

# Minutes of Authority meeting

## 8 May 2019

**Strategic delivery:**  Safe, ethical, effective treatment  Consistent outcomes and support  Improving standards through intelligence

### Details:

Meeting Authority

Agenda item 2

Paper number HFEA (03/07/19) 917

Meeting date 03 July 2019

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### Output:

For information or decision? For decision

Recommendation Members are asked to confirm the minutes as a true record of the meeting

Resource implications

Implementation date

Communication(s)

Organisational risk  Low  Medium  High

Annexes

## Minutes of the Authority meeting on 08 May 2019 held at Church House, Deans Yard, Westminster, London SW1P 3NZ

Members present	Sally Cheshire Margaret Gilmore Anita Bharucha Anthony Rutherford Kate Brian Emma Cave Rachel Cutting	Bobbie Farsides Jonathan Herring Anne Lampe Gudrun Moore Ruth Wilde Yacoub Khalaf Ermal Kirby
Apologies	There were no apologies for absence	
Observers	Jeremy Mean (Department of Health and Social Care)	
Staff in attendance	Peter Thompson Clare Ettinghausen Richard Sydee Catherine Drennan	Helen Crutcher Nora Cooke-O'Dowd Paula Robinson Debbie Okutubo

### Members

There were 14 members at the meeting - nine lay members and five professional members.

## 1. Welcome, apologies and declarations of interest

- 1.1.** The Chair opened the meeting by welcoming Authority members, the public and staff present. She stated that the meeting was audio recorded in-line with previous meetings and the recording would be made available on our website to allow members of the public who were not at the meeting to listen to deliberations.
- 1.2.** There were no apologies for absence.
- 1.3.** Declarations of interest were made by;
- Rachel Cutting (PR at a licensed clinic)
  - Yacoub Khalaf (PR at a licensed clinic)
  - Anthony Rutherford (Clinician at a licensed clinic)

## 2. Minutes of Authority meeting held on 13 March 2019

- 2.1.** Members agreed the minutes of the meeting held on 13 March 2019 for signature by the Chair of the meeting.

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### 3. Chair's report

- 3.1. The Chair welcomed Rev Ermal Kirby, a new member joining the Authority for his first meeting. Ermal Kirby is a senior figure in the Methodist Church, and his appointment takes the Authority to 14 members, the largest it has been for some years.
- 3.2. On 19 March, the Chair conducted an interview with Laura Donnelly from the Telegraph on treatment add-ons.
- 3.3. On 23 March, the Chair attended the Fertility Show in Manchester.
- 3.4. On 27 March, the Chair did an interview with BBC Radio 4 on the legacy of Mary Warnock (The Last Word)
- 3.5. On 30 March, the Chair attended the Fertility Forum at the Royal College of Obstetricians and Gynaecologists (RCOG). Kate Brian thanked the Chair and all others who contributed towards the success of the forum.
- 3.6. The Chair brought it to the attention of Authority members that over the Easter bank holiday weekend, she had carried out a number of media interviews including with Sky News, ITV News, Travel, Radio 4 You & Yours, BBC News Channel, BBC World News on treatment add-ons and the concerns about information being given to older women.
- 3.7. The Chair had also spoken at Fertility Fest in London.
- 3.8. The Chair stated that she had started appraisal meetings with some of the Authority members and would continue to have the rest of these conversations in the coming weeks. The Chair thanked Authority members for taking the time to complete the appraisal paperwork, in preparation for submission to the Department of Health and Social Care (DHSC) by the end of May 2019.

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### 4. Chief Executive's report

- 4.1. On 21 March, the Chief Executive attended Thomas Telford School, to discuss mitochondrial donation. This was part of a programme organised by Speakers for Schools, a charity which aims to provide students at state schools with the opportunity to hear from senior people from both the public and private sectors.
- 4.2. On 23 March, the Chief Executive attended the Royal College of Nursing fertility conference to give a talk on treatment add-ons
- 4.3. On 29 March, the Senior Management Team (SMT) met with our sponsor team at the DHSC for our quarterly accountability meeting. It was noted that the HFEA's annual accountability meeting will take place in May 2019.

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### 5. Committee Chairs' reports

#### Licence Committee

- 5.1. The Chair reported that the committee had met on 2 May 2019 and considered seven items: one initial research licence; one renewal research licence; three renewal treatment and storage licences and two executive updates.

- 5.2.** The Chair advised that the minutes were still in draft.

