and the 6 strategic priorities of the agency. The UK Health Security Agency business plan for 2024 to 2025 outlines the agency's key deliverables for the year. A summary of the principal risks as managed and mitigated by the agency are set out in the governance section at page 200.

Strategic priority 1: be ready to respond to all hazards to health

UKHSA makes sure the UK is ready to respond quickly and effectively to health emergencies, like pandemics. This includes having the right plans, people, and tools in place. The agency also works with the wider health system to make sure responses can grow and adapt when needed.

UKHSA has successfully led and delivered a sustainable, resilient & effective health protection response to protect the public and improve health outcomes. Across 2024-25 UKHSA responded to 7 enhanced and 21 standard incidents. Incidents included national incidents/outbreaks such as measles, mpox clade 1b, Lassa fever and Influenza A (H5N1). These incidents were often concurrent and came alongside managing thousands of local and regional outbreaks caused by a wide range of health protection threats.

We have made it easier for health professionals to notify UKHSA of certain infections that may present a risk to human health. This improves our surveillance capabilities allowing us to receive more timely information to enable quicker response. UKHSA has continued to improve the public health data we share with the public and professionals through the UKHSA Data Dashboard. With 2.5m engagements, we have expanded the dashboards

coverage to include surveillance outputs and respiratory indicators and metrics in 2024-25.

UKHSA leads parts of the pandemic preparedness portfolio, including serving as the secretariat for the 100-day mission (100DM). UKHSA leads the UK Government's contribution to the 100 Days Mission and collated the annual UK 100DM stocktake of activity across government to report to the International Pandemic Preparedness Secretariat (IPPS). This contributed to the IPPS Fourth Implementation Report published in January this year. UKHSA took further steps in 2024-25 to improve preparedness such as identifying priority pathogens to help prioritise investment in diagnostics, therapeutics and vaccines.

UKHSA is vital in safeguarding the UK by monitoring global health threats to inform both domestic and international responses. Through intelligence and situational reporting on diseases such as Marburg, Sudan ebolavirus, and mpox, UKHSA helps experts take fast action make timely decisions to protect health and reduce the spread of disease.

UKHSA's global contribution extends beyond monitoring. We provide technical expertise to international partners, supporting negotiations on the WHO Pandemic Agreement and promoting improved implementation of International Health Regulations. UKHSA has deployed experts across 8 countries during 2024–25 to help prevent

the escalation of infectious disease outbreaks in vulnerable settings. This protects the UK by preventing the spread of threats before they reach the UK.

Strategic priority 2: improve health outcomes through vaccines

UKHSA will leverage its expertise across the vaccine pathway to drive innovation, ensuring safe and effective vaccines are developed, reliably procured, and widely used. This will help reduce the burden of infectious diseases. UKHSA will also ensure a secure vaccine supply to support UK vaccination programs.

Across 2024-25, UKHSA maintained a protected supply of vaccines for all 18 immunisation programmes including the new RSV programme in England, MMR (measles, mumps & rubella), Meningococcal B, HPV, Rotavirus, and adult and infant Pneumococcal. This is alongside work to support Autumn and Spring COVID-19 booster campaigns with 14.3m doses provided for Autumn.

UKHSA helped support the implementation of the RSV immunisation programme. The programme has delivered over 1.5 million vaccines with initial evaluation showing a 30% reduction in hospital admissions in older people in England. However, with more than 1 million people yet to receive their

vaccination, there remains opportunity to increase protection in the population.

UKHSA continues to support the work of the Joint Committee on Vaccination and Immunisation (JCVI) through the coordination and generation of evidence, providing scientific advice to underpin decisions of the committee, and the production of published statements. UKHSA has also evaluated the effectiveness of a variety of vaccines. These include the effectiveness of the COVID-19 Spring 2024 campaign and interim vaccine effectiveness of the Autumn 2024 campaign. Vaccine effectiveness for Influenza has been published and fed into the WHO vaccine composition meeting for 2025-26 season.

UKHSA is responsible for the Moderna-UK Strategic Partnership (MSP). Moderna's clinical labs and mRNA manufacturing facility in Harwell were built in January 2025 and regulated in September 2025. Following regulation, in a pandemic, they will be capable of producing 250 million vaccines a year onshore within the UK, in a pandemic.

Strategic priority 3: reduce the impact of infectious diseases and antimicrobial resistance

UKHSA will harness its scientific, analytical, and operational expertise to minimise the impact of all infectious diseases, with a specific focus on achieving goals on COVID-19, Antimicrobial

Resistance (AMR) and making progress towards elimination targets for blood-borne viruses and TB.

UKHSA has supported the implementation of the HIV Action Plan. While it is unlikely that we will meet the 2025 targets, the 2030 target of zero new HIV transmissions is within our reach. We have the tools to end HIV transmission, and we know what works: regular HIV testing, accessible Pre-Exposure Prophylaxis (PrEP), prompt linkage to care, engagement in care and viral suppression. UKHSA is committed to working with stakeholders to develop an evidence-driven HIV Action Plan for 2025 to 2030.

UKHSA published its second assessment of progress towards elimination of hepatitis B as a public health threat in 2024-25. UKHSA estimates that around 269,000 people in England are living with hepatitis B. However, current estimates suggest that less than half of people living with hepatitis B have been diagnosed. Strengthening surveillance systems and increasing case-finding and linkage to treatment and care is crucial to meeting these targets by 2030. The UK has maintained the elimination of mother-to-child transmission through the established antenatal screening and infant vaccination programmes. Screening coverage remains high, universal infant immunisation also remains strong with mortality targets continuing to be met.

Between 2023 and 2024, overall STI diagnoses in England declined by 8.8%, with reductions in gonorrhoea, chlamydia, and first episode genital warts, though syphilis cases increased. UKHSA continues to lead targeted interventions, including enhanced testing, resistance monitoring, and national guidance development, while supporting local areas with data-driven tools and care pathway workshops. In 2024, UKHSA introduced the STI Prioritisation Framework to help local services make evidence-based decisions for STI prevention and control.

UKHSA contributes to the control of Tuberculosis (TB) working closely with the NHS to progress towards WHO elimination targets set out in the global End TB Strategy. In 2023 incidence rates increased, though remained below the WHO threshold for low incidence. England's status as a low incidence country is at risk however and to meet elimination target rates now need to fall at a greater rate than any annual rate previously observed. UKHSA has delivered improvements however to the UKs capabilities by completing the onboarding of all devolved nations into the National TB Surveillance system in March 2025. Bringing all areas on the UK into a single system will help improve coordination and public health control.

UKHSA played a key role in the development of the second UK Anti-Microbial Resistance

(AMR) 5-year national action plan (NAP 2024-29) published in 2024. The NAP sets out the ambitions and actions to support the 20-year vision for antimicrobial resistance (AMR). In February 2025 the NAO published a report into AMR which UKHSA closely supported. In March 2025, UKHSA published its Point Prevalence Survey (PPS) on healthcare-associated infections (HCAIs), antibiotic use (AMU) and antibiotic stewardship (AMS) for England and the latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report in November 2024 providing a comprehensive analysis of the national data on antimicrobial prescribing, resistance and stewardship. The AMR and HCAI modelling and evaluation team successfully delivered a landmark analysis on the Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050 (Lancet, 2024).

UKHSA has continued to develop genomics and surveillance capabilities. We published the Pathogen Genomics Strategy in January 2024, setting the direction for how UKHSA will invest in and transform the use of pathogen genomics in response to public health threats. As part of this, UKHSA committed to ensuring genomic data is shared as effectively as possible, and have now developed our genomics data sharing Standard Operating Procedure.

Strategic priority 4: protect health from threats in the environment

UKHSA will protect the population from the health effects of environmental and chemical, radiation and nuclear incidents (CRN) of any scale by improving planning and preparedness and providing public health expertise to inform policy.

UKHSA has continued facing challenges recruiting specialist staff with suitable expertise in the chemical, radiation and nuclear fields. Despite this, UKHSA has continued to increase preparedness for CRN incidents by making upgrades to analytical toxicology laboratories, maintaining stockpiles of countermeasures and updated public guidance for how to respond to radiological or chemical incidents. We have participated in regulatory exercises across UK nuclear sites and ensured plans are in place such as by agreeing arrangements with partners for the emergency transportation of equipment across England in the event of an incident.

UKHSA has continued to protect the public from the health impacts of adverse weather and the effects of climate change across 2025. We published the second iteration of the Adverse Weather and Health plan in March 2025 and the annual report in December 2024. Our Weather-Health Alerting system, jointly run in partnership

with the Met Office and now has over 43,000 active subscribers after being launched in Summer 2023. This system provides cold-health and heat-health alerts and raises awareness amongst members of the public and cascades guidance to the public health sector to support preventative action.

Vector-borne diseases (VBDs) such as West Nile Virus and tick-borne encephalitis pose an increased risk within a changing climate. Establishment of invasive mosquitoes in the United Kingdom is expected, with implications for new pathogen risks. In response, UKHSA has developed its vector borne disease surveillance and response capabilities in the UK and in UK Overseas Territories. Across 2024-25 UKHSA has mounted responses to incidents for new pathogen risks including cryptic malaria, invasive mosquitos and the first detection of west Nile virus in mosquitoes in the UK.

Strategic priority 5: improve action on health security through data and insight

UKHSA will continue to lead on public health data and insight, working with partners across the health system to make the most of the information we hold.

Using the Data Maturity Assessment Framework for Government, UKHSA has conducted data maturity assessments to baseline our maturity as an organisation. Our current cumulative score is

in line with our initial baseline target. Reaching this level demonstrates that data and analytical literacy is valued in leadership roles, alongside embedded legal and policy requirements, staff engagement with a broad drive and desire to improve data capability. Maturity assessments will continue into 2025-26 to cover the whole organisation and identify our new target and areas to focus development.

UKHSA plays a vital role in gathering and publishing key statistics to support the planning, prevention, and response to external health threats. Across 2024-25 UKHSA has worked to improve the accessibility of our publications with newly badged official statistics covering bloodstream infections in critical care units, legionella and heat mortality monitoring.

UKHSA has continued to explore opportunities to use AI to safeguard public health. Notable success of AI solutions in use or being piloted include Real-Time Pollen Monitoring and the Tuberculosis Screening Programme. In line with the governments AI Opportunities Action Plan the agency is developing an AI strategy that lays out 4 key principles: workforce reskilling, enterprise-level adoption, investment in productivity-enhancing tools, and learning from best practices across government and industry.

To support access to our data, the UKHSA data dashboard shares public health data in a simple, inclusive and accessible way. The dashboard covers a range of topics such as respiratory viruses, healthcare-associated infections and antimicrobial resistance that inform public health decision making in England. The dashboard has gone from strength to strength, exceeding its original target of 400k engagements, instead receiving 2.5m engagements in 2024-25. The dashboard has also exceeded its original target to increase the number of threats presented to 15 against a target of 14.

Strategic priority 6: develop UKHSA as a high-performing agency.

UKHSA will be prepared for health security challenges and be ready to respond to those that occur by investing in its people and culture, partnerships, and systems and technology.

UKHSA continued to mature in 2024-25, developing its capabilities. The impact of the finance improvement programme can be seen in the move from a disclaimer of the audit opinion to qualified audit opinion for the 2023-24 annual report and accounts. Work continues with a new programme established to continue the improvement and development of financial management across the agency.

UKHSA completed 17 assurance audits at the time of writing. These showed a significant improvement in positive assurance opinions compared to across 2023-24. This demonstrates the continued progress the agency is making to establish and embed governance and effective controls. UKHSA published its first Annual Clinical and Health Protection Quality Report (2024-25). This sets out UKHSA's aims and progress toward delivery of our health protection governance and quality strategy.

UKHSA operates a network of specialist laboratories, managing high-risk human and animal pathogens, as well as radiation, chemical, toxicological, and environmental hazards. UKHSA completed our planned programme of investment providing enhancements and improvements to our scientific infrastructure across our facilities.

The government has now announced that UKHSA will be moving its scientific facilities at Porton Down and Colindale and its corporate headquarters in Canary Wharf to a new site in Harlow. This constitutes a multi-billion-pound investment and the government will spend approximately £250m on the project in this Parliament. The new site will open in stages from the mid-2030s with completion expected in 2038.

UKHSA has continued to provide extensive evidence to the UK COVID-19 Public Inquiry during this reporting year, including on behalf of its

predecessor organisations, Public Health England, NHS Test & Trace and the Vaccines Task Force. UKHSA has also supported the work of other public inquiries during the reporting year, receiving the report of the Infected Blood Inquiry and providing evidence to the Inquiry into the Death of Dawn Sturgess.

UKHSA has maintained good progress in identifying its research and scientific evaluation priorities and partnering with industry and academia, the most notable example being the National Institute for Health and Care Research Health Protection Research Units, bringing together UKHSA and universities to support priority research in key areas and finalising our research prioritisation frameworks and governance arrangements.

Performance analysis

Our performance analysis provides a detailed review of this year's results, supported by evidence. It covers corporate performance and progress against our strategy. As the remit letter and business plan lack quantitative indicators or targets, our assessment is primarily qualitative, with quantitative measures where available.

Strategic priority 1: be ready to respond to all hazards to health

New dangers, like disease outbreaks or disasters, can seriously impact our health, economy, and way of life. To protect ourselves, we need to be ready. That means knowing what threats could happen, understanding who's most at risk, and maintaining effective surveillance. We also need good plans, trained people, and the right tools to manage incidents and respond quickly.

Surveillance and public health

UKHSA conducts ongoing surveillance and horizon scanning to identify and rapidly respond to emerging public health threats. It also produces evidence-based reviews to guide professionals in decision-making and inform policy development across a range of hazards. In 2024–25, UKHSA published 13 such reviews on GOV.UK, including

a focused analysis of Influenza A (H5). This review examined key factors such as the infectious period, when individuals can transmit the virus, and the incubation period, both critical for shaping effective public health responses.

Reporting notifiable diseases is essential for tracking serious infections at both local and national levels. UKHSA has modernised and automated the Notification of Infectious Diseases (NOID) system, which went live on 1 April 2025. Now, an average of 68 electronic NOIDs (e-NOIDs) are submitted daily. Data shows the process has become significantly more efficient, cutting the average completion time from 10 to 15 minutes to just 3.5 minutes, helping reduce administrative burden for healthcare professionals.

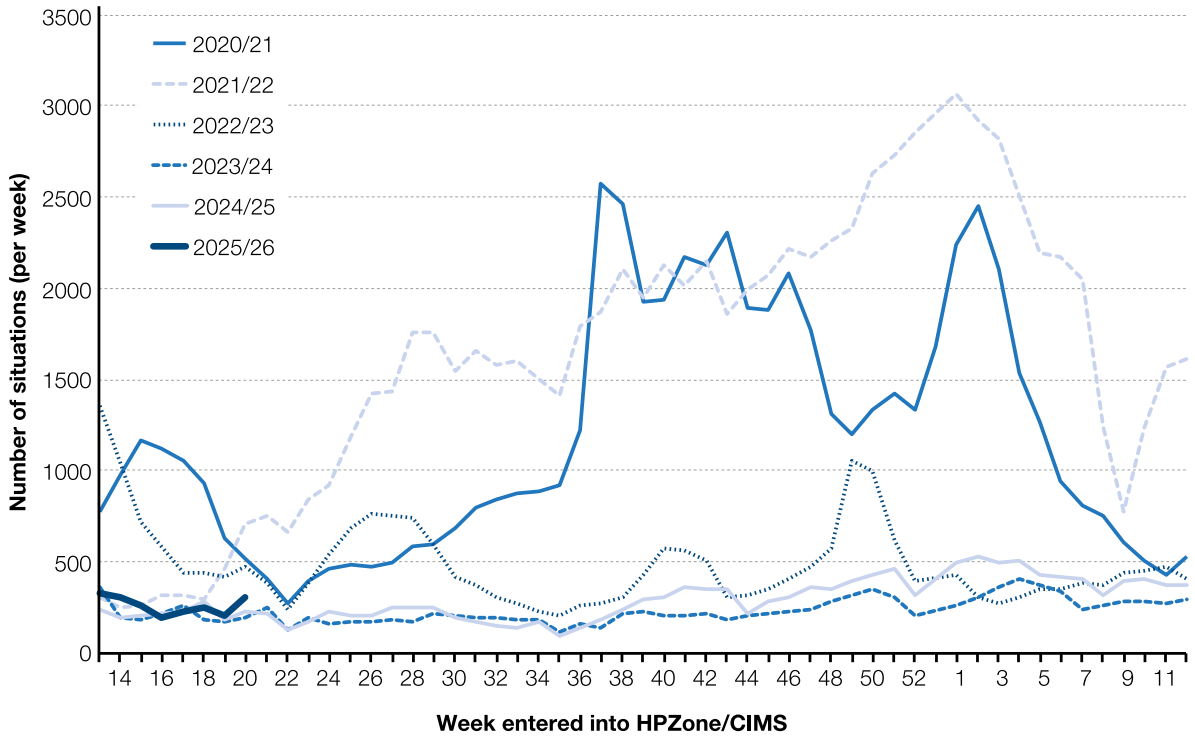
UKHSA delivers a variety of surveillance reports to support the detection and coordination of responses to public health threats across England and the UK. For example during winter 2024–25, we released weekly updates on norovirus and rotavirus activity. This continuous monitoring and data sharing play a vital role in guiding decisions and identifying outbreaks for timely intervention.

In March 2025, UKHSA published our first Infectious Diseases Impacting England report, summarising disease trends and UKHSA's actions to address ongoing threats. The report examines health inequalities, highlighting how some ethnic

minority groups consistently experience worse health outcomes due to infectious diseases, with disparities varying by infection type. It reflects UKHSA's ongoing efforts to enhance our ability to monitor and report on these inequalities, ensuring a more comprehensive understanding of their impact.

Across the year there were 5 enhanced incidents declared and 2 ongoing, and 18 Standard national incidents declared and 3 ongoing. This is alongside 14,981 situations recorded. A situation can vary greatly in scope and scale of response and may involve one or more cases. This is an increase from the 12,013 seen in 2023-24 and slightly above the volume of situations seen in 2019-20, prior to the pandemic [Chart 1]. There was a greater volume of situations in the first quarter of 2025-26.

Chart 1. Number of situations recorded in CIMS (previously HPZone) by week & financial year.



A situation can be an outbreak, exposure, cluster, issue or threat, and involves one or more cases linked to a particular setting.

X-axis starts at beginning of financial year.

In 2024-25, UKHSA successfully led and delivered a sustainable, resilient & effective health protection response at various levels to meet population needs and improve health outcomes. This included leading and supporting the response to national incidents/outbreaks of varying complexity like measles, mpox clade 1b, Lassa fever and Influenza

A (H5N1). These incidents were often concurrent and came alongside managing thousands of local and regional outbreaks caused by a wide range of health protection threats.

Measles is a highly contagious disease that poses serious health risks, particularly to young children and those with compromised immune systems. Two doses of the MMR (measles, mumps, rubella) vaccine offer strong, lifelong protection and are routinely offered in childhood. However, vaccination rates in England have declined, leaving many communities below the immunity threshold needed to prevent outbreaks. London remains vulnerable to outbreaks with tens of thousands of cases, with other regions also at risk.

In 2024, the UK recorded 2,911 confirmed measles cases, the highest annual total in over a decade, driven by an outbreak in Birmingham, followed by rising cases in London and smaller clusters elsewhere. In response, UKHSA led a coordinated national incident response, working across agencies to assess risk and contain spread. The NHS launched a national MMR catch-up campaign, supported by UKHSA's targeted local interventions and a national childhood immunisation marketing campaign. UKHSA also maintained a secure vaccine supply, issuing over 1.7 million doses with no wastage (Strategic Priority 2 – Table 2).

Evaluation showed that 180,000 additional MMR doses were administered during the campaign, with the greatest impact seen in communities with historically low coverage. Encouragingly, uptake improved across socioeconomic and ethnic groups, suggesting progress in reducing health inequalities. While it's too early to declare success, recent data shows signs of recovery in vaccination rates (Table 1).

Table 1: Completed UK primary immunisations and boosters in children aged 5 years (Q4 vs Q3, 2024–2025)

	MMR first dose			MMR second dose		
Area	**Q3**		**Q4**	**Q3**		**Q4**
England	92.1	..	92.4	84.0	..	84.5
London	84.8	..	85.3	70.1	..	71.3

To further boost coverage, UKHSA has supported changes to the routine immunisation schedule. From 1 January 2026, children born on or after 1 July 2024 will receive their second MMR dose at the new 18-month appointment, bringing protection forward and helping close immunity gaps earlier.

Pandemic preparedness

UKHSA is the UK's permanent standing capacity to prepare for, prevent and respond to threats

to public health, and works closely with public health agencies across the 4 nations. Pandemic preparedness is a core part of this mission: UKHSA works to help prevent future pandemics, to ensure a faster response when they do occur, and to enable the UK response to be as effective and efficient as possible.

UKHSA has taken forward the following activities over the past year to improve preparedness:

Publication of the Priority Pathogen Families R&D tool, which helps to prioritise investment decisions into research and development of diagnostics, therapeutics and vaccines (DTVs) in support of the UK Biological Security Strategy.

Research by UKHSA's Vaccine Development and Evaluation Centre (VDEC) has enabled breakthroughs to be made against severe and/or high-consequence infectious diseases, including Crimean-Congo haemorrhagic fever – against which a vaccine is now in Phase 1 clinical trials. VDEC has also ensured assays and animal models are available for vaccine and therapeutic evaluation in readiness for Highly Pathogenic Avian Influenza countermeasure testing.

UKHSA's Diagnostics Accelerator is creating partnerships with industry, academia and non-governmental organisations to drive diagnostics development. It has evaluated Lateral Flow Devices

for use in response to avian influenza A (H5N1) and mpox.

UKHSA leads the UK Government's contribution to the 100 Days Mission and collated the annual UK 100DM stocktake of activity across government to report to the IPPS. This contributed to the IPPS Fourth Implementation Report published in January this year. To further foster UK partnerships in support of the mission, UKHSA delivered a series of workshops with over 150 stakeholders from industry, academic and third sector partners to explore development of Diagnostics, Therapeutics and Vaccines in an emerging pandemic scenario.

Provided technical advice to support UK negotiations for the WHO Pandemic Agreement, which was adopted by WHO Member States at the 78th World Health Assembly.

Supported the preparation for the Tier 1 Exercise Pegasus, due to be held in Autumn 2025.The Tier 1 Exercise will test the UK's capabilities, plans, protocols and procedures in the event of another major pandemic.

Carried out a thorough assessment of our response capabilities to contribute to and underpin development of a UK Pandemic Preparedness Strategy and a UK Respiratory Pandemic Response Plan.

UKHSA has continued to maintain volumes of pharmaceuticals, including antivirals, antibiotics and other medicines in stockpiles for pandemic preparedness, as well as an arrangement to ensure that the UK will have access to a pandemic specific vaccine.

UKHSA is responsible for the Moderna-UK Strategic Partnership (MSP). Moderna's clinical labs and mRNA manufacturing facility in Harwell were built in January 2025 and regulated in September 2025. Following regulation, they will be capable of producing 250 million vaccines a year, in a pandemic.

Secured a contract for more than 5 million doses of human H5 influenza vaccine to boost the country's resilience in the event of a possible H5 influenza pandemic.

UKHSA moved quickly to procure additional quantities of mpox vaccine in response to further outbreaks and undertook a joint collaborative procurement alongside Immunisation colleagues to enable the establishment of a routine vaccination programme in 2025-26.

Global health response

In 2024–25, UKHSA continued to strengthen global health security while supporting the UK's domestic health response. By closely tracking and monitoring international threats, UKHSA intervenes to enhance

preparedness and respond to active outbreaks. Our enhanced epidemic intelligence capabilities and global situational reporting (covering health threats such as Marburg virus, Sudan ebolavirus, and mpox) have been critical in informing both national and international responses.This international engagement also contributes to domestic resilience through timely information sharing and efforts to prevent global health hazards from reaching the UK. Throughout the year, the provision of our technical expertise has also been important and highly valued by HMG partners and external stakeholders in the negotiations of the World Health Organisation Pandemic Agreement.

The International Health Regulations Strengthening Project has continued to work with teams based in Ethiopia, Pakistan, Nigeria, Zambia and Indonesia, as well as through regional collaboration with Africa CDC, the Eastern Mediterranean Public Health Network and ASEAN Health Cluster 2 in the Indo-Pacific region. UKHSA expertise has supported strengthening public health leadership, building technical capability and developing sustainable public health systems in these partner countries. In 2024-25, this has included training approximately 3,000 public health professionals in emergency preparedness, multisector coordination on chemical incident responses, public health leadership, introducing first ever diagnostic testing

for Mpox/chicken pox and diphtheria, supporting national guidelines development and pivoting existing surveillance tools to manage health impacts of climate change.

The UK-Public Health Rapid Support Team (PHRST) has deployed UKHSA expertise to outbreaks of infectious disease in low-and middle-income countries, helping to prevent these events from becoming larger public health emergencies. This has included the deployment of 17 experts to 8 different countries/outbreaks for the 2024-25 period, including tackling cholera in South Sudan; MPox in DRC, South Africa and Kenya; and Marburg Haemorrhagic Fever in Rwanda and Tanzania. UK-PHRST also completed 100 capacity strengthening activities (ranging from input to others' workshops and advisory groups, to full simulation exercises and trainings) and 12 active research projects during this time.

The UK Overseas Territories (UKOTs) Health Security Programme has been working to strengthen UKOT health systems and improve capacity to respond to cross-border health emergencies and threats. In the last year, this has included the delivery of a Caribbean-wide multi-day vector borne diseases workshop, the on-hand provision of expert technical public health support in incident response, and several capacity building UKOT specific activities. These included a

cholera Simulation Exercise in the Turks and Caicos Islands, HPV prevalence study in Montserrat, and COVID-19 After-Action Review in St Helena.

In November 2024, the Caribbean Antimicrobial Resistance Alliance (CARA) project was launched, funded by the DHSC Fleming Fund. The project is led by UKHSA, delivered in partnership with the Caribbean Public Health Agency (CARPHA) and works across the Caribbean to strengthen the regional response to AMR. It works to 3 key objectives: laboratory systems strengthening, AMR surveillance strengthening, and capacity building through, for example, taking the behavioural science approach to antimicrobial stewardship (AMS).

Strategic priority 2: Improve health outcomes through vaccines

Infectious diseases pose significant risks to health, livelihoods, and the economy, often worsening existing health inequalities. Vaccination remains one of the most effective strategies to prevent illness, limit transmission, and reduce disease severity. UKHSA plays a vital role in national vaccination programmes, helping to lessen the impact of infectious diseases, support the NHS, and safeguard public health across the UK.

Supporting Vaccination and immunisations programmes

Maintaining supply of vaccines across all 4 nations of the UK, as well as Crown Dependencies, is a priority outcome for UKHSA. UKHSA maintained supply to ensure no interruptions to all 18 NHS Immunisation Programmes Across the national immunisation programmes where UKHSA was responsible for the central procurement and supply of product in 2024-25 (excluding COVID-19 programme). These include the new RSV programmes which commenced 1 September 2024 in England.

UKHSA-liable vaccine wastage is negligible outside of programmes which rely on seasonal vaccines, namely the Children's flu programme. Seasonal vaccines are specific to each season and cannot be carried forward for use in the following season. A balance must therefore be struck between ordering enough to meet the expected demand, including any anticipated year-on-year increase in uptake, while avoiding undersupply which would result in programme disruption.

Table 2: Supply of vaccines maintained in 2024-25 for supported programmes

Values relate to doses unless otherwise stated. UK data except for Children's flu which is England only.

Programme	Issues	Demand met	Wastage
Primary infant (Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and Hepatitis B)	1,967,093	100%	-
Infant pneumococcal	1,272,610	100%	-
Adult & at risk pneumococcal	906,287	100%	-
Infant meningococcal serogroup B	1,927,220	100%	-
Teenage meningococcal ACWY	840,295	100%	-
Infant booster haemophilus influenza type b and meningococcal C	688,133	100%	-
Measles, mumps, rubella	1,769,855	100%	-
Preschool booster (diphtheria, tetanus, pertussis, polio) (incl. maternal pertussis until June '24)	868,949	100%	-
Maternal pertussis (from June '24 onwards)	453,745	100%	-
HPV for gay, bisexual, men who have sex with men (GBMSM)	19,697	100%	-
Teenage universal HPV	734,656	100%	194,880
Teenage booster (tetanus, diphtheria, polio)	1,217,109	100%	-
Infant rotavirus	1,223,721	100%	-
Adult shingles	1,708,500	100%	-
RSV maternal	343,234	100%	-
RSV older adult	2,207,248	100%	-
BCG (packs of 10)	5,583	100%	-
Children's flu*	5,144,105	100%	1,666,996

* Includes both live attenuated influenza vaccine (LAIV) and quadrivalent influenza vaccine (QIV)

UKHSA ensured supply was available for programmes such as MMR (measles, mumps & rubella), infant meningococcal serogroup B, teenage HPV, infant rotavirus, and adult and infant

pneumococcal programmes. This work continues into 2025-26, expanding to cover a total of 20 programmes, with the introduction of new routine mpox and 4CMenB for gonorrhoea vaccination programmes primarily for gay, bisexual and other men who have sex with men (GBMSM) at higher risk of acquiring infection.

UKHSA successfully supported the Spring and Autumn COVID-19 booster campaigns with drawdown of 5.8m doses in Spring 2024 and 14.3m supplied for the Autumn campaign, 2.1m fewer doses than previously forecast. Overall uptake and drawdown have been less than expected, increasing the available vaccine at the start of 2025 to more than that required for the JCVI recommended Spring-25 campaign.

The RSV programme has been fully implemented, with over 1.5 million vaccines delivered by end of March 2025 including over 200k to pregnant women. Coverage data collections are fully established, and data published. Since launching on 1 September, the RSV vaccination programme for older people has reached more than 50% of those eligible through the catch-up campaign. However, with more than 1 million people yet to receive their vaccination, there is still significant opportunity to increase protection across the population.

Early data from the rollout of the respiratory syncytial virus (RSV) vaccination programme in England shows a significant reduction to hospital admission rates in older people. The findings indicate 30% fewer hospital admissions in 75- to 79-year-olds, who are eligible for the vaccine under the new programme, than would have occurred without vaccination. This was seen after around 40% of eligible older people took up the vaccine this winter, and the impact is expected to increase with further vaccine uptake.

UKHSA continues to work closely with Moderna through our strategic partnership, which has supported investment in research and development as well as the continued development of vaccine production within the UK, such as the opening of a vaccine manufacturing lab in Harwell. These developments strengthen the UK's preparedness for future pandemics and support the goal of rapidly scaling up production within 100 days to deliver British-made vaccines for the UK public.

Infrastructure & Projects Authority (IPA) has conducted reviews and confirmed delivery confidence as Amber – down from previous reviews. The report highlights that alignment across HMG about the long-term use of the Moderna Strategic Partnership and how to realise the benefits of the partnership across the 10 years needs improvement. However, progress has been made

over the last 12 months and a focus on planning for the long-term future of the partnership is a priority over 2025-26.

Monitor and evaluate the effectiveness of vaccination programmes

UKHSA continues to support the work of the Joint Committee on Vaccination and Immunisation (JCVI) through the coordination and generation of evidence, providing scientific advice to underpin decisions of the committee, and the production of published statements. The JCVI keeps all immunisation programmes under review and undertakes horizon scanning to monitor for potential new vaccines which may be of relevance to the UK population. Rationalisation of the programme ensures it remains clinically effective and cost-effective. Where evidence supports further optimisation, JCVI may update dosing schedules and/or eligibility, which can result in reduced schedules thereby reducing programme cost, and creating space in the schedule for other, more beneficial interventions.

Significant upcoming changes to the routine childhood vaccination schedule and the selective hepatitis B (HepB) programme have been announced which will take effect from 1 July 2025 and 1 January 2026, including the introduction of a new routine vaccination appointment at 18 months of age. These changes are designed

to optimise protection against certain infectious diseases, improve programme delivery and align with international evidence.

The introduction of 2 new routine programmes to protect against mpox and 4CMenB for gonorrhoea, primarily for gay, bisexual and other men who have sex with men (GBMSM) at higher risk of acquiring these infections, will commence from 1 August 2025

Changes were made to the Prenatal Pertussis vaccine and an opportunity taken to capitalise on this programme change by working together with NHS England on a joint communications campaign and toolkit development to raise awareness of the programme, which has contributed to improvement in the uptake among pregnant women.

A 4 Nations Forum was convened in 2023 to explore factors impacting on inequalities and declining uptake in the routine immunisation programmes through a series of deep dives, sharing intelligence from across the UK health and public health systems. The deep dives conclude in June 2025 and a final report will be presented to the October 2025 JCVI main committee meeting.

UKHSA has provided expert advice to inform ministerial action plans for improving uptake and in relation to the manifesto commitment to enable vaccines to be administered at Health

Visits. UKHSA is also leading the evaluation of initiatives which support the implementation of the NHSE Vaccination Strategy, including evaluation of the Health Visitor pathfinder sites, evaluation of the use of community pharmacies to deliver vaccinations, and the impact of the increase in the item of service payment to GPs for administering childhood vaccines.

UKHSA has also evaluated the effectiveness of a variety of vaccines. These include the effectiveness of the COVID-19 Spring 2024 campaign and interim vaccine effectiveness of the Autumn 2024 campaign. Vaccine effectiveness for Influenza has been published and fed into the WHO vaccine composition meeting for 2025-26 season.

UKHSA continues to collaborate on MMR evaluation studies, including a systematic review on timing of childhood immunisation and scoping a quantitative evaluation of MMR vaccine timeliness in relation to call/recall activities and a qualitative study in relation to the upcoming change to MMR2 schedule. This work is a collaboration with the National Institute for Health and Care Research (NIHR) Evaluation and Behavioural Science HPRU and is expected to inform broader activity to promote the timeliness of vaccination across communities.

Strategic priority 3: reduce the impact of infectious diseases and antimicrobial resistance

UKHSA works to reduce the harmful effects of infectious diseases. We use what we've learned from past public health responses, including our experience with COVID-19. Our work combines science and research, diagnostic tools, data analysis, clinical expertise, and a deep understanding of different communities and environments. We also draw on our knowledge of vaccines and strong operational systems.

Our goal is to prevent illness across the UK and reduce health inequalities. In doing so, we help protect the economy and ease the strain on the NHS, local councils, and other public services. Three key areas for us are tackling antimicrobial resistance, reaching elimination goals for blood-borne viruses and tuberculosis, and expanding our capabilities in pathogen genomics.

HIV, sexually transmitted infections and viral hepatitis

Between 2019 and 2025, England's first HIV Action Plan aimed to reduce new HIV diagnoses by 80%, late AIDS diagnoses by 50%, and HIV-related deaths by 50%. While significant progress has been made the 2025 targets are unlikely to be met.

From 2022 to 2023, HIV testing increased by 8% in sexual health services, and use of PrEP rose by

11%. However, after a decline between 2019 and 2022, HIV diagnoses rebounded in 2023 to 2,810 (similar to 2019 levels). In London, this rise is partly linked to the opt-out emergency department (ED) testing programme increasing diagnosis rates.

Despite these challenges, the 2030 goal of zero new HIV transmissions remains achievable with expanded testing, greater PrEP access, and strong engagement in care. The UK Health Security Agency (UKHSA) is working with partners to develop a new HIV Action Plan for 2025–2030 that scales up to improve equitable delivery of proven interventions.

A related opt-out testing programme for bloodborne viruses (BBVs) in 34 EDs has already identified hundreds of new hepatitis B, hepatitis C, and HIV cases, along with many people previously diagnosed but not in care. The programme is expanding to 47 sites in 2024 which UKHSA will evaluate.

UKHSA has promoted the Syphilis Action Plan including raising awareness in other medical specialties and contributing to guidelines on the use of the antibiotic doxycycline after condomless sex to reduce the risk of bacterial STIs such as syphilis (DoxyPEP), informed by UKHSA modelling. AMR gonorrhoea, with ceftriaxone resistance associated with travel overseas, is being monitored closely.

UKHSA regional sexual health and BBV facilitators have delivered hepatitis C, HIV, syphilis and chlamydia care pathway workshops with partner agencies. These workshops use locally focused data on prevention, testing, diagnoses and treatment to inform local service improvement activities with a focus on reducing inequalities. In addition, behavioural scientists lead on work focusing on HIV recent infections and late diagnosis, hepatitis B pathways, stigma, hepatitis C re-engagement and reinfection, and risks in sexual health (RiiSH), Mpox and STIs.

In July 2024, UKHSA published its second progress assessment toward eliminating hepatitis B as a public health threat. An estimated 268,000 people in England are living with the virus, yet only around 50% have been diagnosed, far below the WHO target of 90%. Improving surveillance, case-finding, and treatment access remains essential to reaching the 2030 elimination goals.

The UK continues to prevent mother-to-child transmission through high antenatal screening (99.8%) and targeted infant vaccination (98.8%), with universal infant immunisation also maintaining strong uptake (91.8% by age one).

However, vaccine coverage has declined among people who inject drugs, and data gaps persist across other at-risk groups. UKHSA is working with

partners to strengthen data systems and improve outreach.

UKHSA continues to drive progress toward the WHO hepatitis C elimination targets. In 2023, an estimated 55,900 adults in England were living with chronic hepatitis C, a 56.7% drop since 2015. Among people who inject drugs, the main at-risk factor, prevalence has declined to 7.2% in 2023, while virus clearance rates have nearly doubled to 45% since 2015. These improvements are strongly linked to NHS England's expanded access to direct-acting antiviral treatment.

England has surpassed the WHO mortality target but is close to meeting the treatment coverage goal of 80%, with 78.3% of diagnosed individuals having started treatment. Among those referred to specialist care, this rises to 96.1%. However, gaps in harm reduction persist. One in 3 recent drug users report insufficient access to clean needles and syringes, underscoring the need for enhanced prevention efforts.

Between 2023 and 2024, new STI diagnoses fell by 8.8%. While syphilis cases rose, gonorrhoea, chlamydia, and first-episode genital warts declined. Sexual health screening levels remained stable, and a sharper drop in chlamydia diagnoses than tests suggest reduced positivity.

To address rising syphilis rates, UKHSA continues to implement its 2019 Syphilis Action Plan, promoting targeted testing, partner notification, and awareness. UKHSA contributed to guidelines on the use of the antibiotic doxycycline after condomless sex. This aims to reduce the risk of bacterial STIs such as syphilis (DoxyPEP) and is informed by UKHSA modelling. UKHSA also monitors gonorrhoea resistance to ceftriaxone and contributes to national guidance, including NICE's STI reduction recommendations. Research partnerships through NIHR's Health Protection Research Unit further support understanding of STI risk and prevention.

UKHSA supports local action through data-driven workshops on chlamydia, syphilis, and HIV, helping improve care pathways and reduce inequalities in access to sexual health services.

In 2024, UKHSA launched the STI Prioritisation Framework. This is an evidence-based tool to guide local decision-making for STI prevention and control, grounded in public health principles and resource-conscious planning.

Progress disease elimination targets for Tuberculosis

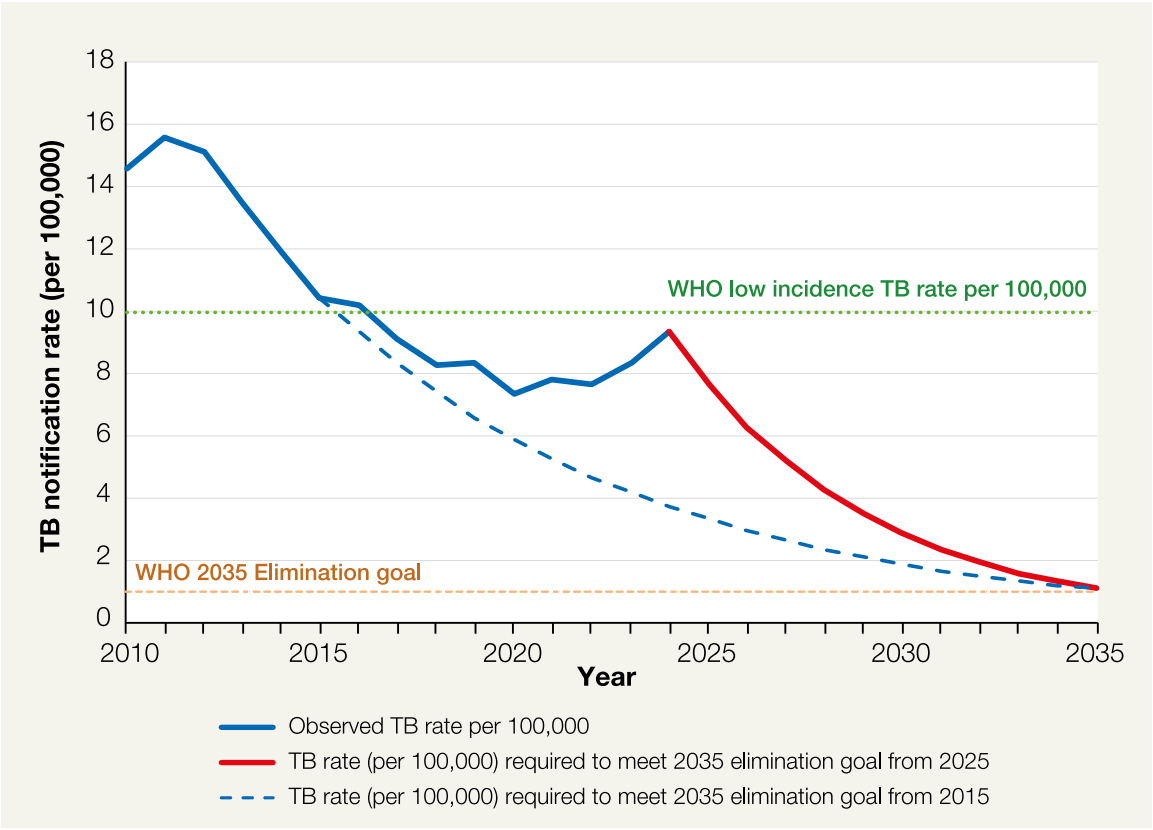
UKHSA contributes to the control of Tuberculosis (TB) working closely with the NHS to progress towards WHO elimination targets set out in the

global End TB Strategy. For England this means a reduction in TB notification rates to 1 per 100,000 people. Progress towards elimination plateaued in 2023 with incidence rates of 8.5 per 100,000 people. This remains below the WHO threshold for low incidence of 10 per 100,000 but is not on track to achieve disease elimination (1 per 100,000) by 2035.

England's status as a low incidence country is at risk and to meet elimination targets, rates now need to fall by 16% annually, much greater than any annual rate previously observed.

UKHSA has delivered improvements to the UKs capabilities by completing the onboarding of all devolved nations into the National TB Surveillance system in March 2025. Bringing all areas on the UK into a single system will help improve coordination and public health control. The rise in cases however brings organisational challenges as rising demand for care and public health intervention and investigation impact our workforce and capacity.

Chart 2: TB notification rate (per 100,000) from 2010 to 2035 alongside required decrease to maintain low incidence and achieve WHO end TB goal of 90% reduction



Antimicrobial resistance

UKHSA played a key role in the development of the second UK AMR 5-year national action plan (NAP 2024-29), which was published on 8 May 2024. The NAP sets out the ambitions and actions to support the 20-year vision for antimicrobial resistance (AMR) which sets out how the UK will contribute to containing and controlling antimicrobial resistance AMR by 2040. UKHSA

leads on one of the implementation programmes with robust governance and assurance processes to track progress against UKHSA-led work. Most NAP deliverables owned by UKHSA continue to progress on track.

As part of the UK AMR National Action Plan's focus on public engagement, UKHSA is running an ongoing campaign to promote responsible antibiotic use among 18 to 34-year-olds. The campaign emphasizes 3 key messages: don't use antibiotics for colds or flu, don't save them for later, and always follow medical advice. Fronted by the character Andi Biotic, the campaign uses engaging digital and print content, shared across social media and partner networks like the NHS, local authorities, and private organizations. Further campaign phases are planned to expand Andi Biotic's reach across diverse audiences and key moments.

The third round of Health Protection Research Unit funding in HCAI and AMR was awarded to the University of Oxford. A focus on health inequalities and understanding at risk populations is included in the workplan, particularly in the 'populations' theme of research.

Through an NIHR Senior Clinical and Practitioner Award (SCPRA), research is currently underway to identify modifiable risk factors and effective interventions that can be implemented or scaled

up to reduce inequalities in the incidence of resistant blood stream infections and antibiotic use/exposure.

