

Minutes of Authority meeting held 2 July 2020

Details:

Area(s) of strategy this paper relates to:	Safe, ethical effective treatment/Consistent outcomes and support/Improving standards through intelligence
Agenda item	2
Meeting date	17 August 2020
Author	Debbie Okutubo, Governance Manager

Output:

For information or decision?	For decision
Recommendation	Members are asked to confirm the minutes of the Authority meeting held on 2 July 2020 as a true record of the meeting
Resource implications	
Implementation date	
Communication(s)	
Organisational risk	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Annexes	

Minutes of the Authority meeting on 2 July 2020 held via teleconference

Members present	Sally Cheshire Margaret Gilmore Anita Bharucha Anthony Rutherford Emma Cave Anne Lampe	Gudrun Moore Ruth Wilde Yacoub Khalaf Ermal Kirby Kate Brian
Apologies	Jonathan Herring	
Observers	Steve Pugh (Department of Health and Social Care - DHSC)	
Staff in attendance	Peter Thompson Clare Ettinghausen Richard Sydee Rachel Cutting	Nora Cooke-O'Dowd Helen Crutcher Paula Robinson Debbie Okutubo

Members

There were 11 members at the meeting – seven lay members and four 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 online. 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 able to listen in during deliberations to hear it afterwards.
- 1.2. Jonathan Herring gave his apologies.
- 1.3. Declarations of interest were made by:
 - Yacoub Khalaf (PR at a licensed clinic)
 - Anthony Rutherford (clinician at a licensed clinic)
 - Ruth Wilde (counsellor at licensed clinics).

2. Minutes of the Authority meeting held on 1 June 2020

- 2.1. Members agreed that the minutes of the meeting held on 1 June 2020 were a true record and be signed by the Chair.

3. General updates

- 3.1. The Chair invited the Chief Executive (CE) to present this item.
- 3.2. The CE updated members on four areas: equality and diversity, human resources issues, PRISM and new Authority member appointments.

Equality and diversity

- 3.3.** The HFEA has long had a range of policies on equality and diversity but it was vital that the organisation reflected on this issue in light of the recent Black Lives Matter (BLM) campaign. As a consequence, the organisation has begun a process to look at ourselves and what is important. We spoke to staff in early June and put a statement on our intranet but we recognise that we need to do more. We will need to be asking questions about whether we are a fair employer and how we can be better colleagues. The HFEA has a predominantly female staff (80%), and about a quarter of staff are from a black and minority ethnic (BAME) background and 7% report a disability. The HFEA Board replicates that pattern with about two-thirds female and a quarter from a BAME background.
- 3.4.** The Head of HR has been talking to BAME staff and we will look again at the policies we have and whether they are adequate and meet our current expectations. The Chair has also had conversations with Board members about embedding equality and diversity with champions from Board. A working group is being set up to see what can be taken forward.
- 3.5.** The HFEA considers this to be an important moment and we are determined to move beyond making statements to looking at ourselves and see how we measure up. We will report back to the Board about how we are doing on this on a regular basis.
- 3.6.** Members asked how BAME colleagues were feeling during this pandemic time in particular as everyone was working from home and in light of the concerns raised by BLM.
- 3.7.** The CE responded that there was a support group for staff, established as a response to recent events.
- 3.8.** It was noted that even though the new premises would be available from mid-October, staff had been advised that we would only return to the office when it was safe to do so. Also, that safety arrangements were being put in place for when colleagues go out on inspections, and this included BAME colleagues.

Human resource (HR) issues

- 3.9.** The CE commented that due to the current situation where all staff continued to work from home, we were putting in place informal support arrangements for all colleagues online. These included daily or weekly team catch-ups, support from staff mental health first aiders and other activities such as 'lunch and learns' and weekly quizzes.
- 3.10.** Members were advised that we recently had a full staff survey and the headline results were positive. Once the results had been analysed, the CE would share any key findings.
- 3.11.** The CE commented that the recent report on HR matters that went to the Audit and Governance Committee (AGC) would also be sent to Authority members for information.

PRISM

- 3.12.** The CE provided a brief overview of PRISM. Continuing, he reminded members that all licensed clinics had a statutory duty to provide us with data and that we were building a new mechanism to store this data. It was noted that AGC provided oversight of the PRISM work.

- 3.13.** We were now at the testing stage and the CE had recently written to advise licensed clinics that we were tentatively looking at a launch window of between September and October. Due to practical considerations relating to the pandemic, this would be a staggered launch.
- 3.14.** It was noted that the feedback from clinics that had responded to date indicated that they could adopt the new system during the timescale specified. Training materials was also being developed and would be available when we launched PRISM.
- 3.15.** Since we would be moving offices in the Autumn, the PRISM launch would have to be coordinated with the move.

New appointments

- 3.16.** Four Authority member places had now been advertised and the recruitment campaign was being run by the Department of Health and Social Care (DHSC). The campaign was for two professional and two lay members.