### Statutory Approvals Committee

- 5.3.** The Chair of the Statutory Approvals Committee (SAC) reported that the committee met on 28 March and 25 April.
- 5.4.** On 28 March, the committee considered six pre-implantation genetic diagnosis (PGD) items. All the items were approved.
- 5.5.** On 25 April the committee considered four PGD applications and one special direction application.
- 5.6.** The Chair advised that the minutes were still in draft.

### Executive Licensing Panel

- 5.7.** The Chair of the Executive Licensing Panel (ELP) advised members that the panel had met four times since the last Authority meeting, on 18 March, 26 March, 9 April and 23 April.
- 5.8.** The panel considered eleven items in total: six licence renewal applications; three interim inspection reports; one licence variation application; and one application for Special Directions.
- 5.9.** The Chair of ELP also reported that 15 Licensing Officer considerations had been completed. 13 were for EU certificates; one for a non-renewal of license and one for a change of Licence Holder.

### Audit and Governance committee (AGC)

- 5.10.** The AGC chair reported that a special meeting had been held that morning to discuss the PRISM programme and specifically the migration of the data held in our Register and the associated risks with delivery.
- 5.11.** The AGC Chair noted that it was important to get data migration right and this was the reason it was taking longer than planned. As a committee, they were being robust in their challenge to ensure the HFEA got it right for patients.
- 5.12.** A specialist third party would be used to assist in the migration exercise and to ensure that the transfer of knowledge was taking place. Although the programme was affordable within HFEA resources this additional work would place financial constraints on the organisation this year.
- 5.13.** In response to a question, the Chief Executive noted that the budget had been set conservatively this year for the work to be accommodated.

### Decision

- 5.14.** Members noted the updates.

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## 6. Performance report

- 6.1. A report summarising performance data up to the end of March 2019 was presented to the Authority.
- 6.2. It was noted that there was a lot of ongoing work on leadership support for clinics such as the joint training event with the BFS in June, revisions to the PREP test and revising the job description for Persons Responsible (PRs). Planning for the PR leadership event to be held on 2 October 2019 had also begun.
- 6.3. The HFEA conference would take place in June 2019 and we had a good range of workshops planned for attendees.
- 6.4. Clare Ettinghausen and Kate Brian had attended the recent meeting of the Women's Health Taskforce and continued to make links between the focus of the Taskforce and the HFEA.
- 6.5. At the end of the financial year there was a 2% surplus, which was planned in response to the DHSC request for all ALBs to limit expenditure over the last quarter of the financial year where possible. Members were advised that we had not needed to use our legal contingency funds, and this was the primary reason for the surplus. It was noted that no substantial audit adjustments were expected.
- 6.6. Members enquired if the surplus was by design and if it would be kept. The Director of Finance confirmed that the DHSC would be consulted with regards how the Authority might access the reserve funds in future.
- 6.7. The office move to Stratford, East London has been signed off by the DHSC and they would be managing and funding the move, scheduled to take place by November 2020. The Authority had not yet made a formal agreement to the move but would expect to do so over the summer. This issue would be brought back to the July Authority meeting for a more in-depth discussion.
- 6.8. The Chief Executive (CE) reported that the new Director of Compliance and Information should be starting in June 2019 at the HFEA and thanked staff, especially the senior inspectors when the Chief Inspector had been unwell, for holding the fort in the intervening period.
- 6.9. The Chair also thanked staff and the SMT for their hard work covering vacancies and stated that she was looking forward to the extra capacity the new director would bring.

## Decision

- 6.10. Members noted the latest performance report.

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## 7. EU exit update

- 7.1. The CE gave an update on the HFEA's assessment for its readiness for EU exit.
- 7.2. The DHSC observer, Jeremy Mean thanked the HFEA and stated that the department was continuing to plan and would be in touch with further guidance but in the interim agreed arrangements remained in place.
- 7.3. The CE suggested that should there be a change, a communique would be put out to members and the sector.