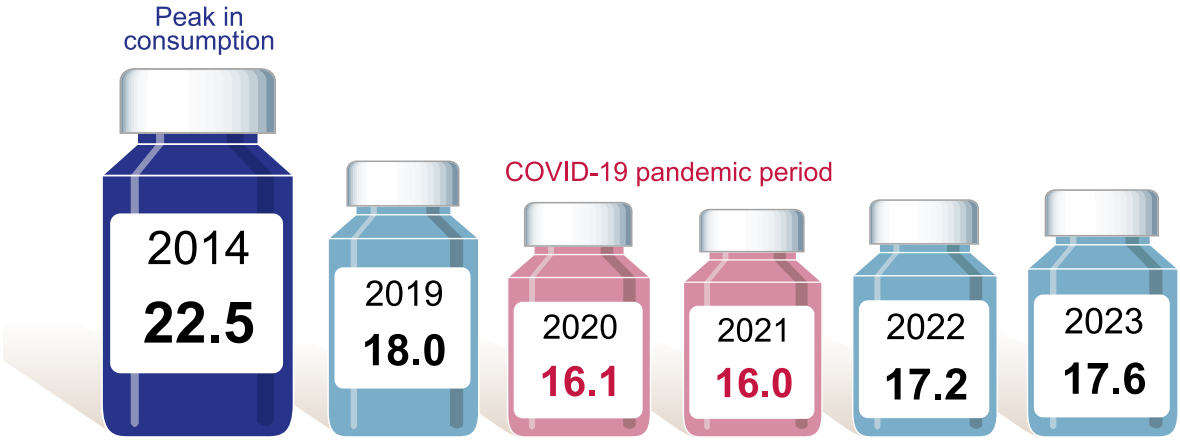
UKHSA is advancing new ways to tackle hard-to-treat infections and antimicrobial resistance (AMR) through its Open Innovation in AMR platform, part of the UK's National Action Plan on innovation. In partnership with the PACE consortium, the platform offers microbiology expertise to companies developing novel treatments. Now a PACE delivery partner, UKHSA shares its tools (such as infection models and screening technologies) globally. The platform also supports research into non-traditional therapies such as phages and antimicrobial peptides, while helping train future AMR researchers. It's also attracting external funding, including a recent grant for cystic fibrosis-related antibiotic development at King's College London.

In March 2025, UKHSA published its Point Prevalence Survey on healthcare-associated infections (HCAIs), antibiotic use, and stewardship in England based on a 2023 survey. This one-day snapshot highlighted where infection control improvements are most needed and informed risk and cost models. Individual NHS trusts received benchmarking data ahead of publication. The survey found HCAIs in 7.6% of patients - a 1% rise since 2016 - possibly due to post-pandemic strain on the system and an ageing, more complex

patient population. Antibiotic use was recorded in 34.1% of patients. Further analysis is underway to better understand these trends.

The latest English surveillance programme for antimicrobial utilisation and resistance (ESPAUR) report was published on 14 November 2024, with a continued focus on highlighting health inequalities and strengthened insights around fungal infection. The report offers a comprehensive analysis of the national data on antimicrobial prescribing, resistance and stewardship and trends. The report highlights increasing rates of resistant bacteraemia between 2019 and 2023, particularly among the most deprived populations. Antimicrobial consumption in England was 17.6 Daily Defined Doses (DDD) per 1,000 inhabitants per day (DID) in 2023, a 2.4% increase from 2022 but 1.9% below pre-pandemic levels. Most primary and secondary care settings except for dental practices saw increased antibiotic use compared to the preceding year.

Figure 1. Total consumption of antibiotics increasing towards pre-pandemic levels



(DDDs per 1,000 inhabitants per day)

UKHSA launched a whole genome sequencing (WGS) bioinformatic pipeline for Group A Streptococci in November 2024. The Opportunistic Pathogens Typing service will also benefit from a WGS bioinformatic pipeline launch in 2025. These tools will help us better understand how different bacteria are related, track how infections spread, and guide actions to stop future outbreaks from happening.

The AMR and HCAI modelling and evaluation team within UKHSA successfully delivered a landmark analysis on the Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050 (Lancet, 2024). Research on the cost-effectiveness of interventions addressing AMR continues to be

carried out as part of a dedicated workstream. The team reviewed the existing evidence (review published in the Journal of Hospital Infection[1]) and found that while cost-effective interventions exist, such as antimicrobial stewardship, screening and surveillance, the evidence base is limited and focussed on Gram positive bacteria. Results of the review have informed the development of a mathematical model that will be used to assess the cost-effectiveness of various infection prevention and control (IPC) interventions addressing carbapenemase-producing Enterobacterales (CPE) in English hospitals, to help improve the evidence base for decision-making.

Genomics

UKHSA has continued to develop our genomics and surveillance capabilities. We published the Pathogen Genomics Strategy in January 2024, setting the direction for how UKHSA will invest in and transform the use of pathogen genomics in response to public health threats.

1 Pollard, J., Agnew, E., Pearce-Smith, N., Pouwels, K. B., Salant, N., Robotham, J. V., & REVERSE Consortium. (2025). Umbrella review of economic evaluations of interventions for the prevention and management of healthcare-associated infections in adult hospital patients. Journal of Hospital Infection, 158, 47-60.

As part of this, UKHSA committed to ensuring genomic data is shared as effectively as possible through development of policies, systems and infrastructure. We have now developed our genomics data sharing Standard Operating Procedure and published this externally in January 2025. This allows us to meet our strategic aim to enable rapid data sharing with the global public health community, and the public where possible.

The Genomics Programme have also launched a world-first metagenomics initiative to aid in the rapid detection of infectious diseases that could threaten the UK. The metagenomics Surveillance Collaboration and Analysis Programme (mSCAPE) is piloting the use of metagenomic data for public health surveillance and pathogen analysis. The programme is a collaborative initiative, led by UKHSA and involving a consortium of NHS and academic partners including the University of Birmingham, University of Edinburgh, and the NHS Clinical Respiratory Metagenomics Network led by Guy's and St Thomas' NHS Foundation Trust. Metagenomic methodology allows for untargeted sequencing of patient samples for the presence of pathogenic viruses and bacteria, which is a significant step forward in detection and diagnosis abilities.

Strategic priority 4: protect health from threats in the environment

Exposure to environmental hazards, including chemicals, radiation, adverse weather, and natural disasters can result in significant ill-health and loss of life, as well as impacts on the economy and wider society. We will continue to provide scientific expertise, advice and guidance to the public and policy makers to protect health from these threats, increase public understanding and monitor the impact of climate change and environmental hazards.

Chemical, radiological and nuclear (CRN) threats

In 2024-25 UKHSA has continued to increase our and the publics preparedness for CRN incidents. Upgrades have been made to analytical toxicology laboratories and we have published guidance for the public on how to respond to radiological or chemical incidents. We have maintained stockpiles of countermeasure pharmaceutical products and consumables, with associated planning and procurements underway for 2025-26.

UKHSA has maintained and exercised its preparedness to radiation, chemical and environmental hazards. Teams responded to over 1,200 chemical and environmental hazards incidents providing advice and guidance (compared to around 1,000 in 23/24). Alongside responding to

incidents, chemical teams participated in over 43 multi-agency exercises during the year.

We continue to support public preparedness by updating online guidance for Preparedness for radiation incidents has been maintained with Radiation Protection Specialists providing input into 8 regulatory exercises at UK nuclear sites. We have continued to improve our laboratory capabilities by increasing our capabilities for high throughput radiation analysis. We have agreed memorandums of understanding with partners to ensure the transportation of vital equipment across England in case of a significant incident.

UKHSA has continued facing challenges recruiting specialist staff with suitable expertise in the chemical, radiation and nuclear fields. Despite these challenges UKHSA has increased preparedness compared to 2021 with an increased specialist workforce especially in Radiation Protection Advisors and toxicologists. Across 2025-26 we plan to review and update the CRN and workforce plan to clarify the level of preparedness we will maintain and workforce requirements.

Our experts in the chemical, biological, radiological and nuclear (CBRN) fields have continued to provide significant technical expertise to international initiatives, deliver training programmes, and collaborate with other partners to share best

practice. This includes UKHSA co-chairing the Environment and Health Task Force Bureau of the WHO Europe Environment and Health Process (EHP), where we have established and lead a partnership on poison centres in the WHO Europe region and working through our WHO Collaborating Centre for Public Health Management of Chemical Exposures to establish and strengthen capacity for poison control centres.

Air pollution, weather, and climate change

UKHSA has continued to protect the public from adverse weather and the effects of climate change across 2024-25. We published the second iteration of the Adverse Weather and Health plan (AWHP) in March 2024 and the annual report in December 2024. The AWHP is complemented by a range of products, including toolkits, guidance, action cards and public outreach advice and is supported by biannual webinars.

UKHSA have developed strong cross government links with other departments and agencies to provide advice and support to protect health during extreme weather events. Our Weather-Health Alerting system, jointly run in partnership with the Met Office and launched in Summer 2023, has over 43,000 active subscribers. This system provides cold-health and heat-health alerts and raises awareness amongst members of the public and cascades guidance to the public health sector

to support preventative action. Since its launch the extreme events team has issued 22 weather-health alerts.

Following publication of the Health Effects of Climate Change (HECC) report, UKHSA has undertaken work to establish a climate and health assessment cycle with regular special reports, responding to the need for more timely synthesis of evidence to support strategic priorities and to inform policy development. The first of these is the upcoming launch of UKHSA's Special Assessment Report on Climate Change and Mental Health, planned for launch in October 2025. Recommendations arising from the HECC report have also been synthesised to inform UKHSA and DHSC's research priorities, UKHSA's strategic policy planning, and development of key CCHS products and services. UKHSA has worked closely with NIHR to identify research priorities and to support launch of several funding calls focused on climate change and health.

Vector-borne diseases (VBDs) such as West Nile Virus and tick-borne encephalitis pose an increased risk within a changing climate. Establishment of invasive mosquitoes in the United Kingdom is expected, with implications for new pathogen risks such as Dengue. UKHSA has developed its vector-borne disease surveillance and response capabilities in the UK and in UK

Overseas Territories, with the aim of delaying, detecting, minimising, and mitigating VBD risk. In 2024-25 and so far in 2025-26, UKHSA mounted a successful response to 15 cryptic malaria cases, 3 invasive mosquito incident, 3 Tularaemia incidents and managed the first detection of West Nile virus in the United Kingdom (in mosquitoes).

UKHSA supported Defra to publish the Air Quality Information System Review. This comprehensive review into the way air quality information is communicated to the public was guided by a multi-disciplinary steering group comprised of specialists in the fields of air quality science, public health, behavioural science and digital communications, along with representatives from vulnerable communities, the public and local government.

Strategic priority 5: improve action on health security through data and insight

Data is an essential component of effective public health action. Data underpins our ability to respond and make evidence-based decisions. UKHSA will continue to develop and optimise our data and surveillance infrastructure and capabilities to keep ahead of the next health security threats and prevent them where possible. UKHSA's vision is to derive the greatest public health value out of the data we hold.

Health security and intelligence

UKHSA plays a vital role in gathering and publishing key statistics to support the planning, prevention, and response to external health threats. By making this data publicly accessible through GOV.UK, UKHSA helps inform policy decisions, advance research, and keep the public well-informed. Over the past year, UKHSA has worked with teams to improve the accessibility of their publications. This has been particularly evident for newly badged Official Statistics covering Bloodstream infections in Critical Care Units, Legionella and Heat Mortality Monitoring.

UKHSA published its first ever list of business-critical models in collaboration with DHSC, to enhanced transparency in our decision-making process. 32 models were included in the list covering everything from estimating the potential impact of avian influenza to assessing internal pay costs. This represents a significant step forward in our commitment to openness and accessibility and follows recommendations outlined in the Aqua Book for producing quality analysis.

UKHSA has continued to explore opportunities to use AI to safeguard public health. The agency has expanded our portfolio of public health use cases delivered by technical specialists in the Chief Data Officer (CDO) group working closely with subject matter experts. Notable success of AI solutions

that are in use or being piloted include Real-Time Pollen Monitoring and the Tuberculosis Screening Programme. To continue to guide this progress the agency is developing an AI strategy, aligned with the government's AI Opportunities Action Plan. The strategy lays out 4 key principles: workforce reskilling, enterprise-level adoption, investment in productivity-enhancing tools, and learning from best practices across government and industry. A corresponding delivery plan is in development, focusing on measurable outcomes.

To support access to our data, the UKHSA data dashboard shares public health data in a simple, inclusive and accessible way. The dashboard covers a range of topics such as respiratory viruses, healthcare-associated infections and antimicrobial resistance that inform public health decision making in England. This public facing dashboard has been developed to meet the needs of users, from members of the public-to-public health and policy professionals alongside the media. The dashboard has gone from strength to strength, exceeding its original target of 400,000 engagements, instead receiving 2.5m engagements in 2024-25. The dashboard has also exceeded its original target to increase the number of threats presented to 15 against a target of 14. This compares to 7 at the start of 2024-25 now covering data from all parts of the agency.

Under the UK Biological Security Strategy 2023 ‘Detect Pillar’, UKHSA led the developmental Alpha Phase of the National Bio surveillance Network (NBN). The programme follows a ‘One Health’ approach and aims to strengthen the UK’s defence against high-consequence biological threats, by unifying surveillance data across human, animal, plant, and environmental health, enhancing government assessments for decision-makers. The Alpha Phase 1 (Jan-Apr 2024) delivered four of 6 outcomes. Alpha Phase 2 (May 2024-Mar 2025) continued work on the remaining 2 outcomes: the business case for 2025-26 and the target operating model. Alpha Phase 2 is now complete. The NBN Initial Operating Capability project has transitioned to the Cabinet Office, who are leading its development. The project is funded through the Integrated Security Fund (ISF) Biosecurity Portfolio. UKHSA, APHA and Cefas are supporting the delivery. There are 3 core workstreams: a metadata catalogue, a data brokerage function, and a knowledge/community hub.

Using the Data Maturity Assessment Framework for Government, UKHSA has conducted data maturity assessments to baseline our maturity as an organisation. Following these assessment teams are implementing Data Maturity Action Plans to support future improvement. The current cumulative score is 3, in line with our initial baseline

target of reaching level 3: learning within the framework. Reaching this level demonstrates that data and analytical literacy is valued in leadership roles, embedded legal and policy requirements, staff engagement, broad drive and desire to improve data capability, and the intentional breaking down of silos. Maturity assessments will continue into 2025-26 to cover the whole organisation and identify our new target and the areas to focus development.

Strategic priority 6: develop UKHSA as a high-performing agency

Being an effective and efficient organisation is key to achieving success. We will ensure UKHSA is ready to prepare for and respond to health security challenges, at scale as required, by investing in our people and culture; partnerships and relationships; data, science and research and operational excellence.

Strengthen the agency's laboratories and science estate

UKHSA operates a network of specialist laboratories, managing high-risk human and animal pathogens, as well as radiation, chemical, toxicological, and environmental hazards. We also provide expert diagnostics and public health microbiology services to the NHS and other partners. UKHSA completed our planned

programme of investment with works taking place across the scientific facilities that provide enhancements and improvements to the infrastructure.

The government has now announced that UKHSA will be moving its scientific facilities at Porton Down and Colindale and its corporate headquarters in Canary Wharf to a new site in Harlow. This constitutes a multi-billion pound investment and the government will spend approximately £250m on the project by the end of the Parliament. The new site will open in stages from the mid-2030s with completion expected in 2038.

UKHSA has started remobilisation work on the programme with additional resources including short term external partners. This will enable the Programme to develop its Programme Business Case and start the process to procure and appoint its long-term delivery and construction partners.

Building our capabilities

UKHSA has continued to make progress in 2024-25 maturing and developing its

capabilities. The impact of the finance improvement programme can be seen in the removal of the account's disclaimer for the 2023-24 annual report and accounts. This is a significant achievement and is an indicator of the significant improvement across the organisation's financial

control environment. Work continues with a new programme established to continue the improvement and development of financial management across the agency.

UKHSA has continued to mature and develop its planning, governance, risk and performance functions. Across 2024-25 UKHSA concluded 17 assurance audits from the plan at time of writing. Of those finalised, UKHSA had a 59% rate of positive assurance opinions. This is a significant improvement from the 12% positive seen in 2023-24.

Recent audits of our business planning processes indicate continued progress since UKHSA's initial audit in 2022–23. The findings highlight that UKHSA has established robust performance monitoring systems that effectively support the tracking of strategic objectives and enable informed management decisions.

Steps have also been taken to strengthen the alignment between risk and performance. This includes the regular review of strategic risks at Executive Committee (ExCo) meetings and the integration of risk registers into financial planning. Looking ahead, further development is planned to enhance these processes by unifying operational and strategic reporting. This will ensure better alignment across workforce planning, financial management, and performance tracking.

UKHSA restructured its senior leadership in 2024-25 to enhance efficiency, reducing the SCS cadre by 18 positions (13%) and improving governance. While the transition continues into FY 2025-26, short-term instability remains due to senior departures, ongoing leadership adjustments, and the need to fill 29 substantive SCS posts, many of which are temporarily occupied. External recruitment offers a chance to strengthen diversity and leadership capability, ensuring structures remain fit for the future. A review of the impact of these changes will be essential in the coming year.

UKHSA has published its first Annual Clinical and Health Protection Quality Report (2024-25). This first report was published internally and sets out UKHSA's aims and progress toward delivery of UKHSA's health protection governance and quality strategy. It also provides an overview of clinical and health protection governance arrangements and planned improvement activities. The second Annual Clinical and Health Protection Quality Report will be published as an appendix to this corporate report in 2026.

UKHSA has an established Central Portfolio Management Office (CPMO) to act as a centre for excellence for the delivery and governance of programmes and portfolios across UKHSA. The delivery of change is best supported by specific approaches to approvals, governance and

implementation given the value and risk involved. To provide this CPMO has an established Project Delivery Governance Framework and across 2024-25 oversaw a range of high-profile programmes of work to provide assurance on project progress and alignment with goals.

This framework applies to portfolios, programmes and projects undertaken within the UK Health Security Agency and is referred to at initiation, when a project moves into a new phase of delivery, whenever key decision points are reached, and during independent reviews of delivery confidence. The scope of the framework includes governing committees/boards, roles and responsibilities, approvals of funding, categorisation, key documents, assurance, risk management, benefits management and lessons learned.

Communication and partnerships

UKHSA communicates with the public through a range of channels to help protect their health. A significant improvement in 2024-25 is embedding our risk comms operating model. We have a trained cadre of around 10 comms incident response leads across the directorate, who direct and deliver comms response to incidents. We have been able to use these improved ways of working to respond to several high-profile incidents including mpox, Lassa fever and H5N1. This has resulted in better engagement, media coverage

and stakeholder buy-in ultimately supporting the public to take action to protect their health.

UKHSA delivered a new national Childhood Immunisation marketing campaign, the first in England for 20 years, and our campaign evaluation reported just over 70% of parents acting, after seeing the campaign content. Our winter vaccine marketing campaign was also highly successful, with over 1.5 million direct visits from the digital campaign content to NHS.UK far exceeding the KPI target of 500,000.

UKHSA's third conference was a huge success in Manchester at the end of March, with 1,500 staff and stakeholders gathering to hear a varied programme. Event evaluation showed that over 80% of delegates praised the diversity of the programme and that we provided a valuable networking opportunity. This year we also launched a new stakeholder webinar series, UKHSA Presents, specifically to promote our data and science. Attendance has been growing steadily since our first edition in Autumn 2024.

Research partnerships

UKHSA has maintained good progress in identifying its research and scientific evaluation priorities and partnering with industry and academia, the most notable example being the National Institute for Health and Care Research

Health Protection Research Units, bringing together UKHSA and universities to support priority research in key areas. UKHSA has finalised its research prioritisation framework and agreed governance arrangements. These will be published in Q1 2025-26. UKHSA contributes to the UK Government Funders Group through sharing research and scientific evaluation priorities and contributes to 4 nations and internationally to other governments to share best practice on research prioritisation, evidence synthesis, and other research topics.

Global health partnerships

Throughout 2024-25, UKHSA has continued to develop and strengthen new and existing partnerships with public health institutes and agencies around the world. In late 2024, UKHSA signed a new Memorandum of Understanding with the Singapore Communicable Diseases Agency, strengthening the relationship between the two agencies and supporting future collaboration.
In early 2025, UKHSA signed a Data Sharing Agreement (DSA) with the European Centre for Disease Prevention and Control (ECDC), allowing greater access for UKHSA to the European surveillance portal for infectious diseases (EpiPulse), operated by ECDC. The UK was the first country with third party status to sign a DSA with ECDC.

UKHSA has also continued to support the World Health Organisation (WHO) through hosting 9 WHO Collaborating Centres, deploying UKHSA technical expertise in support of global evidence generation and policy making in specialist areas. In 2024-25, this included the establishment of the WHO Collaborating Centre for Research into Epidemics and Pandemics. The agency has continued to host 8 WHO Affiliated Laboratories, and we are also a major centre for health security training in the UK and internationally.

Throughout 2024-25, the Chief Executive served as the elected chair of the Steering Group of the WHO Pan-European Network for Disease Control, supporting the strategic direction of the network, which aims to strengthen Europe's contribution to better enable the world to respond effectively to public health threats.

Responding to public inquiries

UKHSA has continued to provide extensive evidence to the UK COVID-19 Public Inquiry during this reporting year, including on behalf of its predecessor organisations, Public Health England, NHS Test & Trace and the Vaccines Task Force. UKHSA has submitted multiple corporate witness statements and extensive documentary disclosure in relation to Module 3 (Impact on Healthcare); Module 4 (Vaccines and Therapeutics); Module 5 (Procurement), Module 6 (Impact on the Care

System) and Module 7 (Test, Trace and Isolate). UKHSA has also supported the work of other public inquiries during the reporting year, receiving the report of the Infected Blood Inquiry and providing evidence to the Inquiry into the Death of Dawn Sturgess.

Equalities and health equity

UKHSA is committed to achieving more equitable outcomes to ensure that we can deliver on our mission to protect every person in every community.

Health threats impact people in different ways and have a disproportionate impact on some individuals and communities. Therefore, we need to be able to target and tailor our action to people and places most at risk from health threats to ensure that we contribute to addressing health inequalities and achieving health security for all. We work closely with the Department for Health and Social Care, the NHS, national and local government partners, the Association of Directors of Public Health and communities to provide the evidence, data, and public health advice to improve health outcomes.

The UKHSA Health Equity for Health Security strategy 2023-2026, launched in 2023 and published more widely for external partners in December 2024, provides an organisational roadmap that sets out how UKHSA will contribute

to government wide efforts to address inequalities and improve people's chances of living well for longer. The strategy, underpinned by annual action plans, focuses on creating the capability and capacity within the agency to achieve UKHSA's cross-cutting goal to achieve equitable outcomes, across all of UKHSA's 6 strategic priorities.

Progress on improving health equity through the strategic priorities is outlined under the relevant sections above. We set out the achievements of the 2024-25 Health Equity for Health Security Strategy action plan below. We have strengthened the evidence base on the disproportionate impact of health threats on certain populations. This includes developing a comprehensive briefing on health inequalities in health protection, outlining the impact of infectious disease and environmental hazards on inequalities by ethnicity, deprivation, geography and for inclusion health groups. Recognising the limited data on inclusion health groups.

UKHSA is also working with academia to shape the research agenda and ensure that this supports in delivering health equity. This includes codeveloping plans for the third round of the Health Protection Research Units (launched on 1 April 2025), ensuring that health equity is a core thread and focus. This round sets out extensive health equity projects across CORE20PLUS population

groups and topics including modelling, intervention development and evaluation, economics and tools/ frameworks, laying the foundations to ensure that health equity is continuously considered as the HPRUs develop in the coming years.

Recognising the intersecting vulnerabilities across health threats, we have continued to promote and adopt a people and place approach in our public health advice and guidance. This includes our response to incidents and working with other government departments to adopt population and setting principles to plan for and respond to outbreaks. For example, UKHSA has led work with stakeholders to develop the Supporting safer visiting in care homes during infectious illness outbreaks - GOV.UK; providing principles for advice and decision making to safely plan and protect visits during outbreaks of infectious illnesses and leading work to support Module 6 of the COVID-19 Inquiry focussing on the Care sector. Across national incidents, the health equity in incident response toolkit has been rolled out to staff, and health equity experts have provided extensive support to incidents that are relevant to communities in CORE20PLUS groups such as mpox and C.auris.

Our partnerships continue to be crucial to implement a people and place approach and deliver more equitable health protection outcomes.

UKHSA has worked in partnership with the Home Office, NHS England, academia and voluntary organisations to deliver a pilot of early health assessments for asylum seekers in ringfenced hotels. This will identify the effectiveness, including cost effectiveness, of the intervention and inform future policy and planning.

Recognising the importance of equitable engagement with communities to build trust, UKHSA has co-created a community engagement approach to provide consistency across the agency. We have worked closely with community organisations and people with lived experience to strengthen and cocreate public health messaging to respond to vaccine preventable disease, including a collaboration with Nottingham University that has secured a £100,000 NIHR grant for campaign evaluation and communication campaigns such as on antimicrobial resistance and vaccination. We work closely with DHSC and NHSE to support the Voluntary, Community and Social Enterprise Health and Wellbeing Alliance, working alongside the charity sector to address health inequalities across the system.

We continue to build our culture in UKHSA to deliver health equity. This was reflected at the 2025 UKHSA Conference, in which health equity was the key theme. Focussed sessions explored health protection needs across CORE20PLUS

populations and other sessions explored how health equity can be advanced across topics such as pandemic preparedness, commercial partnerships, and innovation.

UKHSA continues to meet its legal duties on health inequalities and the public sector equality duty. We continue to deliver against the Public Sector Equality Duty Objectives for 2023-2026 which map against the 4 key areas of the Health Equity for Health Security Strategy. The 2024-25 Public Sector Equality Duty Report, which outlines our progress in meeting these objectives is available at: https://www.gov.uk/government/publications/ukhsa-public-sector-equality-duty-psed-report.

Financial review

Accounts direction

The financial statements contained within this annual report and accounts relate to the financial year ending 31 March 2025. They have been prepared in accordance with the Accounts Direction given by HM Treasury under section 7(2) of the Government Resources and Accounts Act 2000.

Accounts preparation and overview

The accounts set out on page 327 onwards consist of primary statements that provide summary information and accompanying notes.

They comprise a:

- Statement of Comprehensive Net Expenditure (SoCNE)
- Statement of Financial Position (SoFP)
- Statement of Cash Flows (SoCF)
- Statement of Changes in Taxpayers' Equity (SoCTE)

The accounts were compiled according to the standards set out in the Government Financial Reporting Manual (FReM) issued by HM Treasury, which is adapted from International Financial Reporting Standards (IFRS). The accounts have

been prepared on a going concern basis as outlined in Note 1 to the financial statements.

As detailed in the governance statement, UKHSA has made significant progress in improving its high-level governance arrangements and financial controls. UKHSA received a qualified audit opinion in relation to its 2024-25 accounts which is qualified in respect of the prior year comparatives for the CVU transactions. The 2023-24 audit opinion was qualified as it was not possible for the C&AG to obtain sufficient appropriate audit evidence over the opening balances as at 1 April 2023, and consequently in-year transactions in the SOCNE and cashflows for 2023-24 in relation to the Covid vaccine unit (CVU)'. Further details on CVU can be found within the accounts in Note 22.

Management have completed significant assurance work over the accounts, utilising both internal staff and an external support contract and are satisfied that the accounts are a true and fair representation of the conditions at the balance sheet date.

Our funding regime: budget analysis

Funding for revenue and capital expenditure was received through the parliamentary supply process as Parliamentary funding and allocated within the main DHSC estimate. We also received significant additional income from services provided to customers.

Funding in the year ending 31 March 2025

For 2024-25, the funding limit set by DHSC for non-ring fenced RDEL was £2.1 billion which included £0.5 billion of Core funding, £0.9 billion for the COVID Vaccine Unit (CVU) and £0.7 billion for Vaccines and Countermeasures Response (VCR).

Financial performance against budget

In the year ending 31 March 2025, UKHSA achieved its financial targets by managing resources in line with the budgets set and allocated by DHSC. UKHSA's outturn was an underspend of £213.6 million (2023-24 £47.6 million) on a total revenue non- ring-fenced operating budget of £2.1 billion (2023-24: £2.3 billion).

UKHSA undertook a wide range of operational activities. The financial performance of our Core activities was an underspend expressed as 0.2% of the operating budget and within the 1% target to which we are held accountable. Variations across other categories including vaccines and other countermeasures are expected with decisions made outside of UKHSA's control. Financial performance within each category was reported to UKHSA's management throughout the period.

Financial control was achieved across the organisation through budgetary allocations, which were flexed during the period as required and depending on public health priorities. Financial performance was monitored through high level

reports to the DHSC and the UKHSA Executive Committee, and by detailed reports to senior management teams and individual budget holders.

UKHSA's financial outturn was supported by external operational income earned from trading activities, royalties and research funding.

UKHSA operates in a challenging and ever-changing environment, however the organisation remains well placed to continue to manage its resources and deliverables in line with anticipated future funding settlements. Expenditure is reviewed continually as part of the efficient management of the organisation.

Operating expenditure continued to be largely funded by Parliamentary funding from DHSC. A commercial strategy supported the organisation in continuing to deliver income at sustainable levels, recognising that at least some of this was driven by market demand.

Due to different funding streams, UKHSA reports separately on Core funded activities, COVID Vaccine Unit (CVU) funded activities, Vaccines and Countermeasures Response and Capital (excluding CVU and Vaccines) funded activities. The following tables provide a summary of UKHSA's financial performance for the year showing a high-level breakdown for each of these areas.

Core budgets

The financial performance for core activities is summarised below.

There was an underspend against these budgets of £45 million. We have been working in collaboration with DHSC colleagues and we agreed a number of actions that increased our expenditure in the final month of the year. This recognised pressures which had emerged and brought forward planned spend from 2025-26 with DHSC providing additional budget cover. The driver of the underspend is from budget cover provided for the write-off of potentially unrecoverable debt which was not utilised. Without this additional budget cover the variance would have been £1m or 0.2% of the Core budget. This is within the 1% accuracy measure to which we are held accountable.

Table 1: Core budgets

Core budgets	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Variance (%)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Core activities – admin	135.8	137.0	(1.2)	(0.9%)	17.4	131.6	(114.2)
Core activities – programme	320.8	320.6	0.2	0.1%	387.3	264.0	123.3
Total Core activities	456.6	457.6	(1.0)	(0.2%)	404.7	395.6	9.1

Core budgets	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Variance (%)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Core – unrecoverable debt	63.1	16.7	46.4		-	-	-
Total Core Budgets	519.7	474.3	45.4		404.7	395.6	9.1

COVID-19 budgets

2023-24 was the final year of funding for COVID-19 activities. Maintaining the capabilities developed in previous years has now been transferred to Core budgets.

Table 2: COVID-19 budgets

COVID-19 budgets	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
COVID-19 – admin	-	-	-	150.0	10.6	139.4
COVID-19 – programme	-	-	-	79.7	172.1	(92.4)
Total COVID-19	-	-	-	229.7	182.7	47.0

COVID Vaccine Unit (CVU) budgets

From 1 October 2022, the responsibility for purchasing COVID-19 vaccines was transferred into UKHSA as the COVID Vaccine Unit.

Budgets were underspent by £127.9 million. Demand modelling through the year identified that

the budget allocation set out at the last spending review will not be utilised and an underspend position has been declared. DHSC has been consulted throughout the year on CVU, and the outturn reflects the position agreed with the Department. Minimum order quantities received from the NHS and Devolved Administrations to deliver the Autumn 2025 campaign have been agreed to inform the 2024-25 outturn.

The negative capital costs and underspend were generated by purchases from contracts agreed in the previous financial year and delivered in 2024-25.

Table 3: CVU budgets

COVID Vaccine Unit (CVU) budgets	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
COVID Vaccine Unit - admin	10.0	9.0	1.0	7.7	7.5	0.2
COVID Vaccine Unit - programme	918.1	789.3	128.8	1,063.9	1,094.4	(30.5)
CVU Capital	(145.7)	(143.9)	(1.8)	(85.3)	(217.0)	131.7
Total CVU	782.4	654.5	127.9	986.3	884.9	101.4

Vaccines and countermeasure response budgets

The financial performance for Vaccines budgets is shown separately below.

Responsibility for the policy and strategy for 2024-25 for these areas rested with DHSC, however UKHSA controlled inventory and therefore accounted for inventory during the year. We have demonstrated efficiencies through the commercial approach to deliver vaccines throughout the year.

Table 4: Vaccines budgets

Vaccines budgets	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Non-COVID-19 Vaccines and Countermeasures	630.0	599.8	30.2	565.1	543.3	21.8
COVID-19 Vaccines Distribution Programme	29.0	20.7	8.3	30.3	30.3	0.0
COVID-19 Medicines	-	-	-	1.2	1.2	0.0
Vaccine Deployment Capital	-	-	-	2.0	2.2	(0.2)
VCR Capital	92.1	94.1	(2.0)	20.6	14.6	6.0
Total Vaccines	751.1	714.6	36.5	619.2	591.6	15.6

Capital budgets (excluding those for CVU and vaccines above)

The financial performance for the remaining capital budgets are shown as follows.

The underspend in core budgets is £17 million. Spend from major projects had been planned to be delivered in the final quarter of the year however

this fell below plan. A particular area of underspend was in maintaining laboratory estates.

Table 5: Capital budgets

Capital budgets (Excluding CVU and Vaccines)	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
COVID-19	-	-	-	(16.8)	(14.5)	(2.3)
Core Capital	106.2	88.9	17.2	86.3	100.3	(14.0)
Total Capital	106.2	88.9	17.2	69.5	85.8	(16.3)

RDEL and CDEL Summary

The above analysis of financial performance may be restated in terms of resource and capital departmental expenditure limits (RDEL and CDEL).

In terms of non-ring fenced RDEL and CDEL (the activities described above) these may be summarised as follows:

Table 6: RDEL Non-ringfenced and CDEL outturn against budget

Category	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Non-ring fenced RDEL	2,106.8	1,893.2	213.6	2,302.6	2,255.0	47.6
CDEL	52.6	39.1	13.5	6.8	(114.3)	121.1

The financial performance for ring-fenced RDEL spend is summarised in the below table. Ring-fenced RDEL relates to depreciation, amortisation and impairments.

Table 7: RDEL ringfenced outturn against budget

Ringfenced resource budgets were not delegated to ALBs for 2024-25. DHSC group finance determined that sufficient budget was held by the department to manage this centrally at a health group level.

Ring-fenced-RDEL	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Ring-Fenced RDEL	0.0	121.4	(121.4)	382.0	369.7	12.3

The financial performance for Annually Managed Expenditure (AME) spend is below. AME relates to movements in provisions. There was a significant decrease in the movement of vaccines and legacy testing provisions compared to the previous year.

Table 8: AME outturn against budget

Annually Managed Expenditure	Budget 2024-25 (£m)	31/3/25 Outturn (£m)	Variance (£m)	Budget 2023-24 (£m)	31/3/24 Outturn (£m)	Variance (£m)
Annually Managed Expenditure	0.0	(32.4)	32.4	0.7	(257.2)	257.9

The financial performance information above forms the basis of the Statement of Comprehensive Net Expenditure.

These tables are not a replica of the Statement of Comprehensive Net Expenditure reported in the accounts. The headings used in this table reflect the categories of ring-fenced expenditure agreed with our parent department, DHSC.

The tables present UKHSA's figures in £millions. The financial statements and notes in the main accounts report in £thousands. Some minor rounding differences may therefore appear when any grouping of figures is compared.

Relationships with suppliers

We were committed to the Better Payment Practice Code, the policy being to pay suppliers within 30 days of receipt of a valid invoice.

We established the following internal targets:

- 75% to be paid within 10 days of receipt of a valid invoice

- 95% to be paid within 30 days of receipt of a valid invoice

Our system reports did not exclude invoices held due to supplier disputes therefore payment would have been slightly faster than the statistics recorded below when excluding disputed invoices.

For the year ending 31 March 2025, 58% and 78% of supplier bills (by value and volume respectively) were paid within 10 days (2023-24: 83%% and 77%) and 91% and 92% within 30 days (2023-24: 93% and 90%).

Table 9: Payment of suppliers performance

Payment Period in Days	0 to 5	6 to 10	11 to 30	Over 30	Total
Value of invoices (£'000s)	973,618	312,454	733,218	201,378	2,220,668
Percentage	43.84%	14.07%	33.02%	9.07%	100.00%
Number of invoices	44,264	6,975	9,484	5,137	65,860
Percentage	67.21%	10.59%	14.40%	7.80%	100.00%

Exposure to liquidity and credit risk

Since UKHSA's net revenue resource requirements were mainly financed through Parliamentary funding, the organisation was not exposed to significant liquidity risks.

In addition, most of our partners and customers were other public sector bodies, which means there was no deemed credit risk. The debt associated with the Managed Quarantine Service (MQS) (a function that transferred to UKHSA from DHSC on 1 April 2022) was the exception to this, where debt was owed from passengers who entered the UK during the pandemic and were subject to managed quarantine services.

A significant expected credit loss transferred to UKHSA by absorption alongside the associated MQS debt balance (see financial statements Note 14 for further details). UKHSA had procedures in place to regularly review credit levels. For those organisations that were not public sector bodies, UKHSA had policies and procedures in place to ensure credit risk was kept to a minimum.

Pensions costs for current staff

The treatment of pensions liabilities and relevant scheme details are set out in the Remuneration and staff report.

Assets and liabilities

There has been one key change in the Assets and Liabilities for UKHSA, namely the fact that by year end, the organisation no longer held provisions relation COVID vaccines as all vaccines due under historic COVID contracts had been received.

Efficiency measures and delivering value for money

UKHSA participated fully in the government's governance controls and transparency rules. Expenditure and procurement controls are embedded throughout UKHSA's business-as-usual processes and complement operational management.

Porton Biopharma Ltd

Porton Biopharma Ltd (PBL) was formed on 1 April 2015, as a spin-out company undertaking pharmaceutical development and production processes. PBL is a company limited by shares, with 100% of the shares being owned by the Secretary of State for Health and Social Care. In turn, the Ministers have directed that the operational relationship with PBL should now be through UKHSA (previously through PHE). The company is based at Porton Down, within the facility owned by PHE formerly.

Audit services and costs

The Comptroller and Auditor General is head of the National Audit Office (NAO) and is appointed as the external auditor of UKHSA under section 7 of the Government Resources and Accounts Act 2000. The auditor's remuneration for 2024-25 was £900,000 (2023-24: £960,000). This is a notional fee.

The internal audit function has been provided by Health Group Internal Audit Service, part of the Government Internal Audit Agency (GIAA) under a non-statutory engagement to provide an independent review of the systems of governance, risk management and internal control.

Sustainable development and environmental management

Compliance statement

This compliance statement underpins our commitment to phase 2 of HM Treasury's Taskforce on Climate-related Financial Disclosure (TCFD). Within this framework, we have assessed that we do not consider climate to be a principal material risk to our estate, at this time, and will therefore manage climate-related risks in the same way as other risks as part of our overall risk management process. But for completeness we voluntarily report, as part of phase 2 of the TCFD framework, any practicable measures we have put in place, to comply with the TCFD recommendations and disclosures for compliance, risk, strategy, and metrics. We also intend to implement and report on any future phases of the TCFD framework as part of this reporting process.

Governance

As highlighted above we are committed to implementing the TCFD framework, where necessary, with the governance around climate related risks and opportunities being undertaken. In the past year we have had a number of senior managerial changes at UKHSA, which have meant the governance structures for the reporting of

climate related risk have changed, we expect to resolve this in the coming year.

Climate related risk

UKHSA has used the UK Climate Impact process to assess the risks and opportunities to its estate from an ever-changing climate and have highlighted the mitigation and adaptation actions that it will take across the organisation should any parts of its estate, or operations, be affected.

The outcomes of our Climate Change Risk Assessment (CCRA) have been included in the corporate risk register captured within Symbiant. The CCRA will be assessed annually by the Sustainable Development Working Group (SDWG) membership and be communicated to the Risk Committee, UKHSA Board and Executive Committee.

Climate related risk has the potential to impact on all aspects of our business, not only in a physical way but also financially. Should there be a climate related incident our business continuity plan will be activated and as such various layers of management will be communicated with to resolve the issue. We will continue to assess climate related risk annually, including possible financial impacts for the organisation, with any findings

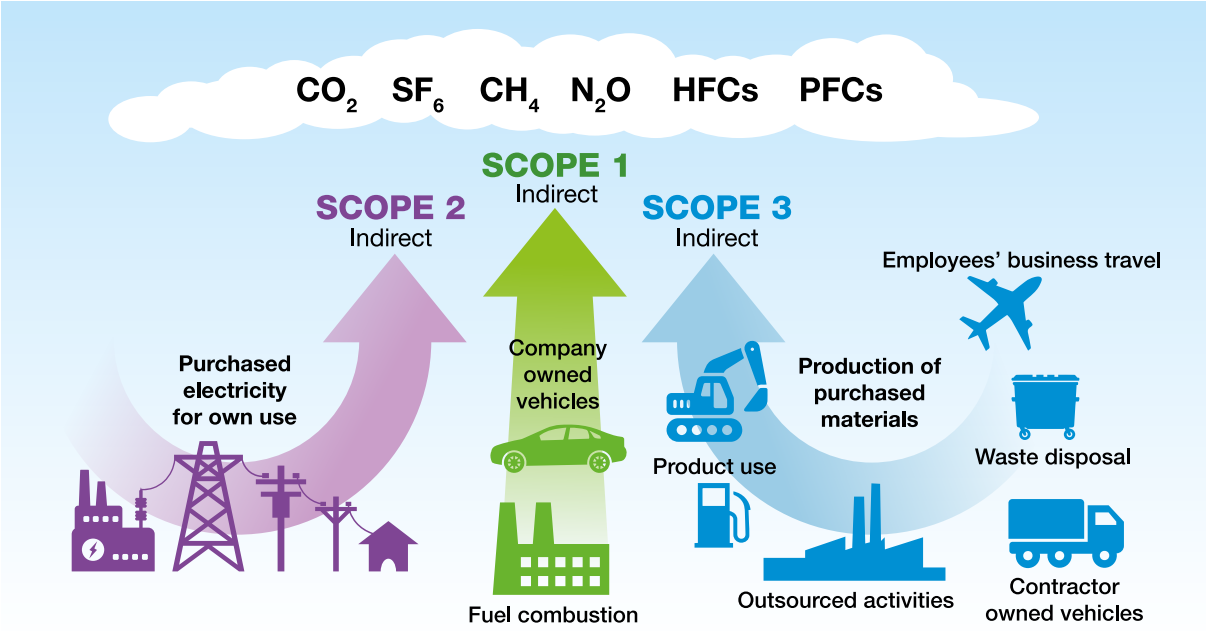
identified reported to specific senior management teams for action.

Metrics and targets

UKHSA is reporting under the government's framework for sustainability reporting 2024–25. The report includes quantitative metrics, targets, and related qualitative insights. Previous years data including the UKHSA baseline is available in the published 23-24 annual report.

Data in this report is comprised of Scope 1, 2 and 3 carbon emissions where applicable (diagram 1). It includes emission data from our owned scientific sites, and offices under Government Property Agency ownership. This is our reporting boundary but for completeness we have included our non-reportable sites. It is based on an establishment of 6,252 full-time equivalent posts, and an overall Net Internal Area comprising some 113,964 m^2.

Diagram 1: Overview of emissions within scope 1, 2 and 3



As approved by DEFRA, emissions data for the Harlow site will be shown separately, due to it being under construction.

In line with Greening Government Commitment (GGC) target requirements, we can report the following, compared to last year.

Table 1: GGC targets and performance for 24-25

Headline target area	GGC target %	Actual figure %
Energy	5% reduction per annum tCO_2e	-4.60
Total waste	15% reduction per annum m^3	-1.40
Water use	8% reduction per annum m^3	+3.00
Business travel	20% reduction per annum tCO_2e	-5.46

Analysis indicates that UKHSA's total carbon emissions for the year 2024-25 are 9,186 tCO_2e compared to an updated figure of 9,439 tCO_2e for 2023-24 a 2.7% reduction this is a decrease of 253 tCO_2e from our whole estate compared to the previous year, and a 7.4% reduction from our baseline year (Table 2).

