

Minutes of Authority meeting 24 November 2021

Details:

Area(s) of strategy this paper relates to:	<p>The best care – effective and ethical care for everyone</p> <p>The right information – to ensure that people can access the right information at the right time</p> <p>Shaping the future – to embrace and engage with changes in the law, science and society</p>
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Agenda item	2
Meeting date	9 February 2022
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 24 November 2021 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 24 November 2021 held at ETC.venues, Chancery Lane, WC2A 1HL and via teleconference

	In person	Via teleconference
Members present	Julia Chain, Chair Margaret Gilmore Gudrun Moore Alison Marsden Tim Child Catharine Seddon Ermal Kirby Yacoub Khalaf	Anita Bharucha Jonathan Herring Ruth Wilde Jason Kasraie Anne Lampe
Apologies	None	
Observers	Steve Pugh, DHSC	Csenge Gal, DHSC
Staff in attendance	Peter Thompson Clare Ettinghausen Richard Sydee Rachel Cutting Catherine Drennan Joanne Triggs Joanne Anton Paula Robinson Debbie Okutubo Georgina Allen Sonia Macleod	Neil McComb Danya Harris

Members

There were 13 members at the meeting – nine lay members and four professional members.

1. Welcome

- 1.1. The Chair opened the meeting by welcoming Authority members, observers and staff present both in person and online.
- 1.2. The Chair stated that the meeting was being 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 our deliberations to hear it afterwards.
- 1.3. Declarations of interest were made by:
 - Yacoub Khalaf (clinician at a licensed clinic)
 - Tim Child (PR at a licensed clinic)
 - Ruth Wilde (counsellor at licensed clinics)
 - Jason Kasraie (PR at a licensed clinic).

2. Minutes of the last meeting and matters arising

- 2.1. Members agreed that the minutes of the meeting held on 23 September 2021 were an accurate record and could be signed by the Chair.
- 2.2. Members noted the status of all matters arising.

3. Chair and Chief Executive's report

- 3.1. The Chair continued to engage with the decision-making functions of the Authority and with key external stakeholders. Members were advised that on 1 December 2021 she would be speaking at the Progress Educational Trust (PET) annual conference and in January 2022 she would be speaking at the Fertility 2022 conference.
- 3.2. The Chief Executive provided an update on the key activities he had been involved in since the last Authority meeting.
- 3.3. The Chief Executive gave a status update on PRISM. It was noted that PRISM launch was going well. The new system had been deployed to all stand alone clinics and we were receiving high-quality data. It was noted that IT staff had completed the work to re-establish HFEA billing processes through PRISM.
- 3.4. There was also evidence that clinics with data submission backlogs were making good progress to reduce their backlog. Before launch, the PRISM deployment deadline was 10 December 2021. This deadline had since been reviewed and new deadlines for completion of deployment would be communicated to clinics. The revised deployment times are:
 - 10th December: All API solutions to be complete and accredited.
 - End January 2022: All API solutions to be deployed to clinics.
 - End March 2022: All clinics to be 'caught up' on submitting data.
- 3.5. Members were advised that the extension was caused by third party suppliers taking longer than originally estimated to deploy their API solutions.
- 3.6. Members commented that the extension would be welcomed because the original deployment date of 10 December was causing concern in some clinics. Members asked if the delay would have resource or financial implications.
- 3.7. The Chief Executive responded that the extension was cost neutral as relevant staff contracts had been extended to ensure support to clinics during the embedding period.

Decision

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

4. Committee Chairs' report

- 4.1. The Chair introduced this item. She commented that some of the Members' terms of office were coming to an end which meant that there would be a change of committee chairs.
 - It was noted that Margaret Gilmore will be stepping down as Chair of SAC and Jonathan Herring will be taking over.

- Jonathan Herring will be stepping down as Chair of the Licence Committee and Alison Marsden will be taking over.
- Anita Bharucha's term of office as a member and as the Chair of the Audit and Governance Committee (AGC) would end on 31 December and Catharine Seddon will take over as the AGC Chair from 1 January 2022.
- Yacoub Khalaf had already stepped down as Chair of the Scientific and Clinical Advances Advisory Committee and Tim Child had taken over.

4.2. The current Chairs were invited to give an update on their committees.

Audit and Governance Committee (AGC)

- 4.3.** The AGC Chair (Anita Bharucha) thanked Margaret Gilmore who chaired the meeting held on 5 October due to illness. It was noted that the standard items were presented which included presentations from the internal and external auditors.
- 4.4.** A lessons learned meeting on the digital programme was scheduled for December 2021. Once PRISM was complete, the AGC would refocus its agenda on other matters.
- 4.5.** Anita concluded by thanking the team who made the running of the committee very smooth and wished Catharine Seddon all the best in her tenure as the next AGC Chair.