## Decision

**7.4.** Members noted the update on EU exit

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## 8. Fertility trends

- 8.1.** The Head of Research and Intelligence gave a presentation explaining some of the key changes in fertility treatments since the establishment of the HFEA register in 1991.
- 8.2.** Firstly, it was noted that through concerted action with clinics the multiple birth rate fell from 24% in 2008 to reach the 10% target in 2017. Members agreed this was a significant achievement. During discussion, members also commented that any further reduction in multiple birth rates needed to be looked at in the context of individual clinics, how many were already at 10% or lower and how many were still over the 10% target. Many patients returned to clinics for frozen single embryo fertility treatment – therefore a multiple birth rate reduction to 5% was potentially achievable.
- 8.3.** Secondly, the IVF birth rate has continued to increase year on year to 22% in 2017. In response, members stated that adjustments needed to be made to the statistics with regard to using fresh and frozen eggs and that the age at which the eggs were harvested before they were frozen also needed to be taken into consideration. In general there was an improvement in freezing as a strategy.
- 8.4.** Thirdly, the numbers of frozen cycles has increased markedly. In response, members enquired whether there needed to be a message to younger women about freezing their eggs.
- 8.5.** Fourthly, it was clear that age was still the key factor when it came to the likely success of assisted fertility treatments. In discussion, members suggested that the statistics needed to be explained further to patients, in particular older women.
- 8.6.** Fifthly, in recent years there has been a shift in the family formations enabled by ART. In response, members asked whether people were offered the most appropriate treatment type where fertility issues were not the main reason for seeking treatment.
- 8.7.** Sixthly, it was noted that the availability of funding for NHS cycles varied widely across the UK. With the current NHS funding in England in particular, there was a concern that access to treatment was increasingly related to the ability to pay.
- 8.8.** In discussion, the following points were also made. Members noted that male fertility needed to feature more prominently in public discussion.
- 8.9.** Best practice among clinics needed to be encouraged. The concern was that in a predominantly commercial sector there would be barriers to competitor clinics sharing best practice which could lead to an overall higher success rate across the sector. It was also noted that the emergence of large clinic groups may offer greater opportunities for such sharing.
- 8.10.** It was agreed that this conversation should be taken forward at the leadership events with PRs, to encourage them to be more open to sharing the data they hold.

## Decision

- 8.11.** The executive agreed to scope work looking at the potential to reduce further the multiple birth rate, in the context of maintaining success rates across clinics.

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## 9. Strategy update and consultation

- 9.1.** Following an earlier Authority workshop, and further discussion at the March Authority meeting, an outline strategy had been created as part of the consultation process.

- 9.2.** The Head of Planning and Governance and the Risk and Business Planning Manager presented the draft strategic aims and objectives:

9.2.1 The best care

**Aim** - That patients, partners and donors receive the highest quality care, informed by evidence

**Objectives**

- Treatment that is ethically and scientifically robust
- Improved recognition of partners' importance in the care process.

9.2.2 The right information

**Aim** - To ensure that people can access the right information at the right time

**Objectives**

- Improved access to information at the earliest stage of the treatment journey
- Patients have the right information to support them in making choices before, during and after treatment.

9.2.3 Being future-ready

**Aim** - To ensure the HFEA is ready to respond to changes in law and society

**Objectives**

- Preparedness for future legislative and workload changes
- Responsiveness to scientific and social changes, particularly in the fields of genetics and artificial intelligence (AI).

- 9.3.** A key strand of the consultation would be a short on-line survey which will be open to all stakeholders to get feedback on the areas of focus.

- 9.4.** There would be some tailoring possible enabling us to ask slightly different questions to:

- Patients and their partners
- Donors, donor conceived people and the families of donor conceived people
- Professionals, including researchers, and those working in UK clinics and
- Other respondents.

- 9.5.** Members commented that it was a good start and made a few suggested changes to the wording of the objectives and suggested that the third strategic area should instead be called shaping the future.
- 9.6.** They further noted that we could focus on our broader aspirations rather than HFEA operations and that we should be proactive, rather than reactive.

### Decision

- 9.7.** Subject to the few updates proposed, the Authority approved the draft outline of the strategy, and the plans for consultation.

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## 10. Strategic risk register

- 10.1.** The strategic risk register was presented to the Authority. The risk register sets out the key strategic risks that the organisation currently faced and the mitigating actions that were required to ensure that the risks remain at or below tolerance level.
- 10.2.** The risk register was discussed at AGC at their 5 March 2019 meeting. No changes were made to the risk scores at that time.
- 10.3.** Members noted that due to the previously discussed financial constraints, there was little room for manoeuvre and requested that the Executive reviews the financial viability risk in the light of AGC discussions about the data migration work that morning.
- 10.4.** Looking ahead, the Authority would wish to revisit the strategic risk register in the light of its new three-year strategy for 2020-2023, once the strategy was signed off.

### Decision

- 10.5.** Members noted the strategic risk register.

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## 11. Any other business

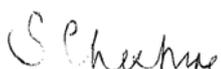
- 11.1.** None.

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## 12. Chair's signature

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

Signature



Chair: Sally Cheshire

Date: 3 July 2019