GGC non-reportable sites across our estate comprise offices, and other facilities, that are reported separately by the premise's landlord. Some of our UKHSA sites generate some of their own energy from photovoltaic renewable sources, these energy figures are also included in the reportable total.

Over the last year, our reportable business travel emissions, under GGC reporting standards have been 592 tCO_2e, compared to 490 tCO_2e, in 2023-24 a 21% increase of 102 tCO_2e. This does not include international air travel, and travel by Eurostar. These data are mandatory for GGC reporting however are not currently included in emissions targets which was 1,175 tCO_2e in 2024-25, compared to 484 tCO_2e in 2022-23 a 143% increase of some 691 tCO_2e.

Table 2: Greening Government commitment breakdown

Total Estate	2023-24	2024-25
Total emissions by scope, tonnes CO_2e	9,439	9,186
Total Emissions Scope 1 + 2 (tCO_2)	6,293	5,873
Total gross emissions from non-reportable sites Scope 1 + 2 (tCO_2)	1,491	1,193
Renewable Energy tCO_2	159	146
Scope 3 (Business Travel and other emissions)**	515	608
Other Travel (International air and Eurostar)*	783	1,175
Harlow	198	191

* Non-reportable emissions under GGC guidelines

** Scope 3 also includes travel of vehicles disposing PPE waste by third party and homeworker emissions and business travel

Greenhouse gas emissions

The data overleaf shows the GGC data for the UKHSA's 2023-24 to 2024-25 operations.

Table 3: Greening Government commitment breakdown by indicator type

GREENHOUSE GAS EMISSIONS		2023-24	2024-25
SCOPE 1 + 2 + 3			
Non-financial indicators (tCO_2)	Natural gas	1,487	1,192
	Natural gas (non-reportable sites)	614	430
	Fuel oil	180	265
	Process emissions	248	271
	Fugitive emissions (F-Gas)	261	82
	Mains electricity (non-reportable sites)	876	763
	Mains electricity (Scope 2 + Scope 3)	4,060	4,041
	Owned/leased vehicles	21	22
	Renewable electricity	159	146
Related energy consumption (kWh)	Natural gas	8,129,750	6,512,118
	Natural gas (non-reportable sites)	3,358,482	2,350,682
	Fuel oil	699,812	1,031,391
	Process emissions[2]	1,355,171	1,562,851
	Mains electricity (non-reportable sites)	3,895,154	3,386,289
	Mains electricity (Scope 2 + Scope 3)	18,043,490	17,931,093
	Renewable electricity[4]	706,037	649,687
Related consumption ($kgCO_2$)	Fugitive emissions (F-Gas)[3]	260,805	82,260
Related Scope 1 travel (km)	Owned/leased vehicles	198,367	243,067
Financial indicators (£)	Natural gas	381,064	568,207
	Fuel oil[1]	85,283	51,722
	Owned/lease vehicles (fuel/i-expenses)	16,603	48,299
	Fugitive emissions (F-Gas)[3]	10,295	0
	Mains electricity (reportable)	4,040,044	4,114,271
	Renewable electricity[4]	90,717	83,483
Total Emissions Scope 1 + 2 +3 (tCO_2)		**6,257**	**5,873**
Total gross emissions from non-reportable sites Scope 1 + 2 (tCO_2)		**1,490**	**1,193**
Renewable Energy tCO_2		**159**	**146**

1 Fuel oil only calculated for reportable sites

2 Process emissions from the Porton incinerator

3 F-Gas costs from UKHSA's major owned sites are absorbed as part of the service contract.

4 Renewable energy from Porton, Chilton and Colindale PV

Chart 1: UKHSA's Scope 1 and 2,3 Utility greenhouse gas emissions

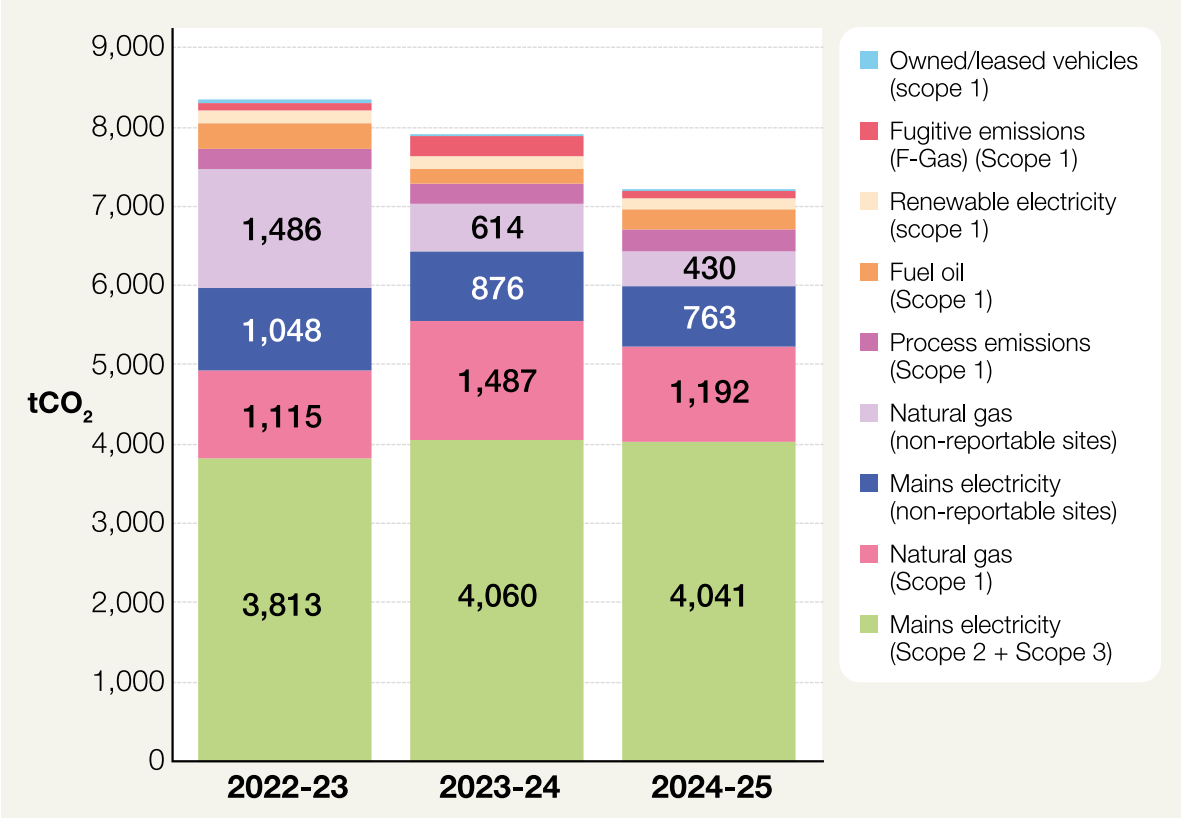


Table 4: Scope 1 and 2,3 emissions for UKHSA Harlow

UKHSA HARLOW GREENHOUSE GAS EMISSIONS		2023-24	2024-25
Non-financial indicators (tCO_2)	Natural gas	0	0
	Mains electricity	198	191
Related energy consumption (kWh)	Natural gas	0	0
	Mains electricity	881,723	849,257
Financial indicators (£)	Natural gas	0	0
	Mains electricity	392,358	497,848
Total Gross Emissions		**198**	**191**

Homeworker emissions

At UKHSA we had an average of 1,315 FTE members of staff who are classified as homeworkers working a 37.5 hr week across 2024-25. It is possible to estimate the Scope 3 Carbon emissions from those members of staff using the DEFRA emissions factors, which estimate the emissions per worker per hour in kg. Below is a breakdown of these emissions based on the average hours per FTE across a year, this factor and our total number of FTE. This was broadly in line but increased slightly with the small rise in home worker FTE.

Table 5: Carbon dioxide emissions from home workers (office equipment + heating)

Year	Total home workers (FTE)	Hours worked per year (h)	Factor per hour (kgCO2e)	Carbon dioxide emissions (tCO2e)
2023-24	1,256	1,725	0.33378	723
2024-25	1,315	1,725	0.33378	757

Table 3 above details our GGC Scope 1 and 2 data for the last 2 years. Emissions from Gas usage continue to fall from our baseline year, unfortunately our emissions from electricity has increased due to us now reporting on our leased GPA properties. In the last year we have had an issue with the Photo Voltaics (PV) at our Chilton site for a large period of the year, so the benefits from having PV have not been fully realised from this site this year. We have also seen a reduction in energy usage at our Harlow site as the site is not in use.

Our non-reportable GGC data in 2024-25 has seen a large energy reduction in emissions compared to last year. This is believed to be due to the number of staff working flexibly from these offices.

Water consumption

The 2024-25 reportable usage of water for the owned estate was 88,689 m^3, with a further 8,309 m^3 having been estimated by our non-reportable sites. For 2023-24 this was 85,375 m^3

for our owned estate, and 13,829 m^3 for our non-reportable sites. There has been an increase of 4.00% on last year's overall figure for our reportable sites, and a 24% increase on our baseline figure.

We have seen a 40% reduction in non-reportable site usage, this reduction was due, in part, to the GPA sites now being reported under the reportable data figure, though clearly this has raised the reportable usage figure, also we have had some major leaks, in the last year, from some of our science sites, that were identified and repaired by the site estates facilities team. We do not have any data with regards indirect water usage, either through upstream or downstream services or products.

Table 6: Scope 3 water usage

Water		**2023-24**	**2024-25**
Non-financial indicators (m^3)	Water from office estate (reportable)*	2,700	3,508
	Water from whole estate (reportable) [excluding office estate] *	82,675	85,181
	Total for reportable estate (m^3)	**85,375**	**88,689**
	Water from office estate (non-reportable)	7,230	2,732
	Water from whole estate (non-reportable) [excluding office estate]	6,599	5,577
	Total for non-reportable estate (m^3)	13,829	8,309
Financial indicators (£)	Water supply costs*	**210,411**	**256,781**

*Cost from our owned estate only

Our non-reportable estate is a mixture of office and laboratory facilities, which makes it difficult to differentiate their water usage into any meaningful datasets. Water that was consumed at offices and laboratories embedded in tenanted, non-reportable accommodation was estimated using a recognised benchmarking algorithm.

Table 7: UKHSA Harlow site

WATER (Harlow)		2023-24	2024-25
Non-Financial Indicators (m^3)	Water usage	4,938	6,380
Financial Indicators (£)	Water supply costs	21,074	16,635

Waste

The UKHSA's total waste figure for 2024-25 was 542 tonnes compared to the 2023/24 figure which was 560 tonnes a 3% decrease and a 23% decrease from our base line year. Non-hazardous waste sent to landfill, from across our owned estate, was some 14 tonnes this year. Approximately 10 tonnes of ICT waste have been processed by Restore Technology Limited (RTL) who have been engaged to recycle and reuse, wherever possible, all redundant ICT equipment. We also have measures in place to calculate the amount of food waste we dispose of, which was approximately 29 tonnes.

Due to the nature of the work carried out across our estate, a significant quantity of hazardous waste is produced, and controls are in place to manage this. Most of this waste is sent for incineration, in compliance with government guidelines.

Initiatives have been introduced to reduce waste at all locations, covering both offices and laboratories. Contractors working at UKHSA sites are constantly reminded about their obligation to reduce their waste wherever possible, in line with UKHSA's waste policy and the associated management arrangements.

Table 8: Total scope 3 waste (non-financial indicators)

Waste	2023-24	2024-25
SCOPE 3 (Waste)		
Non-financial indicators (tonnes)		
Waste recycled externally (non-ICT equipment)	176	171
Waste reused externally (non-ICT equipment)	12	10
Waste recycled externally (ICT equipment)*	7	7
Waste reused externally (ICT equipment)*	6	3
Waste composted or sent to anaerobic digestion (food waste)	28	29
Waste incinerated with energy recovery	175	155
Waste incinerated without energy recovery (clinical waste)	147	149

Totals (excluding reused waste)		
Total waste not sent to landfill	532	510
Total waste sent to landfill deemed non-hazardous	17	14

Waste	2023-24	2024-25
Total waste sent to landfill deemed hazardous (including clinical waste) *	11	18
Total waste	**560**	**542**

Table 9: Total scope 3 waste (financial indicators)

Financial Indicators (£)	2023-24	2024-25
Waste recycled externally (non-ICT equipment) £	82,080	128,458
Waste reused externally (non-ICT equipment)	0	296
Waste recycled externally (ICT equipment)	3,161	0
Waste reused externally (ICT equipment)	0	0
Waste composted or sent to anaerobic digestion	23,426	14,803
Waste incinerated with energy recovery	220,118	192,105
Waste incinerated without energy recovery (clinical waste)	120,223	168,472

Table 10: Total scope 3 waste (totals)

Totals (£)	2023-24	2024-25
Total non-hazardous waste sent to landfill	449,237	504,135
Total landfill waste deemed hazardous (including clinical waste)	8,459	5,539
Total landfill waste deemed hazardous (including clinical waste)*	9,270	20,358
Total waste (£)	**466,966**	**530,032**

* not reportable under GGC reporting requirements

Waste (Harlow)

The waste that was disposed of from the Harlow site is shown below. The significant increase in waste being disposed of in the last year is due to a large amount of equipment that was being stored onsite being disposed of.

Table 11: Total scope 3 waste Harlow (financial and non-financial indicators)

WASTE (Harlow)		2023-24	2024-25
Non-Financial Indicators (kg's)	Waste usage	**650**	**55,838**
Financial Indicators (£)	Waste costs	**881**	**99,164**

Business travel

The UKHSA carbon emissions for reportable business travel in 2024-25 are 593 tCO_2e, compared to 2023-24 which was 491 tCO_2e, this is a increase of 21% this is highlighted in the table below. UKHSA will continue to introduce new initiatives for reducing travel emissions by reducing the number of journeys we make whilst looking for less carbon-intensive ways of working.

Table 12: UKHSA carbon emissions for reportable business travel for 2023-24 and 2024-25 operations

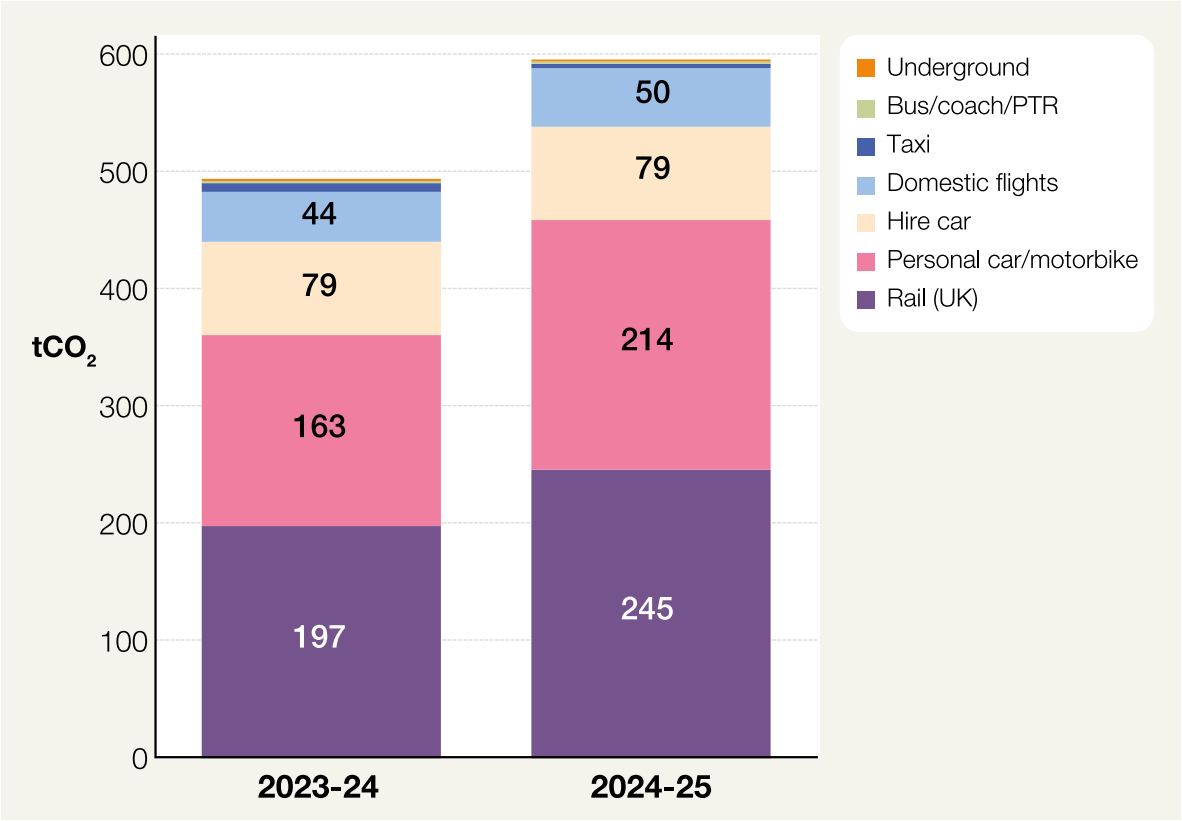
Units vary by indicator (tCO_2, kWh, $kgCO_2$, km, £)

Business Travel		2023-24	2024-25
Non-financial indicators (tCO_2)	Personal car/motorbike	163	214
	Domestic flights	44	50
	Rail (UK)	197	245
	Taxi	7	4
	Bus/coach/PTR	0.3	0.4
	Hire car	79	79
	Underground	0.1	0.2
	Total	**491**	**593**
Related Scope 3 travel (km)	Personal car/motorbike	1,007,220	1,309,974
	Domestic flights	270,753	308,426
	Rail (UK)	5,563,623	6,910,248
	Taxi	27,781	25,810
	Bus/coach/PTR[1]	3,255	3,932
	Hire car[1]	473,472	471,614
	Underground[1]	3,930	7,061
	Total	**7,350,035**	**9,037,066**
Financial indicators (£)	Personal car/motorbike	285,459	238,209
	Domestic flights	60,176	73,873
	Rail (UK)	1,738,377	1,819,423
	Taxi	62,178	57,127
	Bus/coach/PTR	8,084	6,449
	Hire car	121,573	177,666
	Underground	17,674	21,107
	Total	**2,293,521**	**2,393,854**
Other business travel (km) (See breakdown below)	Short-haul international	626,280	954,661
	Long-haul international	6,008,768	7,433,433
	Rail: Eurostar	29,517	41,494
Total	**Total Gross Emissions Scope 3 Business Travel (tCO_2)**	**491**	**592**
	Total Financial Cost Scope 3 Business Travel (£)	**2,293,522**	**2,393,854**
	Total Other Financial Cost, not covered in Scope 3 (£)	**537,256**	**527,154**

1 Figures calculated using our own conversion table

We currently have 11 leased vehicles that we utilise across our estate, 7 of which are hybrid cars. Though not electric vehicles they do comply with the ULEZ criterium. As our leases for the other vehicles come to an end they will be changed to meet the commitment by the given target date.

Chart 2: UKHSA carbon emissions for reportable business travel for 2023-24 and 2024-25



The total number of domestic flights undertaken in 2024-25 was 629 compared to 570 in 2023-24, a 10% increase. These flights are mainly made between London, Northern Ireland and Scotland. As UKHSA matures, with systems and staff finding their feet, the increase in business travel, especially by rail has increased driving emissions upward. Corporately we are pushing the travel policy to inform staff and managers about their obligations to meet our statutory targets.

International travel

UKHSA works closely with a range of international partners in government, academia and industry. As part of our global health strategy, our staff travel overseas to share expertise and build mutually beneficial relationships, infectious diseases do not respect borders. We also have UKHSA representation at public health events and conferences. Our sustainable travel policy states that staff should travel internationally on an Economy ticket basis, however there are occasions when a member of staff has a medical condition that they are allowed to upgrade to Business/ Premium Economy class which is approved by our international travel office team. We are aware of some data accuracy issues affecting our flight data where flights booked but subsequently refunded or exchanged are included in the figures. The impact is to increase our km travelled by potentially double counting some flights. We are working with our supply to resolve.

Table 13: Scope 3 International travel

2023-24 compared to previous years measured in km

International Travel (Scope 3)	2023-24	2024-25
Short Haul International Economy	634,093	954,661
Short Haul International Business	0	0
Long Haul International Economy	4,516,095	6,702,504
Long Haul International Premium Economy	288,098	549,272
Long Haul International Business	51,867	124,724
Long Haul International First	0	0
International (non-UK) Economy	1,206,588	1,548,007
International (non-UK) Premium Economy	19,491	0
International (non-UK) Business	0	0
Eurostar	29,517	41,494
Total kms	**6,745,749**	**9,920,662**

The above details, in Table 11, are mandatory for reporting however are **not** currently included in GGC emissions targets.

Other activities

We have continued to play an active role with the DHSC on sustainable development of the estate. UKHSA will be implementing the government's smarter working strategy and consolidating parts of its leased estate into the governments' central hub. We are in the process of developing our operational Net Zero Carbon reduction plan with the ambition to be carbon neutral for our owned estate by

2035. These strategies in turn, will lead to a total reduction of our carbon footprint.

With regards to Consumer Single Use Plastics, we have been working with our soft service provider to eliminate CSUP's from our restaurant areas, we have also been working with colleagues in our labs to evaluate if any single use plastic could also be replaced with an alternative. We have made good progress in removing many CSUP's and replacing them with reusable alternatives. We will continue to work with our third parties to ensure that we practically reduce as much CSUP form our waste streams to meet the government's commitment

Sustainable development training

To facilitate staff engagement, we have our own bespoke mandatory e-learning training programme on sustainable development, which 4,685 members of staff had completed (80% of those relevant). This bespoke training provides our staff with a good understanding of sustainable development in UKHSA and encourages them to act in a sustainable manner by considering their impact on the environment. This training must be undertaken every 3 years.

Paper

As part of the Greening Government Commitments drive to promote resource efficiency UKHSA used

6,583 reams of A4 equivalent paper in 2024-25 with some 67% being recycled. In 2023-24 we used 6,290 reams of A4 equivalent paper with some 68% being of recycled material. A 4.6% increase on our baseline year.

Biodiversity

UKHSA has no properties within Sites of Special Scientific Interest or Areas of Outstanding Natural Beauty boundaries, although where we believe we may have an impact on the local biodiversity (for example, due to planned building works etc.) biodiversity assessments are made to understand any impact on the local flora and fauna and control measures put in place.

We continue to have beehives situated at our Colindale and Porton sites with the honey being offered to members of staff at these sites. We also have bird and insect boxes at our sites to encourage wildlife. We have set aside land for rewilding and have planted trees, as replacements for those removed due to construction at our Porton site.

Green ICT

We have introduced strategic asset technology architecture, platforms, and applications for UKHSA that are right-sized, secure, resilient, and providing agility to change. We continue to reduce

technical debt; lower cost to change & run reduced technology CO_2e emissions. This programme will incorporate best practice to ensure environments are available when required.

Our End user device refresh programme will ensure sustainable design and manufacturing is part of our decision-making criteria. Focusing on materials and design elements which increases circularity, including recycled and recyclable materials. Also keeping in account energy efficiency, reliability, and durability to keep products in use for as long as possible.

Sustainable procurement

UKHSA's commercial directorate has implemented and embedded government policy on sustainable procurement, and work to make practices as economically, socially, and environmentally sustainable as possible. This is supported through collaborative working with internal stakeholders, and utilising the Government Buying Standards (GBS), and relevant Procurement Policy Notes (PPNs).

We have implemented and embedded all government guidance (Cabinet Office suite of Sourcing Playbooks, PPNs and associated guidance documents) into its Commercial Sourcing Toolkit. Use of standardised templates and procurement documentation is promoted across

the Agency; this helps support implementation of and compliance with GBS. This approach is supported through collaborative working with internal stakeholders, and utilising the GBS, and relevant Procurement Policy Notes (PPNs).

UKHSA seeks to use its buying power to positively impact key public health and social agendas. UKHSA has put in place a range of drivers to embed government buying standards, sustainability, and social value into all its procurement activity. In addition, when procuring common goods and services, UKHSA utilise CCS frameworks which support use of and compliance with the relevant Government Buying Standards.

We have created a Contract Management Playbook which provides guidance and tools for UKHSA Commercial and Operational stakeholders to understand what is required to meet the commercial standards for Contract Management set by the Government Commercial Function and to enable those stakeholders to collectively meet those standards using a consistent, best practice approach.

UKHSA Commercial function have a robust Investment Governance Model in place to ensure commercial activity is fit for purpose prior to the issuing of tenders, contract award and any subsequent variation or contract extensions.

UKHSA has responsibility for the nutrition standards in the Government Buying Standards for Food (GBSF). Our catering contractors, as part of their contract arrangements are therefore required to meet these standards. The caterers at the 2 sites that have restaurants, have introduced all of the actions, set out in the GBSF standards this can be demonstrated by their actions onsite e.g. salt reduction and availability, less sugary drinks, mandatory nutrition standards to ensure food and drinks used meet the healthier options in the GBSF standards as per their contract arrangements.

Professor Susan Hopkins

Accounting Officer

9 December 2025

2 Accountability report

The purpose of the Accountability report is to meet key accountability requirements to Parliament. It is comprised of 3 key sections:

- Corporate Governance Report
  - Directors' report
  - Statement of Accounting Officer's responsibilities
  - Governance statement
- Remuneration and Staff Report
- Parliamentary Accountability and Audit Report

Corporate governance report

Directors' report

Chair of UKHSA Advisory Board

Ian Peters

Non-Executive Chair of the UKHSA Advisory Board.

Appointed from 1 April 2021 for a two-year term. Ian's term was extended by the Secretary of State to 31 March 2027.

He has previously held roles as Chair of Barts Health NHS Trust, Chief Executive of British Gas and Managing Director of NatWest Small Business Services.

Chief Executive of UKHSA

Professor Dame Jenny Harries
Chief Executive Officer

Appointed UKHSA Chief Executive from 1 April 2022 and retired on 31 May 2025.

Jenny brings a wealth of public health knowledge and expertise gained from working in the NHS and local government at local, regional and national levels. She played central roles in the UK's response to COVID-19, Ebola, Zika, monkeypox, MERS and the Novichok attacks.

continued ...

Prior to joining UKHSA as its Chief Executive, career highlights include: Deputy Chief Medical Officer for England; Regional Director for the South of England at Public Health England (PHE) and PHE's Deputy Medical Director; Joint Director of Public Health, for Norfolk County Council and NHS Norfolk and Waveney; Joint Director of Public Health, NHS Swindon and Swindon Borough Council; and Local Director of Public Health, Monmouthshire Local Health Board and Public Health Consultant Lead for the South-East Wales Regional Commissioning Unit.

Jenny has also been a member of the Joint Committee on Vaccination and Immunisation since 2007; a member of the Expert Advisory Group on the NHS Constitution and has worked in policy, evaluation and clinical roles in Pakistan, Albania, India and New Zealand.

Susan Hopkins

Chief Medical Adviser

UKHSA Chief Medical Advisor from November 2021 to August 2025.

Susan commenced as UKHSA's CEO on 1 September 2025.

Professor Susan Hopkins CBE FMedSci is an infectious disease clinician, epidemiologist and public health leader. She has 30 years health experience – clinical, operational and academic; and 15 years in national and international leadership roles. She was Clinical Director for Infection services in the Royal Free Hospital from 2016 to 2018. She played pivotal roles in the UK's COVID-19 response, serving as Incident Director at Public Health England, Interim Chief Medical Advisor to NHS Test and Trace, and Strategic Response Director during the pandemic.

Non-Executive Directors 2024-25

Cindy Rampersaud

Deputy Chair and Non-Executive member of the Advisory Board, Chair of the Audit and Risk Committee and member of the People and Culture Committee.

Appointed on 3 April 2023 for a 3-year term. In July 2025, Cindy was reappointed for a further term to 2 April 2029.

Cindy is currently a NED at Sage Homes, a private-equity affordable housing business and a NED of the consumer group, Which? Until July 2024 she was the SID and Chair of Audit & Risk at Hipgnosis Song Fund Plc.

A Chartered Accountant Cindy has considerable experience across a wide range of sectors including entertainment media, education and publishing. She previously held senior roles at Virgin, Warner Brothers, EMI and more recently at Pearson where she headed up the global technical education division.

Dame Jennifer Dixon

Non-Executive member of the Advisory Board, member of the Science and Research Committee and member of the Equalities, Ethics and Communities Committee.

Appointed from 25 April 2022 for a 2-year term. Dame Jennifer's term concluded on 24 April 2024.

CEO of The Health Foundation, trained in medicine and previously held multiple policy, public health and national regulatory roles.

Jon Friedland

Non-Executive member of the Advisory Board, Chair of the Science and Research Committee and member of the Audit and Risk Committee.

Appointed from 25 April 2022 for a 3-year term. In April 2025, Jon was reappointed for a further 3-year term to 24 April 2028.

Vice-President (Research and Innovation), City St. George's, University of London who is a clinically trained infectious diseases academic with previous experience on JCVI and with the MHRA including as Vice-Chair on the Commission for Human Medicines.

Graham Hart

Non-Executive member of the Advisory Board, Chair of the Equalities, Ethics and Communities Committee and member of the Science and Research Committee.

Appointed from 25 April 2022 for a 2-year term. In April 2024 Graham was reappointed for a further 3-year term to 24 April 2027 by the Secretary of State for Health and Social Care.

A social and behavioural scientist with expertise in sexual health and HIV.

Mark Lloyd

Non-Executive member of the Advisory Board, member of the Equalities, Ethics and Communities Committee and member of the People and Culture Committee.

Appointed from 25 April 2022 for a 3-year term. In April 2025, Mark was reappointed for a further 2-year term to 24 April 2027.

Previously CEO of Local Government Association, experienced in integrating national, regional and local services to deliver better outcomes for communities and residents. Mark is a NED on the board of HM Prison and Probation Service.

Sir Gordon Messenger

Non-Executive member of the Advisory Board, member of the Audit and Risk Committee (stepping down from that role in September 2025), and Chair of the People and Culture Committee.

Appointed from 24 April 2022 for a 3-year term. In April 2025, Gordon was reappointed for a further 3-year term to 24 April 2028.

Ex-Vice Chief of Defence Staff with experience in contingency planning, crisis management and leadership.

Simon Blagden

Associate Non-Executive member of the Advisory Board and member of the Audit and Risk Committee.

Appointed from 25 April 2022 for a 2-year term. In March 2024 the Advisory Board extended Simon's appointment for a further 1-year term and his appointment ended on 24 April 2025.

Former Chair of Fujitsu Telecommunications Europe, with a career in ICT and digital transformation.

Marie Gabriel

Associate Non-Executive member of the Advisory Board and member of the Equalities, Ethics and Communities Committee.

Appointed from 25 April 2022 for a 2-year term. In March 2024 the Advisory Board extended Marie's appointment for a further 2-year term until 24 April 2026.

Current Chair of NHS North East London Integrated Care System and NHS Race and Health Observatory; previous non- executive experience in acute, mental health and commissioning.

Raj Long

Associate Non-Executive member of the Advisory Board, member of the Equalities, Ethics and Communities Committee and member of the Science and Research Committee.

Appointed from 25 April 2022 for a 2-year term. In March 2024 the Advisory Board extended Raj's appointment for a further 2-year term until 24 April 2026.

Raj has a professional career in medicines and vaccines development, regulation, and access in private and public health, including supporting the WHO and a non-executive director of the MHRA Board.

Other members of the UKHSA Advisory Board 2024-25

Thom Waite

Deputy Chief Medical Officer, Department of Health and Social Care.

Dr Thomas Waite is the Deputy Chief Medical Officer leading on health protection. His role covers emergency response and preparedness, infectious diseases, environmental hazards, vaccines and therapeutics.

Thom is a consultant epidemiologist and completed his clinical and public health training in south Wales. He is a graduate of the European Programme for Interventional Epidemiology Training and has postgraduate qualifications in public health, medical toxicology and medical education.

Thom has a wide range of experience dealing with outbreaks and environmental emergencies in the UK and overseas.

Executive Directors attending the Advisory Board 2024-25

Andrew Sanderson

Director General, Finance, Commercial and Corporate Services

Appointed from 18 October 2021 (temporary appointment). Reappointed as Chief Financial Officer from 1 June 2023. Andrew's time with UKHSA concluded on 31 May 2024.

Prior to joining UKHSA Andrew was a Finance Director and board member in the Foreign, Commonwealth and Development Office (FCDO). His previous job was as Director of Financial Planning at the Department of Health. Before that he worked in a variety of finance and policy roles in the Department of Health, HM Treasury and the Department for Work and Pensions. He is a CIPFA-qualified accountant.

Scott McPherson

Director General, Strategy, Policy and Programmes Appointed from 18 October 2022 (permanent appointment). His appointment ended on 31 December 2024.

Scott was Director General of the Crime Police and Fire Group (CPFG) from November 2017 to February 2020. He was previously acting Director General for Justice and Courts Policy in the Ministry of Justice and has over 20 years' experience in a wider variety of roles across government.

Luke Heath

Interim Director, Finance, Performance, Risk and Assurance

Appointed from 1 August 2024. Luke was subsequently made permanent in this role in 2025-26.

Prior to joining UKHSA, Luke oversaw business partnering and transformation functions at the Department of Health and Social Care

He is a CIPFA- qualified accountant.

Isabel Oliver

Director General Science and Research (Chief Scientific Officer)

Appointed from 2 August 2023 (permanent appointment). Her appointment ended on 27 April 2025.

Isabel was UKHSA's interim Chief Scientific Officer and previously, Director, National Infection Service from April 2020 having held other roles in PHE. Isabel was also co-director of the National Institute for Health Research Health Protection Research Unit on behavioural Science and Evaluation at the University of Bristol and Senior Medical Advisor to the NHS Test and Trace Programme.

Between 2019 and 2020 Isabel was Director of Research, Translation and Innovation in PHE.

continued ...

After a few years of working in acute hospital medicine, Isabel developed an interest in public health and epidemiology. Isabel completed the public health specialist training in the South-West in 2004 and after 4 years working as a regional epidemiologist, she took up the post of Regional Director of the Health Protection Agency in the South-West. In 2013 she moved to Public Health England (PHE). Isabel led the Field Service of PHE with teams across England responsible for the surveillance, investigation and control of infectious diseases and the health effects from exposure to environmental hazards.

Register of interests

UKHSA maintains a register of interests for Advisory Board and Executive Committee members to ensure potential conflicts of interest can be identified and, where appropriate, managed in a transparent fashion. This is published on gov.uk. Similarly, a process is in place across the organisation to manage the same for staff employed by UKHSA. Following the update to Civil Service guidance a full refresh of the policy will be carried out, informed by a further Government Internal Audit Agency review due to complete in Autumn 2025.

Statement of Accounting Officer's responsibilities

Under the Accounts Direction given by HM Treasury in accordance with section 7(2) of the Government Resources and Accounts Act 2000, UKHSA is required to prepare accounts in the form and on the basis set out in the Accounts Direction.

The accounts were prepared on an accruals basis and must give a true and fair view of the state of affairs of UKHSA and of its net expenditure, application of resources, changes in taxpayers' equity and the cash flow statement for the financial year.

In preparing the accounts, as the Accounting Officer I am required to comply with the

requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction given by HM Treasury, including the relevant accounting and disclosure requirements
- apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the financial statements
- prepare the financial statements on a going concern basis

The Accounting Officer for Department of Health and Social Care (DHSC) has appointed me as the Accounting Officer for UKHSA. The responsibilities of an Accounting Officer, including responsibility for the propriety and regularity of the public finances for which the Accounting Officer is answerable, for keeping proper records and for safeguarding UKHSA's assets, are set out in Managing Public Money published by HM Treasury.

I can confirm that, as far as I am aware, there was no relevant audit information of which UKHSA's auditors were unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that UKHSA's auditors were aware of that information.

I can confirm that the annual report and accounts as a whole is fair, balanced and understandable and that I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.

Governance statement

UKHSA is an Executive Agency of the Department of Health and Social Care.

UKHSA's governance structures were developed and implemented in accordance with the requirements of the Framework Document with the DHSC and annual remit letter from Ministers, which, taken together, set out its duties and functions. The Framework Agreement renewal was extended until Autumn 2025 in agreement with DHSC.

The Framework Document sets out, amongst other things: the broad governance framework within which UKHSA and DHSC operate; UKHSA's core responsibilities; the governance and accountability framework between the roles of DHSC and UKHSA

(including the role of the Chief Medical Officer); and the relationship with other parties such as the NHS, other arm's length bodies (ALBs), local government and the devolved administrations. Our purpose, role and priorities are set out fully on page 18 of these annual report and accounts.

During 2024-25 and up to the date of the approval of this account, UKHSA's arrangements have been designed to comply with requirements for specific sectors and jurisdictions governed by the relevant authorities, with risk management and internal control systems in place for this period. UKHSA's overarching governance arrangements have been designed with reference to the good practice set out in the government's Corporate Governance in Central Government Departments: Code of Good Practice, modified as appropriate for its circumstances. UKHSA aligns its risk management processes to the 'Orange Book'.

During 2024-25 UKHSA has reviewed and improved its corporate governance arrangements. This was in part a response to points made in an internal audit of corporate governance in 2023-24, and also part of an internal change process.

Key changes include:

- SCS restructure, consolidating under a four-DG model with the creation of a new Chief Operating Officer role

- a smaller and more efficient Executive Committee, with better management of attendees, reduced frequency of meetings, and increased delegation allowing for a more strategic focus aligned to UKHSA's priorities
- sub-committee reform empowering a wider pool of SCS with clearer reporting requirements into the Executive Committee
- improvements to paper templates to support more effective decision-making, and better engagement with authors to ensure outcomes are understood
- improvements to the transparency of governance arrangements, with increased opportunity for a wider audience to understand and feed into decision-making

Into 2025-26 work is planned to refine new sub-committees, further review and establish accountabilities of committees and individuals, and review and improve approvals processes.

Accountability summary

As Chief Executive and Accounting Officer, I am responsible for safeguarding the public funds for which I have charge; for ensuring propriety, regularity, value for money and feasibility in the

handling of those public funds; and for the day-to-day operations and management of UKHSA.

In addition, I am required to ensure that UKHSA is run on the basis of the standards, in terms of governance, decision-making and financial management, that are set out in Box 3.1 of Managing Public Money.

These responsibilities include those outlined below and those that are set out in the accounting officer appointment letter issued to me by the principal accounting officer of the department.

My responsibilities for accounting to Parliament and the public include:

Signing the accounts and ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any guidance and directions issued by the Secretary of State.

Preparing and signing a governance statement covering corporate governance, risk management and oversight of any local responsibilities, for inclusion in the annual reports and accounts.

Ensuring that effective procedures for handling complaints about UKHSA in accordance with parliamentary and health service ombudsman's principles of good complaint handling are established and made widely known within UKHSA and published on its website.

Acting in accordance with the terms of this document, Managing Public Money and other instructions and guidance issued from time to time by the department, HM Treasury and the Cabinet Office.

Ensuring that as part of the above compliance I am familiar with and act in accordance with:

- the framework document
- any delegation letters
- any elements of any settlement letter issued to the department that is relevant to the operation of UKHSA
- any separate settlement letter that is issued to UKHSA from the department

Ensuring they have appropriate internal mechanisms for the monitoring, governance and external reporting regarding compliance with any conditions arising from the above documents.

Giving evidence, normally with the Principal Accounting Officer (PAO), when summoned before the public accounts committee on UKHSA's stewardship of public funds.

My particular responsibilities to DHSC include:

Establishing, in agreement with the department, UKHSA's strategic and business plans in light of

the department's wider strategic aims and agreed priorities.

Informing the department of progress in helping to achieve the department's policy objectives in so far as they relate to UKHSA functions and duties, and in demonstrating how resources are being used to achieve those objectives.

Ensuring that timely and sufficiently detailed forecasts and monitoring information on performance and finance are provided to the department on a periodic basis;

That the department is notified promptly if overspends or underspends are likely, and that corrective action is taken; and that any significant problems whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the department in a timely fashion.

The Chair of the UKHSA Advisory Board and full non-executive members are appointed by the Secretary of State for Health and Social Care, with associate non-executives appointed by the Advisory Board. The Chair is responsible for leading the board in the delivery of its responsibilities and additionally:

- ensuring that UKHSA's affairs are conducted with probity, including by monitoring and engaging with appropriate governance arrangements

- ensuring that policies and actions support the responsible minister's wider strategic policies and that, where appropriate, these policies and actions shall be clearly communicated and disseminated throughout UKHSA

The Chair has the following leadership responsibilities in support of the chief executive who holds formal responsibility for UKHSA:

Developing and maintaining a diverse and high-performing non-executive board team, helping to foster collaborative relationships at all levels within UKHSA, with the department, across government and devolved administrations, and with other key stakeholders.

Establishing sound governance for the agency including through ensuring effective non-executive leadership of UKHSA's ARC and establishing and maintaining other committees and sub-committees as needed.

Supporting and informing the evolution of UKHSA's organisational and strategic design and development, including through assisting the Chief Executive to develop a leadership model to recruit, build and retain UKHSA's top talent.

Formulating the board's strategies and ensuring that the board, in reaching decisions, takes proper account of guidance provided by the responsible minister or the department.

Supporting the chief executive's accountability relationship with the department, and providing advice, support and challenge to UKHSA executive team in delivering the priorities set out in UKHSA's annual business plan.

Supporting the chief executive in promoting the efficient and effective use of staff and other resources, and ensuring that the appropriate organisational culture, values, behaviours and capability are in place to enable UKHSA to fulfil its function and deliver its mission.

Delivering high standards of regularity and propriety, including that UKHSA adheres to good financial principle as set out in HMT's Managing Public Money and the Cabinet Office's Partnerships between departments and Arm's Length Bodies: Code of Good Practice.

The DHSC senior departmental sponsor is responsible for agreeing the objectives for and

reviewing the contribution of the UKHSA Chair. During 2024-25 this has been supplemented by a 360 degree review of the Chair which was facilitated by a non- executive member of the Board and was provided as input to the DHSC sponsor.

The Chair has their own report in this annual report in which they have set out their independent view on the working of UKHSA on page 8.

UKHSA financial oversight

The UKHSA CEO is, as Accounting Officer (AO), formally accountable for the UKHSA's delegated budget, overall financial management, and Annual Report and Accounts (ARA). The AO responsibilities for the UKHSA CEO are set out in the formal appointment letter from the Permanent Secretary. The principal advisers to the UKHSA CEO on AO issues are the Director of Finance, Performance, Risk and Assurance (FPRA) and the Chief Operating Officer (COO), the latter of which is a DG level position. Both roles were created during the organisational restructure in autumn 2024. Prior to the Autumn 2024 restructure, the CEO was advised by UKHSA's finance directors.

Both Director FPRA and the COO are supported by DHSC DG Finance, who maintains an

oversight role across effective budget and financial management, governance, and controls, and ensuring progress on the FPRA Evolve (formally the Finance and Control Improvement) Programme, i.e. areas that are also critical priorities for DHSC. However, as of 31 March 2025, there is no longer a formal line management relationship between DHSC DG Finance and the UKHSA Director FPRA, who reports to the UKHSA COO.

DHSC, as UKHSA's sponsor Department, now obtains its assurance and oversight through the established Quarterly Senior Accountability Meetings.

The role of Director FPRA was filled from August 2024 on an interim basis by Luke Heath, who was appointed permanently to the role during Financial Year 2025-26, following a recruitment process which was ongoing at the end of Financial Year 2024-25. During 2024-25, prior to the organisational restructure, Andrew Sanderson held the interim CFO post until May 2024, with Luke acting as interim CFO until August 2024, while Donald Shepherd held the post of finance director.

Director FPRA is responsible for the day-to-day leadership and operation of the finance function and advising the COO and CEO on business as usual (BAU) finance issues and delivering the FPRA Evolve programme. As the most senior finance qualified professional within the agency, and in line with Managing Public Money principles, Director FPRA is

also a permanent member of ExCo and the Advisory Board.

UKHSA Advisory Board

The Advisory Board met a further 6 times throughout 2024-25, in line with the Framework Document with DHSC. Advisory Board papers for public meetings are published on gov.uk in advance of the meeting.

As set out in its Terms of Reference the Advisory Board provide advice, challenge and support to the Chief Executive and Executive team on the development and delivery of UKHSA's priorities.