Director updates

- 3.17.** The Director of Strategy and Corporate Affairs commented that her teams were working very hard especially during these difficult times and had not only carried on with their activities but made significant improvements to our work. An example of this was the new style Fertility Trends report that had been published on 30 June.
- 3.18.** The planned stakeholder group meetings had been cancelled earlier in the year at the start of lockdown and would now be taking place remotely. The patient facing group (AFPO) meeting had taken place in June which was helpful and the professional group (PSG) would be meeting later in July.
- 3.19.** The work with the Competitions and Market Authority (CMA) was ongoing and they are looking to engage staff in clinics later in the year, which was postponed from April due to Covid-19.
- 3.20.** We had also been speaking to other regulators to gauge how their work has changed as a result of the pandemic, any shared lessons on the way we regulate and also on the home working of staff.
- 3.21.** A member commented that the increase in the number of people visiting our website during the pandemic was positive and it should be used to build further engagement with patients.
- 3.22.** The Director of Compliance and Information presented to members and commented that her team were working hard on individual projects that they would normally not have the time to do, as there were currently no physical inspections.
- 3.23.** Although, we have a statutory duty to inspect licenced premises she reminded members that in March the inspection of clinics stopped due to the Covid-19 public health emergency. A risk-based approach was used to identify those centres (who were due a renewal inspection) where it was deemed appropriate to extend the licence to 5 years. A decision was made not to conduct interim inspections for centres where there were no concerns. A desk-based analysis was conducted for any centre where concerns were raised and highlighted for a targeted inspection once restrictions are eased and inspections recommence.
- 3.24.** She commented that we were now at a point where we needed a strategy for resuming physical inspections at licensed clinics.

- 3.25.** Members were reminded that although the opening the register (OTR) service was suspended it was being considered how and when it would be practical to re-open the service.
- 3.26.** Members were advised that we had recruited to the Donor Information Manager post. This was an internal promotion and we had now also successfully recruited to the vacated Donor Information Officer position. Training was given to all new staff.
- 3.27.** Members asked about the clinics where there were previous concerns that they were overcharging for personal protective equipment (PPE). Members heard that the CE had sent a letter to licensed clinics about this. Since the letter went out no further complaints had been received.
- 3.28.** Members asked about the position of the HFEA in relation to patients who were initially told to shield and if clinics were now in a position to make clinical decisions to treat them. Staff responded that it was up to clinics to take a responsible and informed position on this as long as it was in line with the government's guidance.
- 3.29.** The Director of Finance and Resources presented to the Authority.
- 3.30.** It was noted that the office move was on track and there were indications that it could now happen in October which was sooner than we expected. He further commented that staff had been advised that we would not be moving back to Spring Gardens and this was welcomed by the majority of staff.
- 3.31.** Regarding our finances, it was noted that we had received informal assurance from the DHSC that we would be funded this year. Members were reminded that 80% of our income came from regulatory charges for licensed activity but as the majority of clinics had to cease operations for a period, the funding for this year would be significantly reduced.
- 3.32.** Lastly, the fee project was in progress, even though commencing this work had been complicated by Covid-19.

Decision

- 3.33.** Members noted the general updates.

4. Covid-19 updates

- 4.1.** The Director of Compliance and Information gave an update. It was noted that weekly sector updates are sent to Authority members.
- 4.2.** Members were advised that eight licensed centres were yet to reopen. Of these, two centres decided to revoke their licence (but not due to the Covid-19 situation). Some centres had been given permission to reopen but had not yet started actual treatments.
- 4.3.** The Director of Compliance and Information stated that many centres had started with frozen embryo cycles. Such treatments required fewer monitoring visits, less theatre time and no anaesthetist. However, treatment activity in the NHS units remained low compared to the private sector.
- 4.4.** The feedback on the new ways of working was that every aspect of services in units had been risk assessed to ensure that the spread of Covid-19 was minimised.

- 4.5.** The results of the British Infertility Counselling Association (BICA) survey was shared with members. 89% of respondents had remarked that they had undertaken counselling even though counselling services have had to adapt to new ways of working.
- 4.6.** Regarding immunosuppressants, it was noted that some centres continued to use reproductive immunotherapies such intralipid therapy and further advice was being sought as the current professional advice was that these therapies may lead to patients having an increased risk from Covid-19.
- 4.7.** Members commented that the professional guidance was that immunosuppressants should be avoided at this time. Some members felt that patients should be made aware of all potential risks so that they could make an informed choice.
- 4.8.** There was a further suggestion, that if this issue was on-going, it could be discussed with the General Medical Council (GMC) and that we should ask why professionals were not following the BFS/ARCS guideline which states that empirical immunosuppressive treatments should be avoided.
- 4.9.** Regarding telling patients to self-isolate for so long before commencing treatment, some members felt that this could be difficult as not all patients disclosed to their employers that they were receiving fertility treatment.
- 4.10.** In terms of regional lockdowns, it was noted that the city of Leicester had been put on a further localised lockdown, and therefore frequently asked questions (FAQs) had been updated to reflect potential local changes in circumstances of clinics.
- 4.11.** Members asked if partners could link up via video platforms as partners were not able to attend clinic appointments with patients. It is understood that some clinics are offering this.
- 4.12.** Members commented that the NHS backlog could have a negative impact on women reaching their cut-off ages.
- 4.13.** The Director of Strategy and Corporate Affairs gave an update on public enquiries.
- 4.14.** It was noted that Covid-19 related questions and media enquiries had reduced, and we were now returning to more standard enquiries. The questions that came in relating to Covid-19 included immunosuppressive treatment and treating patients with comorbidities, among other areas.
- 4.15.** The Chair thanked all staff including the Senior Management Team (SMT) and all those working in the sector that enabled most clinics to reopen so promptly.

