

Minutes of the Extraordinary Authority meeting by teleconference on 21 April 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	30 April 2020
Author	Debbie Okutubo, Governance Manager

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	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

Annexes

Minutes of the Extraordinary Authority meeting by teleconference on 21 April 2020

Members present	Sally Cheshire Margaret Gilmore Anita Bharucha Anthony Rutherford Emma Cave Kate Brian	Jonathan Herring Gudrun Moore Ruth Wilde Yacoub Khalaf Ermal Kirby Anne Lampe
Apologies	Richard Sydee	
Staff in attendance	Peter Thompson Clare Ettinghausen Rachel Cutting Catherine Drennan	Dan Howard Paula Robinson Debbie Okutubo Jo Triggs

Members

There were 12 members at the meeting – eight lay members and four professional members.

1. Welcome and apologies

- 1.1. The Chair welcomed everyone present to the second extraordinary Board meeting since the Government introduced its restrictions to reduce the spread of Covid-19.
- 1.2. The Chair commented that even though the focus of the meeting was to impart information, it was important to hear the views of members on the criteria to be used in deciding when to vary or lift General Direction 0014 (GD0014).
- 1.3. Authority members wanted to put on record their thanks to staff, clinics, patients, and stakeholders for the work and patience that was being shown at this difficult time.
- 1.4. To ensure that we continue to be a transparent public body, a short minute would be issued in draft shortly after each meeting.

2. Minutes of 18 March 2020 Authority meeting

- 2.1. Members agreed that the minutes of the meeting held on 18 March 2020 be signed by the Chair subject to minor typos to be corrected and a clarification relating to terms of office.

3. Update on impact of Covid-19

- 3.1. The Chief Executive introduced this item and gave an overview of the areas to be discussed.

Fertility sector

- 3.2.** The Director of Compliance and Information gave an update on the impact of Covid-19 on the fertility sector. Members were advised that all licensed centres had confirmed that they had ceased treatments on or by 15 April 2020.
- 3.3.** Centres due to be inspected by 31 August 2020 would have a deskbased analysis (DBA). With some exceptions, centres with a four- year licence with no concerns would have their licence extended by one year with no DBA required. No interim inspections would be conducted, and those that require a targeted/focussed inspection would be scheduled as soon as we are able to travel to inspections again. The remainder would have a DBA.
- 3.4.** Authority members were asked for their comments. Members agreed that the approach was appropriate and shared their experience and knowledge of clinics running with patient interaction via telephone or video conference.
- 3.5.** Members asked if clinics were aware that they would be having a DBA. The Director of Compliance and Information responded that the inspectors assigned to the clinic would have advised the relevant clinics of this.
- 3.6.** Members asked if any form of fertility treatment was still ongoing, and it was confirmed that the only service still being offered was fertility preservation for oncology patients.
- 3.7.** It was noted that patients had a wide range of concerns about the current situation, including those related to NHS funding, which the HFEA were pursuing to try and get some clarity for patients.

Patients and policy development

- 3.8.** The Director of Strategy and Corporate Affairs gave an update. It was noted that there had been a considerable number of enquiries from patients. There had also been a number of media enquiries.
- 3.9.** Members were also informed that there were ongoing discussions with the Department of Health and Social Care (DHSC) in relation to storage expiring while GD0014 was in place, and how this would be handled.
- 3.10.** Members noted the importance of keeping our communication with patients relevant and up to date.

The HFEA

- 3.11.** The Chief Executive gave an update on staff issues. It was noted that we have now been working remotely for the last five weeks and that staff sickness in the last five weeks had been relatively low.
- 3.12.** Regarding Covid-19 a small number had exhibited symptoms and a small number have needed to self-isolate or care for family. Staff members have been relatively well.
- 3.13.** We also have weekly all staff meetings and teams were meeting virtually with regular one to ones.
- 3.14.** A few members of staff had gone on secondments including working on the frontline.
- 3.15.** Regarding our finances, we have written to DHSC to highlight the impact that suspending treatment could have on HFEA income.
- 3.16.** It was noted that cash reserves will be sufficient to meet liabilities in the short term.

The office move

- 3.17.** Members were reminded that the office move was scheduled for later on this year, but it was now evident that there was a degree of slippage in fitting the new office out, which meant that the move date could change. Staff had been advised of this.

PRISM

- 3.18.** The PRISM project was being run remotely and members were advised that latest developments were discussed on a monthly basis at the Audit and Governance Committee meeting (AGC).
- 3.19.** It was noted that one key milestone had slipped but the most difficult aspect of the remaining PRISM development work had been completed. It had taken longer than expected and our milestone for completing the major functionality had shifted from 23 April to 12 May.
- 3.20.** Overall, we were still on target to finish PRISM by late summer but the launch would need to be reviewed in light of the pandemic.
- 3.21.** It was noted that this would be considered further at the next AGC meeting.