The Advisory Board receives standing reports from the Chief Executive, finance and its committees at every meeting. In addition, specific issues that were considered by the Advisory Board in 2024-25 included:

- UKHSA's role in optimising the immunisation schedule
- understanding the scope of the National Biosurveillance Network
- reviewing UKHSA's approach to the adoption of artificial intelligence
- activity to address antimicrobial resistance
- an update on UKHSA's strategic approach to technology and cyber capabilities

- core preparedness for vector borne diseases and infectious diseases
- publication of the first annual Science Review
- UKHSA's use of health economics to support strategic growth in the UK
- UKHSA's strategic use of public health communications
- implementation of the Heath Equity Strategy
- UKHSA's draft annual report and accounts
- development of UKHSA's leadership capabilities
- early lessons from the COVID-19 pandemic
- progress of internal audits
- continuing development of the Health Security Risk Assessment
- UKHSA's core preparedness on chemical, radiological and nuclear threats
- reviewing UKHSA's Income Generation opportunities
- oversight on progress of the Money and People Services programme
- progressing UKHSA's approach to surging during future incident response

UKHSA Advisory Board attendance 1 April 2024 to 31 March 2025

Details of attendance at UKHSA Advisory Board meetings is included in the table below. In addition, UK CMOs, representatives from DHSC sponsorship team and other senior UKHSA staff attend UKHSA Advisory Board meetings.

UKHSA Advisory Board	
Ian Peters	6/6
Cindy Rampersaud	5/6
Jon Friedland	6/6
Graham Hart	6/6
Mark Lloyd	6/6
Sir Gordon Messenger	6/6
Simon Blagden*	2/6
Raj Long*	3/6
Marie Gabriel*	5/6
Professor Dame Jenny Harries	6/6
Susan Hopkins	5/6
Isabel Oliver	6/6
Scott McPherson**	4/4
Andrew Sanderson***	1/1
Luke Heath****	2/4
Thom Waite	4/6

* Associate member of the UKHSA Advisory Board. Associate members are invited to attend all meetings, however their attendance is not mandatory.

** Left the Advisory Board in December 2024

*** Left the Advisory Board in May 2024

**** Joined the Advisory Board in August 2024

Audit and Risk Committee (ARC)

The UKHSA Audit and Risk Committee provides a wide ranging and important oversight role in areas including the quality of financial reporting, systems of internal control, governance, and risk management arrangements of an organisation.

Audit and Risk Committee attendance 1 April 2024 to 31 March 2025

The ARC met formally 4 times throughout 2024-2025 and details of attendance is included in the table below. In addition, the Chief Executive, the Director, Finance, Performance, Risk and Assurance and representatives from the Government Internal Audit Agency and National Audit Office routinely attend ARC meetings.

Audit and Risk Committee	
Cindy Rampersaud	4/4
Sir Gordon Messenger	2/4
Simon Blagden	2/4
Jon Friedland	3/4

The terms of reference for the ARC were prepared in line with the best practice as set out in HM

Treasury guidance. The ARC covered the following items during 2024-25:

- quarterly scrutiny of the Strategic Risk Register, including detailed reviews of specific risks with management
- approval of the annual Internal Audit Plan and monitoring of progress against the plan
- reports from the Government Internal Audit Agency
- reports from the National Audit Office
- updates on organisational progress against Internal Audit Actions, particularly in relation to overdue actions on which a detailed, regular report was commissioned
- finance updates, including a review of the refreshed Standing Financial Instructions and ongoing oversight of the Finance and Control Improvement Plan (now under the Finance, Performance, Risk and Assurance Evolve Programme).
- scrutiny on the development of the UKHSA Annual Report and Accounts 2024-25
- the work of UKHSA's anti-fraud team
- corporate governance
- cyber security
- science infrastructure

- commercial risk
- health and safety
- health protection governance and quality strategy

Other UKHSA Advisory Board Committees

In addition to the Audit and Risk Committee, the UKHSA Advisory Board is supported by the following committees, as set out in the Framework Document with the Department of Health and Social Care. Each Committee has a terms of reference which are published and available on gov.uk and the Advisory Board receives a report, including minutes at its meetings:

Science and Research Committee

The Committee, chaired by Prof. Jon Friedland, provides advice to the UKHSA Advisory Board on strategic aspects of its scientific work including: the development and implementation of the UKHSA science strategy in response to new and emerging challenges and ensuring that UKHSA science and research has greatest impact on health outcomes.

Science and Research Committee	
Jon Friedland (Chair)	4/4
Graham Hart	4/4
Raj Long	1/4
Isabel Oliver (Executive Lead)	4/4
Susan Hopkins	3/4
Steven Riley	3/4
Mary De Silva	4/4

People and Culture Committee

The Committee, chaired by Sir Gordon Messenger, assists the UKHSA Advisory Board by giving advice on UKHSA's strategies and plans for talent management; succession planning; capability building; performance management; and incentives and rewards. It also advises on whether the organisation's people related processes are effective in helping UKHSA achieve its goals.

People and Culture Committee	
Sir Gordon Messenger	4/4
Mark Lloyd	4/4
Cindy Rampersaud	3/4
Jac Gardner (Executive Lead)*	2/3
Jon Cocking (Executive Lead)**	1/1
Professor Dame Jenny Harries	4/4

* Left the People and Culture Committee in October

2024

** Joined the People and Culture Committee in February 2025

Equalities, Ethics and Communities Committee

The Committee, chaired by Prof. Graham Hart, assists the UKHSA Advisory Board by giving advice on UKHSA's ambition to reduce health inequalities and engage with communities. It will also be a source of advice for ethical decision making in the field of health security.

Equalities, Ethics and Communities Committee	
Graham Hart (Chair)	4/4
Marie Gabriel	3/4
Mark Lloyd	4/4
Raj Long	3/4
Susan Hopkins (Executive Lead)	4/4
Shona Arora	4/4
Scott McPherson*	2/3
Hannah Taylor	2/4

* Left the Equalities, Ethics and Communities Committee in December 2024

Advisory Board effectiveness

An effectiveness review of the Advisory Board and its Committees took place in line with the

government's Corporate Governance in Central Government Departments code of good practice. This included questions on the quality of the papers as considered by the Board, which are reviewed and signed off by the ExCo member responsible.

Feedback indicated a matured state for the Board and continued change in UKHSA's context including an organisational restructure. Positive feedback included:

- the role of the Advisory Board was clear with interest in how to evolve this role in the matured state of UKHSA;
- the Board provided strong support and constructive challenge;
- the rating of the dynamic between members decreased slightly but remained strong at 4.4 out of 5, with informal interaction supporting formal meeting processes;
- meetings were well chaired with all members able to contribute;
- the relationship between the Board and is Committees was strong

The overall weighted average of responses was 4.3 out of 5. The rating for how UKHSA engaged with

external parties improved from the previous year, although remained the lowest rated question.

The Board would consider whether there is more that could and should be done, recognising that non executive's time is scare and voluntary. Areas of improvement would be discussed with the new Permanent Secretary, Departmental Sponsor and new CEO and may include:

- increased delegation to committees, especially in the development of subject specific strategies;
- opportunity to increase oversight of risk and strategic input in a budget constrained environment across the civil service;
- selective deeper dive discussions were welcomed over shorter updates where appropriate

Executive governance

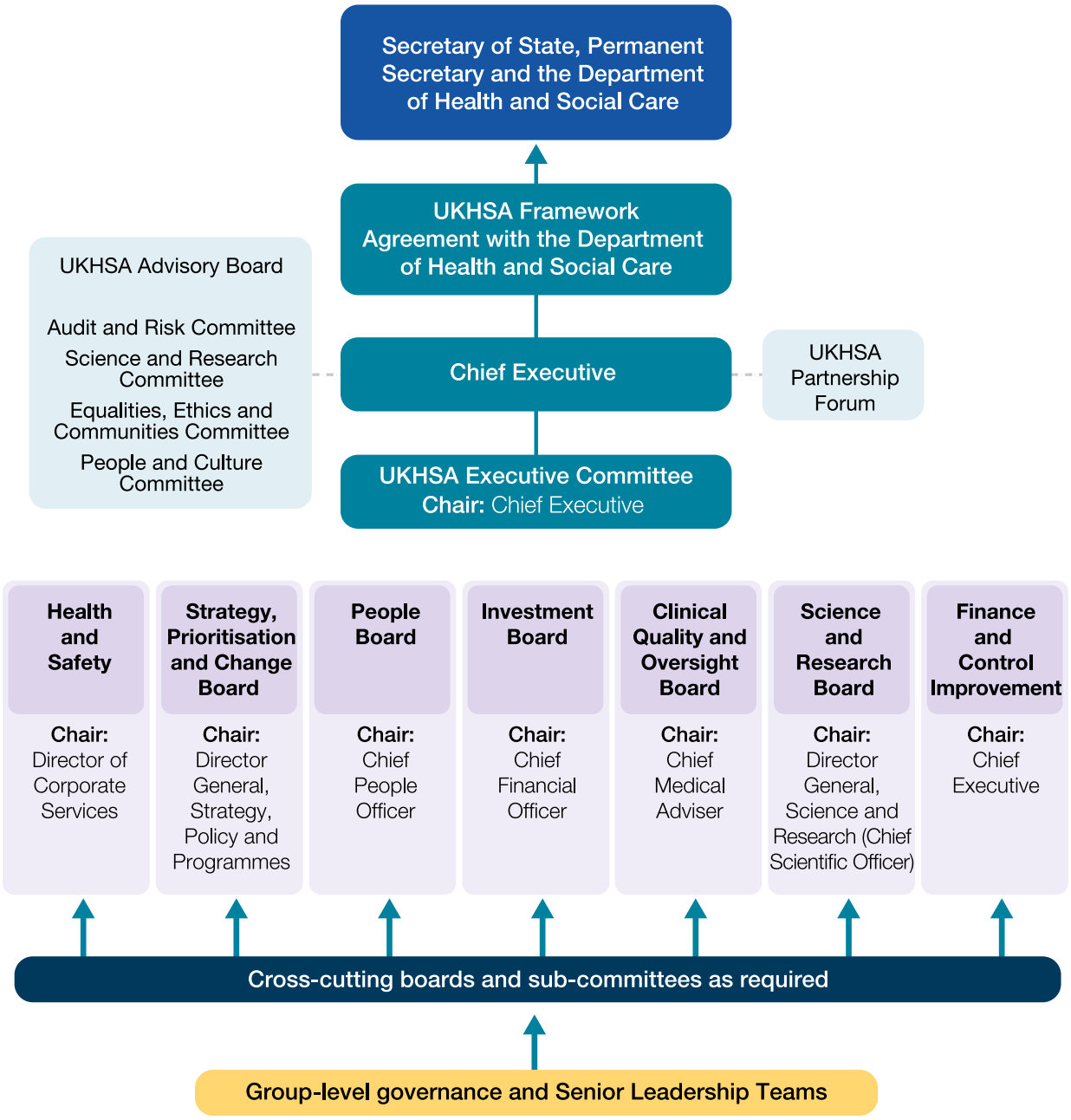
As Chief Executive, I am responsible for the leadership and management of UKHSA, delivery of its objectives, putting in place appropriate governance arrangements and regularly reviewing them. The high-level governance arrangements that were in place in 2024-25 are shown in the diagrams overleaf. These show the arrangements before and after corporate governance changes referenced above on page 157.

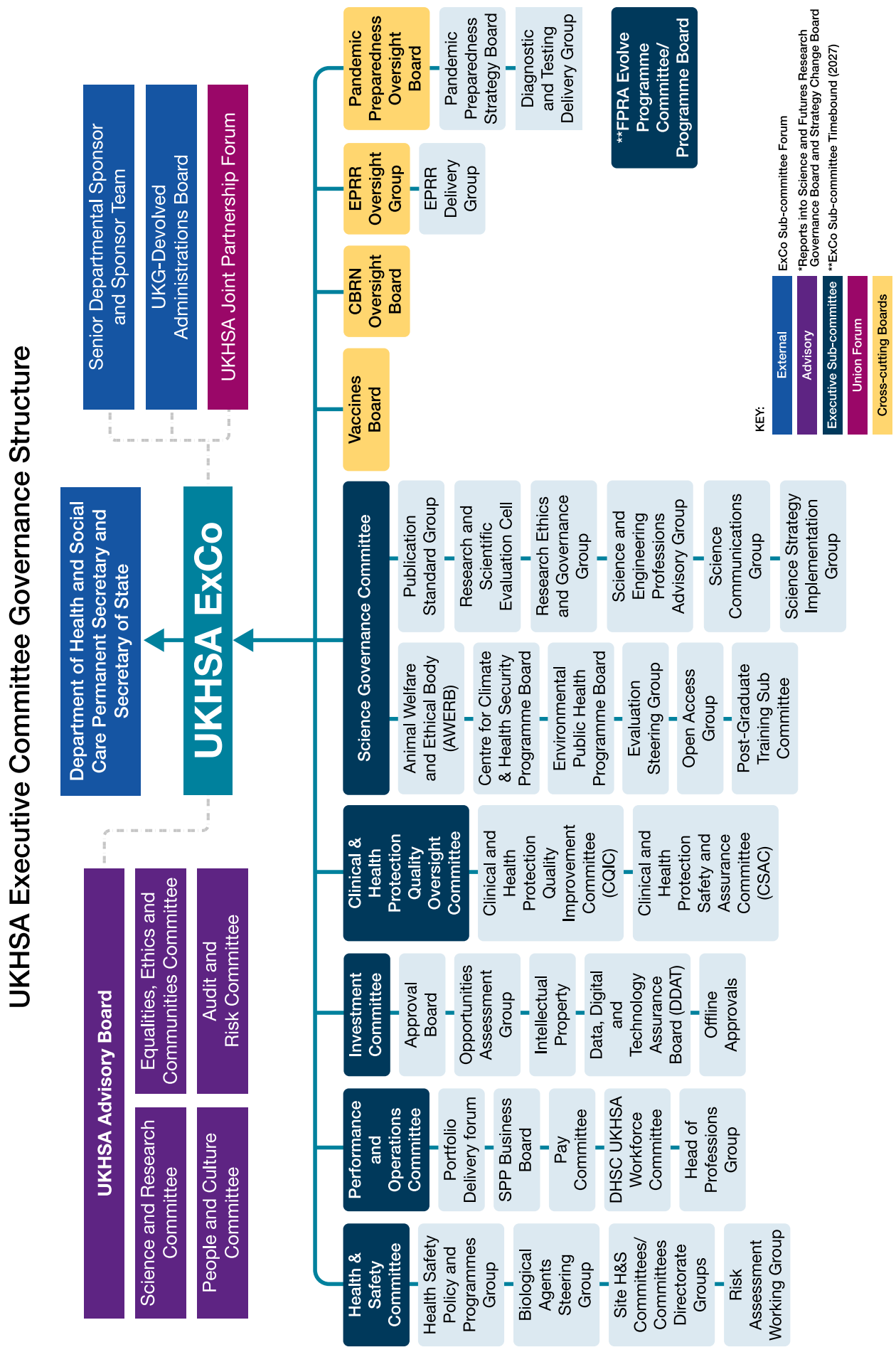
The Executive Committee (ExCo), chaired by the Chief Executive, now meets fortnightly with stand-up meetings also taking place to ensure visibility on key strategic and operational issues. Membership of ExCo during the reporting period is set out in the attendance table later in this statement and in detail in the remuneration report elsewhere in these annual report and accounts.

ExCo is the primary mechanism for supporting me as Chief Executive and Accounting Officer, and the focus of UKHSA's governance. Amongst its responsibilities is the approval and monitoring of UKHSA's revenue and capital budgets, agreement of priorities and the design and structure of the organisation. It also oversees organisation performance, supported by its dedicated Performance and Operations Committee.

As shown in the diagrams, other committees also exist to support ExCo with scrutiny and decision-making in specific areas.

UKHSA Governance Structure




UKHSA Executive Committee Governance Structure
Senior Departmental Sponsor and Sponsor Team
UKG-Devolved Administrations Board
UKHSA Joint Partnership Forum
Department of Health and Social Care Permanent Secretary and Secretary of State
UKHSA ExCo
UKHSA Advisory Board
Science and Research Committee
Equalities, Ethics and Communities Committee
People and Culture Committee
Audit and Risk Committee
Health & Safety Committee
Health Safety Policy and Programmes Group
Biological Agents Steering Group
Site H&S Committees/ Committees Directorate Groups
Risk Assessment Working Group
Performance and Operations Committee
Portfolio Delivery forum
SPP Business Board
Pay Committee
DHSC UKHSA Workforce Committee
Head of Professions Group
Investment Committee
Approval Board
Opportunities Assessment Group
Intellectual Property
Data, Digital and Technology Assurance Board (DDAT)
Offline Approvals
Clinical & Health Protection Quality Oversight Committee
Clinical and Health Protection Quality Improvement Committee (CQIC)
Clinical and Health Protection Safety and Assurance Committee (CSAC)
Science Governance Committee
Animal Welfare and Ethical Body (AWERB)
Centre for Climate & Health Security Programme Board
Environmental Public Health Programme Board
Evaluation Steering Group
Open Access Group
Post-Graduate Training Sub Committee
Publication Standard Group
Research and Scientific Evaluation Cell
Research Ethics and Governance Group
Science and Engineering Professions Advisory Group
Science Communications Group
Science Strategy Implementation Group
Vaccines Board
CBRN Oversight Board
EPRR Oversight Group
EPRR Delivery Group
Pandemic Preparedness Oversight Board
Pandemic Preparedness Strategy Board
Diagnostic and Testing Delivery Group
**FPRA Evolve Programme Committee/ Programme Board
KEY:
External
Advisory
Executive Sub-committee
Union Forum
Cross-cutting Boards
ExCo Sub-committee Forum
*Reports into Science and Futures Research Governance Board and Strategy Change Board
**ExCo Sub-committee Timebound (2027)

Executive Committee attendance 1 April 2024 to 31 March 2025

Executive Committee 36 meetings and 4 workshops (morning sessions)	
Professor Dame Jenny Harries left 31/05/25	28/36
Lee Bailey left 30/11/24	21/23
Sarah Collins left 30/11/24	18/23
Jac Gardner left 25/10/24	15/20
Susan Hopkins	32/36
Scott McPherson left 30/11/24	21/23
Isabel Oliver left 27/04/25	31/30
Steven Riley	31/36
Andrew Sanderson left 23/05/24	5/5
Philippa Harvey left 01/09/2024	12/15
Chris Coupland left 30/11/24	21/23
Luke Heath Joined 1/08/24, left 30/11/24; rejoined 27/03/25	9/13

Executive Governance Groups

The following Governance Groups reported into ExCo in 2024-25:

Strategy and Change (closed December 2024)

Oversees the development of UKHSA's strategy and business plans and provides

oversight and scrutiny of UKHSA's change portfolio, including the prioritisation of the programmes and projects against the strategy, and their subsequent performance management through the delivery lifecycle with a focus on value for money.

People (closed December 2024)

Provides strategic decision-making and oversight in relation to people policies and practices. This includes the attraction, recruitment and retention of key talent and skills to UKHSA, driving employee engagement, leadership, learning and development, total reward and ensuring a high performing and inclusive culture.

Performance and Operations Committee (formed January 2025)

The Committee provides strategic oversight and management of UKHSA's operational performance, resource allocation, and major change activities, ensuring alignment with UKHSA's strategic priorities and business plan. The Committee ensures that

key operational functions such as people, finance, commercial, and operational processes support the effective delivery of organisational goals.

Investment Boards

Scrutinise business cases to ensure they represent value for money and are aligned to relevant government policy on all spend.

Boards include:

Investment Board (closed December 2024)

CFO chaired board to review all high value spend exceeding Commercial Spending Controls and Arm's Length Bodies' Financial Delegations with representation from the Devolved Administrations as appropriate

Investment Committee (formed January 2025)

Chaired by the Chief Operating Officer (delegated to the Director, Finance, Performance Risk and Assurance). The Committee provides strategic oversight and makes decisions on investment proposals for projects and / or programmes with a value of £10m (excluding VAT) or more, and / or those that are identified as requiring Treasury approval; provides assurance to the Accounting Officer that proposals meet the 4 AO tests as set out in Managing Public Money; and ensures the agency is initiating projects or spending in line with agency priorities.

Approvals Board

SCS1 chaired board to review mid-level spend exceeding £2 million and within the UKHSA commercial and financial delegations.

UKHSA Professional Services Board

SCS1 chaired board to approve all professional services and contingent labour spend exceeding the Cabinet Office Spend Controls. These also require DHSC Commercial Assurance approval, DHSC Finance approval, DHSC Ministerial approval and either Cabinet Office disclosure or approval, depend on the threshold.

Offline approvals

Central co-ordination and senior level approval of non-contentious cases valued between £10,000 and £2 million.

UKHSA External Income Board

SCS1 chaired board to approve income generating contracts and proposals over £500,000.

Science and research (closed December 2024)

Considers all matters relating to UKHSA science and research, ensuring UKHSA scientific and research functions are of consistent high quality and operate to agreed standards and processes providing direction, challenge and approval when required.

Science Governance Committee (formed January 2025)

Provides assurance and oversight of UKHSA's science, research, science and research governance, the implementation and progress of the Science Strategy, and UKHSA's value as a Public Sector Research Establishment (PSRE) in order to deliver its mission of becoming a world-leading, science-based, evidence-led health security agency.

Clinical quality & oversight (closed December 2024)

Oversees the clinical governance activity being delivered within UKHSA and provide assurance that the mechanisms, activity, and planning are acceptable and provide assurance on compliance with regulatory standards relating to clinical quality, patient safety, safeguarding and public sector duty of equality.

Clinical and Health Protection Quality Oversight Committee (from January 2025)

Provides strategic oversight, scrutiny, and assurance for the quality of UKHSA services that contribute to the protection of people's health, be they patients, members of the public, or populations, and for the governance of quality within UKHSA.

Health and Safety

Ensures the organisation's health and safety and associated risk and compliance arrangements are suitable and sufficient, and meet UKHSA's statutory obligations and agreed strategy. This Committee has been key in ensuring the smooth transfer of governance arrangements for our scientific work with high hazard pathogens, which by design have adopted those previously developed over many years.

FPRA Evolve Programme Committee (formerly Finance and Control Improvement)

Time-limited committee to oversee the Evolve Programme, covering the Finance and Control Improvement Plan. This Board was originally established to address the issues with financial control and high-level governance arrangements that were identified during the 2021-22 accounts preparation and audit process. As the organisation has matured the programme has been re-focused to deliver lasting improvements in Finance and Performance that support the Agency in its development.

Vaccines Board

Sets strategic direction and maintains oversight of the delivery of the UKHSA Strategic Priority to improve health outcomes through vaccines. It is the key forum for ensuring cohesion of all vaccine

activity across the agency and will identify priorities in this area.

Emergency Preparedness, Resilience and Response Oversight Board

Ensures that UKHSA has the strategy and plans in place to deliver against the requirements set out in the DHSC remit letter, and that UKHSA' s internal EPRR arrangements are fit for purpose to be 'ready to respond to all hazards to health' including cross-system responsibilities.

Pandemic Preparedness Oversight Board

Oversees all UKHSA's programmes of work on pandemic preparedness including the pandemic preparedness portfolio (PPP) which is jointly delivered with DHSC. The Board's key purpose is to ensure that the Agency is well prepared for a future pandemic and is investing sufficient effort and resources in building our pandemic preparedness capabilities.

Chemical, Biological, Radiological and Nuclear (CBRN) Board (formerly group)

Shapes the strategic direction of CBRN activity within UKHSA, allowing appropriate horizon scanning to ensure the agency is ready to respond to emerging threats and providing agency-wide assurance of UKHSA's contribution to DHSC's programme of work.

Planning and performance

The DHSC Senior Departmental Sponsor chaired quarterly Sponsorship Accountability Meetings (SAM) attended by the Chief Executive and other UKHSA and DHSC directors. SAM sessions fulfil the requirement set out in the UKHSA Framework Agreement and Cabinet Office guidance for Executive Agencies. The focus of the meetings is on strategic performance, risks and issues and any issues of delivery that the sponsor wished to bring to this meeting, including compliance with the framework agreement.

Issues covered include:

- information governance and cyber security
- financial and non-financial performance, including in-year and year-end performance against budgetary controls, based on the monthly reporting system
- governance and risk management, including a review of UKHSA's Strategic Risk Register
- the relationship between UKHSA and any other key issues identified in delivery of DHSC's strategic objectives

Other processes in place include:

- the Permanent Secretary's annual appraisal of the Chief Executive's performance, taking account of feedback from UKHSA's Advisory Board
- Select Committee hearings
- regular contact between DHSC's sponsor team and UKHSA
- System of internal control and its purpose

As Accounting Officer, the Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of UKHSA's policies, aims and objectives. In doing so, the Chief Executive must safeguard the public funds and assets in accordance with the responsibilities assigned to them in Managing Public Money and the Accounting Officer Appointment Letter.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. It is based on an ongoing process designed to:

- identify and prioritise the risks to the achievement of UKHSA's policies, aims and objectives

- evaluate the likelihood of those risks happening and the impact should they be realised
- manage risks effectively, efficiently and economically

Risk and control framework

The Chief Executive is accountable for the overall risk management activity in the organisation. In discharging these responsibilities, they are assisted by the following Directors:

The Chief Scientific Officer, who had delegated responsibility for managing the risks associated with the national laboratories at Chilton, Colindale, Porton Down and other infection service functions. They also had delegated responsibility for the governance of research activity carried out by UKHSA.

The Chief Medical Adviser had delegated responsibility for managing UKHSA's emergency response function (including the national UKHSA response to COVID-19); clinical and quality governance, medical revalidation (supported by their Responsible Officer team) and the Caldicott Guardian function.

Susan Hopkins was Chief Medical Advisor until her appointment as Chief Executive on 1 September 2025. Shona Arora has been appointed as Interim Chief Medical Advisor until 31 March 2026.

The Chief Data Officer, who as the organisation's senior information risk owner (SIRO), had delegated responsibility for the organisation's information governance arrangements and advising the Chief Executive of any serious control weaknesses concerning information risk and governance.

The Director, Finance, Performance, Risk and Assurance, who had delegated responsibility for managing financial risk and assisting the Chief Executive in ensuring that the organisation's resources were managed efficiently, economically and effectively. They had delegated responsibility for managing the development and implementation of strategic and corporate risk management. They also had health and safety, in particular, that appropriate health and safety policies and procedures relevant to UKHSA's operation were in place together with governance and assurance systems to facilitate compliance with relevant legislation until this was transferred to the Director, People and Workplace in January 2025 following the SCS consultation and restructure. UKHSA's finance function was led by Andrew Sanderson (as Chief Finance Officer until May 2024), Donald Shepherd (as Finance Director until 31 March 2025) and Luke Heath (as Director, Finance, Performance, Risk and Assurance from 1 August 2024) reporting to the UKHSA CEO and the DHSC DG Finance. As of 31 March 2025, there is

no longer a formal line management relationship between DHSC DG Finance and the UKHSA Director FPRA, who reports to the UKHSA COO.

The Director, Finance, Performance, Risk and Assurance is responsible for the day-to-day leadership and operation of the finance function and advising the CEO on business as usual (BAU) finance issues and delivering and finalising the finance control and improvement programme.

The Director, People and Workplace had delegated responsibility for managing people related risk across UKHSA and the Communications Director had delegated responsibility for communications.

Capacity to handle risk

UKHSA has in place a risk management policy, procedures and guidance describing risk management roles and responsibilities, risk identification techniques, risk mitigation strategies and risk scoring. Risk management practices comply with the requirements of the Government's Orange Book's (Management of Risk – Principles and Concepts) five principles, with further work to take place on principle D, , Risk Management Processes.

The risk management team have a programme of work in place to implement the following

improvements, which are expected to be in place by 31 March 2026:

- prepare tailored risk workshops aimed at helping senior management understand how to identify and assess risks related to their business objectives, how they interact with other risks and how an understanding of risk helps with decision making.
- work with risk owners and functional business leads to maximise the use of the Symbiant risk management tool to link risks together to assess their overall impact, with the aim to identify efficient and effective mitigations applied at the right level
- formalise the risk appetite and tolerance of UKHSA through the adoption of an operational risk appetite and tolerance definition aligned with the business plan for 2025-26
- align our assurance map for 2025-26 to the business plan and related risks, ensuring all relevant assurance sources have been identified and assessed, so the map can support decision making around further actions required to manage risks

All relevant risk management documentation and tools are available to staff through the UKHSA

intranet, which included an agreed approach to risk identification and management.

UKHSA aims to minimise adverse outcomes such as harm, loss or damage to the organisation, its people or property, or those who received its services, through adequate supervision and training, appropriate delegation, continuous review of processes and the environment, and the sharing of lessons learnt and best practice.

Electronic adverse internal incident management and investigation systems are used to manage adverse incidents. Major incidents continue to be managed and reported to the Executive Committee. There were no such incidents in 2024-25. The main incident management system remains Trackwise, which continues to be enhanced and additional areas included, to ensure continuity of critical health and safety reporting in UKHSA's laboratories. Other systems are used to manage other incident types, such as security and technology.

Capturing and responding to risk information

UKHSA had a structure in place for reporting risk at an operational (sub - Group), tactical (Group, or major cross Group level) and strategic (UKHSA wide) level. There is a process in place to escalate and de-escalate risks as appropriate between the hierarchies.

UKHSA's risk environment continues to mature. Risks are mapped to UKHSA's Strategic priorities and DHSC's strategic risk register where the theme is appropriate. The strategic risk register was reviewed quarterly by the Performance and Operations Committee, Executive Committee, Audit and Risk Committee and the Senior Accountability Meeting with DHSC. It is made up of the most significant strategic risks identified by the Executive Committee in a 'top down' objective led exercise, with a 'bottom up' process operating in groups and directorates, escalating risks for inclusion when a strategic, corporate level response is needed.

UKHSA have brought in a risk management tool to support enterprise risk management down to divisional level. This tool allows for the identification and documentation of causes and consequences arising from risks, which can be linked to relevant mitigations that can also be monitored and actions taken. All reporting will now come from the risk management tool in as close to real time as possible.

ExCo and the Audit and Risk Committee both request and receive deep dive reviews into specific risks, providing an opportunity to engage directly with risk and mitigation owners to better understand the nature of the risk and effectiveness of the controls in place.

The Corporate risk management team supports roll-out of UKHSA's approach to risk management, identifying cross-cutting operational risks through the Risk Leads Group that it co-ordinates, and, where necessary, provided support to adverse incident management and investigation. Through the Risk Leads Group, it has reviewed group risk registers and provides feedback to improve the quality of risk information. The Risk Leads Group continued to operate effectively, supporting risk management at business unit and functional levels. The reorganisation of UKHSA into four Groups has led to a new Group Risk Leads group, representing each part of the new structure, being set up to support the ongoing risk management improvement journey.

UKHSA's current risk appetite and tolerance has been reflected in the strategic risk register through the target risk scores and proximity assessments. These are reviewed quarterly and revised as appropriate. The Symbiant risk management tool has been designed to include the proposed operational risk appetite and tolerance levels to enable colleagues to make better decisions on managing risks. This can be updated as appropriate as UKHSA's strategy and priorities continue to evolve. Work to develop and embed UKHSA's risk appetite will continue in 2025-26.

UKHSA had in place an adverse incident and serious untoward incident management policy and procedure to provide a formal mechanism for reporting and learning from incidents. There have been no Serious Untoward Incidents declared in 2024-2025.

A new adverse internal incident management framework has been developed, with input from in-house teams responsible for incident management. The framework comes with details of roles and responsibilities for investigations and an evolving suite of templates and tools to use in managing an internal incident. In 2025-26, UKHSA has established and Adverse Incident Review Group that will discuss and resolve incident process issues and review high and major incidents to be assured on the effectiveness of the process applied, including engagement with the right specialists at the right time.

Three data protection incidents were reported to the Information Commissioners Office (ICO) during the 2024-25 financial year. No enforcement action was taken by ICO as a result of any of these. A short summary of each is provided below:

Date of Incident	Incident Summary
September 2024 No Further Action	A Contractor retained a copy of information from a UKHSA operational system after leaving the organisation. This was discovered by UKHSA Protective Monitoring Systems and an alert generated. Advice was received from the National Cyber Security Centre (NCSC). The former contractor was contacted. Following legally enforceable protections being put in place, the information was recovered, and the former Contractor provided their personal laptop to UKHSA. The Department of Health and Social Care was informed. The ICO was also informed and following its consideration no further action was required.

Date of Incident	Incident Summary
October 2024 No Further Action	An information technology application used by UKHSA to send laboratory test results electronically to healthcare providers failed as a result of a disc failure on the server hosting UKHSA data. There is no evidence that the failure was caused by an external attack or threat, and there is no evidence that any personal data has been accessed by unauthorised individuals. An Incident Management Team was stood up to coordinate the organisational response. An email was sent to the healthcare organisations using the application the same day to alert them to the issue. Work to replace the failed disc and restore the server took place, the service re-established and the backlog of delayed laboratory test reports released to the healthcare providers. The failure of the application resulted in the delayed provision of a number of laboratory test results. To mitigate the risk of patient harm, business continuity plans were enacted, and contingency measures were implemented by the UKHSA laboratory service: clinically significant test results were reported to the healthcare providers by telephone; and some test results were also sent in hardcopy by post to the providers. The email communications to the healthcare providers also included a request to report any adverse patient outcomes attributable to the application failure to UKHSA. No adverse outcomes have been reported. The Incident Response Team remained in place for the duration of this incident, monitoring activities and overseeing the business continuity response. A lessons-leant report has been produced and disseminated to senior management and other relevant staff. Further technical work to ensure that the application is stable and resilient has been undertaken with the specific system supplier. The ICO was informed of this incident and has determined no further action is required by UKHSA.

Date of Incident	Incident Summary
March 2025 No Further Action	The Molecular Open Laboratory Information System (MOLIS) is used to process the test results and associated confidential patient information for specimen samples sent by the NHS and other clients to the UKHSA reference laboratories. The results are then issued by MOLIS to the requesting organisation via secure data transfer. A software change (patch) was made to MOLIS to enable it to receive test results from a new laboratory. UKHSA was alerted by one external client that it had unexpectedly received a large number of test results messages in error. They confirmed they could not directly access any of the results. In being alerted to this UKHSA ensured the MOLIS patch was reversed. The MOLIS support team has confirmed that the issue did not affect the issuing of laboratory test results to the correct intended recipients. Root cause investigation was completed and a series of actions, and action owners, identified. Corrective actions have been taken with the MOLIS system supplier and internally to strengthen the pre-deployment checking process for system patches. UKHSA is not aware of any harm to patients as a result of this error, and a data destruction certificate has been received from the organisation that received the test results in error. The ICO determined no further action was required to be taken by UKHSA.

Risk environment 2024-25

Throughout 2024-25 UKHSA has managed both health risks, such as low vaccination rates, measles, and emerging infections and through the strategic risk register, its corporate risks.

Strategic plan

2024-25 was the second year of UKHSA's 3 year strategic plan, which sets out the organisation's goals and strategic priorities. This was supported by the Remit Letter which set out the priorities for 2024-25 along with core responsibilities and key deliverables. Both were prepared in the context of the overall risk environment in which UKHSA operates.

Ready to Respond

UKHSA's ability to respond to incidents is central to UKHSA's objectives. Controls and plans continue to be developed and a pandemic preparedness strategy is due for release. UKHSA works with the rest of government to respond to incidents. Exercise PEGASUS will take place in quarter 3 of 2025-26 and will test UKHSA's ability to respond in a simulated incident. The learning from the exercise has been identified as a potential opportunity to identify control weaknesses and propose new ways of working that will improve the control environment.

Quality and clinical governance

UKHSA has strengthened its approach to quality and clinical governance to better understand and mitigate associated risks, building on the recommendations of a report by GIAA, the majority of which have now been delivered. A strategy has been published and the relevant ExCo committee, chaired by the Chief Medical Adviser, has met routinely throughout the year. In year, a risk based review of clinical quality in laboratories across UKHSA was carried out, identifying potential areas of risk exposure at a local, regional and national level. Action plans have been developed and are now being resourced. A clinical quality risk has been raised in 2024-25, reflecting the potential implications for UKHSA if the exposure identified in the review is consistent with the laboratories reviewed.

Cyber-security and information governance

Cyber-security has been a continued area of development and focus. The Safer Cyber programme continues to identify potential risks to be addressed. There have also been further developments in respect to UKHSA's information governance arrangements. Considerable work has been done to improve information governance controls in response to issues identified through the Data Security and Protection Toolkit audits and

in planning for the Cyber Assessment Framework audit due for completion in June 2025. This is a challenging framework to comply with but it is necessary to ensure our cyber and information governance environment, which is critical to UKHSA's operations, is robust.

Cyber security continues to be an area of focus and development. The Trust Programme has been established and takes over from the Safer Cyber Programme as UKHSA's key change programme to strengthen our cyber security. The Trust Programme is a 3-year programme to systematically strengthen UKHSA's systems, processes and ways of working. The objective of the Programme is to ensure compliance with the relevant legal and policy frameworks for government, building on progress made during 2025 in addressing issues identified through our audit and compliance activity in this area.

Porton Biopharma

The challenges faced by Porton Biopharma Limited have been shared with senior officials and Ministers. Decisions have now been made around the future of Porton Biopharma Limited, its suppliers and its product lines that should help to manage the financial risk to the shareholder.

Workforce capacity and capability

The risk in respect to workforce capacity and capability continues to be discussed at the Senior Accountability Meeting with our sponsor organisation DHSC and the work underway to ensure that UKHSA is able to attract and retain staff has included further development of the people experience, recruitment processes and improvements to internal systems. The main mitigating action will be the submission of a pay flexibility case for UKHSA, which will be submitted in 2025.

Vaccines and vaccine preventable diseases

Ensuring there is a sufficient and reliable source of vaccines for the UK is an important part of UKHSA operations, particularly as recent changes to the geopolitical environment are making international trade more difficult. UKHSA is one of the partners in the Moderna Strategic Partnership that should help to secure vaccine supply lines when it comes on stream. The Moderna plant is due to begin operations in the second quarter of 2025-26. Having a consistent, national approach to delivery of vaccines and the management of vaccine preventable diseases is critical in helping to manage the risk of future public health incidents. Changes in the way that immunisations may be commissioned are going through changes, which

may mean access to public health specialists may be limited or inconsistent, meaning immunisation programmes may not be effective. UKHSA are working with DHSC to manage this risk and develop new ways of working that ensure specialist resources are engaged in the immunisation commissioning process.

Protective security

The Protective Security function continues to deliver improvement across the agency, specifically in the education around the threat to HMG, Health and specifically UKHSA. This education has been headed by a series of threat briefings given all across the estate in order to improve understanding and allow greater discussions on security risk management and the practices put into place by this function.

Artificial intelligence (AI)

AI is identified as both an opportunity and a threat to UKHSA at the strategic and operational level. The opportunities arising from coordinated use of AI may be lost if UKHSA does not act swiftly enough, which include the automation of time consuming but necessary collation and analysis of data. AI can also be used by external actors looking to attack our cyber environment to either disrupt, damage or steal intelligence from UKHSA. There are plans in place to address this with

appropriate governance, but pockets of AI exist across UKHSA and AI continues to change at pace.

UKHSA principal risks 2024-25 included:

Principal risk		Impact and Mitigation
People Risk Owner Director, People and Workplace	Workforce: Capacity and Capability There is a risk that we may not be able to attract and retain an appropriately skilled and diverse workforce to deliver fully UKHSA's remit.	**Impact** • may impact on delivery in areas dependent on specialised front line and hard to recruit staff, for example financial controls, accounts, cyber, science, data, technology and programme delivery **Mitigation** • pay business case developed. Pay flexibility proposals now in progress • introduction of streamlined recruitment processes • improved management information through MaPS
Finance Risk Owner Director, Finance, Performance, Risk and Assurance	Impact of reduced core budgets There is a risk to: a) UKHSA's ability to maintain financial control if the scale of efficiencies required cannot be delivered with the necessary rigour and pace b) UKHSA's ability to deliver its remit and strategic objectives fully and safely should one or more key capabilities need to be scaled back and /or cease altogether	**Impact** • adverse criticism by the NAO and Parliament and impact on stakeholder confidence • inability to stabilise the workforce • inability to deliver strategic priorities **Mitigations** • business planning process, oversight and scrutiny • benefits identification and management • ongoing discussions with DHSC

Principal risk		Impact and Mitigation
Finance Risk Owner Director, Finance, Performance, Risk and Assurance	Immature Financial Management and Controls Due to UKHSA's organisational immaturity, inherited accounting practices (including Oct 2022 transfer of COVID Vaccine Unit) and continued MaPS adoption, there are weaknesses and points for improvement in some areas of UKHSA's financial management and controls - reflected in a disclaimed NAO audit opinion for 2021-22 and 2022-23.	**Impact** • further reputational loss • adverse future audits • heightened risk of fraud • comprised ability to demonstrate value for money **Mitigations** • ExCo/ARC oversight and implementation of assurance measures • Finance and Control Improvement Programme; results of this programme led to UKHSA receiving a qualified audit opinion in 2023-24 • budget holder training and business partnering implemented across UKHSA
Commercial Risk Owner Director, Commercial, Vaccines and Countermeasures Delivery	Commercial and Contract Management There is a risk that UKHSA may have issues with supply chain or contract failures and disputes.	**Impact** • this could affect the delivery of critical health security functions to the public and finances • loss of UKHSA reputation **Mitigations** • enhanced supplier and contracts management • implementation of spend controls and commercial assurance processes • strengthened governance arrangements, including commercial compliance and assurance framework

Principal risk		Impact and Mitigation
Information Governance Risk Owner Director, Data Protection, Security and Technology Services	Information Governance There is a risk of critical confidential information or sensitive data assets being compromised lost or wrongly disclosed by inappropriate use of data, breach or non-compliance due to non-authorised use of data, data breaches, data loss or accidental disclosure, through staff or system errors.	**Impact** • UKHSA's ability to collect, process and share data lawfully and safely • enforcement action by ICO • loss of public trust in UKHSA **Mitigations** • License to Operate Programme • Mandatory training, supported by cultural change • DSPT – CAF improvement programme
Cyber Risk Owner Director, Data Protection, Security and Technology Services	Cyber Security There is a risk that from a failure to comply with HMG functional standards and associated policies, weaknesses and or gaps in UKHSA cyber controls causes a material cyber security breach.	**Impact** • loss of confidentiality, integrity and availability of systems and information • any combination of operational, regulatory, contractual and reputation damage to UKHSA • recovery and remediation efforts will divert resources from delivering better health outcomes **Mitigations** • incident response exercises and response • 'Safer Cyber' programme • Secure by Design • EDAP rollout.