Decision

- 4.16.** Members noted the Covid-19 updates.

5. Performance report

- 5.1.** The CE introduced the report. It was noted that in May performance was generally good.
- 5.2.** Regarding debtor days, which was the average days debts remained outstanding, it was noted that the target was 30 working days or less. In May, performance was listed as 437 days and the Chair requested that this be verified. The Director of Finance and Resources responded that debtor days was the debt owed to us but he would check the data and if necessary correct the figure.

- 5.3.** In relation to the efficiency of end-to-end licensing processes, the Chair of the Statutory Approvals Committee (SAC) asked why this was in red as the team supporting the process worked closely with her and targets were met. The CE explained that other factors during the preparation of reports for committee also affect this performance indicator.
- 5.4.** Members noted the performance to May 2020.

6. Fertility trends

- 6.1.** The Head of Research and Intelligence outlined the Fertility Trends 2018 that was launched on 30 June 2020.
- 6.2.** It was noted that there were some new features this year including HTML presentation and larger underlying data tables.
- 6.3.** The team had spent some time considering expanding the information we published to cover enquiries received and what patients and the sector had said that they wanted to see.
- 6.4.** In terms of key findings, it was noted that:
- Birth rates increased for patients under 43 but remained above 25% for all ages where donor eggs were used (donor eggs were mostly used by patients over the age of 44).
 - Multiple birth rate decreased further to 8% across all age groups
 - Regarding sector activity, storage and frozen embryo cycles increased and were the fastest growing activities. Embryo storage increased by 700% and egg storage by 240%.
 - It was also noted that NHS funding of IVF cycles in some English regions had reduced significantly.
- 6.5.** In response to a question on why we were using the 2018 figures and not more recent ones. Staff responded that outcomes for treatment received in 2018 manifested in 2019, owing to the duration of pregnancy. Hence, there would always be a lag in the data reported.

Decision

- 6.6.** Members noted the Fertility trends report.

7. New strategy revisited

- 7.1.** The Head of Planning and Governance presented this item. Members were reminded that at a previous meeting they had agreed to postpone the publication of our strategy and business plan owing to the Covid-19 pandemic until October this year. Also, it was agreed to extend the strategy by one year, to 2024.
- 7.2.** Members were asked some key questions:
- Had Covid-19, and our response to it, altered our relationship with patients, the public, and the sector?
 - If so, how this affected our approach to delivering our strategy, particularly in relation to collaborative working, or the timing of some of the objectives between later this year and March 2024?
 - Were our strategic goals still the right ones?

- Should the 'shaping the future' area of the strategy now come into focus sooner, rather than later?
- 7.3.** The Head of Planning and Governance commented that there was a corporate management group (CMG) business planning meeting in August and a steer from the Authority would help to identify the right priorities for each year of strategic delivery.
- 7.4.** Members commented that the strategic goals remained the right ones and approved the strategy for later publication.
- 7.5.** This strategy would bring a continuation of our emphasis on best patient care, as we mark the 30th anniversary of the Act (2020) and the HFEA (2021). Although it was unlikely that the Act would be re-opened in the near future, members commented that in thinking about future challenges it would be important to give early consideration to what needed to change or be updated.
- 7.6.** Members commented that accurate and useful information provided at the right time remained important and could be achieved in part via education of both GPs and patients.
- 7.7.** Other key priorities identified by members included consent, add-ons and the current ongoing work with the CMA, clinic leadership, equality of access and funding, the emotional care of patients, and research.
- 7.8.** To summarise, the Chair commented that we would prioritise information provision, and that shaping the future had become more important than ever and should be brought forward. It was agreed that the delivery plan for the strategy would be brought back to the September Authority meeting.
- 7.9.** The CE thanked Authority members and noted that the strategy was in the right place and that staff would continue to endeavour to match the collective ambition of Authority members. The CMG would consider scheduling and resourcing in August.

Decision

- 7.10.** That the delivery plan for the strategy be brought back to the September meeting.

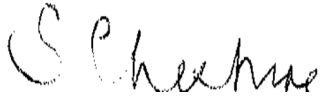
8. Any other business

- 8.1.** The Chair reminded Authority members that they would be contacted about the date of the next meeting in August.
- 8.2.** The DHSC representative thanked the CE and his colleagues for their support in particular during this period.
- 8.3.** The Chair thanked the DHSC representative and his colleagues in the department.
- 8.4.** The Chair extended her appreciation to staff and commented that HFEA received due credit from the Secretary of State for Health for re-opening the sector.
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Chair's signature

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

Signature

A handwritten signature in black ink, appearing to read 'S Cheshire', written in a cursive style.

Chair: Sally Cheshire

Date: 17 August 2020