Open The Register (OTR) and Donor Conceived Register (DCR)

- 3.22.** The Chief Information Officer presented the report to the Authority. It was noted that the Opening the Register (OTR) and Donor Conceived Register (DCR) services had been reviewed in light of the impact of the Covid-19 pandemic.
- 3.23.** Members were advised that there was no access to clinic and other stored information to confirm the quality of OTR responses, and for this reason it was recommended that the OTR service be paused at the present time while we continue to deal with enquiries and counselling requests.
- 3.24.** Members were also informed that another consequence of the government restrictions during this Covid-19 pandemic was that DNA information could not be checked by the DCR service against other samples for matches to be made. It was therefore recommended that this service also be paused while we continue to deal with enquiries and counselling requests.
- 3.25.** Members agreed that this was a sensible way forward and noted that the full OTR and DCR services will restart once restrictions were lifted or relaxed, and the sector was sufficiently operational again.

4. Resuming fertility treatments

- 4.1.** The Chief Executive presented this item to the Authority. He reminded members that General Direction 0014 (GD0014) came into force on 23 March 2020 and required all licensed centres to have in place a Covid-19 Treatment Strategy. He said that all centres had complied with GD0014.
- 4.2.** Continuing, the CE said that this was an extraordinary, temporary situation and that the aim was to ensure that as many patients as possible can resume treatment safely as soon as possible. To that end, the views of Authority members was being sought on the suggested criteria to be used in deciding when to vary or revoke GD0014.
- 4.3.** The CE proposed that any decision to vary or revoke GD0014 was best considered by reference to agreed criteria. The suggested criteria were:
- that government restrictions on social contact and travel are eased or lifted
 - that restarting fertility treatment would not have a negative impact on the NHS

- that there was no evidence that Covid-19 impacted on the health of pregnant women or their babies
 - that fertility clinics are able to provide a safe service.
- 4.4.** The CE noted that the measures and milestones against these criteria would be developed following the Authority decision.
- 4.5.** Members noted that the idea of agreeing criteria was a sensible first stage in establishing a clear exit strategy. Some commented on the progress that was being made in some European countries where the number of cases of Covid-19 was declining, for example in Denmark which had re-opened its IVF clinics alongside opening up other activities.
- 4.6.** Members also commented that some clinics were beginning to consider a range of practical measures to reconfigure services so that they can be delivered safely in future, such as:
- Having longer days to enable clinics and patients to maintain social distancing
 - Taking the temperature of patients when they attended the clinic
 - Ensuring that patients washed their hands.
- 4.7.** The impact of the pandemic on different categories of patients was considered. Members agreed that any prioritisation of patients when treatment resumed would be a matter for clinics and not the HFEA.
- 4.8.** Members considered the use of scarce personal protective equipment (PPE) for non-urgent treatment. This would inevitably require clinics to prioritise, balancing patient safety and fairness.
- 4.9.** It was noted that current Royal College of Obstetricians and Gynaecologists (RCOG) advice is that there was no conclusive evidence that Covid-19 increased risk to pregnancy. However, it was also noted that Covid-19 is a new illness and that much is not known and patient safety is paramount.
- 4.10.** It was agreed that the HFEA needed to communicate with clinics and patients throughout this period.
- 4.11.** Members agreed the broad framework presented and that further discussion with the professional bodies and clinics should take place.

Decision

- 4.12.** A letter should be sent to all PRs summarising the criteria and next steps. Discussions with the British Fertility Society (BFS) and Association of Reproductive and Clinical Scientists (ARCS) and RCOG should continue.

5. Strategy and business planning

- 5.1.** The Head of Planning and Governance presented to the Authority. It was proposed that we do not publish our originally intended business plan for 2020/21, but instead:
- Put in place an internal service delivery plan focused on managing the current situation from April to September 2020.
 - Establish a recovery plan for October 2020 to March 2021.
 - Delay the launch of our new strategy to October 2020, or later, and commence delivery in full from 1 April 2021, extending it by one year to 2024.

- 5.2. It was also noted that these were draft timescales and may be varied depending on the situation.
- 5.3. Members were advised that the Corporate Management Group (CMG) would be leading on this and that the recovery plan would focus on helping the sector to re-establish normal services to patients after the downtime.
- 5.4. Members approved the plan.
- 5.5. It was further stated that we would be seeking formal approval for these proposals with DHSC.
- 5.6. The business plan originally drafted for 2020/21 would largely become the business plan for 2021/22 and would be reviewed later on in the year so that necessary revisions could be made, reflecting the latest situation.

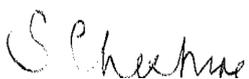
6. Any other business

- 6.1. The Chair informed Members that the annual accountability meeting with DHSC would occur in the month of May and be done by letter and possibly video conferencing.
- 6.2. Members' terms of office were coming to an end over the coming months, but clarity from the DHSC on resolving this was anticipated shortly.
- 6.3. Authority members were currently going through their appraisals with the Chair.
- 6.4. The next extraordinary meeting of the Authority will be held on 7 May 2020.

7. Chair's signature

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

Signature



Chair: Sally Cheshire

Date: 30 April 2020