Principal risk		Impact and Mitigation
Science Risk Owner Director, Scientific Facilities and Performance	Enduring scientific capability UKHSA will be unable to maintain scientific capabilities that will be needed for response to pandemics, CRN and other major incidents.	**Impact** • UKHSA unable to deliver critical health protection functions **Mitigations** • Science strategy and implementation plan including a new approach to capital spending. • Partnering with corporate teams to develop working relationships and efficiencies, including • recruitment and commercial

Principal risk		Impact and Mitigation
Preparedness Risk Owner Director, Strategy and Policy	Pandemic Preparedness A future pandemic is inevitable; though the timing and specific pathogen are inherently uncertain. There is insufficient capacity and capabilities in the healthcare system to detect and respond (including ability to surge staff) to respond at sufficient scale to an emerging pandemic threat	**Impact** • greater harm to society • insufficient pace and scale of pandemic response • loss of political and societal confidence **Mitigations** • UKHSA and DHSC joint pandemic preparedness strategy and programme • Lessons learned • develop a cross-funder pandemic R&D framework and priorities based on lessons identified work, and output from initial R&D framework cross-government and external pandemic preparedness consultation on research questions

Principal risk		Impact and Mitigation
Vaccines Risk Owner Director, Commercial, Vaccines and Countermeasures Delivery	COVID-19 Vaccines There is a risk that UKHSA fails to deliver effective & timely Covid vaccines for planned campaigns until 2030 as advised by the JCVI and / or the agreed contingent supply.	**Impact** • UKHSA unable to deliver current or future critical health protection functions • loss of political and societal confidence **Mitigations** • close working with vaccine manufacturers and regulators, including use of the Moderna Strategic Partnership • contingency planning based on lessons learned nationally and internationally

Principal risk		Impact and Mitigation
Health and Safety Risk Owner Director, Scientific Facilities and Performance	Staff and Public Safety There is a risk that a low frequency, high impact incident involving biological agents occurs at one of UKHSA's high containment bio-safety facilities.	**Impact** • adverse impact on human and animal health and the environment **Mitigations** • safety management system • review and respond to requirements raised by safety regulators and security advisors • development of a strategic assessment management plan for the scientific estate • investment projects developed for existing estate

Principal risk		Impact and Mitigation
Reputation Risk Owner Director , Public Inquiry	UKHSA's reputation is impacted adversely due to negative criticism for past actions/current performance arising from the COVID-19 public inquiry process.	**Impact** • loss of political and societal confidence • limitations on availability of senior officers on delivery of wider business plan **Mitigations** • implementation of UKHSA Public Inquiry Communications and Engagement Strategy. • strengthening internal support systems • provision of legal advice by the Government Legal Department

Principal risk		Impact and Mitigation
Future Science Capabilities Risk Owners Director, Transformation	There is a risk that UKHSA is unable to deliver its future core health security mission because ageing infrastructure cannot be reprovisioned in a timely, affordable way and/or without operational capacity and capability being compromised.	**Impact** • inability to deliver priorities, including responses to public health incidents • health and safety of colleagues and the public **Mitigations** • increased capital funding for existing estate • direct ExCo/Board engagement • HMT/IPA engagement, including annual assurance reviews

Principal risk		Impact and Mitigation
Porton BioPharma Ltd (PBL) Risk Owner Director, Finance, Performance, Risk and Assurance	There is a risk of PBL business viability being significantly reduced due to a change in market access.	**Impact** • Loss of political and societal confidence **Mitigations** • Board membership and oversight • DHSC/UKHSA joint recommendations to Ministers • managed cessation of operations and distribution
Moderna Strategic Partnership (MSP) Risk Owner Director, Commercial, Vaccines and Countermeasures Delivery	There is a risk HMG fails to achieve all agreed benefits from MSP in the agreed timescale not adding to UK's pandemic resilience, R&D ecosystem and vaccine supply portfolio.	**Impacts** • MSP potential not used to drive improvement, health outcomes & pandemic prep • reduced health protection • a loss of political and societal confidence • impact on the wider vaccine industry confidence **Mitigations** • joint working with Moderna and other partners • effective governance in place • IPA actions implementation • Vaccine Operating Model and procurement process • Pandemic Response Plan

Principal risk		Impact and Mitigation
Public Health Threats Preparedness Risk Owner Director of ACT, Health Protection Operations	UKHSA is unable to deliver scalable and agile responses to all health security threats, excluding pandemics, particularly if they occur concurrently.	**Impact** • poor health outcomes • reputational damage **Mitigations** • Ready to Respond programme, supported by staff training • situational awareness meetings with key stakeholders. • annual readiness assessment
Quality of Clinical and Health Protection Services Risk Owner Director, Health Equity and Clinical Governance	Delivery of poor quality clinical and health protection services, including impaired quality of customer service and error or delay in providing advice.	**Impact** • harm, permanent injury or death of patients, public or populations • harm to the health, wellbeing and career prospects of our staff • loss of critical skills through loss of disaffected staff • financial, legislative and reputational damage **Mitigations** • governance oversight and strategy • Assurance Framework • portfolio of training

Principal risk		Impact and Mitigation
Vaccine Coverage and increased cases of Vaccine Preventable Diseases Risk Owner Director, Public Health Infection Programmes	Loss of expert public health capacity, expertise, consistency and influence at a local level.	**Impact** • hinder the successful and safe delivery of immunisation programmes • adverse workload for both the regional health protection teams and the UKHSA national immunisation team **Mitigations** • effective collaboration processes, internally and with NHS and ADPH

Health and safety

The UKHSA Health and Safety Policy Statement, signed by the Chief Executive, commits to protecting UKHSA's staff and others from harm and to reduce the risk to their health, safety and wellbeing as far as reasonably practicable. UKHSA undertakes a wide range of activities in its scientific work with a variety of different risks. A number of specific policies are in place to specify the standard to be achieved in the management of these different risks.

UKHSA's strategic health and safety aim is to strive for excellent health and safety standards, and these arrangements are overseen by the Health and Safety Committee, which was chaired by the Director of Corporate Affairs. In partnership with staff-side members, the Health

and Safety Committee has focused on ensuring appropriate follow-up of actions from UKHSA's internal proactive performance monitoring and any recommendations made by the Health and Safety Executive (HSE) as part of its planned intervention plan. In addition, incidents with high or major actual or potential impact were reviewed and acted on, with lessons identified and disseminated across the organisation in a timely way.

UKHSA had in place a range of health and safety standards, with processes to ensure suitable and sufficient assessment of activities which implement control measures to prevent and reduce risks in order to protect staff from harm and ill health.

UKHSA's health and safety policies are supported by staff health and safety handbooks and guidance documents. These cover a number of specific areas of risks and are complemented by specific information, guidance, training and competency assessment.

The third annual meeting with the HSE to review health and safety performance through their planned and reactive inspections during 2024-25 was held in June 2024, which was attended by the Chief Executive, Chief Scientific Officer, Director of Corporate Services, Deputy Director of Health and Safety, and senior operational scientific staff.

The HSE highlighted the following UKHSA strengths:

- commitment to Health and Safety and Biocontainment
- maintaining safety performance during rapidly changing and challenging landscape
- positive outlook with regards to Health and Safety (engagement and relationship)
- transparent approach and attitude during interventions
- UKHSA undertake detailed internal investigations in response to incidents
- engagement of Senior Leadership via annual review meetings

We also discussed the following challenges and areas for continuous improvement:

- continue with pro-active outlook with regards to health and safety to further drive- up performance
- continual safety management structure changes
- management of multiple workstreams, priorities and projects
- Science Hub – strategic decisions/ focus of priorities

- investment in critical existing infrastructure, equipment and plant maintained across the UKHSA estate to ensure continued operational safety
- CL3 activities – particularly at Colindale

Protective security

UKHSA continues to work very closely with the Government Security Group and participates in the Departmental Security Health Check (DSHC) which is the framework of the Government Standard 007: Security (GovS007).

UKHSA has embedded a professional protective security team, whose foundation is the effective management of protective security risks across the agency. A Protective Security business plan has bene submitted and internal security policies continue to be embedded within the agency. The resetting of the protective security governance process continues with quarterly meetings held at a higher classification level.

The 2025 DHSC question set allows a comparison of previous submissions to understand potential areas of improvement. To note the DSHC is a compliance-based procedure which does not automatically lend itself to those government bodies who take a security risk based approach, like UKHSA. Continuous improvement is being

sought across all ranges of the protective security strand (physical, personnel, security risk management, threat and security education) to improve the security culture of the agency to improve standards but ultimately to protect UKHSA's people, information, assets and operations (regardless of where these are in the world).

Significant progress has been made in relation to resetting aspects of National Security Vetting; Asset identification; our understanding of the threat and the management of protective Security risks – this includes areas of UKHSA protective security best practice being adopted by other areas of government. UKHSA Protective Security continues to work closely with the Department of Health and Social Care Security team and other partners across government.

Modelling

UKHSA recognises the importance of analytical quality assurance (AQA) across the full range of our analytical work. We have the key foundations of AQA in place, consistent with the recommendations in Sir Nicholas Macpherson's review of quality assurance of government analytical models (Review of quality assurance of government models - GOV.UK (www.gov.uk)) and the Aqua Book (-The Aqua Book: guidance on

producing quality analysis -), alongside a culture of continuous improvement. Steven Riley, Director General, Data, Analytics & Surveillance (DAS) and Chief Analyst, is responsible for AQA across UKHSA. Our AQA processes are being embedded in the organisation as we mature our QA culture alongside the consolidation of our technology systems, establishing common systems for conducting analytical work, sharing information and managing risks.

We have created an Analytics QA Framework, which serves as 'systematic approach to make quality assurance accessible, easy and comprehensive' (Aqua Book p10).

The framework mandates an SRO for each business-critical model, proportionate and appropriate QA for all analytics projects with clarity from the outset on how AQA is to be managed, and intelligent transparency for sharing information about residual uncertainty and risk in outputs. It requires the SRO of business-critical models to ensure that their model metadata is kept up to date on the UKHSA Model Register. This Model Register is a living list of analytical models and their quality assurance metadata, including their business-critical status and the reasons for it. The Model Register is reported quarterly to Department of Health and Social Care (DHSC).

For 2024-25, UKHSA has worked to mature our AQA approach to embed it in all analytical activity and further develop AQA culture. This is a key aspect of our strategic priority to develop UKHSA as a high-performing agency and, in support of this, we have recently published our Reproducible Analytical Pipelines (RAP) implementation plan (UKHSA Reproducible Analytical Pipelines (RAP) implementation plan - GOV.UK (www.gov.uk)).

UKHSA is also working with DHSC to publish a list of in-use Business Critical Models, in line with the Aqua Book Addendum (Addendum_to_the_Aqua_Book_051023.pdf (publishing.service.gov.uk)), and to participate in a new AQA Community of Practice across DHSC ALBs.

Financial governance framework

UKHSA had in place a financial governance framework, with policies and procedures to ensure compliance with the requirements of Managing Public Money, International Accounting Standards, EU Procurement Legislation, government spending controls and internal approval levels.

UKHSA had a breach of laws and regulations in year in relation to underpayment of overseas duties. UKHSA has since worked closely with DHSC and HMRC to ensure that updated exemptions are in place to prevent this occurring again.

Preventing fraud, corruption, bribery and theft

The UKHSA Anti-Fraud Team (AFT) is made up of a small team of experienced counter fraud professionals and covers both Fraud Risk and Prevention work, as well as Fraud Investigation.

As reported in 2023-24, the UKHSA Anti-Fraud Team (AFT) was subject to reviews by the GIAA and Public Sector Fraud Authority (PSFA). In 2024-25, the AFT completed all 9 GIAA recommendations and was commended for the level of high-quality evidence that was provided.

The PSFA review was an assurance exercise against the Government Functional Standard GovS013: Counter Fraud (GovS013). As a new UKHSA function, the AFT set out to achieve a minimum of 6 (of 12) being rated at least 'Good' under the Continuous Improvement Assurance Framework. UKHSA was rated as being at least 'Good' in 9 of the 12 elements, with one rated 'Better' and one 'Best'. Work is ongoing to address the 3 elements rated as 'In Development'.

2024-25 saw the AFT work through the actions aligned to the first year of the UKHSA Counter Fraud Strategy 2024-27. Good progress was made, with 15 out of 20 actions being completed. 5 were carried over as these were impacted by organisational changes related to the SCS restructure.

Annual Counter Fraud training (using the Civil Service Learning Countering Fraud, Bribery & Corruption training module) remains mandatory for all staff. The AFT works closely with Learning and Development colleagues on ways completion rates can continue to be improved across the agency. The AFT have also provided bespoke, targeted and specialist fraud awareness training to staff across UKHSA, to enhance wider capability.

The AFT provides regular reporting to UKHSA Audit and Risk Committee and continues to develop links with counter fraud teams across HMG to learn and share best practice. Our Risk and Prevention team works with stakeholders across UKHSA to provide practical support and interventions to prevent and detect fraud, bribery and corruption in everyday operations.

It is estimated that the detected loss from fraud in 2024-25 was £172,098 with a further £729,560 recovered and an estimated £131,753 of fraud was prevented. These figures will vary year on year as business activity change and organisation maturity beds in.

£729,057 of the recovered amount related to the Managed Quarantine Service (MQS). UKHSA inherited the liability for the scheme and the outstanding debt in April 2022 after the programme had closed.

Whistleblowing

UKHSA takes whistleblowing concerns seriously and we are committed to fully investigating with all concerns. We have increased our number of trained experts that can effectively respond to whistleblowing concerns in our HR Casework team as well as widening our routes for employees to raise concerns. To ensure we reach across all UKHSA, we have 2 specialist nominated officers outside of HR to receive and support with whistleblowing concerns. We also have appointed a member of our Executive Committee who is now our Whistleblowing Champion to oversee our whistleblowing actively and promote the routes our people that have to raise these types of concerns.

Following an audit by Government Internal Audit Agency (GIAA), we have implemented a new Whistleblowing Policy, informed by best practice across the Civil Service, to further enhance our processes and ensure consistency in approach and outcomes. We have also implemented a series of other recommendations to improve our provision. We incorporate training about whistleblowing into our induction sessions for all new employees as well as raising awareness across the Agency during our annual Speak Up week in November each year.

Our 2024 Civil Service People Survey scores indicate that 59% of the respondents were aware of the Civil Service Code and 66% confident that

if they raised a concern it would be investigated properly. These scores indicate that there are still improvements to be made to increase awareness and confidence in raising these types of concerns.

We are confident that our steps to increase awareness is effective and will conduct a voluntary Self-Assessment in Summer 2025 against the Civil Service Framework. In 2024-25 we received 11 whistleblowing cases which we have handled appropriately.

Assurance

Assurance is defined in the HM Treasury guidance for assurance frameworks as: '... an objective examination of evidence for the purpose of providing an independent assessment on governance, risk management, and control processes for the organisation'.

UKHSA adopts the 'Three Lines' model for assurance; this ensures there are activities at all levels that could provide reassurance and evidence of good practice as well as an assessment of delivery confidence.

Under the first line, management at all levels have primary ownership, responsibility, and accountability for identifying, assessing, and managing risks. Their activities create and/or manage the risks that can facilitate or prevent an organisation's objectives from being achieved. The

first line ‘own’ the risks and are responsible for execution of the organisation’s response to those risks through executing internal controls daily and for implementing corrective actions to address deficiencies.

Managers design, operate and improve processes, policies, procedures, activities, devices, practices, or other conditions and/or actions that maintain and/or modify risks and supervise effective execution. To ensure compliance and watch for control failures adequate managerial and supervisory controls are put in place, supported by routine performance and compliance information.

The second line includes functions and activities that monitor and support the implementation of effective risk management practices and enable the reporting of adequate risk related information up and down the organisation. It supports management by bringing expertise, process excellence, and monitoring alongside the first line to help ensure that risks are effectively managed. At UKHSA, we have a range of specialist teams supporting management that provide these controls, including Health & Safety, Information Governance / data compliance and Programme and Project delivery ‘gateway’ reviews.

In respect of the third line of assurance, an independent internal audit function provided by Government Internal Audit Agency (GIAA) provides

an objective evaluation of how effectively the organisation assesses and manages its risks, including the design and operation of the 'first and second lines'. It considers all elements of the risk management framework, including all risk and control activities in its scope. GIAA are working with UKHSA to continually improve its control environment as the Agency continues to mature.

Also sitting in the organisation's third line are a range of other sources of assurance that support an organisation's understanding and assessment of its management of risks and its operation of controls, including:

- the Health and Safety Executive, who provide external reviews of our health, safety, and wellbeing practices in our areas of highest risk
- the Infrastructure and Projects Authority (IPA), who arrange and manage independent expert assurance reviews of major government projects that provide critical input to HM Treasury business case appraisal and financial approval points

Other sources of independent external assurance may include independent inspection bodies, such as the Information Commissioner's Office, external system accreditation reviews/certification (e.g., ISO, UKAS), and HM Treasury/Cabinet Office/

Parliamentary activities that support scrutiny and approval processes.

Government functional standards

UKHSA aims to adhere to public best practice and guidance outlined in the Government functional standards.

Functions enable excellence and consistency in the delivery of policy and services across government. They form a framework for collaboration across organisational boundaries and support efficient and effective delivery of public services. Functional standards are set by each function to provide direction and advice for people working in and with the UK government. They bring together and clarify what needs to be done, and why, for different types of functional work. The standards are a resource to help accounting officers and senior leaders meet the requirements of Managing Public Money.

UKHSA aims to adhere to the published good practice and official guidance. Since early 2022, UKHSA has been undertaking self-assessments of our adherence to the Standards.

The following assessment against the standards was carried out in 2024-25, with actions and improvement plans identified:

Standard	Lead	Outcome
GovS 002: Project Delivery	Director Transformation	In development This is the same rating as the previous year, but improvements have been made as well as a suite of guidance and templates based on 'good practice'. A development plan is in place with a roadmap to 2026-27.
GovS 003: Human Resources	Director People and Workplace	In development Six themes 'Good' Nine 'Partially Met' One 'Not Met' Improvement plans are in progress and there is an intention to move to use NOVA guidance in 2025-26.
GovS 004: Property	Director People and Workplace	In development An action plan is in place and covers areas such as Asset Inventory, Sustainability, Energy Efficiency, Conservation and Remediation and Adaption.
GovS 005: Digital, Data and Technology	Chief Data Officer	In development Data Maturity Assessments were rolled out during 2024 and a Data Strategy has been issued covering Principles, Capability, Catalogue and Evaluation. Secure by Design was successfully launched in 2024. Data Compliance team continues to conduct regular second line assurance to assess teams' compliance with GDPR and information-related standards.
GovS 006: Finance	Director Finance, Performance, Risk and Assurance	In development (The latest assessment at 83% compliance) Improvement plans are in progress and measured against the standard.
GovS 007: Security	Director People and Workplace	In development Annual Assessment in Sept 24 identified 85% compliance rating, which is an increase from 66% of previous year.

Standard	Lead	Outcome
GovS 008: Commercial	Director Commercial, Vaccines and Countermeasures Delivery	Good Commercial Continuous Improvement Assessment Framework remains in use for self- assessment.
GovS 010: Analysis	Chief Data Officer	Good There is no self-assessment tool for this Standard but the framework is in use and there is a good level of awareness.
GovS 011: Communication	Director Communications	In development
GovS 013: Counter Fraud	Director Finance, Performance, Risk and Assurance	From PSFAs assurance: Nine themes 'Good' or better Three themes 'in development' This is an improvement from 6 themes 'good' in 2023. Notably the Governance theme was rated as 'Best' and the Action Plan rated as 'Better', giving confidence in the improvement of the remaining areas.
GovS 014: Debt	Director Finance, Performance, Risk and Assurance	In development Improvement plans are in progress.
GovS 015: Grants	Director Finance, Performance, Risk and Assurance	In development Improvement plans are in progress.

Internal audit arrangements

As part of the Government Internal Audit Agency (GIAA), the Head of Internal Audit's team is fully independent and remains free from interference

in determining the scope of internal audits, in performing its work throughout the year, and in communicating results to management and the UKHSA Audit and Risk Committee (ARC). The Head of Internal Audit (HOIA) has direct access to the Accounting Officer and meets regularly with her senior team.

The HOIA has provided the Chief Executive and Accounting Officer with an overall Limited opinion on the framework of governance, risk management and internal control within the United Kingdom Health Security Agency (UKHSA) for the 2024- 25 financial year. The definition of a Limited opinion is that there are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.

The Head of Internal Audit's opinion, provided in their annual report, stated:

Purpose of report

In accordance with the requirements of the UK Public Sector Internal Audit Standards, I am required to provide the Accounting Officer and the Audit and Risk Committee with my annual opinion on the adequacy and effectiveness of the organisations risk management, control and governance arrangements. My opinion is a key element of the assurance framework and can be

used to inform the organisation's Governance Statement; however, the Accounting Officer retains personal responsibility for risk management, governance and control processes.

My annual internal audit opinion reflects the audit plan agreed and is not limited in scope, to the extent that the assurance provided by internal audit can never be absolute.

Basis of my opinion

My opinion is based on the governance, risk and control frameworks set out in the following publications, which apply to central government organisations:

- Corporate governance code for central government departments (2017), the Code is mandatory for departments, advisory for other bodies;
- Orange Book: Management of risks - principles and concepts (2023);
- Managing Public Money (2021).

Opinion

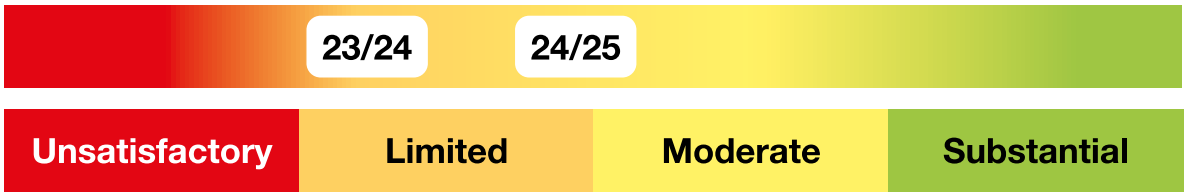
Limited There are significant weaknesses in the framework of governance, risk management and control such that it could be or could become inadequate and ineffective.

Improvements in the internal control framework have been made during 2024-25, and I consider there has been a reversal of the negative direction of travel I reported in my 2023-24 annual report (see below), and a move closer towards a Moderate assurance opinion.

Outcomes of audits have moved from predominantly Limited assurance in previous years, to more than half receiving positive assurance in 2024-25. However, some previous themes identified in my earlier annual reports have continued to be identified in audits during 2024-25, in particular at the strategic level within the organisation, which has led me to conclude that an opinion of Limited assurance remains appropriate for the year ended 31 March 2025. Strategic leadership, decision making and management of risk is a fundamental element of the control framework which in my view need to be further embedded for an assessment of Moderate assurance.

Significant changes in the organisation's governance and leadership roles have taken place both during the year and since the year-end, and I fully expect these to yield positive improvements to the overall governance and control framework once fully embedded.

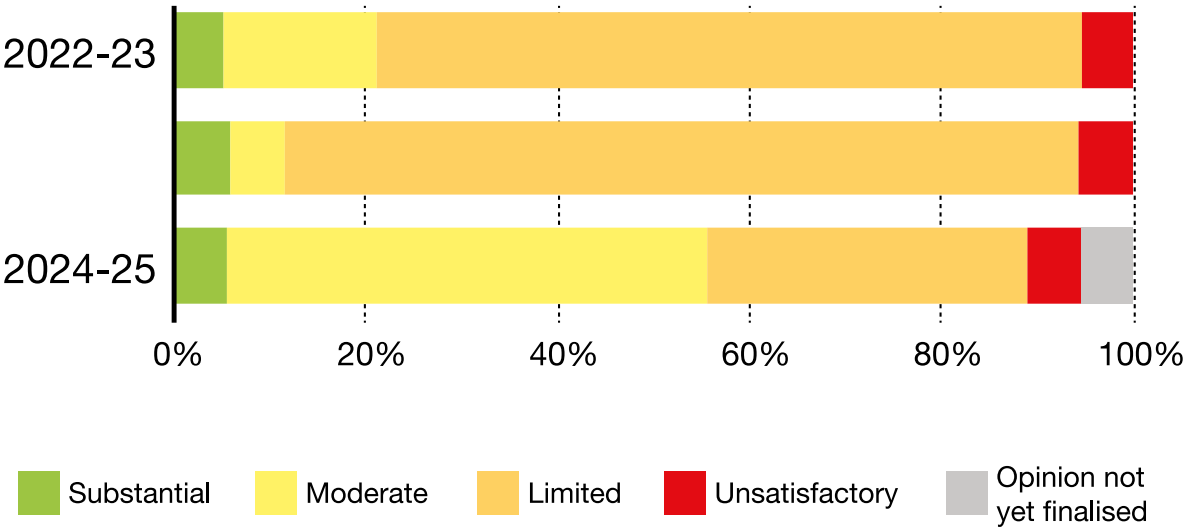
Figure 1: Direction of travel



The direction of travel indicator reflects trends in overall control environment, indicating whether the overall governance, risk management and internal control environment is improving, stable or declining.

In my opinion, there has been an improvement in the internal control environment. Not only has there been a reversal of the negative direction of travel I reported for 2023-24, but a notable positive direction of travel during 2024-25.

Figure 2: Summary of opinions over the last 3 years



There has been an improvement in the outcomes of audits during 2024-25 with a higher proportion of audits resulting in Moderate assurance opinions compared with previous years. In 2024-25 more than half of audits resulted in positive assurance opinions compared with fewer than a quarter of audits in each of the previous 2 years.

Key risks and themes

My assurance opinion for UKHSA is required to cover the organisation's arrangements for governance, risk management and internal controls. Below I set how our findings and other observations contribute to this opinion.

Governance

2024-25 saw an organisation-wide senior management restructure which resulted in changes to roles and responsibilities across many parts of the organisation. Alongside this, changes were made to the composition and format of ExCo and its sub-committees. These changes were still embedding during the year as sub-committees refined and consolidated their roles and responsibilities, and teams and individuals clarified their respective responsibilities. A small number of audits identified gaps in the allocation of some key roles and responsibilities following the restructure; (Conflict of Interest) or a lack of clarity and documentation of new roles and responsibilities

(Business Planning, Stakeholder Management, Supply Chain Management).

Some audits continued to identify gaps in the organisation's strategic leadership and decision making, or a lack of evidence to confirm that ExCo has been appropriately sighted on some key programmes, risks and issues.

The audit of the Safer Cyber Programme found there was a lack of transparency over where a decision had been taken to reduce the programme's funding, and we could not confirm that the decision makers adequately considered the risks when taking the decision.

Audits of Moderna Strategic Partnership (MSP) and Safer Cyber found there was a lack of evidence of ExCo oversight despite these being among the highest risks on the strategic risk register. Where ExCo was updated on the MSP, some reporting was found to be overly positive in relation to a recent red rated report from the IPA, with the then chief executive advising that the IPA had reported positive progress but failing to mention the red rating in the report. This aligns with my observations in previous years of, at times, overly positive reporting.

The audit of Stakeholder Management found that ExCo had failed to take a decision on a proposed approach to managing stakeholders, leading to

nugatory work, long delays in addressing known issues, and a lack of clarity over the remit of the team to introduce new arrangements.

Other audits also identified that senior level oversight needed to be strengthened (Supply Chain Management, Health Improvement Service Transfer and Payroll).

Where we reviewed programmes and projects during the year, governance remained a theme arising from several audits:

Building for Ambition – whilst proportionate governance was in place, roles and responsibilities for the respective forums were not suitably defined and documented.

Moderna Strategic Partnership – whilst a governance framework had been documented, this was not operating as defined and a recent IPA review had already recommended a full review of the governance over the programme.

Finance and Control Improvement Programme (FCIP) – governance arrangements were complex and unclear, and the Programme board did not have the responsibilities that would normally be expected of a Programme Board and was operating more as a stakeholder engagement forum.

Health Improvement Service Transfer (HIST) – governance for the programme was considered

to be ‘unusual’ and not in conformance with the Government Functional Standard for Project Delivery, with no formal programme governance board.

Signed SRO letters were not in place or were not correct for the programmes of FCIP, MSP and Science Group Modernisation Programme, meaning there was no formal delegation of the responsibilities or accountabilities of those charged with delivery of these programmes of work.

We also identified from audits and discussions during the year and since, that there are gaps in the oversight and assurances available to Audit & Risk Committee where external providers undertake reviews of UKHSA’s business. Several reviews were undertaken by the Infrastructure and Projects Authority (now the National Infrastructure and Service Transformation Authority) during 2024-25 which we have placed some reliance on. Through our discussions, we identified that there is no reporting line on these reports to ARC and furthermore, no assurances that recommendations arising from these reviews have been appropriately implemented.

Similarly, monitoring of actions arising from the Data Security and Protection Toolkit (DSPT) assessment in 2024-25 was incorporated into existing management oversight arrangements and thereby taken out of the line of sight of ARC. Given

many of the long overdue actions being reported to ARC relate to Information Governance and Cyber Security, it is important that ARC continues to be assured on implementation of related actions.

Risk management

Improvements to risk management arrangements have continued to be made during the year and we have made several positive findings relating to risk management including in the audit of Risk Management which resulted in a Moderate Assurance opinion.

However, further improvements are still required to ensure that risk management is appropriately embedded, in particular within senior management decision making.

Whilst receiving an overall Moderate assurance opinion on the arrangements implemented and led by the corporate Risk Management Team, the audit of Risk Management reiterated a finding from our 2022/23 audit to improve the quality and consistency of risk information provided to ExCo in support of requests for decisions. In line with our findings in previous years, risk information on ExCo cover papers had not been completed fully in all cases meaning there was potential for ExCo decisions to be made without a full appreciation of the impact and likelihood of the risk materialising. As previously mentioned, the audit of Safer Cyber

concluded that there was no evidence of risk being considered when reducing the funding, despite the risk having the highest possible risk score on the SRR.

Other improvements identified in the Risk Management audit were the need for the organisation to sign off its risk appetite and risk tolerance statement and to undertake a risk maturity assessment to inform future improvements in risk management. These are key requirements of the Orange Book[1].

Two audits (MSP and Safer Cyber) identified there was a lack of evidence to demonstrate discussions were taking place at ExCo on these strategic risks despite the SRR being presented quarterly, cover papers specifically drawing ExCo's attention to these risks, and the risks remaining high over the year.

We also identified that there is a need to ensure there is clarity over the respective roles and responsibilities and information flows between ExCo and Audit & Risk Committee on strategic risks. The audit of MSP highlighted that ARC did not receive any deep dive information into the Moderna Strategic Partnership risk during 2024-25 despite the risk score being high all year, and having not reduced as anticipated. There is also no

1 The Orange Book Management of Risk – Principles and Concepts, UK Government

evidence from the minutes to confirm the risk has been discussed under the SRR item. In relation to Cyber Risk, ARC received several papers setting out key risks and issues, whilst ExCo had not received this same information, potentially meaning that non-executive directors on Audit & Risk Committee were appraised of risk information that senior leaders may not have been aware of.

Other issues identified in relation to risk management included a need to ensure that risk mitigations were indeed mitigations that were working to manage the risks (Moderna Strategic Partnership and Supply Chain Management), and that these were owned by named postholders (Building for Ambition).

Three Programmes/Projects we audited did not have a risk management strategy for the programme which was a requirement of UKHSA's programme management framework during the year and would help ensure a strategic and systematic approach to the management of programme risks.

Positive findings on the organisation's risk management arrangements include:

- an appropriately skilled, qualified and resourced corporate risk management team, headed by a Deputy Director, reporting to an ExCo member and with the remit to support the implementation of effective risk management across the wider organisation
- organisational support and investment in improving risk management as demonstrated by the implementation of the Symbiant risk management system during the year, and the introduction of a Group Risk Leads forum responsible for considering risks across each of the 4 UKHSA Groups
- risk management policies and procedures are comprehensive and have been updated to align with the Orange Book
- reporting of the Strategic Risk Register to ExCo, more latterly Performance and Operations Committee and to Audit & Risk Committee, and DHSC Senior Accountability Meeting (SAM) on a regular basis
- deep dives have been undertaken at ARC on Commercial Risk, Cyber Risk, Science Infrastructure Risk, Information Governance Risk - ARC also received regular updates on Finance, Health and Safety and reports from the corporate assurance team on implementation of audit actions

Internal controls

Again, there has been a positive direction of travel with regard to the internal control framework since my 2023-24 annual report. There has been a notable increase in the proportion of audits receiving a Moderate assurance opinion, which I consider reflects improvements in the control environment. Of the 17 completed audits from the 2024-25 plan, 9 resulted in Moderate assurance and one Substantial, compared with 6 Limited and one Unsatisfactory.

However, there remain some recurring themes arising from audits which have been reported in previous years. More information on these themes including those relating to internal controls can be found in the next section.

At an individual level, we made the following observations about internal controls:

The audit of Payroll identified gaps in the internal controls arising from the now long-standing temporary arrangements for Payroll processing. Webforms used to notify Payroll of changes did not contain any validation checks to confirm the accuracy or completeness of the information, Payroll policies and procedures have not been reviewed or updated since UKHSA was first established in 2021, there were no inbuilt integrity checks in the Employee Staff Records system and

no complete master list of controls operated by NHS Shared Business Solutions. Systems involved in recruitment, staff records and payments to staff did not interface, increasing the risks of payroll processing errors.

The audit of Conflict of Interest identified that there were no arrangements in place to oversee and report on compliance with policies and procedures and therefore no assurances that potential conflicts were being appropriately identified, considered and managed.

The audit of Supply Chain Management identified that an assurance framework was in development, but not operational at the time of the audit and the draft version did not include assurances over the supply chain from third parties (3rd line of assurance).

The audit of Inventory Management identified that there were no arrangements for UKHSA to receive assurances that staff employed by a third party had received all appropriate pre-employment checks, and there remained a need to document the end-to-end process for one particular workstream.

The audit of Professional Accreditations, Registrations and Training found there was no evidence retained to confirm that quality assurance checks over aspects of the process were being carried out.

The audit of Finance and Control Improvement Programme (FCIP) identified that there were opportunities to improve how each of the programme's projects were monitored as the current arrangements were fragmented. This fragmentation had resulted in missed opportunities to ensure all projects were well established to move to business as usual.

Positive findings in relation to internal controls included:

The Business Planning audit identified that a clear process had been documented and agreed budget templates introduced reducing the risks of inefficiencies or insufficient data quality to base decisions on.

The audit of Inventory Management confirmed there was adequate management information to monitor stock holdings, monthly contract management meetings were in place, internal controls to ensure the accuracy of stock figures, and full inventory counts were undertaken annually.

The audit of Payroll identified that there was a comprehensive set of Payroll operating procedures and manual checks had been introduced to compensate for some system issues.

The audit of Science Group Modernisation Programme found that the scope and purpose of the project had been clearly articulated and a

detailed delivery plan in place, arrangements for monitoring delivery were also in place.

Next steps

1. Since the end of the period covered by this report, there have been significant changes in the organisation's senior leadership, with the departure of the former Chief Executive who was in post for the full financial year 2024-25, the appointment of the Chief Operating Officer and their temporary promotion into the role of interim Chief Executive, and the recent appointment of the new permanent Chief Executive.
2. I consider this presents an opportunity for a renewed focus on governance and risk management from the top of the organisation, which in my view will assist UKHSA in its journey towards an improved assurance opinion in future years. This shift has been apparent in the short time since the changes occurred and there is a clear indication to me that governance, risk management and internal controls have started to take a front seat in senior leadership conversations.
3. Particular areas of focus should include:

   Ensuring there is clarity over the roles, functions and reporting lines of all key governance fora, and undertaking effectiveness reviews at the appropriate times to ensure all boards and

committees are operating as expected following the reorganisation of the governance structures in 2024-25.

Ensuring there is clarity over the roles and responsibilities of staff across the organisation, in particular where roles have changed following the SCS restructure, and ensuring there are no significant gaps in the organisation's arrangements.

Implementing the identified improvements in risk management, including the agreement of the organisation's risk appetite and risk tolerance statements, undertaking a risk maturity assessment and developing and implementing actions to move to the required maturity level.

Ensuring there are appropriate flows of information between senior leadership fora and Audit & Risk Committee to ensure the Accounting Officer receives adequate assurances over key risks, programmes, outcomes of internal and external reviews, together with a complete picture on the implementation of actions arising from these.

An assurance framework for the organisation should be developed. This could include production of an assurance map and/or a Board Assurance framework which will provide a mechanism for objectively evaluating and

linking assurances from various sources to the risks that threaten the achievement of the organisation's outcomes and objectives. This should give clarity to where lines of defence checks should operate and who is undertaking them, and where ARC should expect to be receiving its assurances from.

The full list of GIAA Reports in 2024-25 were as follows:

Engagement title	Opinion
Artificial Intelligence	Moderate
Building for Ambition	Moderate
Business Planning	Moderate
Conflict of Interest	Unsatisfactory
Data Security & Protection Toolkit (DSPT)	Limited
Finance & Control Improvement Programme (FCIP)	Moderate
Health Improvement Service Transfer (HIST)	Moderate
Inventory Management	Substantial
Moderna Strategic Partnership	Limited
Payroll	Limited
Professional Accreditations, Registrations and Training	Moderate
Risk Management	Moderate
Safer Cyber Programme	Limited
Science Hub	Moderate
Science Group Modernisation Project	Moderate
Stakeholder Management	Limited
Supply Chain Management	Limited

Implementation of audit recommendations

Effective implementation of recommendations made as a result of external reviews, is essential if the organisation is to make the improvements it needs to drive the organisation forward, addressing weaknesses in processes, systems, risk management and governance arrangements and systems of internal control. This links to Pillar 3: Strategy, Planning and Reporting of the Risk and

Control Framework in the Orange Book (see Annex 3).

I have seen a marked improvement in the position on overdue actions with continued focus from senior management and Audit & Risk Committee. However I consider there remains more to be done on this area, in particular in relation to the lens through which ARC oversees overdue actions.

There has been a continued focus on implementing overdue actions from historic audits together with closing off actions from new audits during 2024-25. This has led to a reduction in the number of overdue actions (48 at September 2025 compared with 78 in September 2024), thereby improving the overall governance and control framework of the organisation.

Key control challenges

2023-24 Accounts Qualification

UKHSA received a qualified audit opinion in relation to its 2023-24 accounts. This was because it was not possible for the C&AG to obtain sufficient appropriate audit evidence over the opening balances as at 1 April 2023, and consequently in-year transactions in the SOCNE and cashflows for 2023-24 in relation to the Covid vaccine unit (CVU). This will continue to impact the audit opinion during 2024-25 which is

qualified in respect of the prior year comparatives in the SOCNE for CVU transactions.

Finance and Control Improvement Programme: embedding change

UKHSA's Finance and Control Improvement Programme is designed to transform the way finance and the wider organisation work; embedding effective control mechanisms across the organisation as well as within finance, and thus ensuring the organisations as a whole can work more effectively. The programme has undergone a reset over the first 6 months of 2025, and is now known as the Evolve programme. This reset has been designed to ensure the programme continues to focus on those areas that add most value to the organisation as it matures.

Projects continue to be prioritised according to the level of influence they have over the financial statements and how they contribute to the UKHSA finance department's priority of 'getting it right first time', as well as their overall organisational benefit. The overall benefits of the FCIP programme, as well as the ongoing challenges the organisation faces in relation to finance as discussed below, can be divided into our work to embed the basics and our trajectory towards 'getting it right first time'.

Embedding the basics

UKHSA continues to work to ensure significant progress around organisational and finance specific controls. In relation to finance specific improvements, these have included, but are not limited to, the embedding of inventory reconciliations, improvements to the chart of accounts, and significant improvements in managing our financial operations.

One ongoing example of this relates to improvements to the chart of accounts. This is the way that accounting entries in the system map onto the different areas of the financial statements. The more comprehensive the chart of accounts, the less manual and off-system intervention is required to prepare the accounts from the direct output from the accounting system. The changes made during 2024-25 have resolved issues relating to stockpiled goods, inventory and biological assets. These have significantly aided the production of the accounts.

Significant further changes are still required; for example, our fixed assets note still has to be produced from the fixed assets module rather than the general ledger. Additionally, changes to the coding rules are required in relation to a UKHSA sub-ledger which records the progress on a combination of capital and revenue projects. These changes form part of ongoing enterprise

resource planning development work, but have been delayed by on-going challenges in relation to managing UKHSA's fixed asset balance.

Getting it right first time

In the 2023-24 report from the Comptroller and Auditor General, he noted that a significant amount of retrospective review continued to be required by management to ensure that the accounts were materially correct and suitable for audit. This is something that continues to cause challenges for UKHSA, but which is on an improving trajectory.

We continue to work on ensuring that we are 'getting it right first time'.

The work we have completed on finance-centred projects in this area falls into several tranches. These changes were implemented prior to the end of 2023-24, and the 2024-25 financial year is therefore the first for which they have been in place for the entire year.

1. Improved opportunities for learning and development for finance staff, which ensure that staff have the relevant knowledge to complete their work effectively and to challenge others where there is a risk of error. Examples include specific internal training sessions on common but more complex areas of financial accounting, training on evidence provision and review

and promotion of learning and development opportunities.

2. Additional controls and increased stringency in existing controls around what enters the finance system through manual processes was implemented in December 2023. This ensures that financial information posted has suitable evidence supporting it, which is then accessible when that information is audited. Examples include additional system controls mandating that evidence is attached when financial information enters the system, as well as supportive controls such as checklists reminding staff what that essential information is, and detective controls (secondary retrospective review) to make sure our other controls are working effectively.
3. Improved accessibility of finance information across the wider organisation, to make sure that staff outside finance understand the expectations of them in relation to UKHSA's finances and that they have enough information and knowledge to meet those expectations. For example, UKHSA Finance now has a single intranet page providing access to all policies, standard operating procedures (SOPs), and key areas such as business travel expenses. In addition, the losses policy has been made more user friendly, and Executive Committee level engagement

ensures that senior staff are effectively briefed on important matters. All these areas are essential to the effectiveness of our getting it right first-time approach, and continuous effort and improvement will be required to embed these within the organisation.

The substantial benefits of this work can be seen in the reduction in the gross to net value of our general ledger population. This means that (when cleansed) the absolute value of transactions being posted through our accounting system has improved.

In relation to financial year 2024-25, UKHSA has still had to complete some central reviews during the preparation of these accounts, for example in relation to GRNI (Goods Received Not Invoiced). The finance department continues to work with the business to improve receipting standards. One area of particular challenge continues to remain in relation to fixed assets, which we will discuss further in a separate section below.

Other areas of challenge include parts of the business where journals are more complex and may also rely on parts of our accounting system where the posting rules need improvement, for example in relation to grant income. Significant work has been completed in relation to closing projects which were generating offsetting accrued and deferred income transactions, and in reducing

invoicing backlogs to minimise manual journal requirements. Furthermore, teaching sessions have been completed with Finance Business Partners where regular complex journals are required to ensure that standards are embedded. This ensures that there is an understanding of what information is needed and how to present this information to an external audience.

UKHSA management have continued to complete tranches retrospective review to assure the accounts position, and have again engaged support from an external firm. This external support is being targeted at a narrower range of higher risk areas in 2024-25.

Fixed assets

UKHSA's 'Getting It Right First Time' programme of work continues to be particularly significant in relation to our Fixed Assets. Various areas have either shown errors which need correcting or problems with the timeliness of postings resulting in journals having to be posted directly to the general ledger (main section of the accounting system) to ensure its accuracy at year end, rather than being formally processed via the fixed asset ledger (a specialised sub-system that stores fixed asset data). This has resulted in a substantial number of manual postings reversing into 2024-25, with the main fixed asset module postings then being

completed in year. The historic backlog has been substantially reduced, but has result in significant complexities in relation to categorising in year expenditure.

One example of an area of challenge in relation to this is that the general ledger does not contain a sufficiently detailed structure to allow the fixed asset ledger to transfer data into it in a way that allows direct production of the fixed asset accounts note. Setting this structure up is a complex process and it has not yet been possible to complete this process. The organisation has previously produced its note directly from the fixed asset ledger, but the substantial number of in-year backlog additions and corresponding prior year reversals has meant this has not been possible, and instead the note has been produced manually on the basis of transaction types and details. This introduces an additional risk of error, which UKHSA has endeavoured to mitigate through additional reconciliations, management level review and 3rd party support.

UKHSA has a distributed staff across tens of sites, as well as a significant and complex capital expenditure programme. Processes for ensuring that assets are transferred from ‘under construction’ to ‘in use’ exist, but staff in the business often prioritise operational needs first, and the central finance side of this paperwork trail is

onerous to process. This means detection controls have to be employed by central finance teams to ensure that assets are appropriately transferred. These controls are effective, and have resulted in significant movements from ‘under construction’ to ‘in use’, but these changes were reflected directly in the general ledger. They have now been transferred through the fixed asset register, but the end-to-end asset management process still requires substantial improvements to make it easier and more efficient to use for both finance and the business and therefore to improve our ‘prevention’ controls, reducing the work being created by our detection controls.

As per the prior year notes, it is worth noting that the level of manual management intervention makes record keeping especially complex and the consequent reversals means the transactional picture is exceptionally complex. Significant improvement works remain ongoing and will take effect during 2025-26.

Losses and special payments and other approvals

UKHSA has disclosed significant losses in the year. These are not indicative of current control issues but are the crystallisation of historic losses, which continue to be amplified as a result of the pandemic.

Losses are disclosed more fully on page 303 of the Annual Report and Accounts. The largest losses relate to the expiration of COVID vaccines, the orders for which were originally placed at the peak to the pandemic. Remaining losses relate primarily to the expiry of other vaccines, including paediatric flu (where an adjusted purchasing regime is planned for next financial year) and Gardasil (where the dosing regime was changed earlier than expected, resulting in higher than anticipated expiry).

Remuneration and staff report

This report details the policy on the appointment, appraisal and remuneration of members of the Executive Committee for the year ended 31 March 2025.

Accountability

The accountability arrangements for the Pay Committee and People and Culture Committee of the Advisory Board are set out in the Governance Statement elsewhere in the annual report.

Appointment and appraisal of non-executive Advisory Board members

Non-executive Advisory Board members are appointed by the Secretary of State for Health and Social Care for a defined term. In addition, and in accordance with the power at section 5.14 of the UKHSA Framework Document, the Advisory Board is also able to appoint up to 3 associate non-executive members. The performance of non-executive Advisory Board members was assessed by the Chair through an annual appraisal process. The appraisal process for the Chair was conducted by UKHSA's current senior departmental sponsor, the DHSC Director General for Global Public Health.

Remuneration of non-executive Advisory Board members

The table below lists all non-executive members who served on the Advisory Board during

the year ended 31 March 2025. The date of their appointment is accompanied by the total remuneration due to each individual during their tenure in post for the year ended 31 March 2025. Their terms of office are set out in the biographies in the Governance Statement elsewhere in the annual report.

Audited table

	Date of appointment	Total salary, fees and allowances 2024-25 Bands of £5,000 (£'000)	Total salary, fees and allowances 2023-24 Bands of £5,000 (£'000)
Ian Peters	1 April 2021	60-65	60-65
Jennifer Dixon[1]	25 April 2022	0-5	5-10
Jon Friedland	25 April 2022	5-10	5-10
Graham Hart	25 April 2022	5-10	5-10
Mark Lloyd	25 April 2022	5-10	5-10
Sir Gordon Messenger	25 April 2022	5-10	5-10
Simon Blagden[2]	25 April 2022	-	-
Raj Long	25 April 2022	0-5	0-5
Marie Gabriel	25 April 2022	0-5	0-5
Cindy Rampersaud	3 April 2023	10-15	10-15

1 Jennifer Dixon left her post during the year. Dame Jennifer Dixon's full-time equivalent salary would be in the banding 5-10. Dame Jennifer's term concluded on 24 April 2024.

2 Simon Blagden has elected not to take a salary

The remuneration of the executive members of the Advisory Board is set out in the audited table on page 263.

Appointment and appraisal of Executive Committee members

We followed the provisions of the Constitutional Reform and Governance Act 2010, which requires that Civil Service appointments are made on merit on the basis of fair and open competition. The recruitment principles published by the Civil Service Commission specify the circumstances when appointments may be made otherwise. The members of the Executive Committee held employment contracts that were open-ended with notice periods of 3 months, except for the Chief Executive, who has a 6-month notice period.

Early termination by UKHSA, other than for misconduct, would result in the individual receiving compensation in accordance with Civil Service or NHS terms and conditions. Compensation for loss of office would be decided in line with DHSC and HM Treasury guidelines.

Performance was assessed against agreed objectives and a set of core management skills and leadership qualities. The Chief Executive's appraisal was conducted by the DHSC Permanent Secretary, taking into account feedback from the Chair of the Advisory Board.

The number of individuals by gender serving on the Executive Committee as at 31 March 2025 was 2 males (40%) and 3 females (60%). (31 March 2024 : 6 males (50%) and 6 females (50%)). The Agency

significantly reformed the size and structure of the Executive Committee in 2024-25.

The overall gender profile of the UKHSA workforce is 64% female and 36% male (2023-24: 65% female and 35% male)

The following tables show the profile by grade and gender:

	Men		Women		Total	
Number	**2024-25**	**2023-24**	**2024-25**	**2023-24**	**2024-25**	**2023-24**
Directors	15	16	8	13	23	29
Senior Civil Servants	136	139	163	173	299	312
Other Staff	1,943	1,909	3,599	3,692	5,542	5,601
All	2,094	2,064	3,770	3,878	5,864	5,942

	Men		Women	
	2024-25	**2023-24**	**2024-25**	**2023-24**
Directors	65.2%	55.2%	34.8%	44.8%
Senior Civil Servants	45.5%	44.6%	54.5%	55.4%
Other Staff	35.1%	34.1%	64.9%	65.9%
All	35.7%	34.7%	64.3%	65.3%

Remuneration of Executive Committee members, year ending 31 March 2025

The table below lists all persons who served on the Executive Committee in the year ended 31 March 2025 and the total remuneration during their tenure on the Committee during the year ended 31 March 2025

The structure and composition of the Executive Committee was changed in 2024-25, and now there are 5 members, the Chief Executive, the Chief Medical Officer, the Chief Scientific Officer, the Chief Data Officer and the Chief Operating Officer.

Audited table

	Start date on committee	Date of completion of term on executive committee (otherwise ongoing member at year end)	Total salary, fees and allowances Year ended 31 March 2025 Bands of £5,000 (£'000)	Bonus payments Bands of £5,000 (£'000)	Pension benefits to the nearest £1,000	Total remuneration Bands of £5,000 (£'000)
Professor Dame Jenny Harries[1]	1 Apr 2021	-	190-195	-	-	190-195
Lee Bailey[8]	1 Oct 2021	30 Nov 2024	90-95 (135-140)	5 - 10	54,000	150-155 (200-205)
Sarah Collins[2,8]	1 Jan 2022	30 Nov 2024	95-100 (145-150)	5 - 10	58,000	165-170 (215-220)
Chris Coupland[8]	10 Oct 2022	30 Nov 2024	110-115 (165-170)	-	62,000	170-175 (225-230)
Jac Gardner[6]	11 Apr 2022	17 Oct 2024	80-85 (135-140)	5 - 10	30,000	115-120
Susan Hopkins[3,4]	1 Oct 2021	-	220-225	-	99,000	320-325
Philippa Harvey[6]	1 Oct 2022	1 Sept 2024	55-60 (95-100)	-	13,000	70-75
Scott McPherson[6]	1 Oct 2021	31 Dec 2024	120-125 (150-155)	-	72,000	190-195
Isabel Oliver[4]	1 Oct 2021	-	195-200	-	67,000	265-270
Steven Riley[5]	1 Oct 2021	-	135-140	-	8,000	145-150
Andrew Sanderson[6]	18 Oct 2021	23 May 2024	15-20 (105-110)	-	7,000	25-30
Luke Heath[6,7]	1 Aug 2024	-	65-70 (110-115)	-	23,000	85-90

1 Prof Dame Jenny Harries opted out of the pension scheme therefore no pension benefits in 2024-25

2 Sarah Collins was seconded from the Cabinet Office

3 Susan Hopkins was seconded from Royal Free Hospital

4 The remuneration for these members includes a Clinical Excellence Award

5 Steven Riley was seconded from Imperial College

6 The bandings in brackets reflect the full year equivalent salary

7 Luke Heath was appointed on secondment in August 2024 but not paid by UKHSA until September 2024. Luke was subsequently permanently appointed in September 2025.

8 The figures disclosed relate to the period the directors were serving on Exco only but they continued to be paid in their directorship roles for the remainder of the year.

Bonus payments are made where staff at certain SCS grades are assessed as exceptional or high performing. These assessments are moderated, and are based on year end reviews against objectives.

Remuneration of Executive Committee members, year ending 31 March 2024

The table below lists all persons who served on the Executive Committee in the year ended 31 March 2024 and the total remuneration during their tenure on the Committee during the year ended 31 March 2024.

Audited table

	Start date on committee	Date of completion of term on executive committee (otherwise ongoing member at year end)	Total salary, fees and allowances Year ended 31 March 2024 Bands of £5,000 (£'000)	Bonus payments Bands of £5,000 (£'000)	Pension benefits to the nearest £1,000	Total remuneration Bands of £5,000 (£'000)
Professor Dame Jenny Harries[1]	1 Apr 2021	-	190 - 195	-	-	190 - 195
Lee Bailey	1 Oct 2021	-	130 - 135	-	52,000	180 - 185
Sarah Collins[2]	1 Jan 2022	-	140 - 145	5 - 10	55,000	200 - 205
Chris Coupland	10 Oct 2022	-	155 - 160	-	61,000	215 - 220
Jac Gardner	11 Apr 2022	-	135 - 140	5 - 10	54,000	200 - 205
Susan Hopkins[3,4]	1 Oct 2021	-	200 - 205	-	-	200 - 205
Philippa Harvey	1 Oct 2022	-	95 - 100	5 - 10	39,000	145 - 150
Scott McPherson	1 Oct 2021	-	145 - 150	-	44,000	190 - 195
Isabel Oliver[4]	1 Oct 2021	-	180 - 185	-	-	180 - 185
Steven Riley[5]	1 Oct 2021	-	160 - 165	-	1000	160 - 165
Andrew Sanderson	18 Oct 2021	-	110 - 115	-	(16,000)	95 - 100
Oliver Munn	7 Mar 2022	31 Mar 2024	125 - 130	5 - 10	64,000	200 - 205

1 These members opted out of the pension scheme therefore no pension benefits in 2023-24

2 Sarah Collins was seconded from the Cabinet Office

3 Susan Hopkins was seconded from Royal Free Hospital

4 The remuneration for these members includes a Clinical Excellence Award

5 Steven Riley was seconded from Imperial College

Compensation for loss of office

One member of the Executive Committee took voluntary redundancy in 2024-25 and received a compensation payment under the Civil Service Compensation Scheme for a value of £262,000 (2023-24: nil).

Remuneration policy

The pay of senior civil servants is set by the Prime Minister following advice from the Review Body on Senior Salaries.

Most UKHSA Directors are employed on senior civil service terms and conditions however where the role requires some are employed on Medical and Dental terms and conditions. Pay for Doctors' and Dentists' in the NHS is set by the Prime Minister and Secretary of State for Health and Social Care following independent advice from the Review Body on Doctors' and Dentists' remuneration.

The review bodies take a variety of factors into consideration when formulating its recommendations. These include:

- the need to recruit, retain and motivate suitably able and qualified people
- regional or local variations in labour markets and their effects on the recruitment and retention of staff

- government policies for improving public services, including the requirement on departments to meet the output targets for the delivery of departmental services
- the funds available to departments as set out in the government's departmental expenditure limits
- the government's inflation target
- the evidence it receives about wider economic considerations and the affordability of its recommendations

The review bodies' websites contain further information about their work.

All salary decisions for senior appointments within UKHSA are made following the HM Treasury guidance for approval of senior pay and salary controls for senior civil servants. Any salary increases or performance related payments are applied in line with the relevant government guidance for senior civil service or medical and dental terms and conditions as appropriate.

The Executive Committee remuneration package consisted of a salary and pension contributions, as well as relevant allowances for those on Medical and Dental terms and conditions. In determining the package, UKHSA had regard to pay and employment policies elsewhere within the Civil

Service and NHS as well as the need to recruit, retain and motivate suitably able and qualified people to exercise their different responsibilities.

Non-executive Advisory Board members

Non-executive members' remuneration is not performance related and is determined by the Secretary of State for Health and Social Care. The remuneration package is subject to review by the Secretary of State and no changes have been notified to us.

Payments to a third party for services of Executive Committee members

Payments equalling the cost of Steven Riley's salary were made to Imperial College and Susan Hopkins' salary to the Royal Free Hospital.

Additionally, payments equalling the cost of Sarah Collin's salary were made to Cabinet Office.

Salary, fees and allowances

Salary, fees and allowances cover both pensionable and non-pensionable amounts and include any allowances or other payments to the extent they are subject to UK taxation. They do not include amounts that are simply a reimbursement of expenses directly incurred in the performance of an individual's duties. Expenses paid to Executive Committee members are published quarterly in arrears on gov.uk/ukhsa

Benefits in kind

During the year ending 31 March 2025, no benefits in kind (2023-24 - £ nil) were made available to any non-executive Advisory Board member or any Executive Committee member.

Pension entitlements

The Executive Committee are members of the Civil Service or NHS pension schemes. Details of both pension schemes, including benefits payable, are included below. The pension entitlements of Executive Committee members who were in post at the year ending 31 March 2025 are shown in the table on the following page.

Cash equivalent transfer values

This is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the pension benefits they have accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total service,

not just their current appointment. CETVs are calculated in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

The real increase in CETV

This is the element of the increase in accrued pension funded by the Exchequer. It excludes increases due to inflation and contributions paid by the member. It is worked out using common market valuation factors for the start and end of the period.

Pension entitlements of Executive Committee members, year ending 31 March 2025

Audited table

	Accrued pension at pension age as at 31 March 2025 Bands of £5,000 (£'000)	Real increase in pension and related lump sum at pension age* Bands of £2,500 (£'000)	Cash Equivalent Transfer Value at 31 March 2025[1] To nearest £1,000 (£'000)	Cash Equivalent Transfer Value at 31 March 2024 To nearest £1,000 (£'000)	Real increase in Cash Equivalent Transfer Value* To nearest £1,000 (£'000)
Professor Dame Jenny Harries[2]	-	-	-	-	-
Lee Bailey	35 - 40	2.5 - 5	520	436	37
Sarah Collins	40 - 45	2.5 - 5	551	470	31
Chris Coupland	5 - 10	2.5 - 5	153	86	47
Jac Gardner[4]	5 - 10	0 - 2.5	123	93	20
Susan Hopkins	50 - 55	5 - 7.5 plus lump sum of 130 - 135	1,178	992	96
Philippa Harvey[4]	40 - 45	0 – 2.5	718	688	6

	Accrued pension at pension age as at 31 March 2025 Bands of £5,000 (£'000)	Real increase in pension and related lump sum at pension age* Bands of £2,500 (£'000)	Cash Equivalent Transfer Value at 31 March 2025[1] To nearest £1,000 (£'000)	Cash Equivalent Transfer Value at 31 March 2024 To nearest £1,000 (£'000)	Real increase in Cash Equivalent Transfer Value* To nearest £1,000 (£'000)
Scott McPherson[4]	60 – 65 plus lump sum of 150 - 155	2.5 - 5 plus lump sum of 2.5 - 5	1266	1183	56
Isabel Oliver	70-75 plus a lump sum of 175 - 180	2.5 - 5 plus lump sum of 0 - 2.5	1,638	1,440	76
Steven Riley[3]	15-20 plus a lump sum of 50 - 55	0-2.5 plus a lump sum 0 - 2.5	202	198	0
Andrew Sanderson[4]	45 – 50 plus lump sum of 115 - 120	0 - 2.5 plus lump sum of 0	956	944	4
Luke Heath[4]	15 - 20	0 - 2.5	230	215	10

* Pension calculations are based on dates on executive committee shown in remuneration table above

1 CETV values for Exco members who joined during the year are as at the date they joined

2 Professor Dame Jenny Harries opted out of the pension scheme.

3 Steven Riley was employed by Imperial College and a member of the USS pension scheme. This is a hybrid scheme of which the defined benefit element values are disclosed in the table above.

4 These exco members have started or left in the year.

Pension entitlements of Executive Committee members, year ending 31 March 2024

Audited table

	Accrued pension at pension age as at 31 March 2024 Bands of £5,000 (£'000)	Real increase in pension and related lump sum at pension age* Bands of £2,500 (£'000)	Cash Equivalent Transfer Value at 31 March 2024[1] To nearest £1,000 (£'000)	Cash Equivalent Transfer Value at 31 March 2023 To nearest £1,000 (£'000)	Real increase in Cash Equivalent Transfer Value* To nearest £1,000 (£'000)
Professor Dame Jenny Harries[2]	-	-	-	-	-
Lee Bailey	30 - 35	2.5 - 5	436	351	34
Sarah Collins	30 - 35	2.5 - 5	470	385	29
Chris Coupland	5 - 10	2.5 - 5	86	25	45
Jac Gardner	5 - 10	2.5 - 5	93	42	36
Susan Hopkins	45 - 50 plus a lump sum of 115 - 120	0 plus a lump sum of 40 - 42.5	992	735	158
Philippa Harvey	35 - 40	0 - 2.5	688	606	24
Scott McPherson	55 - 60 plus a lump sum of 140 - 145	2.5 - 5 plus lump sum of 0	1,183	1,056	25
Isabel Oliver	60 - 65 plus a lump sum of 160 - 165	0 plus lump sum of 40 - 42.5	1,440	1,171	127
Steven Riley[3]	15 - 20 plus a lump sum of 45 - 50	0 - 2.5 plus lump sum of 0 - 2.5	198	197	(23)
Andrew Sanderson	40 - 45 plus a lump sum of 115 - 120	0 plus a lump sum of 0	944	891	(30)
Oliver Munn	10 - 15	2.5 - 5	117	68	32

* Pension calculations are based on dates on executive committee shown in remuneration table above

1 CETV values for Exco members who joined

during the year are as at the date they joined

2 Professor Dame Jenny Harries opted out of the pension scheme.

3 Steven Riley was employed by Imperial College and a member of the USS pension scheme. This is a hybrid scheme of which the defined benefit element values are disclosed in the table above. There is also a defined contribution element of the scheme, for which the employer pension contributions in the year totalled £11.

Pension scheme participation

Our staff are mainly covered by the Civil Service Pension Schemes and the National Health Service Pension Scheme (NHSPS) described below.

Civil Service Pensions

Pension benefits are provided through the Civil Service pension arrangements. Before 1 April 2015, the only scheme was the Principal Civil Service Pension Scheme (PCSPS), which is divided into a few different sections – classic, premium, and classic plus provide benefits on a final salary basis, whilst nuvos provides benefits on a career average basis. From 1 April 2015 a new pension scheme for civil servants was introduced – the Civil Servants and Others Pension Scheme or alpha, which provides benefits on a career average basis. All newly appointed civil servants, and the majority of those already in service, joined the new scheme.

The PCSPS and alpha are unfunded statutory schemes. Employees and employers make contributions (employee contributions range between 4.6% and 8.05%, depending on salary). The balance of the cost of benefits in payment is met by monies voted by Parliament each year. Pensions in payment are increased annually in line with the Pensions Increase legislation. Instead of the defined benefit arrangements, employees may opt for a defined contribution pension with

an employer contribution, the partnership pension account.

In alpha, pension builds up at a rate of 2.32% of pensionable earnings each year, and the total amount accrued is adjusted annually in line with a rate set by HM Treasury. Members may opt to give up (commute) pension for a lump sum up to the limits set by the Finance Act 2004. All members who switched to alpha from the PCSPS had their PCSPS benefits 'banked', with those with earlier benefits in one of the final salary sections of the PCSPS having those benefits based on their final salary when they leave alpha.

The accrued pensions shown in this report are the pension the member is entitled to receive when they reach normal pension age, or immediately on ceasing to be an active member of the scheme if they are already at or over normal pension age. Normal pension age is 60 for members of classic, premium, and classic plus, 65 for members of nuvos, and the higher of 65 or State Pension Age for members of alpha. The pension figures in this report show pension earned in PCSPS or alpha – as appropriate. Where a member has benefits in both the PCSPS and alpha, the figures show the combined value of their benefits in the 2 schemes but note that the constituent parts of that pension may be payable from different ages.

When the Government introduced new public service pension schemes in 2015, there were transitional arrangements which treated existing scheme members differently based on their age. Older members of the PCSPS remained in that scheme, rather than moving to alpha. In 2018, the Court of Appeal found that the transitional arrangements in the public service pension schemes unlawfully discriminated against younger members (the “McCloud judgment”).

As a result, steps are being taken to remedy those 2015 reforms, making the pension scheme provisions fair to all members. The Public Service Pensions Remedy is made up of 2 parts. The first part closed the PCSPS on 31 March 2022, with all active members becoming members of alpha from 1 April 2022. The second part removes the age discrimination for the remedy period, between 1 April 2015 and 31 March 2022, by moving the membership of eligible members during this period back into the PCSPS on 1 October 2023.

The accrued pension benefits, Cash Equivalent Transfer Value and single total figure of remuneration reported for any individual affected by the Public Service Pensions Remedy have been calculated based on their inclusion in the PCSPS for the period between 1 April 2015 and 31 March 2022, following the McCloud judgment. The Public Service Pensions Remedy applies to individuals

that were members, or eligible to be members, of a public service pension scheme on 31 March 2012 and were members of a public service pension scheme between 1 April 2015 and 31 March 2022. The basis for the calculation reflects the legal position that impacted members have been rolled back into the PCSPS for the remedy period and that this will apply unless the member actively exercises their entitlement on retirement to decide instead to receive benefits calculated under the terms of the alpha scheme for the period from 1 April 2015 to 31 March 2022.

The partnership pension account is an occupational defined contribution pension arrangement which is part of the Legal & General Master trust. The employer makes a basic contribution of between 8% and 14.75% (depending on the age of the member). The employee does not have to contribute but, where they do make contributions, the employer will match these up to a limit of 3% of pensionable salary (in addition to the employer's basic contribution). Employers also contribute a further 0.5% of pensionable salary to cover the cost of centrally provided risk benefit cover (death in service and ill health retirement).

Further details about the Civil Service pension arrangements can be found at the website www.

civilservicepensionscheme.org.uk The employee contribution rates in 2024-25 were as follows:

Full time pay range	Contribution Rate
Up to £34,199	4.60%
£34,200 - £56,000	5.45%
£56,001 - £150,000	7.35%
£150,001 and above	8.05%

The NHS Pension Scheme (NHSPS)

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each

scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that 'the period between formal valuations shall be 4 years, with approximate assessments in intervening years'.

An outline of these follows:

Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Employer contributions

We have accounted for our employer contributions to these schemes as if they were defined contribution schemes. UKHSA's contributions were as follows:

	2024-25 £'000	2023-24[1] £'000
Civil Service Pension Schemes	60,696	53,200
The NHSPS	14,458	6,778
Total contributions	**75,134**	**59,978**

1 NHSPS pension contributions for 2023-24 did not take account of additional invoiced employer contributions of £2.9m.

For 2025-26, we expect the contributions to the Civil Service Pension Scheme to be £61 million and contributions to the NHS scheme to be £15 million. This table does not reconcile to staff costs as that note also contains contributions for other pensions.

Reporting of civil service and other compensation schemes (exit packages, year ending 31 March 2025

Audited table

	2024-25			2023-24		
Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
< £10,000	17	8	25	22	-	22
£10,000-£25,000	16	3	19	33	4	37
£25,000-£50,000	3	3	6	2	-	2
£50,000-£100,000	3	4	7	-	3	3
£100,000-£150,000	-	3	3	-	1	1
£150,000-£200,000	-	4	4	-	1	1
£200,000 and over	-	5	5	-	-	-
Total number of exit packages	**39**	**30**	**69**	**57**	**9**	**66**
Total resource cost (£'000)	**627**	**2,881**	**3,508**	**715**	**648**	**1,363**

1. Exits packages disclosed in 2024-25 include 12 exit packages that relate to 2023-24 but that were not disclosed in 2023-24.

Where an exit package constitutes a special severance payment, it is also reported through the losses and special payments reporting too.

Senior civil service staff by band

The table below shows a breakdown of staff employed on (SCS) terms and conditions as at 31 March 2025:

Unaudited table

Bands	As at 31 March 2025	As at 31 March 2024
SCS1	68	79
SCS2	16	21
SCS3[1]	-	2
SCS4	1	1
Total	**85**	**103**

1 Whilst not employed on SCS terms and conditions, Susan Hopkins, Isabel Oliver and Steven Riley were on equivalent grades within the Medical and Dental and Agenda for Change pay scales.

Average number of persons employed, year ending 31 March 2025

The average number of staff employed for 2024-25 was 5,770 (2023-24 5,352).

This increase has been largely due to the offboarding of “other” staff that were primarily working on Covid workstreams and the transitioning of fixed term appointments on to permanent contracts, increasing the number of permanent employees.

Audited table

	2024-25			2023-24		
	Permanently employed staff	**Others**	**Total**	**Permanently employed staff**	**Others**	**Total**
Directly employed	5,238	532	5,770	4,564	788	5,352
Off-payroll	-	305	305	-	497	497
Total	**5,238**	**837**	**6,075**	**4,564**	**1285**	**5,849**

1 The “Others” column for Directly Employed includes fixed term, bank staff and those on maternity leave and career breaks.

Analysis of staff costs, year ending 31 March 2025

Audited table

	2024-25 (£'000)			2023-24 (£'000)		
	Permanently employed staff	**Others**	**Total**	**Permanently employed staff**	**Others**	**Total**
Wages & salaries	266,493	44,751	311,244	234,534	66,309	300,843
Social security costs	29,859	2,870	32,729	26,035	3,945	29,980
Apprentice levy	1,446	-	1,446	1,328	-	1,328
Pension costs	69,362	6,286	75,648	52,084	8,287	60,371
Subtotal	**367,160**	**53,907**	**421,067**	**313,981**	**78,541**	**392,522**
Termination benefits	7,712	-	7,712	1,875	-	1,875
Recoveries in respect of outward secondments	(1,291)	-	(1,291)	(814)	-	(814)
Recoveries in respect of staff engaged on capital projects	(657)	-	(657)	(4,156)	-	(4,156)
Total	**372,924**	**53,907**	**426,831**	**310,886**	**78,541**	**389,427**

UKHSA has been shifting away from the temporary workforce model which was key to running its large testing operations during Covid, and which supported the pandemic response during UKHSA's initial years. As UKHSA transitions to longer term arrangements, the workforce is therefore made up of a larger proportion of permanent staff and fewer staff on temporary contracts.

Comparison of median pay to highest earning Executive Committee director's remuneration (audited)

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid Executive Committee director in their organisation and the median remuneration of the organisation's workforce at the median and at the 25th and 75th percentiles.

The banded remuneration of the highest paid director in the financial year 2024-25 was £195,000 to 200,000 (2023-24: £190,000 – £195,000), This was 4.4 times (2023-24: 4.4 times) the median remuneration of the workforce, which was £44,852 (2023-24:£44,090); 5.9 times (2023-24: 5.9 times) the 25th percentile remuneration of the workforce, which was £33,437 (2023-24 £32,871); and 3.3 times (2023-24:3.4 times) the 75th percentile remuneration of the workforce, which was £59,089 (2023-24: £57,849).

The percentage change in respect to our highest paid director is 3% (2023-24 5%), the average percentage change in respect of all employees taken as a whole is 4% (2023-24: 3%). This relates to salary only and there is no percentage change in relation to bonuses as none were received by this director

UKHSA highest paid director was not used as the highest paid director in the comparison of median pay to highest earning director as UKHSA only includes only those directors for which UKHSA has had direct influence over the pay offered. Directors that are seconded or loaned into the organisation and for which UKHSA has limited influence over their pay would not be used as the highest paid director.

	2024-25	2023-24
Band of highest paid Director (£'000)	195-200	190-195
Median remuneration (£)	44,852	44,090
Of which: salary component (£)	44,852	43,900
Ratio	4.4	4.4
25th percentile pay (£)	33,437	32,871
Of which: salary component (£)	33,214	32,714
Ratio	5.9	5.9
75th percentile pay (£)	59,089	58,849
Of which: salary component (£)	59,089	57,531
Ratio	3.3	3.4

The Median and 25th percentile ratios are the same as 2023-24. The 75th percentile ratio has decreased from 2023-24.

UKHSA has implemented the Civil Service Pay Remit guidance 2024-25 and the SCS Pay Practitioners' Guidance 2024-25 in full, so

salary changes on an individual level have been consistent with this guidance.

In 2024-25, 2 (2023-24: four) employees received remuneration in excess of the highest paid director. These employees are consultants. The remuneration across our workforce ranged from £22,370 to £230,554 (2023-24 £21,815 to £244,319).

Total remuneration includes salary, non-consolidated performance related pay and benefits in kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The average performance bonus per FTE in 2024-25 is £242 (2023-24: £183). This increase of 32% from the prior year reflects that 2023-24 was low due to delays establishing UKHSA's non-consolidated award budget for 2023-24 while workforce size was established.

Sickness absence

The total number of whole time equivalent (WTE) days lost to sickness absence in 2024-25 was 51,304 days (2023-24: 46,226 days), an average of 7.2 working days (2023-24:10.1 days) and a sickness absence rate of 3.6% per staff WTE per year (2023-24 3.5%).

The annual staff turnover for 2024-25 was 12.8% (2023-24: 10.2%). The majority of this consisted of resignations, retirements and relocations abroad.

Staff policies

At UKHSA, we're committed to recruiting employees in line with the Civil Service Recruitment Principles, to ensure that we treat all candidates fairly and that our recruitment process is inclusive and accessible.

As a Disability Confident Leader we guarantee an interview for all applicants who declare to have a disability and who meet the essential criteria of the job role. Additional information is also provided for all applicants on how to complete an application form. In order to provide a level playing field, we work individually with candidates to provide any requested adjustments or support during the recruitment process.

UKHSA is also committed to supporting our people during their period of employment. By working closely together, we can ensure that the appropriate reasonable adjustments are made and that our people have the right access to training.

As a committed learning organisation, we actively encourage and support our people to access opportunities for learning and development. These are of a nature and level that enables everyone to undertake their role to the best of their ability,

aligning to business needs, enabling career and personal development, and actively applying the 70/20/10 model of learning.

The provision of appropriate learning and development opportunities for all of our people is key to UKHSA. Managers are expected to ensure consistency and equity of access and opportunity in line with the learning and professional development policy.

We develop all our employment-related polices in partnership with recognised trade unions. UKHSA's organisational change policy discusses the organisation's requirements in relation to consultations, and UKHSA completes a formal collective consultation if at least one employee is at risk, with a longer consultation timeframe (45 vs 30 days) if 100 or more employees are at risk.

Please see also page 214 for our work around health and safety.

Business appointment rules

As a Civil Service organisation, UKHSA are bound by the Cabinet Office Business Appointment Rules, which apply to civil servants intending to take up an appointment or employment after leaving the civil service. The approval process for applications under the rules differ depending on seniority. Individuals are asked to make sure they highlight any applications to the HR Admin as

part of the leavers process. For more information Government's Business Appointment Rules for Civil Servants and associated ACOBA guidance can be found at: https://www.gov.uk/government/publications/business-appointment-rules-for-crown-servants

Conflict of Interest

UKHSA has a policy on the declaration and management of interests held by staff outside of their employment at UKHSA. All staff on appointment are required to disclose any other employment and any member of staff seeking to take up additional employment whilst a UKHSA employee is required to seek permission from the line manager.

Senior Civil Servants are required to disclose to UKHSA any interests outside of their employment at UKHSA on an annual basis.

The policy and process for declaring and managing conflicts of interest has been improved in Summer 2025.

Consultancy spend

Based on the following Cabinet Office definition:

The provision to management of objective advice and assistance relating to strategy, structure, management or operations of an organisation in pursuit of its purposes and objectives. Such advice

will be provided outside the 'business-as-usual' environment when in-house skills are not available and will be time-limited. Consultancy often includes the identification of options with recommendations, or assistance with the implementation of solution but typically not delivery of business as usual activity.

Total UKHSA spend in 2024-25 was £2.0 million (2023-24: £2.3 million (restated))

Off-payroll engagements

The following table shows all off-payroll engagements as of 31 March 2025, with a value of more than £245 per day and that last for longer than 6 months:

Unaudited table

	31 March 2025	31 March 2024
Number of existing engagements as of 31 March	20	246
for less than one year at the time of reporting	2	203
for between one and two years at the time of reporting	6	20
for between two and three years at the time of reporting	4	23
for between three and four years at the time of reporting	8	-
for four or more years at the time of reporting	-	-

For all off-payroll engagements between 1 April 2023 and 31 March 2024, for more than £245 per day.

Unaudited table

Off-payroll engagement	2024-25	2023-24
Number of temporary off-payroll workers engaged between 1 April and 31 March	83	552
Number not subject to off-payroll legislation	83	544
Number subject to off-payroll legislation and determined as in-scope of IR35	-	3
Number subject to off-payroll legislation and determined as out of scope of IR35	-	5
Number of engagements reassessed for consistency or assurance purposes during the year	-	8
Number of engagements that saw a change to IR35 status following the consistency review	-	-

The following table shows any off-payroll engagements of board members and/or senior officials with significant financial responsibility between 1 April 2024 and 31 March 2025.

	2024-25	2023-24
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	-	-
Total number of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year This figure includes both on payroll and off-payroll engagements	12	12

Trade Union (Facility Time publication Requirements) Regulations 2017

The table below contains information on facility time taken by UKHSA trade union representatives.

Unaudited table

	2024-25	2023-24
Number of representatives	23	38
FTE	22.4	33
Number of representatives spending zero % on facility time	4	5
Number of representatives spending more than 0% but less than 50 % on facility time	19	33
Total cost of facility time	£55,185	£64,932
% of total pay bill	0.01%	0.02%

We both recognise and value the work done by our Trade Union representatives and wholly support our partnership working framework through which we can achieve better outcomes for our people.

Staff engagement

4,145 UKHSA staff responded to the Civil Service People Survey in September and October 2024 (4,037 staff in September and October 2023). Our Engagement Index was 59% (60% in September and October 2023).

Auditable and non-auditable elements of this report

The tables in this remuneration and staff report specified as audited have been subject to audit and are referred to in the Certificate and Report of the Comptroller and Auditor General to the House of Commons. The Auditor General's opinion is included within his certificate on page 310 and report on page 324.

Parliamentary accountability and audit report

Parliamentary Accountability Disclosures (subject to audit)

The following disclosures are all subject to audit.

Regularity of expenditure (subject to audit)

We are custodians of taxpayers' funds and have a duty to Parliament to ensure the regularity and propriety of our activities and expenditure. We manage public funds in line with HM Treasury's Managing Public Money. The disclosures made within the Parliamentary Accountability and Audit Report are indicative of this.

The importance of operating with regularity and the need for efficiency, economy, effectiveness, and prudence in the administration of public resources to secure value for public money, is the responsibility of our Accounting Officer whose responsibilities are also set out in Managing Public Money. The manner in which the Accounting Officer and the wider Department discharges its responsibilities in the administration of public resources are detailed within the Statement of Accounting Officer Responsibilities and the Governance Statement.

Remote contingent liabilities: audited

UKHSA has the following remote contingent liabilities:

Stockpile of medical countermeasures

UKHSA maintains a stockpile of medical countermeasures for responding to Chemical, Biological, Radiological and Nuclear (CBRN) incidents. Some of these products are unlicensed because no licensed alternatives are available in the UK. Similarly, UKHSA also holds stocks of unlicensed anti-venoms and anti-toxins. If any recipients were to suffer an adverse reaction to using these products UKHSA would be liable. The associated contingent liability is unquantifiable.

Remote contingent liabilities relating to contract disputes

UKHSA also holds remote contingent liabilities relating to contract disputes, primarily relating to contracts let in response to the COVID-19 pandemic. Contingent liabilities are classed as remote where the likelihood of cost being incurred by the organisation is very low. Contingent liabilities under IAS37 (i.e. those that are not remote) are disclosed in Note 18 to the accounts.

Other remote contingent liabilities

UKHSA holds liabilities in respect of commercial contract obligations. These liabilities include contractual indemnities the Department has

entered into as part of its response to COVID-19. UKHSA has provided a letter of comfort to local authorities participating in the COVID-19 Community Testing Programme, offering a route to manage potential clinical negligence claims, should they arise in the course of testing conducted by local authorities. While this testing has now completed, the limitation of claims relating to these has not yet expired.

Fees and charges: audited tables

An analysis of the services for which a fee is charged where the full cost is over £1 million or is otherwise material in the context of the financial statements is as follows:

Year ending 31 March 2025:

	Income £'000	Full Cost £'000	Surplus/ (Deficit) £'000	Details of financial objective £'000	Details of performance against the financial objective £'000
Clinical Microbiology	65,948	121,283	(55,335)	Charges for pathology tests, mostly to the NHS	Met: broadly in line with internal targets
Supplies of cell cultures and related services	5,086	5,496	(410)	Supplies of cell cultures and related services	Met: broadly in line with internal targets
Vaccine Evaluation and External Quality Assurance Schemes	7,065	7,637	(572)	Charges for the evaluation of new vaccies and for quality control standards	Met: broadly in line with internal targets
Commercial radiation services	12,936	28,650	(15,714)	Charges primarily for various radiation services	Met: broadly in line with internal targets
Total	**91,035**	**163,066**	**(72,031)**		
Income that is not subject to fees and charges disclosure	234,087				
Total income (note 5)	**325,122**				

Year-ending 31 March 2024:

	Income £'000	Full Cost £'000	Surplus/ (Deficit) £'000	Details of financial objective £'000	Details of performance against the financial objective £'000
Clinical Microbiology	60,499	96,188	(35,689)	Charges for pathology tests, mostly to the NHS	Met: broadly in line with internal targets
Supplies of cell cultures and related services	4,923	5,570	(647)	Supplies of cell cultures and related services	Met: broadly in line with internal targets
Vaccine Evaluation and External Quality Assurance Schemes	7,174	5,743	1,431	Charges for the evaluation of new vaccines and for quality control standards	Met: broadly in line with internal targets
Commercial radiation services	14,543	22,334	(7,791)	Charges primarily for various radiation services	Met: broadly in line with internal targets
Total	**87,139**	**129,835**	**(42,696)**		
Income that is not subject to fees and charges disclosure	211,125				
Total income (note 5)	**298,264**				

Some of our staff involved in income generating work are also required to work on core research and public health activities during the year. The financial objective is to recover the additional direct costs of providing the commercial service. This supports the maintenance of UKHSAs full

capabilities by utilising UKHSAs response capacity outside of surge events.

Further information regarding the services UKHSA provides and the fees it charges is available at:

https://www.gov.uk/guidance/specialist-and-reference-microbiology-laboratory-tests- and-services#tests-and-services

https://www.culturecollections.org.uk/

https://www.ukhsa-protectionservices.org.uk/

https://www.ukradon.org/about/

https://www.gov.uk/guidance/ukhsas-vaccine-development-and-evaluation-centre- vdec#what-we-offer

This note has not been provided for IFRS8 purposes.

Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds or passed legislation. By their nature they are items that ideally should not arise and are therefore subject to special control procedures compared to other payments. They are divided into different categories, which govern the way that individual cases are handled.

In accordance with Managing Public Money, UKHSA is required to disclose the total value of losses & special payments made during the year. A

separate disclosure is also required for any special payments greater than £0.300m.

UK Health Security Agency (UKHSA) works nationally across the UK, with the devolved administrations, partners in academia, the NHS and industry to protect the public from hazards to health in England. As part of this commitment and to ensure the Government's preparedness of the nation, it is necessary for UKHSA to take decisions around the purchase and storage of goods which at the time appear to be required to ensure public health can be protected. These goods are held to be able to immediately respond to changing demands driven by national emergencies.

Depending upon the circumstances the goods may however not be used over their lifetime and as a result may expire unused. This necessity to hold goods in readiness for an emergency has resulted in UKHSA incurring accountable losses which otherwise may not have occurred and are therefore reported separately for transparency and to aid the reader of the Accounts.

Two tables have been prepared below - Table 1 includes ordinary operational losses, whilst Table 2 contains those items deemed to be incurred as a result of emergency preparedness.

The total value of losses reported for 2024-25 by volume and value are 20 / £585,306,000 (2023-24: 18 / £2,009,694,000). The total value of special

payments reported for 2024-25 by volume and value are 12 / £449,000 (2023-24: 16 / £447,000).

Table 1:

(Operational Losses) Losses statement: audited year ending 31 March 2025

	2024-25 Number	2024-25 £'000	2023-24 Number	2023-24 £'000
Monetary losses	8	94	3	60
Loss of accountable stores	-	-	-	-
Fruitless payment	3	31	4	4,349
Constructive loss	-	-	1	296,697
Claims waived or abandoned	2	19	3	17
Total	**13**	**144**	**11**	**301,123**

Table 2:

(Emergency Preparedness Losses) Losses statement: audited year ending 31 March 2025

	2024-25 Number	2024-25 £'000	2023-24 Number	2023-24 £'000
Monetary losses	-	-	-	-
Loss of accountable stores	-	-	-	-
Fruitless payment	-	-	1	358
Constructive loss	4	568,125	5	1,701,145
Claims waived or abandoned	3	17,037	1	7,068

	2024-25 Number	2024-25 £'000	2023-24 Number	2023-24 £'000
Total	**7**	**585,162**	**7**	**1,708,571**

2024-25 Details of cases over £300,000 (Table 1 – Operational Losses) – Nil

2024-25 Details of cases over £300,000 (Table 2 – Emergency Preparedness Losses)

Please note, inventory losses do not equal write downs in the inventory note to the accounts because losses crystalise only when inventory expires or is disposed of (whichever is the earlier) whereas inventory write downs are processed at the point the inventory is no longer expected to be used.

Description	Category	2024-25 £000
An unvalidated Managed Quarantine Services (MQS) debt was transferred to UKHSA by absorption on 1st April 2022. Following transfer, further investigations have been undertaken to determine the validity of this portion of the debt. This review concluded in 2024-25 reaching the outcome that there was no evidence or supporting data to indicate that the debt was valid, it is therefore deemed as an uncollectable debtor balance.	Claims waived or abandoned	6,341

Description	Category	2024-25 £000
Managed Quarantine Service (MQS) debt was transferred to UKHSA by absorption on 1st April 2022. A proportion of this related to hardship debts where the individuals were unable to pay as a result of hardship. Where it has been determined that it is no longer economically viable to continue recovery action, these debts have therefore been written off.	Claims waived or abandoned	10,398
As part of the Department's response to the COVID-19 pandemic, the Vaccine Task Force VTF (now known as Vaccines, Countermeasures and Distribution) took a portfolio approach to vaccine development and procurement, securing access to multiple vaccine candidates across multiple different vaccine platforms. A total of 412,177,005 doses were procured as part of pandemic contracts. Enough were secured to vaccinate the entire population under reasonable 'worst-case scenarios' to date. Consequently, there was always a risk that some stock would expire before it could be used. In 24/25 UKHSA had a constructive loss of £527.2m relating to COVID-19 vaccine expiry (19,285,820 doses). The loss was due to lower than anticipated use of vaccines. The anticipated use and hence the volume procured, was based on cohorts and priority groups. Vaccine supply modelling was developed based on advice from JCVI to determine the necessary amount of vaccine for various campaigns. Vaccine supply modelling was developed based on advice from JCVI to determine the necessary amount of vaccine for various campaigns. Additionally, negotiations with suppliers resulted in successful deferrals of vaccines to up to and including 2024, leading to significant financial savings and the utilisation of vaccines that would otherwise have expired. All Covid supplies included within this loss were procured under pandemic contracts set up by the Vaccine Task Force (VTF) during the onset of the pandemic and as such were procured prior to UKHSA formation.	Constructive Loss	527,200

Description	Category	2024-25 £000
This relates to stock of Covid testing kits which were held by UKHSA. This stock reached its expiry date during FY 24-25 and could not be used or repurposed. It was therefore disposed of, avoiding further storage costs being incurred by the taxpayer. The disposal relates to a total of 547,420 units of stock. The units were held as part of UKHSA testing stock, but were not used before their expiration dates, due to limited testing requirements. They were purchased to ensure a small stock of tests was held in case of emergency.	Constructive Loss	683
This loss relates to the expiry of non-Covid vaccines. Most of the loss (approx. £30.4Million) is due to expired vaccine from the 2024/25 childhood influenza programme. Volumes purchased are based on levels agreed by Ministers to support NHS England projected uptake rates and include a 10% overage volume to account for accidental damage, loss due to cold chain breach, inappropriate administration, expiry before use, and over-ordering by the NHS. As flu vaccines are seasonal and they cannot be used for the next season, anything that remains unused at the end of the vaccination period must be disposed of. Of the remaining loss, £9.5M relates to expiry of Gardasil-9. This was incurred following a schedule change from a two-dose to a single-dose schedule. This change was planned to be implemented prospectively i.e. for those becoming eligible for HPV vaccination from the implementation date, which was September 2023, and supply contracts for the vaccine were adjusted to support the change on that basis. However, a decision was taken by NHS England and DHSC to apply the change retrospectively i.e. such that adolescents who had received a single dose before September 2023 did not require a second dose. Sufficient vaccine was already in hand to support second doses for those individuals and therefore the buffer stock was far in excess of the future demand, and there has been a correspondingly significant stock loss.	Constructive Loss	40,093

Special payments: audited year ending 31 March 2025

	2024-25 Number	2024-25 £'000	2023-24 Number	2023-24 £'000
Extra-contractual	1	240	4	111
Extra statutory / extra regulatory	-	-	-	-
Compensation payments	4	74	6	325
Ex gratia payments	2	1	5	1
Special Severance payment	4	98	1	10
Total	**11**	**413**	**16**	**447**

2024-25 Details of cases over £300,000

There were no special payments over £300,000 (2023-24: nil).

Gifts

No gifts were made over the limits specified in Managing Public Money (2023-24: nil)

Professor Susan Hopkins

Accounting Officer

9 December 2025

THE CERTIFICATE OF THE COMPTROLLER AND AUDITOR GENERAL TO THE HOUSE OF COMMONS

Qualified opinion on financial statements

I certify that I have audited the financial statements of the UK Health Security Agency for the year ended 31 March 2025 under the Government Resources and Accounts Act 2000.

The financial statements comprise the UK Health Security Agency's:

- Statement of Financial Position as at 31 March 2025;
- Statement of Comprehensive Net Expenditure, Statement of Cash Flows and Statement of Changes in Taxpayers' Equity for the year then ended; and
- the related notes including the significant accounting policies.

The financial reporting framework that has been applied in the preparation of the financial statements is applicable law and UK adopted international accounting standards.

In my opinion, except for the effects on the corresponding figures of the matters described in the Basis for qualified opinions on the financial statements section below, the financial statements:

- give a true and fair view of the state of the UK Health Security Agency's affairs as at 31 March 2025 and its net expenditure for the year then ended; and
- have been properly prepared in accordance with the Government Resources and Accounts Act 2000 and HM Treasury directions issued thereunder.

Opinion on regularity

In my opinion, in all material respects, the income and expenditure recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for qualified opinion on the financial statements

I qualified my opinion on the UK Health Security Agency's 2023-24 accounts. I did this because I was unable to obtain sufficient appropriate audit evidence over the opening balances as at 1 April 2023, and consequently in-year transactions and cashflows for 2023-24 of the UK Health Security Agency in relation to the Covid vaccine unit (CVU). These included the 1 April 2023 opening CVU balances as set out in the Statement of Financial position (comprising CVU inventory value of £460m, CVU onerous contract provision of £371m and CVU prepayments of £132m) and the CVU transactions as set out in the Statement of comprehensive net expenditure (comprising the CVU prepayment impairment movement of £38m,

CVU inventory write off of £295m and CVU provision movement of £141m) and cash flows for 2023-24.

Consequently my opinion on the 2024-25 accounts is also modified because of the possible effect of this matter on the comparability of the current period's figures and the corresponding figures.

Basis for opinions

I conducted my audit in accordance with International Standards on Auditing (UK) (ISAs UK), applicable law and Practice Note 10 *Audit of Financial Statements and Regularity of Public Sector Bodies in the United Kingdom (2024)*. My responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of my certificate.

Those standards require me and my staff to comply with the Financial Reporting Council's *Revised Ethical Standard 2024*. I am independent of the UK Health Security Agency in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK. My staff and I have fulfilled our other ethical responsibilities in accordance with these requirements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the UK Health Security Agency's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the UK Health Security Agency's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for the UK Health Security Agency is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which requires entities to adopt the going concern basis of accounting in the preparation of the financial statements where it is anticipated that the services which they provide will continue into the future.

Other information

The other information comprises information included in the Annual Report, but does not include the financial statements and my auditor's certificate and report

thereon. The Accounting Officer is responsible for the other information.

My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my certificate, I do not express any form of assurance conclusion thereon.

My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

As described in the Basis for qualified opinions on the financial statements section of my certificate, my opinion on the 2024-25 accounts is modified due to the comparability of the current period's figures and the corresponding figures. This is because I qualified my opinion on the UK Health Security Agency's 2023-24 accounts as I was unable to obtain sufficient appropriate audit evidence over the opening balances as at 1 April 2023, and consequently in-year transactions and

cashflows for 2023-24 of the UK Health Security Agency in relation to the Covid vaccine unit (CVU).

I have concluded that where the other information refers to transactions covered by my qualification, or where figures include amounts relating to these transactions, it may be materially misstated for the same reason.

I have no other matters to report in this regard.

Opinion on other matters

In my opinion the part of the Remuneration and Staff Report to be audited has been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000.

In my opinion, based on the work undertaken in the course of the audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000;
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with the applicable legal requirements.

As described in the Basis for qualified opinions on the financial statements section of my certificate, my

opinion on the 2024-25 accounts is modified due to the comparability of the current period's figures and the corresponding figures. This is because I qualified my opinion on the UK Health Security Agency's 2023-24 accounts as I was unable to obtain sufficient appropriate audit evidence over the opening balances as at 1 April 2023, and consequently in-year transactions and cashflows for 2023-24 of the UK Health Security Agency in relation to the Covid vaccine unit (CVU).

I have concluded that where the Performance Report or Accountability Report refers to transactions covered by my qualification, or where figures include amounts relating to these transactions, it may not be consistent with the applicable legal requirements.

Matters on which I report by exception

In the light of the knowledge and understanding of the UK Health Security Agency and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance and Accountability Reports except as described in the Basis for qualified opinions on the financial statements section of my certificate.

In respect solely of the matters referred to in the Basis for qualified opinions on the financial statements section:

- adequate accounting records have not been kept by the UK Health Security Agency or returns adequate for my audit have not been received from branches not visited by my staff; and

- I have not received all of the information and explanations I require for my audit.

I have nothing to report in respect of the following matters which I report to you if, in my opinion:

- the financial statements and the parts of the Accountability Report subject to audit are not in agreement with the accounting records and returns; or
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual have not been made or parts of the Remuneration and Staff Report to be audited is not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for:

- maintaining proper accounting records;
- providing the C&AG with access to all information of which management is aware that is relevant to the preparation of the financial statements such as records, documentation and other matters;

- providing the C&AG with additional information and explanations needed for his audit;
- providing the C&AG with unrestricted access to persons within the UK Health Security Agency from whom the auditor determines it necessary to obtain audit evidence;
- ensuring such internal controls are in place as deemed necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- preparing financial statements which give a true and fair view and are in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000;
- preparing the annual report, which includes the Remuneration and Staff Report, in accordance with HM Treasury directions issued under the Government Resources and Accounts Act 2000; and
- assessing the UK Health Security Agency's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Accounting Officer anticipates that the services provided by the UK Health Security Agency will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the Government Resources and Accounts Act 2000.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which my procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

Identifying and assessing potential risks related to non-compliance with laws and regulations, including fraud

In identifying and assessing risks of material misstatement in respect of non-compliance with laws and regulations, including fraud, I:

- considered the nature of the sector, control environment and operational performance including the design of the UK Health Security Agency's accounting policies.
- inquired of management, the UK Health Security Agency's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to the UK Health Security Agency's policies and procedures on:
  - identifying, evaluating and complying with laws and regulations;
  - detecting and responding to the risks of fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations including the UK Health Security Agency's controls relating to the UK Health Security Agency's compliance with the Government Resources and Accounts Act 2000 and Managing Public Money.
- inquired of management, the UK Health Security Agency's head of internal audit and those charged with governance whether:
  - they were aware of any instances of non-compliance with laws and regulations;

- they had knowledge of any actual, suspected, or alleged fraud,

- discussed with the engagement team how and where fraud might occur in the financial statements and any potential indicators of fraud.

As a result of these procedures, I considered the opportunities and incentives that may exist within the UK Health Security Agency for fraud and identified the greatest potential for fraud in the following areas: revenue recognition, posting of unusual journals, complex transactions and bias in management estimates. In common with all audits under ISAs (UK), I am required to perform specific procedures to respond to the risk of management override.

I obtained an understanding of the UK Health Security Agency's framework of authority and other legal and regulatory frameworks in which the UK Health Security Agency operates. I focused on those laws and regulations that had a direct effect on material amounts and disclosures in the financial statements or that had a fundamental effect on the operations of the UK Health Security Agency. The key laws and regulations I considered in this context included Government Resources and Accounts Act 2000, Managing Public Money, Supply and Appropriation (Main Estimates) Act 2024, employment law, tax legislation and pensions legislation.

Audit response to identified risk

To respond to the identified risks resulting from the above procedures:

- I reviewed the financial statement disclosures and testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described above as having direct effect on the financial statements;
- I enquired of management, the Audit and Risk Committee and in-house legal counsel concerning actual and potential litigation and claims;
- I reviewed minutes of meetings of those charged with governance and the Board; and internal audit reports;
- I addressed the risk of fraud through management override of controls by testing the appropriateness of journal entries and other adjustments; assessing whether the judgements on estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I communicated relevant identified laws and regulations and potential risks of fraud to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

A further description of my responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: www.frc.org.uk/

auditorsresponsibilities. This description forms part of my certificate.

Other auditor's responsibilities

I am required to obtain sufficient appropriate audit evidence to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by Parliament and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control I identify during my audit.

Gareth Davies 10 December 2025

Comptroller and Auditor General

National Audit Office

157-197 Buckingham Palace Road

Victoria

London

SW1W 9SP

THE REPORT OF THE COMPTROLLER AND AUDITOR GENERAL TO THE HOUSE OF COMMONS

1. UK Health Security Agency (UKHSA) is an Executive Agency of the Department of Health and Social Care (DHSC). Its role is to provide scientific and operational leadership, working with local, national and international partners to protect the public's health and build the nation's health security capability.
2. **At its inception, UKHSA operated in a volatile and complex environment.** The organisation was created by a mid-year merger in 2021-22 that brought together the health protection functions of Public Health England with the NHS Test and Trace programme from DHSC and the Joint Biosecurity Centre. The new organisation had a challenging start responding to the ongoing COVID-19 pandemic and managing the Test and Trace programme. It needed to adapt rapidly to the changes in government policy that were announced in February 2022 as part of the Living with COVID-19 plan and in 2022-23, UKHSA took on new functions from DHSC, namely the Covid Vaccine Unit (CVU) and overseeing the legacy of the Managed Quarantine Service.
3. **For the first two years of UKHSA's existence, I was unable to obtain sufficient appropriate evidence upon which to form an audit opinion. I therefore disclaimed my opinion on its accounts.** This was due to the impact of a weak internal control

system, in the context of a volatile environment, on the financial statements and, in 2022-23, the lack of assurance over closing balances relating to the CVU.

4. **Since 2022-23, UKHSA has made significant progress in improving its internal control system and addressing the issues that led to my disclaimed opinions. But further improvements are needed to achieve its goal of "getting it right first time" consistently.** It established a Finance and Control Improvement Programme (FCIP) during 2022-23 (now known as the Evolve programme). The programme's aim is to transform the way finance and the wider organisation work; embedding effective control mechanisms across the organisation, and ensuring the organisation as a whole can work more effectively. The programme has resulted in significant improvements in UKHSA's control environment, however, as UKHSA has set out in its Governance Statement on page 249, there is more to do. Further work is required to ensure that financial information is "right first time" and does not require extensive review and correction by management, particularly in the accounting for property, plant, equipment and intangible assets.
5. **The stronger control environment has led to significant improvements in the quality of UKHSA's accounts and the supporting audit evidence, which is reflected in my audit opinion.** Following a disclaimed opinion, it can take a number of years for an organisation to achieve an unqualified audit

opinion because of the ongoing impact on comparative figures and opening balances. In 2023-24, I was able to provide an opinion on the accounts but qualified my opinion as I was unable to obtain sufficient, appropriate evidence over the balances at 1 April 2023 and in year transactions and cashflows for 2023-24 in relation to the CVU. In 2024-25, my opinion is only qualified with respect to prior year comparative figures relating to CVU. This is a significant achievement for UKHSA and puts it in a good position to aim for an unqualified opinion in 2025-26.

6. **UKHSA should continue to build on the good progress it has made in improving its internal control system.** In particular, it should focus on improving its accounting at source rather than relying on corrective controls. This will improve in-year financial management and result in a more timely, less costly accounts production process.

Gareth Davies 10 December 2025
Comptroller and Auditor General
National Audit Office
157-197 Buckingham Palace Road
Victoria
London SW1W 9SP

3 Accounts

Financial statements 2024-25

Statement of comprehensive net expenditure

Year ended 31 March 2025

	Notes	2024-25 £'000	2023-24 £'000
Income from sale of goods and services	5	(298,204)	(275,981)
Other operating income	5	(26,918)	(22,279)
Total operating income		**(325,122)**	**(298,260)**
Staff costs	3	426,831	389,427
Purchase of goods and services	4	1,677,618	1,607,812
Other operating expenditure	4	31,977	8,120
Depreciation, amortisation and impairment charges	4	93,042	418,795
Provision expense (released)	4	(21,315)	76,622
CVU expenditure;			
Prepayment impairment movement	4	27,763	(38,302)
Inventory write off	4	(55,468)	294,703
Provision movement	4	113,315	(141,380)
Total operating expenditure		**2,293,763**	**2,615,797**
Net operating expenditure		**1,968,641**	**2,317,537**
Finance income	5	(3,635)	(4)
Finance expense	4	738	717
Net expenditure for the year		**1,965,744**	**2,318,250**
Other comprehensive net expenditure			
Items which will not be reclassified to net operating costs:			
Net loss/(gain) on revaluation of right of use assets	9	(166)	(232)
Net loss/(gain) on revaluation of property, plant and equipment	7	(9,989)	(31,196)
Net loss/(gain) on revaluation of intangibles	8	(210)	(737)
Comprehensive net expenditure for the year		**1,955,379**	**2,286,085**

All income and expenditure arises from continuing activities. The notes on page 336 to page 417 form part of these accounts.

Statement of financial position

As at 31 March 2025

	Notes	31 March 2025 £'000	31 March 2024 £'000
Non-current assets:			
Property, plant and equipment	7	632,073	545,175
Intangible assets	8	115,439	70,687
Right of use assets	9	34,765	36,759
Investment property	20	14,248	14,452
Other non-current assets	14	48,820	18
Total non-current assets		**845,345**	**667,091**
Current assets:			
Trade and other receivables	14	133,070	212,678
CVU prepayment	14	-	163,648
Non CVU Inventories	12	404,097	436,695
CVU inventory	12	227,552	172,237
Biological assets	13	17,873	15,334
Cash and cash equivalents	16	52,678	47,608
Total current assets		**835,270**	**1,048,200**
Total assets		**1,680,615**	**1,715,291**
Current liabilities			
Trade payables and other current liabilities	17	(121,095)	(130,858)
Lease Liabilities	9	(5,784)	(5,686)
Non CVU provisions	18	(148,405)	(173,150)
CVU provision	18	-	(5,067)
Total current liabilities		**(275,284)**	**(314,761)**
Total assets less current liabilities		**1,405,331**	**1,400,530**
Non-current liabilities			
Non CVU provisions	18	(3,888)	(6,633)
CVU provision	18	-	-
Lease liabilities	9	(24,885)	(27,685)
Total non-current liabilities		**(28,773)**	**(34,318)**
Assets less liabilities		**1,376,558**	**1,366,212**
Taxpayer's equity			
General fund		1,204,616	1,204,368
Revaluation reserve		171,942	161,844
Total taxpayer's equity		**1,376,558**	**1,366,212**

The notes on page 336 to page 417 form part of these accounts. The financial statements on page 327 to page 335 were signed by:

Professor Susan Hopkins
Accounting Officer 9 December 2025

Statement of cash flows

Year ended 31 March 2025

	Notes	2024-25 £'000	2023-24[1] £'000
Cash flows from operating activities			
Net operating expenditure		(1,968,641)	(2,317,537)
Adjustments for non-cash transactions			
Auditor remuneration	4	900	960
Loss on de-recognition of property, plant and equipment and intangible assets	4	3,545	3,030
(Gain) / loss on revaluation of investments properties	20	204	784
Amortisation and depreciation	4	96,483	120,546
PPE and intangible impairments	7/8	(3,491)	298,135
Right of use asset impairment	9	50	114
Non-cash movements in SOCNE – biological assets	4	(2,150)	-
Non-cash movements in SOCNE - SPG	7	(10,106)	
Provision provided for in the year less provisions not required written back	18	93,575	(64,758)
Transfer of provisions to accruals and inventory	18	(119,341)	(224,228)
(Increase) / decrease in trade and other receivables	14	194,454	262,119
(Increase) / decrease in inventories	12	(29,349)	312,455
Increase / (decrease) in trade and other payables	17	(17,409)	(290,384)
Provisions utilised in the year	18	(6,791)	(31,714)

	Notes	2024-25 £'000	2023-24[1] £'000
Other operating cashflows		(1,355)	48
Net cash outflow from operating activities		**(1,769,422)**	**(1,930,430)**
Cash flows from investing activities			
Purchase of property, plant and equipment	7	(138,574)	(66,262)
Purchase of intangible assets	8	(50,877)	(42,711)
Proceeds of disposal of property, plant and equipment & intangible assets	7/8	584	2
Finance income	5	3,635	4
Net cash outflow from investing activities		**(185,232)**	**(108,967)**
Cash flows from financing activities			
Net parliamentary funding		1,965,000	1,943,001
Payments in respect of finance leases	9	(4,544)	(10,140)
Finance lease interest	9	(732)	(1,480)
Net cash inflow from financing activities		**1,959,724**	**1,931,381**
Net increase/(decrease) in cash and cash equivalents in the period		**5,070**	**(108,016)**
Cash and cash equivalents at the beginning of the period	16	47,608	155,624
Cash and cash equivalents at the end of the period	16	52,678	47,608
Net increase/(decrease) in cash and cash equivalents in the period		**5,070**	**(108,016)**

1 Calculation methodologies have been updated in the current year, and the prior period has been accordingly re-presented. UKHSA has removed various lines from the cash flow where they were additions and subtractions within the same section.

The notes on page 336 to page 417 form part of these accounts.

Statement of changes in taxpayers' equity

Year ended 31 March 2025

	Notes	General fund £'000	Revaluation reserve £'000	Total £'000
Balance at 1 April 2024		1,204,368	161,844	1,366,212
Other adjustment		(8)	(167)	(175)
Net parliamentary funding		1,965,000	-	1,965,000
Non-cash charges: Auditor's remuneration	4	900	-	900
Net gain on revaluation of property, plant and equipment	7	-	9,989	9,989
Net gain on revaluation of intangibles	8	-	210	210
Impact of IFRS16 peppercorn leases			166	166
Release of revaluation reserves in respect of de-recognised assets		100	(100)	-
Net expenditure for the year		(1,965,744)	-	(1,965,744)
Balance at 31 March 2025		1,204,616	171,942	1,376,558

Year ended 31 March 2024

	Notes	General fund £'000	Revaluation reserve £'000	Total £'000
Balance at 1 April 2023		1,574,627	133,709	1,708,336
Other adjustment		2	(1)	1
Net parliamentary funding		1,943,001	-	1,943,001
Net loss on revaluation of investments	15	-	-	-
Non-cash charges: Auditor's remuneration	4	960	-	960
Net gain on revaluation of property, plant and equipment	7	-	31,195	31,195
Net gain on revaluation of intangibles	8	-	737	737
Release of revaluation reserves in respect of de-recognised assets		4,028	(4,028)	-
Impact of IFRS 16 peppercorn leases		-	232	232
Net expenditure for the year (after absorption loss/(gain))		(2,318,250)	-	(2,318,250)
Balance at 31 March 2024		1,204,368	161,844	1,366,212

The notes on page 336 to page 417 form part of these accounts.

Notes to the financial statements

1 UKHSA accounting policies

1.1 Statement of accounting policies

HM Treasury has directed UK Health Security Agency, in accordance with Section 7(2) of the Government Resources and Accounts Act 2000 to prepare financial statements in accordance with the Government Financial Reporting Manual (FReM) issued by HM Treasury.

The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of UKHSA for the purpose of giving a true and fair view has been selected. The policies adopted by UKHSA are described below. They have been applied consistently in dealing with items considered material to the accounts.

1.2 Operating segments

In accordance with IFRS 8, UKHSA's activities are considered to fall within 4 distinct segments: operational activities, COVID-19 related activities (excluding vaccines), vaccines and emergency countermeasures (excluding COVID-19 vaccines)

and COVID-19 vaccines (CVU). These operating segments reflect the information provided to the Chief Executive, UKHSA's Executive Committee and Advisory Board. Details of income and expenditure of each of the segments are shown in Note 2 and are disclosed in more detail within the relevant notes to the accounts.

1.3 Accounting convention

These accounts have been prepared under the historical cost convention, modified to account for the revaluation to fair value of property, plant and equipment, investment property, intangible assets, stockpiled goods and certain financial assets and financial liabilities.

1.4 Going concern

These accounts have been prepared on a going concern basis. Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

By virtue of the Health and Social Care Act 2012, UKHSA exists as an executive agency established within the Department of Health and Social Care (DHSC). The appropriateness of preparation of UKHSA's accounts on a going concern basis

is supported by the Government and DHSC's continued commitment to funding UKHSA as illustrated by the 2025-26 main estimates. Similarly to other government departments, UKHSA received the outcome of the Spending Review for 1st April 2026 to 31 March 2029 in June 2025. The organisation has every expectation that its functions will continue to be funded.

1.5 Grants payable

Grants made by UKHSA are recognised as expenditure in the period when the recipient is entitled to the grant and the amount can be reliably estimated; the payments match consumption which reflects the expected needs of the recipient and therefore entitlement of the grant. This is in accordance with IAS 20 and the FReM.

1.6 Value added tax (VAT)

UKHSA is registered for VAT. VAT is charged on invoices for business contracts relating to products, services and research activities. UKHSA recovers part of its input VAT proportionate to its business activities in relation to total income. Expenditure is shown net of recoverable VAT. Non-recoverable VAT is charged to the relevant expenditure category or capitalised if it relates to a non-current asset.

Non-recoverable VAT is not recognised until the point of invoicing in relation to assets capitalised under IFRS 16, and is expensed at this point.

1.7 Audit costs

UKHSA is audited by the Comptroller and Auditor General. No cash charge is made for this service but a notional charge reflecting the cost of audit is included in expenditure. This notional charge covers the audit costs in respect of UKHSA's annual report and accounts. No other audit or non-audit services were provided.

1.8 Income

Net parliamentary funding received from DHSC is treated as a contribution from a controlling party rather than as operating income and is, therefore, credited directly to the general fund as it is received.

In accordance with IFRS 15, UKHSA recognises revenue from contracts with customers when they satisfy the applicable performance obligation, thereby matching revenue to performance obligations under the 5-step income recognition policy determined by the standard. UKHSA applies the practical expedients as permitted in paragraphs 94 and 121 of IFRS 15 in relation to contracts that

have a duration of 1 year or less. Income streams are shown in note 5 with the principles of IFRS 15 adopted as follows:

Laboratory and other services

This income predominantly relates to the provision of laboratory tests which have a set price. The performance obligation is the delivery of the test result. Revenue is recognised once the tests are complete. Where laboratory services have more than one performance obligation, revenue is recognised proportionally across the performance obligations. This also includes revenue relating to the sale of culture collections.

Products and royalties

This income predominantly relates to contracts for royalties, based on a percentage of sales made by third parties or on the use of specific intellectual property. This is recognised as the underlying sales are made by the third party or on receipt.

Education and training

The performance obligation and revenue are recognised on the delivery of training at an agreed price.

Vaccines income

This predominantly relates to the income earned from the UK's Devolved Administrations (DAs) for access to stockpiled goods held by UKHSA. The

performance obligation is the availability of vaccines on demand with the revenue recognised over the life of the contract at a contracted price.

Research and related contracts and grants

The performance obligation is the provision of the research and revenue is recognised over the life of the contract at the contracted price.

Grants from the United Kingdom government, Grants from the European Union

These are outside the scope of IFRS 15 and are accounted for under IAS 20, as adapted for the public sector as detailed in the Government Financial Reporting Manual.

Other operating income

This covers a variety of non-standard income streams including contributions from the NHS for marketing campaigns at an agreed price (for which the performance obligation is the provision of the campaign with revenue recognised as the campaign is launched) and the contractual service charge for Porton Biopharma Ltd (for

which the performance obligation is the provision of corporate services; revenue is recognised over the life of the contract).

Rental from investment property, interest receivable and income from dividends are outside the scope

of IFRS 15 and are accounted for accordance with IFRS 9.

Standard payment terms for all customers are 30 days. No contracts have significant financing components.

1.9 Non-current assets: property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential will be supplied to, UKHSA
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably; and either
- the item cost at least £5,000 or

- collectively, a number of items have a total cost of at least £5,000 where the items are purchased together and will be used for the same common operational purpose and not distributed to various operational or geographical activities and each item is assessed as having a similar useful life so that they are all likely to have simultaneous disposal dates and are under single managerial control

Where an asset includes several components with significantly different asset lives, the components are treated as separate assets and depreciated over their individual useful economic lives.

Valuation of property, plant and equipment

All property, plant and equipment is measured initially at cost representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. It is classified under assets under construction, until the point at which the asset is capable of being brought into use. All assets are measured subsequently at fair value.

The fair value of freehold land and buildings is determined by an independent valuation carried out

every 5 years in accordance with guidance issued by the Royal Institute of Chartered Surveyors with an interim desktop valuation performed in intervening years. The latest interim desktop valuation was provided as at 31 March 2025. Valuation is on an open market (existing use) basis except for buildings of a specialised nature, where a market value is not readily obtainable, which are valued on a depreciated replacement cost in existing use basis. A full (non-desktop) valuation was last undertaken on 31 March 2021 by RICS Registered Valuers from the Valuation Office Agency, and the next full valuation is planned as at 31 March 2026.

Other property, plant and equipment are valued at depreciated replacement cost in existing use, which is used as a proxy for fair value. The depreciated replacement cost in existing use is calculated by applying, annually, the producer price indices published by the Office for National Statistics (ONS). Management consider that these are the most appropriate indices for this purpose.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation

decrease is only recognised as an impairment charged to the revaluation reserve when it does not result from a loss in the economic value or service potential and only to the extent that there is a balance on the reserve for the asset. Any excess over that reserve balance is charged to expenditure. Impairment losses that arise from a clear consumption of economic benefit are taken to expenditure. Gains and losses recognised in the revaluation reserve are reported in the statement of changes in taxpayers' equity.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to expenditure.

Assets under construction

Assets in the course of construction are carried at cost, less any impairment loss. Cost includes professional fees. They are reclassified when they are capable of being brought into use, and from that point their cost is depreciated and revalued in the same way as other assets within their new classification.

Stockpiled goods

Strategic goods held for use in national emergencies (stockpiled goods) are held as non-current assets within property, plant and equipment. The purchase of stockpiled goods is a result of government policy, and correspondingly has parliamentary approval. It ensures UKHSA holds an emergency stockpile for an event which it is hoped will not transpire.

Stockpiled goods are reviewed during the period in terms of expiry profiles and their continued appropriateness for inclusion in the stockpile. Stockpiled goods are depreciated over their expected lives.

1.10 Non-current assets: intangibles

Intangible non-current assets are non-monetary assets without physical substance, which are capable of sale separately or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, UKHSA, where the cost of the asset can be measured reliably; and where the cost is at least £5,000. Intangible non-current assets within UKHSA generally comprise of software and websites.

Intangible non-current assets acquired separately are initially recognised at cost. Software that is integral to the operation of hardware is capitalised as part of the relevant item of PPE. Software that is not integral to the operation of hardware is capitalised as an intangible asset.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost or value in use where the asset is income generating. The amortised replacement cost in existing use is calculated by applying, annually, the producer price indices published by the Office for National Statistics (ONS).

Management consider that these are the most appropriate indices for this purpose.

1.11 Non-current assets: investment property

Investment property assets are valued on the same basis as property, plant and equipment assets, i.e., they are initially measured at cost and subsequently at depreciated replacement cost in existing use being used as a proxy for fair value. Movements in fair value are recognised as a profit or loss in the Statement of Comprehensive Net Expenditure.

The fair value of investment property is determined by an independent valuation carried out every 5

years in accordance with guidance issued by the Royal Institute of Chartered Surveyors with an interim desktop valuation performed in intervening years.

Transfers to, or from, investment property shall be made when, and only when, there is a change in use, evidenced by commencement of owner-occupation, for a transfer from investment property to owner-occupied property. The investment property

shall be derecognised on disposal or when the investment property is permanently withdrawn from use and no future economic benefits are expected from its disposal.

1.12 Biological assets

UKHSA is the UK (and the primary European) custodian of cell cultures. This includes animal, bacterial, fungal, and viral cultures. Culture Collections hold these cultures both for the sake of the nation, and for sale.

IAS 41 is the Agricultural Accounting Standard. The standard applies to biological assets (excluding bearer plants) and agricultural produce at the point of harvest.

Masters

Masters stocks are alive (though held in cryostasis) and held to produce other biological assets and therefore should be accounted for under the accounting standard IAS 41 and should be held at fair value unless this can't be measured reliably.

As UKHSA have a monopoly on masters cell lines and these are not traded on the open market, management would apply a rebuttal of presumption on their valuation and hold these at nil value in their balance sheet. It is also not possible to measure cost as these were donated over the last 70+ years to UKHSA.

Transactable

Transactable stock (also known as transactables) is still alive (though held in cryostasis) and should therefore be classed at a biological asset and held at Fair Value per IAS 41.

Fair value has been determined by taking the average sales price if it has been sold in FY 24-25 and the listed sales price (less a 23.6% weighted average distributor discount) if it has not been sold in FY 24-25.

Transactable stock where there have been fewer than 3 sales per year on average for the last 12 years is deemed to have a market value of nil as there have not been transactions with sufficient regularity for that value to be determined.

Derivatives

Derivatives should be classed as inventory; they are an agricultural product which has been produced by harvesting it from the cell cultures. They are not alive. These are produced from transactable stock and are therefore transferred into inventory at the lower of net realisable value or the fair value of transactable stock plus the cost of processing.

Given that derivatives are sold at a lower price than their equivalent transactables, they are valued at their sales price.

They are sold at a lower price because researchers can re-bank their own stocks of cell lines (for research purposes only) from a single transactable, whereas they can't produce additional derivatives, hence the price charged for a transactable is higher.

1.13 Research and development

Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Development expenditure is capitalised to the extent that it results in the creation of an asset and only if, all the following have been demonstrated from the date when the criteria for recognition are initially met:

- the technical feasibility of completing the intangible asset so that it will be available for use

- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to reliably measure the expenditure attributable to the intangible asset during its development. The amount initially recognised for internally generated intangible assets is the sum of the expenditure incurred

Where no internally generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

1.14 Depreciation, amortisation and impairments

Freehold land, assets under construction or development, investment property and assets held for sale are not depreciated / amortised.

Otherwise, depreciation or amortisation, as appropriate, is charged to write off the costs or valuation of property, plant and equipment and

intangible non-current assets, less any residual value, on a straight-line basis over their estimated remaining useful lives.

The estimated useful life of an asset is determined on an individual asset basis by the period over which UKHSA expects to obtain economic benefits or service potential from the asset. Estimated useful lives and residual values are reviewed each year-end, with the effect of any changes recognised on a prospective basis.

Expected useful lives are as follows:

Asset category	Expected useful life
Freehold buildings	Up to 60 years
Freehold land	Not depreciated
Refurbishments	Up to 20 years
Fixtures and fittings	5 to 25 years
Plant and equipment	5 to 25 years
Vehicles	7 years
Information technology equipment	3 to 15 years
Software licences	The life of the licence or 3 years
Website	3 to 10 years
Databases	3 to 10 years
Stockpiled goods	Based on the expiry date of the product, or later if there is sufficient evidence of the product still being effective at this date.

At each financial year-end, UKHSA determines whether there is any indication that its property, plant and equipment or intangible non-current assets have suffered an impairment loss. If there is an indication of such an impairment, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset being impaired and, thereafter, to expenditure.

1.15 Leases

A lease is a contract, or part of a contract, that conveys the right to control the use of an asset for a period of time in exchange for consideration. UKHSA assesses whether a contract is or contains a lease, at inception of the contract.

UKHSA as Lessee

A right-of-use asset and a corresponding lease liability are recognised at commencement of the lease.

The lease liability is initially measured at the present value of the future lease payments, discounted by using the rate implicit in the lease. If this rate cannot be readily determined, the prescribed HM Treasury discount rates are used as the incremental borrowing rate to discount future lease payments.

The FReM provides an option to use cost as a reasonable proxy for the value of the right of use asset. Where this option is taken a rate implicit in the lease cannot be determined as it is not possible to complete a comparison between the right of use asset value and the undiscounted future lease payments. Therefore in these circumstances the HMT rate is used.

The HM Treasury incremental borrowing rate of 4.72% is applied for leases commencing, transitioning, or being remeasured in the 2024 calendar year under IFRS 16.

UKHSA had no leases commencing in the 2025 calendar year that formed part of FY 24/25.

For transition as at 1 April 2022, lease liabilities were measured at the present value of the remaining lease payments and discounted at the treasury defined rate of 0.95%. Other leases have been measured or remeasured at the relevant HM Treasury rate for the calendar year in which the re/measurement occurred.

Lease payments included in the measurement of the lease liability comprise of;

- fixed payments
- variable lease payments dependent on an index or rate, initially measured using the index or rate at commencement
- the amount expected to be payable under residual value guarantees
- the exercise price of purchase options, if it is reasonably certain the option will be exercised
- payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease

Variable rents that do not depend on an index or rate are not included in the measurement the lease liability and are recognised as an expense in the period in which the event or condition that triggers those payments occurs.

The lease liability is subsequently measured by increasing the carrying amount for interest incurred using the effective interest method and decreasing the carrying amount to reflect the lease payments made. The lease liability is remeasured, with a corresponding adjustment to the right-of-use asset, to reflect any reassessment of or modification made to the lease.

The right-of-use asset is initially measured at an amount equal to the initial lease liability adjusted for any lease prepayments or incentives, initial direct costs or an estimate of any dismantling, removal or restoring costs relating to either restoring the location of the asset or restoring the underlying asset itself, unless costs are incurred to produce inventories.

The subsequent measurement of the right-of-use asset is consistent with the principles for subsequent measurement of property, plant and equipment. Right- of-use assets for leases for which current value in use is not expected to fluctuate

significantly due to changes in market prices and conditions are valued at depreciated historical cost as a proxy for current value in existing use.

Other than leases for assets under construction and investment property, the right- of-use asset is subsequently depreciated on a straight-line basis

over the shorter of the lease term or the useful life of the underlying asset. The right-of-use asset is tested for impairment if there are any indicators of impairment and impairment losses are accounted for as described in the 'Depreciation, amortisation and impairments' policy.

Peppercorn leases are defined as leases for which the consideration paid is nil or nominal (that is, significantly below market value). Peppercorn leases are in the scope of IFRS 16 if they meet the definition of a lease in all aspects apart from containing consideration.

For peppercorn leases a right-of-use asset is recognised and initially measured at current value in existing use. The lease liability is measured in accordance with the above policy.

Any difference between the carrying amount of the right-of-use asset and the lease liability is recognised as income as required by IAS 20 as interpreted by the FReM.

Leases of low value assets (value when new less than £5,000) and short-term leases of 12 months or less are recognised as an expense on a straight-line basis over the term of the lease.

UKHSA as Lessor

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

When the organisation is an intermediate lessor, it accounts for the head lease and the sub-lease as 2 separate contracts. The sub-lease classification is assessed with reference to the right-of-use asset arising from the head lease.

Amounts due from lessees under finance leases are recognised as receivables at the amount of the organisation's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the net investment in the lease.

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease.

1.16 Inventories

Consumable inventories are valued at the lower of cost and net realisable value and are distributed on a first expiry, first out basis. Net realisable value is the value at which UKHSA could purchase a similar item of inventory to meet the operational needs to either supply or consume the inventory.

Covid vaccines

From 1 October 2022, when UKHSA assumed responsibility for direct purchasing of COVID-19 vaccines via the CVU, COVID-19 vaccines are initially recognised at cost and thereafter at the lower of cost and net realisable value.

Where Covid vaccines are not expected to be used, they are impaired. This can result in material impairment balances in the account. A full summary of the accounting for Covid vaccines is supplied in Note 22.

Vaccines and countermeasure response inventory

Supportive Medicines, Pandemic Influenza Preparedness Programme (PIPP) stocks bought for use and treatment medicines are held at the lower of cost and net realisable value. The stocks are issued on a FEFO basis.

1.17 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. UKHSA does not hold cash equivalents.

Cash and bank balances are recorded at current values. Interest earned on bank accounts and interest charged on overdrafts are recorded as, respectively, ‘interest receivable’ and ‘interest payable’ in the periods to which they relate. Bank charges are recorded as operating expenditure in the periods to which they relate.

1.18 Provisions

Provisions are recognised when UKHSA has a present legal or constructive obligation as a result of a past event, it is probable that UKHSA will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation.

The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates. In accordance with the requirements of IAS 37 UKHSA only discounts provisions where the effect of discounting would be material. As at 31 March 2025, and throughout both 2024-25 and 2023-24 no provisions were discounted on materiality grounds.

For further detail on provisions please see Note 18.

1.19 Financial instruments

1.19.1 Financial assets

Financial assets are recognised when UKHSA becomes party to the financial instrument contract or, in the case of trade receivables, when the

goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- financial assets at amortised cost and;
- financial assets at fair value through other comprehensive income

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade

receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

Financial assets at fair value through other comprehensive income

Financial assets held at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

This includes Porton Biopharma Limited.

UKHSA has made the irrevocable election to measure its investments and loans receivable at fair value through other comprehensive income. This means that changes in fair value will not pass through income and expenditure. The election was made as UKHSA does not hold its equity investment in PBL for the purpose of selling it in the near term and, as such, changes in fair value are not taken into account when measuring UKHSA's operational performance.

Impairment of financial assets

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. UKHSA therefore does not recognise loss allowances for stage 1 or stage 2 impairments

against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and UKHSA does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate.

Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.19.2 Financial liabilities

Financial liabilities are recognised on the statement of financial position when UKHSA becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

After initial recognition, all financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the

rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability.

1.20 Accounting standards that have been issued but not yet been adopted

The FReM does not require the following IFRS Standards and Interpretations to be applied in 2024-25.

IFRS 17 Insurance Contracts (which replaces IFRS 4 Insurance Contracts) – Application required for accounting periods beginning on or after 1 January 2023 in non-Government accounting and for FReM bodies from 1 April 2025: adoption is not therefore permitted. The application implications of IFRS 17 as revised have not been fully analysed but are not expected to have a material impact on the accounts for 2024-25, were they applied in that year. IFRS 17 has a transition year of 2025-26, with full retrospective application meaning that in the 2025-26 accounts, the 2024-25 position will also be restated for its application.

IRFS 18 Presentation and disclosure in financial statements - Application required for accounting periods beginning on or after 1 January 2027 in non-Government accounting but not yet adopted by the FReM and adoption is therefore not permitted. The application implications of IFRS 18 have not been analysed.

IFRS 19 Subsidiaries without public accountability - Application required for accounting periods beginning on or after 1 January 2027 in non-Government accounting but not yet adopted by the FReM and adoption is therefore not permitted. The application implications of IFRS 19 have not been analysed but are not expected to have a material impact on the accounts for 2024-25, were they applied in that year.

The FReM has 2025-26 changes including the transition to no longer revaluing non-current assets and on accounting for social benefits. Neither is expected to have a material impact on UKHSA's accounts.

1.21 Significant accounting policies and material judgements

Estimates and the underlying assumptions are reviewed on a regular basis by UKHSA's senior management. Provisions and accruals have been included considering all relevant facts as they are known.

Valuation of land and buildings

The fair value of freehold land and buildings is determined by an independent valuation carried out every five years (and on a desktop basis each intervening year) in accordance with guidance issued by the Royal Institute of

Chartered Surveyors. Valuation is on an open market (existing use) basis except for buildings of a specialised nature, where a market value is not readily obtainable, which are valued on a depreciated replacement cost in existing use basis. This involves significant judgements around the expected replacement costs, the space requirements for replacements and the expected useful lives of the buildings in question. UKHSA works closely with our valuer to ensure they have the relevant information, and challenges our valuer to ensure that valuations are robust. A full valuation was last undertaken on 31 March 2021, and a desktop valuation last undertaken on 31 March 2025, by RICS Registered Valuers from the Valuation Office Agency.

IAS 36 Impairments

Management makes judgements on whether there are any indications of impairment to the carrying amounts of UKHSA's assets. During 23-24 year management made significant judgements in relation to the impairment of inventories and the Harlow site. This judgement was reviewed during 24-25 and concluded that the impairment remained appropriate. Please see the Events After the Reporting Period note (Note 23) for significant new announcements made in relation to the Harlow site after 31 March 2025.

COVID-19 vaccines

UKHSA is party to a number of contracts for the delivery of COVID-19 vaccines. As a result of the reduction in the prevalence and severity of COVID-19 and the development of new and improved vaccines it is now expected that not all the vaccines delivered will be used. As such, an impairment is made to inventory where UKHSA estimates the items will have an expiry date prior to their expected usage date. The level of impairment is influenced by government policy; for example the cohort size and vaccine type agreed for each vaccination campaign.

It is worth noting that the outcome of the Spring 2025 campaign was known prior to the publication of these accounts, and therefore that there is no uncertainty associated with the impairment of Spring 2025 campagin stock. Autumn 2025 campaign stock was impaired on the basis of binding forecasts supplied by NHS England and the Devolved Governments. This results in an immaterial estimation uncertainty. A full analysis of this is completed in Note 22.

IAS 37 Provisions

Judgement is made on the best estimate that can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the

obligation at the end of the reporting period, taking into account the risks and uncertainties. This may include legal advice, calculations of expected costs in relation to e.g. dilapidations, and the value of contracts where they are determined to be onerous. Significant judgements are also made over whether or not it is more likely than not that an outflow of resources will be required, or whether a potential liability should instead be classified as a contingent liability. These judgements again may be based on legal advice or judgements from the most qualified individuals, for example the estates team in the case of dilapidations provisions.

1.22 Absorption transfers

When functions transfer between 2 public sector bodies (except for department-to- department transfers) the FReM requires the application of 'absorption accounting'.

Absorption accounting requires that entities account for their transactions in the period in which those transactions took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure and is disclosed separately from operating costs.

In 2024-25, no functions transferred into UKHSA, and therefore no disclosure is required in Note 6.

In 2023-24 one function, the Medicines Procurement Unit transferred into UKHSA from DHSC, however this did not result in the transfer of any assets or liabilities and as a result no disclosure is included in Note 6.

1.23 Reserves

UKHSA has 2 reserves: the revaluation reserve, to which revaluation gains are charged (and revaluation losses to the extend they reverse a previous revaluation gain), and the general fund, to which all other gains and losses are charged.

2 Statement of Operating Costs by Operating Segment

UKHSA's income/expenditure is derived/incurred in four distinct segments, which are primarily and substantially related to its remit to improve public health and reduce preventable deaths.

These are:

- Operational activities as funded through parliamentary supply
- COVID-19 related activities (excluding vaccines – see notes below)
- Vaccines and emergency countermeasures (excluding COVID-19 vaccines)

- COVID-19 Vaccines (including those purchased and managed by the COVID Vaccine Unit – CVU)

These segments are determined on the basis of their segregated ring-fenced funding.

UKHSA reports against these four distinct reporting segments as defined within the scope of IFRS 8 (Segmental Reporting) under paragraph 12 (aggregation criteria). UKHSA management consider that all operational activities are inter-related and contiguous and fall within the objectives of improving public health and reducing preventable deaths.

Laboratory and other services includes education and training. Other operating income includes income from rental properties.

	Operational activities £'000	COVID-19 £'000	Vaccine and Emergency Counter-measures £'000	COVID-19 Vaccines (CVU) £'000	2024-25 Total £'000
Laboratory and other services[1]	(96,799)	-	(30)	-	(96,829)
Products and royalties	(65,407)	-	-	-	(65,407)
Vaccines income	-	-	(135,968)	-	(135,968)
Research and grant income	(20,977)	-	-	-	(20,977)
Other operating income	(5,941)	-	-	-	(5,941)
Income	**(189,124)**	**-**	**(135,998)**	**-**	**(325,122)**
Operating expenditure	242,493	-	722,749	744,353	1,709,595
Staff costs	414,672	-	2,135	10,024	426,831
Depreciation & amortisation	40,495	-	55,988	-	96,483
Impairment / (reversals) of non-current assets	(3,409)	-	(32)	-	(3,441)
Provision provided for/ (released) in year	(20,129)	-	(1,186)	-	(21,315)
CVU expenditure:					
Prepayment impairment movement	-	-	-	27,763	27,763
Inventory write off	-	-	-	(55,468)	(55,468)
Provision provided for / (released) in year	-	-	-	113,315	113,315
Total operating expenditure	**674,122**	**-**	**779,654**	**839,987**	**2,293,763**
Net operating expenditure	**484,998**	**-**	**643,656**	**839,987**	**1,968,641**
Finance income	-	-	-	(3,635)	(3,635)
Finance expense	738	-	-	-	738
Total net expenditure per statement of comprehensive net expenditure	**485,736**	**-**	**643,656**	**836,352**	**1,965,744**

1 Laboratory and other services includes Education and services.

	Operational activities £'000	COVID-19 £'000	Vaccine and Emergency Counter-measures £'000	COVID-19 Vaccines (CVU) £'000	2023-24 Total £'000
Laboratory and other services[1]	(90,600)	(930)	(37)	-	(91,567)
Products and royalties	(68,290)	(2)	-	-	(68,292)
Vaccines income	-	-	(116,122)	-	(116,122)
Research and grant income	(15,763)	-	-	-	(15,763)
Other operating income	(4,687)	(1,829)	-	-	(6,516)
Income	**(179,340)**	**(2,761)**	**(116,159)**		**(298,260)**
Operating expenditure	213,892	117,397	695,315	589,328	1,615,932
Staff costs	352,063	30,757	-	6,607	389,427
Depreciation & amortisation	73,762	3,352	43,432	-	120,546
Impairment / (reversals) of non-current assets	296,610	1,639	-	-	298,249
Provision provided for/ (released) in year	92	79,275	(2,745)	-	76,622
CVU expenditure:					
Inventory Prepayment impairments				(38,302)	(38,302)
Inventory revaluation & write off				294,703	294,703
Provision provided for / (released) in year				(141,380)	(141,380)
Total operating expenditure	**936,419**	**232,420**	**736,002**	**710,956**	**2,615,797**
Net operating expenditure	**757,079**	**229,659**	**619,843**	**710,956**	**2,317,537**
Finance income	(4)	-	-	-	(4)

	Operational activities £'000	COVID-19 £'000	Vaccine and Emergency Counter-measures £'000	COVID-19 Vaccines (CVU) £'000	2023-24 Total £'000
Finance expense	677	40	-	-	717
Total net expenditure per statement of comprehensive net expenditure	**757,752**	**229,699**	**619,843**	**710,956**	**2,318,250**

1 Laboratory and other services includes Education and services.

Description of segments

Operational activities

Operational activities are undertaken by UKHSA and are funded through parliamentary supply.

Vaccine and Emergency Countermeasures

This operating segment primarily represents the costs of vaccines used on a regular basis in relation to day-to-day public health management, vaccines (excluding COVID-19) utilised in public health emergencies, and the costs of maintaining stockpiled goods held for use in national emergencies.

COVID-19

COVID-19 expenditure relates to COVID-19 testing for which funding ended in 23-24 and the activities remaining moved to operational activities segment. This segment was retained in the 24-25 table

to allow the reader of the account to make the comparison to the prior year

COVID-19 Vaccines (CVU)

This segment relates primarily to the COVID-19 Vaccine Unit, which is responsible for the procurement of COVID-19 vaccines and transferred to UKHSA from DHSC during 2022-23.

Analysis of the key items of expenditure from Note 4 across the operating segments

Supply of COVID-19 vaccines totalled £711 million and is exclusively disclosed in the COVID-19 vaccines segment as would be expected.

UKHSA experienced inventory revaluations and write offs across the following segments.

UKHSA Core £0.8m, Vaccine and Emergency Countermeasures £44.0 million, and COVID-19 Vaccines -£55.5 million (a write down reversal). These are disclosed within operating expenditure.

Other inventories consumed totalled £585 million and is exclusively disclosed in the Vaccine and Emergency Countermeasures segment. This is disclosed within operating expenditure.

The above segmentation aligns with reporting to the Executive Committee.

3 Staff costs

	2024-25		
	Permanently employed staff £'000	Other staff £'000	Total £'000
Wages and salaries	266,493	44,751	311,244
Social security costs	29,859	2,870	32,729
Apprenticeship Levy	1,446	-	1,446
Pension costs	69,362	6,286	75,648
Subtotal	**367,160**	**53,907**	**421,067**
Redundancy and other departure costs	7,712	-	7,712
Less recoveries in respect of outward secondments	(1,291)	-	(1,291)
Less recoveries in respect of staff engaged on capital projects	(657)	-	(657)
Total net costs	**372,924**	**53,907**	**426,831**

	2023-24		
	Permanently employed staff £'000	Other staff £'000	Total £'000
Wages and salaries	234,534	66,309	300,843
Social security costs	26,035	3,945	29,980
Apprenticeship Levy	1,328		1,328
Pension costs	52,084	8,287	60,371
Subtotal	**313,981**	**78,541**	**392,522**
Redundancy and other departure costs	1,875	-	1,875
Less recoveries in respect of outward secondments	(814)	-	(814)
Less recoveries in respect of staff engaged on capital projects	(4,156)	-	(4,156)
Total net costs	**310,886**	**78,541**	**389,427**

There was a significant reduction in costs associated with "Other staff costs" in 2024-25. This reflects a year of continued transition for UKHSA. The reduced other staff costs reflect UKHSA

continuing to further stabilise its workforce, as reflected in the increase in permanent staff costs, and significantly reduce its reliance on agency and contractor resource.

Please also see page 287 in the Remuneration and staff report.

4 Other expenditure

	2024-25 £'000	2023-24 £'000
Purchase of goods and services		
Accommodation	28,124	32,033
Education, training and conferences	3,334	5,045
Supply of COVID-19 vaccines	710,794	595,831
Other vaccines and medicines inventories	574,370	561,064
Laboratory consumables and services (including Test & Trace)	69,563	137,285
Legal fees, settlements and claimant costs	4,398	(5,500)
Research & Development	868	2,606
Supplies and services:		
Advertising	1,312	1,917
Consultancy and professional fees	14,232	1,047
IT Licences	16,124	20,559
Vaccines Readiness Payments	54,754	32,320
Other supplies and services	10,238	3,191
Outsourced services	48,965	72,240
Postage and courier	3,031	10,776
Recruitment and welfare	3,356	1,460
Services re COVID-19 testing	853	(386)
Software	21,762	50,963
Storage and distribution services	384	700
Sub-contracted facilities management and sub-contracted services	62,597	50,475
Travel and subsistence	6,299	7,078
Non-cash items:		
Auditor remuneration	900	960
Inventory revaluations & write offs	44,643	27,688
Inventory prepayment impairments	(3,283)	(1,540)
Total purchase of goods and services	**1,677,618**	**1,607,812**

	2024-25	2023-24
Other operating expenditure		
Bank charges	41	223
Foreign exchange (gains) / losses	12,187	4,947
Grants	(1,620)	(155)
Non-cash items:		
(Profit) / loss on de-recognition of property, plant and equipment and intangible assets	3,545	3,030
(Gain) / Loss on revaluation of investment properties	204	784
(Gain) / Loss on recognition of biological assets	(4,929)	-
Movement on expected credit losses and bad debt write offs	22,549	(709)
Total other operating expenditure	**31,977**	**8,120**
Depreciation and impairment charges		
Non-cash items:		
Depreciation PPE	80,199	84,863
Depreciation ROU assets	5,377	5,941
Amortisation	10,907	29,742
Impairments non-current assets	(3,491)	298,135
ROU asset impairment	50	114
Total depreciation and impairment charges	**93,042**	**418,795**
Provision expense		
Provision provided for / (released) in year	(21,315)	76,622
Total provision expenses	**(21,315)**	**76,622**
CVU expenditure		
Inventory revaluation & write offs	(55,468)	294,703
Inventory prepayment impairments	27,763	(38,302)
Provision provided for / (released) in year	113,315	(141,380)
Total CVU expenditure	**85,610**	**115,021**
Finance expense		
ROU asset interest	738	717
Total finance expense	**738**	**717**
Total	**1,867,670**	**2,227,087**

Significant expenditure items include:

Depreciation and amortisation do not agree to Note 7 and Note 8 respectively as a result of depreciation flowing through the I&E for prior year corrections.

Supply of COVID-19 Vaccines

This is cost of the supply of COVID-19 vaccines to NHS England and the Devolved Governments.

Other Inventories consumed

Inventories consumed comprise usage of vaccines (excluding COVID-19) and countermeasures.

Inventory write offs

In year movements in relation to Covid Vaccine impairments were a net reversal in the year. This is because prior to the receipt of the vaccines, a provision was made against them as they were not expected to be used, and they were transferred into inventory fully impaired, at nil value. Following their receipt a policy change meant that they were expected to be used, and the impairment was therefore reversed.

Auditor remuneration

The audit fees reflect the notional cost of the National Audit Office's fees for undertaking the audit of the statutory accounts.

5 Income

	2024-25 £'000	2023-24 £'000
Operating income		
Sale of goods and services		
Laboratory and other services	92,871	88,371
Products and royalties	65,408	68,292
Education and training	3,955	3,196
Vaccines income	135,970	116,122
Total sale of goods and services	**298,204**	**275,981**
Other operating income		
Research and related contracts and grants	15,773	13,244
Grants from the United Kingdom government	4,469	894
Grants from the European Union	735	1,624
Rental from investment property	371	400
Other operating income	5,570	6,117
Total other operating income	**26,918**	**22,279**
Total operating income	**325,122**	**298,260**
Finance income		
Interest receivable	3,635	4
Total finance income	**3,635**	**4**
Income Total	**328,757**	**298,264**

6 Absorption transfers

No assets and liabilities associated with absorption transfers were transferred in either 2024-25 or 2023-24. In 2023-24 one absorption transfer occurred but did not result in a transfer of either assets or liabilities.

7 Property, plant and equipment

	Land £'000	Buildings (excluding dwellings) £'000	Fixtures and fittings £'000	Plant and Equipment £'000	Information technology £'000	Stockpiled goods £'000	Assets under construction (AUC) £'000	2024-25 Total £'000
Cost								
At 1 April 2024	**64,390**	**204,900**	**33,687**	**163,077**	**48,928**	**343,505**	**20,457**	**878,944**
Corrections of prior period errors	-	(6,794)	4,875	(5,278)	(1,666)	-	8,974	**111**
Reclassification of assets	-	-	-	-	-	-	-	**-**
Transfer from/ (to) inventory	-	-	-	-	-	6,632	-	**6,632**
Impairment	(1,650)	5,157	-	-	-	9,410	23	**12,940**
Additions	-	-	-	30	-	110,613	39,589	**150,232**
Transfer of AUC	-	810	162	7,535	(104)	-	(8,403)	**-**
Revaluations	-	1,452	305	1,189	242	-	-	**3,188**
Disposal	-	(161)	(340)	(8,440)	(11,063)	(14,799)	-	**(34,803)**
At 31 March 2025	**62,740**	**205,364**	**38,689**	**158,113**	**36,337**	**455,361**	**60,640**	**1,017,244**
Depreciation								
At 1 April 2024	-	-	10,266	84,089	41,713	197,701	-	**333,769**
Corrections of prior period errors	-	(4,490)	2,343	2,429	(4,579)	-	-	**(4,297)**
Reclassification of assets	-	-	-	-	-	-	-	**-**
Impairment	-	71	-	-	-	9,378		**9,449**
Charge for year	-	12,287	3,095	14,753	2,055	52,349	-	**84,539**
Revaluations	-	(7,868)	124	774	200	-	-	**(6,770)**
Disposal	-	-	(304)	(5,734)	(11,063)	(14,418)	-	**(31,519)**
At 31 March 2025	**-**	**-**	**15,524**	**96,311**	**28,326**	**245,010**	**-**	**385,171**
Carrying value								
At 31 March 2025	**62,740**	**205,364**	**23,165**	**61,802**	**8,011**	**210,351**	**60,640**	**632,073**
At 31 March 2024	64,390	204,900	23,421	78,988	7,215	145,804	20,457	**545,175**

UKHSA does not include any historical cost valuations for assets that have subsequently been revalued. UKHSA's assets fall into 3 main classes: buildings, plant and equipment, and stockpiled goods. In relation to plant and equipment, UKHSA revalues these items using indexation and revaluation gains are immaterial. In relation to buildings, UKHSA's buildings have been constructed by a variety of government agencies over a period of around 70 years, and their ages, components and the standards to which they are built vary significantly. As a result, historic costs quickly become obsolete, and provision of a cost figure would therefore not provide a benefit to the users of these financial statements. In addition, due to the complexity of the history of the organisation and its predecessors, any exercise to develop historic costs would not be commensurate with any benefit that might be obtained.

UKHSA holds a large number of assets which have reached the end of their expected useful lives and therefore are fully depreciated. UKHSA is an organisation whose purpose is preparedness, and therefore it can often be appropriate to retain older assets as spares or similar. As a result, UKHSA holds a larger than expected base of assets which have nil net book value (cost less depreciation). A number of these assets transferred from organisations that preceded UKHSA having already

been fully depreciated under a different accounting policy but the useful economic life of these assets are consistent with the expected use of the assets.

	Land £'000	Buildings (excluding dwellings) £'000	Fixtures and fittings £'000	Plant and Equipment £'000	Information technology £'000	Stockpiled goods £'000	Assets under construction (AUC) £'000	2023-24 Total £'000
Cost								
At 1 April 2023	49,100	202,638	25,213	138,847	47,264	356,561	324,282	1,143,905
Corrections of prior period errors	215	(215)	-	(49)	-	-	-	(49)
Reclassification of assets	-	-	-	-	-	-	(3,321)	(3,321)
Transfer to inventory	-	-	-	-	-	(4,344)	-	(4,344)
Impairment	-	(524)	-	(204)	-	-	(296,818)	(297,546)
Additions	-	-	-	100	-	18,918	47,244	66,262
Transfer of AUC	-	6,569	11,696	30,368	2,297	-	(50,930)	-
Revaluations	15,075	(3,410)	358	4,014	-	-	-	16,037
Disposal	-	(158)	(3,580)	(9,999)	(633)	(27,630)	-	(42,000)
At 31 March 2024	**64,390**	**204,900**	**33,687**	**163,077**	**48,928**	**343,505**	**20,457**	**878,944**
Depreciation								
At 1 April 2023	-	1,667	11,165	71,178	33,602	185,595	-	303,207
Corrections of prior period errors	-	-	-	-	-	-	-	-
Reclassification of assets	-	-	-	-	-	-	-	-
Impairment	-	(70)	-	(104)	-	-	-	(174)
Charge for year	-	15,546	2,420	18,466	8,695	39,736	-	84,863
Revaluations	-	(17,127)	175	1,794	-	-	-	(15,158)
Disposal	-	(16)	(3,494)	(7,245)	(584)	(27,630)	-	(38,969)
At 31 March 2024	**-**	**-**	**10,266**	**84,089**	**41,713**	**197,701**	**-**	**333,769**
Carrying value								
At 31 March 2024	**64,390**	**204,900**	**23,421**	**78,988**	**7,215**	**145,804**	**20,457**	**545,175**
At 31 March 2023	49,100	200,971	14,048	67,669	13,662	170,966	324,282	**840,698**

All assets were owned by UKHSA. Any right of use assets are disclosed within note 9, leases.

8 Intangible assets

Intangible non-current assets comprise purchased software, licences and internally developed software.

	Software and software licences £'000	Website £'000	Assets Under Development £'000	2024-25 Total £'000
Cost or valuation				
At 1 April 2024	117,443	2,653	29,197	149,293
Corrections of prior period errors	4,043	-	(4,041)	2
Additions	-	-	55,912	55,912
Transfer from AUD	13,714	349	(14,063)	-
Impairment	-	-	-	-
Revaluations	525	-	-	525
Disposal	(13,898)	-	-	(13,898)
At 31 March 2025	**121,827**	**3,002**	**67,005**	**191,834**
Value if held at cost	105,897			105,897

Amortisation				
At 1 April 2024	76,029	2,577	-	78,606
Corrections of prior period errors	(419)	-	-	(419)
Charge for year	11,017	308	-	11,325
Revaluations	315	-	-	315
Disposal	(13,432)	-	-	(13,432)
At 31 March 2025	**73,510**	**2,885**	**-**	**76,395**

Carrying value				
At 31 March 2025	**48,317**	**117**	**67,005**	**115,439**
At 31 March 2024	41,414	76	29,197	70,687

Asset financing				
Owned	**48,317**	**117**	**67,005**	**115,439**

	Software and software licences £'000	Website £'000	Assets Under Development £'000	2023-24 Total £'000
Cost or valuation				
At 1 April 2023	74,072	2,572	21,181	97,825
Immaterial corrections of prior period errors	-	-	23	23
Additions	-	-	42,711	42,711
Reclassification of assets	-	-	3,321	3,321
Transfer from AUD	37,195	81	(37,276)	-
Impairment	-	-	(763)	(763)
Revaluations	6,952	-	-	6,952
Disposal	(776)	-	-	(776)
At 31 March 2024	**117,443**	**2,653**	**29,197**	**149,293**
Amortisation				
At 1 April 2023	40,950	2,475	(23)	43,402
Immaterial corrections of prior period errors	-	-	23	23
Charge for year	29,640	102	-	29,742
Revaluations	6,215	-	-	6,215
Disposal	(776)	-	-	(776)
At 31 March 2024	**76,029**	**2,577**	**-**	**78,606**
Carrying value				
At 31 March 2024	**41,414**	**76**	**29,197**	**70,687**
At 31 March 2023	33,122	97	21,204	54,423
Asset financing				
Owned	41,414	76	29,197	70,687

All assets were owned by UKHSA and no leases were held.

UKHSA receives material income in relation to royalties earned on end sales of a product called Dysport (which make up the majority of Note 5's 'Products and Royalties'). The development work

which resulted in the ongoing royalties has been considered against IAS 38 Intangible Assets, as adapted by HM Treasury's Financial Reporting Manual (FReM). The valuation of the asset is immaterial and as such UKHSA has taken the decision not to hold a corresponding intangible asset on its balance sheet in relation to this income.

UKHSA holds a large number of assets which have reached the end of their expected useful lives and therefore are fully depreciated. UKHSA is an organisation whose purpose is preparedness, and therefore it can often be appropriate to retain older assets as spares or similar. As a result, UKHSA holds a larger than expected base of assets which have nil net book value (cost less depreciation). A number of these assets transferred from organisations that preceded UKHSA having already been fully depreciated under a different accounting policy but the useful economic life of these assets are consistent with the expected use of the assets.

9 Leases

9.1 Right of Use assets

UKHSA holds leases for land and buildings which include office and laboratory space and are used to facilitate UKHSA's day to day activities.

	2024-25 Property and land £'000	2023-24 Property and land £'000
Cost		
As at 1 April 2024	50,212	34,927
Prior period corrections	(6,509)	-
Additions	1,763	18,000
Impairment	(50)	(114)
Dilapidations	1,575	-
Revaluation against liability	851	(2,324)
Revaluation of peppercorn leases	166	(277)
Disposals	-	-
As at 31 March 2025	**48,008**	**50,212**
Depreciation		
As at 1 April 2024	13,453	8,021
Prior period corrections	(5,622)	-
In year charge	5,412	5,941
Revaluation	-	(509)
Impairment	-	-
Disposals	-	-
As at 31 March 2025	**13,243**	**13,453**
Net Book Value at 31 March 2025	**34,765**	**36,759**

9.2 Lease liabilities

UKHSA is not exposed to significant additional cashflow liabilities outside those disclosed in the note. UKHSA has some leases for which there is an option to extend the lease; this has been included in liabilities where it is reasonably certain to be exercised.

Maturity Analysis – contractual undiscounted cashflows

	2024-25 £'000	2023-24 £'000
Less than one year	6,469	6,419
One to five years	17,191	16,398
More than five years	9,693	12,190
Total undiscounted cash liability as at 31 March 2025	**33,353**	**35,007**
Less interest element	(2,684)	(1,636)
Total liability as at 31 March 2025	**30,669**	**33,371**
Current Liability	5,784	5,686
Non-Current Liability	24,885	27,685
Total Liability as at 31 March 2025	**30,669**	**33,371**

9.3 Amounts recognised in SOCNE

Amounts Recognised in SOCNE	2024-25 £'000	2023-24 £'000
Lease liability interest	738	717
Depreciation ROU assets	5,377	5,941
ROU asset impairment	50	114
	6,165	**6,772**

9.4 Amounts recognised in SOCF

	2024-25	2023-24
Amounts Recognised in SOCF	**£'000**	**£'000**
IFRS 16 interest expense	732	717
Payments in respect of finance leases	5,576	11,620
Total Cash Outflow for Leases	**6,308**	**12,337**

10 Financial instruments

	31 March 2025 £'000	31 March 2024 £'000
Financial assets		
Measured at amortised cost	175,614	411,900
	175,614	**411,900**
Financial liabilities		
Measured at amortised cost	96,353	107,483
	96,353	**107,483**

Due to the largely non-trading nature of its activities, and the way in which it is financed, UKHSA is not exposed to the degree of financial risk faced by most other business entities. UKHSA has no authority to borrow or to invest without the prior approval of the Department of Health and Social Care and HM Treasury. Financial instruments held by UKHSA comprise mainly assets and liabilities generated by day- to-day operational activities and its investment in Porton Biopharma Ltd (see note 15) and are not held to change the risks facing UKHSA in undertaking its activities.

Credit risk

UKHSA holds significant values of trade and other receivables. The majority of these are intra-government receivables and therefore give rise to low exposure to credit risk. However, UKHSA

is exposed to material credit risk in relation to the managed quarantine service. This is discussed further in Note 14.

Liquidity risk

The organisation is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The organisation draws down cash to cover expenditure, as the need arise and is not, therefore, exposed to significant liquidity risks. This includes those liquidity risks relating to IFRS 16 as cash flow needs are managed within the business.

Market risk

UKHSA recognises its investment in Porton Biopharma Ltd as a financial asset held at fair value through other comprehensive income. As at 31 March 2025, the financial asset has been valued at nil. As UKHSA has made the irrevocable election to measure its investment at fair value through other comprehensive income, any changes would impact UKHSA's reserves only.

Foreign currency risk

UKHSA operates foreign currency bank accounts to handle transactions denominated in Euro (€)

and US Dollar ($). This helps to manage potential exposure to exchange rate fluctuations. The fair value of cash is the same as the book value as at the statement of financial position date.

Foreign currency income and bank balance were immaterial.

UKHSA is responsible for the procurement of COVID-19 vaccinations. As part of this requirement the agency deals with international suppliers of which there is potential exposure to foreign currency exchange risk. The foreign currency bank accounts that handle transactions in foreign currency help mitigate some of these financial translation risks.

11 Impairments

	Charged to statement of comprehensive net expenditure £'000	Charged to revaluation reserve £'000	2024-25 Total £'000
Property, plant and equipment	(3,491)	-	(3,491)
Test and Trace COVID-19 inventory	684	-	684
COVID-19 vaccine inventory	(55,469)	-	(55,469)
Inventory prepayments	24,480	-	24,480
Other inventory	43,965	-	43,965
Right of use assets	50	-	50
Total impairment / (reversal)	**10,219**	**-**	**10,219**

UKHSA has substantial impairment reversals in FY 24-25, particularly in relation to COVID-19 vaccine inventory. The majority of this is a result of an onerous contract provision (and corresponding prepayment impairment) being transacted in the year as a result of DHSC and JCVI advice. The stock was then received, and the provision and prepayment impairment were transferred to inventory so that the stock was impaired to nil value on arrival. After the stock arrived, a further policy decision was made that this inventory should in fact be used. As a result, the impairment was reversed – hence the large impairment reversal.

UKHSA also had some impairment reversals in relation to VOA revaluations – where assets had previously been impaired via downwards revaluation and have this year been revalued upwards.

	Charged to statement of comprehensive net expenditure £'000	Charged to revaluation reserve £'000	2023-24 Total £'000
Property, plant and equipment	297,372	(31,196)	266,176
Lateral flow tests	(4,590)	-	(4,590)
Other Test and Trace COVID-19 inventory	(625)	-	(625)
COVID-19 vaccine inventory	294,703	-	294,703
Inventory prepayments	(1,540)	-	(1,540)
Other inventory	32,903	-	32,903
Right of use assets	114	-	114
Intangible assets	763		763
Total impairment / (reversal)	**619,100**	**(31,196)**	**587,904**

UKHSA holds various inventories, held for a combination of preparedness for emergencies, supply of vaccines within our procurement remit and consumables held for use by UKHSA laboratories. For additional details on inventory please see Note 12.

UKHSA has, as at the year-end, considered the inventory it holds and whether there are any indications of impairment. Impairments are an estimated accounting adjustment that attempt to fairly represent the value of assets held at a point in time. Inventory is impaired where it is not expected to be used prior to expiry.

For the purpose of producing the accounts for this financial year, UKHSA has to make a point in time assessment of whether it considers that it is holding inventory in excess of that which is likely to be used. In such cases where this is judged to be the case, any excess inventory held is impaired to £nil.

A note dedicated to COVID-19 vaccines is supplied at Note 22 which details the logic that drives the current year impairments.

12 Inventories

	Other vaccines & medicines £'000	COVID-19 vaccines £'000	Test and trace consumables £'000	Other consumables £'000	2024-25 Total £'000
Balance at 1 April 2024	427,503	172,237	1,085	8,107	608,932
Additions	594,523	857,830	135	8,950	1,461,438
Transfers from provisions / prepayment impairments	-	(147,186)	-	-	(147,186)
Transferred (to) / from stockpiled goods	(6,631)	-	-	-	(6,631)
Consumed	(574,370)	(710,794)	(9)	(10,606)	(1,295,779)
(Written Down) / reversals	(43,995)	55,468	(684)	(142)	10,647
Revaluations	-	-	-	168	168
Reclassification	(4)	(3)	-	67	60
Balance at 31 March 2025	**397,026**	**227,552**	**527**	**6,544**	**631,649**

	Other vaccines £'000	COVID-19 vaccines £'000	Test and trace consumables £'000	Other consumables £'000	2023-24 Total £'000
Balance at 1 April 2023	424,396	460,014	24,420	8,211	917,041
Additions	592,686	904,731	4,386	12,144	1,513,947
Transfers from provisions / prepayment impairments	-	(301,974)	-	-	(301,974)
Transferred to / (from) stockpiled goods	4,344	-	-	-	4,344
Consumed	(561,064)	(595,831)	(32,936)	(12,382)	(1,202,213)
(Written Down) / reversals	(32,859)	(294,703)	5,215	(44)	(322,391)
Revaluations	-	-	-	178	178
Reclassification	-	-	-	-	-

	Other vaccines £'000	COVID-19 vaccines £'000	Test and trace consumables £'000	Other consumables £'000	2023-24 Total £'000
Balance at 31 March 2024	**427,503**	**172,237**	**1,085**	**8,107**	**608,932**

UKHSA holds various inventories, held for a combination of preparedness for emergencies, supply of vaccines within our procurement remit and consumables held for use by UKHSA laboratories.

Inventory is impaired where it is not expected to be used prior to expiry.

Write downs of other vaccines and medicines primarily relate to the impairment of paediatric influenza vaccines, which can only be used for a single flu season, where uptake was lower than planned.

Significant impairments exist for Covid vaccine inventory, please see the dedicated Covid vaccine Note 22 for details. In 2024-25, there was a partial reversal of impairments of Covid Vaccines. This is because prior to the receipt of the vaccines, a provision was made in 2024-25 against the prepayment for the vaccines as policy decisions meant they were not expected to be used. When the vaccines were transferred into inventory on delivery, they were already fully impaired at nil value.

After the stock arrived, a policy change meant that the vaccines would be used and the impairment was therefore reversed.

13 Biological assets

	2024-25 £'000	2023-24 £'000
Opening balance 1 April 2024	**15,334**	**15,334**
Reclassifications	-	-
Additions	3,159	-
Consumption	(2,777)	-
Revaluations	2,157	-
Disposal	-	-
As at 31 March 2025	**17,873**	**15,334**

UKHSA holds biological assets in the form of our cell culture collections. These are preserved, authenticated cell lines and microbial strains which are grown and sold to support scientific research. They remain alive (though are generally kept frozen) and are therefore classed as biological assets. They are held for the benefit of scientific knowledge as well as for sale.

These cell cultures can be classified into 2 types, of which one is valued here, and the second is disclosed below in narrative form. They were previously classified as inventory and were transferred to biological assets in 2022-23 as a restatement.

The first type is transactable cell cultures. These are available for sale. As per the requirements of IAS 41, these are at fair value. This has been determined by examining the average sales price in the last twelve months, or the list price less a bulk distributer discount. Cultures with fewer than one sale per year on average have been determined not to have a monetary value.

The second type is master cell cultures. Transactable cell cultures are grown from master cell cultures. These master cell cultures have divided fewer times and are closer to the original phenotype. These have not been valued here as it is not possible to reliably determine a valuation. The reason for this is that masters are not sold by UKHSA and UKHSA has a monopoly position in relation to cell cultures. The value of future cells produced from those masters also cannot be reliably determined as the volume of cells (and therefore potential future sales value) can vary significantly depending on the circumstances of growth. UKHSA cannot determine historic cost as these have been donated to UKHSA over the past 70+ years.

14 Trade receivables and other assets

	2024-25 £'000	2023-24[1] £'000
Amounts falling due within one year		
Trade receivables	61,181	59,199
Accrued income	25,853	29,909
Expected credit losses	(54,899)	(51,962)
Other receivables	89,825	158,543
Prepayments	10,134	12,034
CVU prepayments	-	163,648
Taxation	976	4,955
	133,070	**376,326**
Amounts falling due after more than one year		
Other debtors	48,802	-
Leasehold premium prepayment	18	18
	48,820	**18**

1 Calculation methodologies have been updated in the current year, and the prior period has been accordingly re-presented.

The significant majority of other receivables relate to Managed Quarantine Services. These services were not provided within UKHSA and were transferred to UKHSA when the performance obligations had already been met. The remaining receivables relate to a mixture of receivables due as part of Income for Goods and Services, and those relating to Other Operating Income. In relation to Income for Goods and Services, the majority of income is invoiced in arrears after performance obligations have been met. This means UKHSA's receivables are higher than their liabilities in relation

to income. The largest items of accrued income relate to services provided within the final quarter of 2024-25 which were not invoiced until after the year had finished and are therefore receivable at year end.

Prepayments shows the value of prepayments after the effect of the impairment of Covid vaccine prepayments.

	MQS £'000	Non-MQS £'000	2024-25 Total £'000	2023-24 Total £'000
Opening balance	50,691	1,271	51,962	52,667
Lifetime expected credit loss on credit impaired financial assets	-	-	**-**	**-**
Lifetime expected credit losses on trade and other receivables-Stage 2	-	768	**768**	**(487)**
Lifetime expected credit losses on trade and other receivables-Stage 3	18,675	142	**18,817**	**(288)**
Credit losses recognised on purchase originated credit impaired financial assets	-	-	**-**	**-**
Amounts written off	(16,738)	90	**(16,648)**	**70**
Financial assets that have been derecognised	-	-	**-**	**-**
Changes due to modifications that did not result in derecognition	-	-	**-**	**-**
Transfer by Absorption from other entity	-	-	**-**	**-**
Closing balance	**52,628**	**2,271**	**54,899**	**51,962**

Expected credit losses relate primarily to Managed Quarantine Services. In 2024-25, of the £54.9 million closing expected credit losses balance £ 52.6 million relates to debt associated with the

Managed Quarantine Service (MQS), a function that transferred from DHSC to UKHSA on 1 April 2022.

15 Investment in Porton Biopharma Ltd

UKHSA measures its equity investment in Porton Biopharma Limited at fair value. As a non-preferential shareholder UKHSA has assessed the fair value of its investment in Porton Biopharma Limited to be £nil at 31 March 2025, which remains in line with its assessment of value as at 31 March 2024.

16 Cash and cash equivalents

	2024-25 £'000	2023-24 £'000
Balance as at 1 April	47,608	155,624
Net change in cash and cash equivalents	5,070	(108,016)
Balance as at 31 March	**52,678**	**47,608**
The following balances at 31 March were held at:		
Government Banking Service	52,677	47,607
Cash in hand	1	1
Balance as at 31 March	**52,678**	**47,608**

17 Trade payables and other liabilities

	2024-25 £'000	2023-24 £'000
Current - Amounts falling due within one year		
Accruals	68,818	104,534
Deferred income	8,701	8,345
Other payables	1,540	973
Other taxation and social security	16,041	15,030
Trade payables	25,995	1,976
Total Current Liabilities	**121,095**	**130,858**
Non-Current - Amounts falling due after more than one year	**-**	**-**

18 Provisions and contingent liabilities

18.1 Provisions

	Other provisions £'000	CVU Onerous Contract Provisions £'000	2024-25 Total £'000
Balance as at 1 April 2024	**179,783**	**5,067**	**184,850**
Transferred to inventory	-	(118,382)	**(118,382)**
Transfer to accruals	(959)	-	**(959)**
Provided in the year	28,609	113,315	**141,924**
Provisions not required written back	(48,349)	-	**(48,349)**
Provisions utilised in the year	(6,791)	-	**(6,791)**
Balance as at 31 March 2025	**152,293**	**-**	**152,293**
Analysis of timing of discounted cashflows			
current			
Not later than one year	148,405	-	**148,405**
Total	**148,405**	**-**	**148,405**
Non-Current			
Later than one year and not later than five years	716	-	**716**
Later than five years	3,172	-	**3,172**
Total	**3,888**	**-**	**3,888**
Balance at 31 March 2025	**152,293**	**-**	**152,293**

	Other provisions £'000	CVU Onerous Contract Provisions £'000	2023-24 Total £'000
Balance as at 1 April 2023	134,875	370,675	**505,550**
Transferred to inventory	-	(224,228)	**(224,228)**
Transfer to accruals	-	-	**-**
Provided in the year	86,607	-	**86,607**
Provisions not required written back	(9,985)	(141,380)	**(151,365)**
Provisions utilised in the year	(31,714)	-	**(31,714)**
Borrowing costs (unwinding of discount)	-	-	**-**
Balance as at 31 March 2024	**179,783**	**5,067**	**184,850**
Analysis of timing of discounted cashflows			
Current			
Not later than one year	173,150	5,067	**178,217**
Total	**173,150**	**5,067**	**178,217**
Non-Current			
Later than one year and not later than five years	5,177	-	**5,177**
Later than five years	1,456	-	**1,456**
Total	**6,633**	**-**	**6,633**
Balance at 31 March 2024	**179,783**	**5,067**	**184,850**

Other Provisions relate primarily to legacy matters relating to Test and Trace, including legal cases, dilapidations, storage and disposal costs and early retirement. While there is some uncertainty over the timings of these outflows and whether or not they will occur, they are generally expected to occur within the next 12 months hence they are classed as current provisions.

There is significant uncertainty relating to the valuation of UKHSA's provisions. These have been

analysed carefully and contain UKHSA's best estimate of the value UKHSA would rationally pay to settle the obligation at the end of the reporting period. A proportion of the provisions relate to UKHSA's expected economic outflows in relation to ongoing legal disputes relating to Test and Trace which are currently in negotiations. There is inevitably substantial uncertainty in relation to the value of these, and this uncertainty is material. Further disclosure is not possible as this would have the potential to prejudice our negotiation position in these negotiations.

The CVU onerous contract provisions relate to non-cancellable contracts for inventory, not yet delivered but where the inventory is not expected to be used. The entirety of the remainder of these contracts were delivered during FY 2024-25 and therefore are a nil balance by year end.

A note dedicated to COVID-19 vaccines is supplied at Note 22.

18.2 Contingent liabilities

UKHSA holds a variety of contingent liabilities requiring disclosure under IAS 37. All are either unquantifiable to within a material range or the sums involved are highly commercially sensitive and disclosure would risk prejudicing ongoing

negotiations. Additional remote contingent liabilities are disclosed in the annual report, on page 298.

UKHSA holds unquantifiable contingent liabilities in relation to potential remedial works relating to radiological contamination at its radiological scientific sites at the end of their lifespans. This is unquantifiable because until the sites are vacated (which is not currently planned) the extent of any contamination cannot be determined and therefore no calculation of potential liabilities can be made. Every effort is made to ensure possible contamination is minimised.

UKHSA is involved in a variety of material contract disputes, 3 over £300,000 which UKHSA believe constitute contingent liabilities, primarily relating to contracts let in response to the COVID-19 pandemic. These have associated financial risks, which constitute a contingent liability for the organisation. No further disclosures are made to avoid prejudicing ongoing negotiations.

19 Financial and capital commitments

UKHSA has entered into a number of non-cancellable contracts (which are not leases or PFI contracts or otherwise disclosed in these financial

statements). The future payments to which UKHSA is committed under these contracts are as follows.

Financial commitments

	31 March 2025 £'000	31 March 2024 £'000
< 1 year	374,439	700,720
1 – 5 years	2,040,000	2,031,452
>5 years	1,388,877	1,898,877
	3,803,316	**4,631,049**

The majority of the disclosed commitments relate to anticipated spend under non-cancellable contracts that commit the agency to future expenditure in the procurement of vaccines as well as any milestone payments relating to the Moderna Strategic Partnership. These payments are likely to be material. Whilst these contracts are non-cancellable, in some instances the future expenditure is dependent on conditions being met and as such the commitment disclosed is the maximum future expenditure.

Capital commitments

	31 March 2025 £'000	31 March 2024 £'000
Contracted capital commitments at 31 March not otherwise included in these accounts		
Property, plant and equipment	54	644
	54	**644**

20 Investment property

	2024-25 £'000	2023-24 £'000
Buildings leased to Porton Biopharma Ltd		
Opening balance	14,452	15,236
Impairment	-	32
Revaluations	(204)	(816)
Closing balance	**14,248**	**14,452**

21 Related party transactions

UKHSA is an executive agency of the Department of Health and Social Care, which is regarded as a related party. During the year, UKHSA has had various material transactions with DHSC itself and with other entities for which DHSC is regarded as the parent entity. These include NHS bodies including NHS Resolution, the NHS Business Services Authority, NHS England, Integrated Care Boards, Commissioning Support Units, NHS Trusts and NHS Foundation Trusts.

In addition, UKHSA has had transactions with other government departments and central government bodies. These include the Home Office, the Ministry of Defence, Food Standards Agency, Department for Environment, Food and Rural Affairs and Medical Research Council.

During the year ended 31 March 2025, no Advisory Board member, member of senior management or other party related to them has undertaken any material transactions with UKHSA except for those shown in the table below.

Further information on compensation paid to management can be found in the Remuneration and Staff Report.

Transactions with other related parties are listed below. The amounts due are expected to be settled and the balances owed both to UKHSA and to Porton Biopharma Limited are not secured.

RELATED PARTY	1. Name of the UKHSA Board Member or senior manager 2. UKHSA Appointment 3. Related Party Appointment	2024-25 Value of goods and services provided to RELATED PARTY £,000	2024-25 Value of goods and services purchased from RELATED PARTY £,000	2024-25 Amounts owed to RELATED PARTY £,000	2024-25 Amounts due from RELATED PARTY £,000
Porton Biopharma Limited	Donald Shepherd Finance Director (from September 2019) Non-Executive Board Member (until February 2025)	4,313	36	5	258

RELATED PARTY	1. Name of the UKHSA Board Member or senior manager 2. UKHSA Appointment 3. Related Party Appointment	2024-25 Value of goods and services provided to RELATED PARTY £,000	2024-25 Value of goods and services purchased from RELATED PARTY £,000	2024-25 Amounts owed to RELATED PARTY £,000	2024-25 Amounts due from RELATED PARTY £,000
QinetiQ Plc	1.Gordon Messenger 2. Non-Executive Member of Advisory Board & Non-Executive Chair of People & Culture Committee 3. Board Director	-	71	-	-
St George's University of London	1.Jon Friedland 2. Non-Executive Member of Advisory Board & Non-Executive Chair of the Science & Research Committee, Non-Executive member of the Audit & Risk Committee 3. Deputy Vice-Chancellor (Research & Enterprise)	387	53	1	12

RELATED PARTY	1. Name of the UKHSA Board Member or senior manager 2. UKHSA Appointment 3. Related Party Appointment	2023-24 Value of goods and services provided to RELATED PARTY £,000	2023-24 Value of goods and services purchased from RELATED PARTY £,000	2023-24 Amounts owed to RELATED PARTY £,000	2023-24 Amounts due from RELATED PARTY £,000
Porton Biopharma Limited	1. Donald Shepherd 2. Finance and Commercial Director (from September 2019) 3. Non Executive Board Member (from November 2019)	6,961	17	3	1,354

22 COVID Vaccine Unit

Background

A significant part of UKHSA's expenditure and a significant proportion of the value of the organisation's assets and liabilities relate to a segment known as the "Covid Vaccine Unit" (CVU). This unit is responsible for the procurement and distribution of the UK's supply of COVID-19 vaccinations.

UKHSA holds stocks of vaccines (as disclosed in Note 12 – Inventory) and contracts for the future procurement of vaccines.

Previously, UKHSA had prepaid for a proportion of each dose for the currently contracted Covid vaccines, with the remainder due on delivery. Where it was not expected that these doses (either in stock or due to be delivered) will be used, it was necessary to impair the inventory/prepayment and recognise an onerous contract provision. The final supplies of vaccine under these contracts were received by December 2024, and will be used throughout 2025. As a result, as at 31 March 2025, UKHSA does not hold COVID-19 vaccine prepayments or provisions relating to the supply of COVID-19 vaccines.

The reason UKHSA holds inventory and contracts for vaccines that it does not expect to use is because the contracts were agreed when expected

requirements for Covid vaccinations were much higher, and these contracts are still playing out.

The current values of balances relating to CVU are as follows:

Note	Account Area	2024-25 Value	2023-24 Value
Note 12	COVID-19 Vaccine Inventory (net of impairments)	£227.6m	£172.2m
Note 14	COVID-19 Vaccine Prepayments (net of impairments)	Nil	£163.6m
Note 18	COVID-19 Onerous Contract Provisions	Nil	(£5.1m)

Sensitivity

In previous years, these valuations were subject to significant uncertainty, because they rely on forecasts of future vaccine use. A change in the number of vaccines leaving UKHSA warehouses of 1M doses could result in a material change in the valuation of these.

However, for 2024-25, minimum order commitments were agreed with UKHSA four vaccine customers (NHS England and the Devolved Governments), meaning that only the Spring Campaign was subject to material uncertainty at year end. These mean that for the Autumn 2025 Campaign, NHS England and the Devolved Governments have committed to minimum order volumes that are a proportion of their expected order volume. These commitments

are such that the maximum variability in the Autumn campaign is limited for UKHSA. The potential variance in orders is limited to a maximum of 600k doses, circa £16M and as such the level of uncertainty in UKHSA forecasts for the Autumn campaign is not material to the accounts.

Variations from post-year end vaccination volumes

The accounting standards require UKHSA to base its estimates on the best available information at the time of signing the accounts, where this gives information about the circumstances that existed at the balance sheet date.

UKHSA's accounts are signed a significant time after the balance sheet date. This means significant additional information is available, and it is necessary to determine whether this information gives additional evidence about the circumstances which existed at the balance sheet date. This note will analyse what indicates whether or not this is the case, explain how UKHSA has managed these additional data points, and examine the variation between the volumes of vaccines valued in the accounts and the volumes of vaccines actually used in the post year-end period.

The Spring Campaign 2025 did not have any events after the reporting period associated with it and has

now completed. The total vaccines forecast to be used after 31 March 2025 were 1.9M doses, whilst actual usage was circa 2.5M doses. This variance was significant in the context of UKHSA materiality and provided better information regarding the Spring 25 vaccine demand. This resulted in a £12.3M adjustment to the accounts and has been reflected in the values you have seen.

The Autumn Campaign 2025 remains ongoing. As disclosed above in the note, UKHSA has binding orders from the four nations associated with this campaign.

UKHSA is aware of issues with the booking system resulting in increased wastage but until the campaign is complete no assessment of the volume or value of this can be made. Furthermore, the issue with the booking system is an event after the reporting period and therefore would not be reflected in the values presented in this account.

23 Events after the reporting period

Contract Disputes

UKHSA continues to pursue a variety of material contract disputes, primarily relating to contracts let in response to the COVID-19 Pandemic. Where updated information has become available after the balance sheet date, giving evidence of conditions

present at the balance sheet date, accounting balances and disclosures have been accordingly updated.

Covid Vaccines

UKHSA holds stocks of vaccines for COVID-19, to be used in accordance with JCVI guidance. Some events after the reporting period are adjusting while others are non- adjusting. Where events are adjusting and the effect of the events can be determined, year-end balances are updated accordingly. For additional details, please see the dedicated Covid vaccine note, at Note 22.

Managed Quarantine Services

Following further review and collection activity after the reporting period, it has been established that £10.3m of debt arising from the provision of Managed Quarantine Services during the COVID-19 pandemic is uncollectable. This debt has therefore been written off, and this write off has been reflected in these accounts.

Harlow Health Security Campus

Harlow Health Security Campus has previously been subject to PAC correspondence. Following the spending review period (after 31 March 2025),

ministers determined that UKHSA's project to build a new health security campus should receive funding over the coming decades. This is a non-adjusting post-balance sheet event. UKHSA is therefore completing further design works to ensure that the plans meet the Agency's and the country's health protection needs. In 2023-24, UKHSA impaired the works relating to the new health security campus, at a total impairment value of £296.7m, due to the lack of fully funded delivery plan. Once the new design works are completed, UKHSA will be able to determine the value of the previously completed works, in relation to the new design. At this point, it will be determined if an impairment reversal is required.

New Chief Executive Appointed

The government announced the appointment of Professor Susan Hopkins as the new Chief Executive Officer (CEO) of the UK Health Security Agency (UKHSA) on 7 August 2025.

No other material post balance sheet events have occurred.

The accounts were authorised for issue by the Accounting Officer on the date of the Audit Certificate of the Comptroller and Auditor General.

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