Statutory Approvals Committee (SAC)

- 4.6.** The SAC Chair (Margaret Gilmore) presented this item. It was noted that mitochondrial donation applications and special direction applications were among the decisions made. They also had the annual review of committee effectiveness.
- 4.7.** Margaret concluded by thanking the Licensing staff for their support and wished Jonathan Herring well in his new role as the SAC Chair.

Scientific and Clinical Advances Advisory Committee (SCAAC)

- 4.8.** The SCAAC meeting held on 11 October was chaired by Tim Child who presented to the Authority. He thanked Yacoub Khalaf, the outgoing Chair.
- 4.9.** The committee continued to monitor the effects of Covid on fertility assisted conception and early pregnancy.
- 4.10.** It was noted that the annual review of the traffic light ratings for treatment add-ons had taken place. It was also noted that immunology tests and treatments had been separated on the HFEA web pages.
- 4.11.** Yacoub Khalaf commented as he stepped down as an Authority member and the Chair of SCAAC that he had greatly enjoyed SCAAC and that at every meeting discussion was channelled towards patients' interests and on the efficacy of present and future treatments. He thanked everyone for their support during his tenure.

Licence Committee

- 4.12.** The Licence Committee Chair (Jonathan Herring) commented on the meeting held on 11 November. It was noted that a number of complex issues were addressed at the meeting.
- 4.13.** The annual review was also held to reflect on the effectiveness of the committee.

Decision

4.14. The Chair thanked all outgoing and new committee chairs for their time and commitment.

4.15. Members noted the Committee Chairs' reports.

5. Performance report

5.1. The Chief Executive commented that there were three red indicators on the performance scorecard:

- HR1 Sickness
- C1 Efficiency of end-to-end inspection and licensing process
- I11 Time taken to close internal incidents.

5.2. It was noted that sickness absence rates had worsened in September and that Covid had been a contributory factor. It was not felt that this performance figure would become a trend.

5.3. Turnover – indicator HR2 was amber at 17.6%. Looking ahead, turnover was likely to remain a concern as recruitment was getting more difficult for some roles, especially when other sectors including the NHS and the private sector were offering higher salaries.

5.4. Following on from the Authority discussion on performance at the last meeting, members were updated on the current status of items raised.

5.5. On the staff survey, members were advised that the headline results had been shared with staff and more details would be discussed at the AGC meeting in December. It was noted that the headline engagement response to the survey was at c.80%, which was above average in the civil service. There were however a number of issues that required action, including most notably the need for improved internal communication. All heads of service were discussing the results of the survey with their teams and the outcome would be taken back to the next Corporate Management Group (CMG) meeting.

5.6. Members asked about staff turnover and if it was similar in other similar-sized organisations and whether the public sector pay freeze was affecting staff morale. The Chief Executive responded that we were not seeing major changes in staff morale, but if recruitment continued to be difficult it would start to have an adverse effect and put additional strain on existing staff. Also, judging from the responses in the staff survey the civil service wide pay freeze was an issue.

5.7. The Chief Executive stated that we would continue to look at the business plan to ensure that our core statutory duties were being met should staff turnover become a major issue, but that we were not in that position yet.

5.8. The Chair asked how recruitment would be addressed. The Chief Executive responded that we planned to better articulate the benefits of what we can offer, for example that the pension is good, we have flexible working and good annual leave. We would also advertise in targeted markets and encourage moves between other smaller organisations.

5.9. Members were reminded that there was news from the Chancellor about public sector pay rises for 2022, but it was not clear whether it would be fully funded. We are awaiting guidance on this.

5.10. Members asked how we would get people back into the office. The Chief Executive responded that compared to other organisations we were sharing a floor with, we were doing very well. The

corporate policy which had been communicated to all staff with an office-based contract was that they needed to attend the office at least once a week. CMG meetings were now largely in person and there were some staff in the office more often than a day a week.

Strategy and Corporate Affairs

- 5.11.** The Director of Strategy and Corporate Affairs gave an update on her area of work.
- On actions following publication of the ethnic diversity report in March 2021: there was follow up work to understand more about patient experience through our current patient survey. This would give us feedback on access to treatment via GPs, and other information on success rates; with clinics, we set up a small working group of Licence Centre's Panel members to look at some specific topics in workshops next year – success rates and access to treatment, multiple births and donor availability; following the patient survey we would do some further focused work looking at whether we should provide additional information on our website for specific groups of patients; we also had further discussions with the British Fertility Society (BFS) and representatives of the Royal College of Obstetricians and Gynaecologists (RCOG) Race Equality Taskforce about what more could be done and the impact our data could make on the NICE review of fertility guidelines.
- 5.12.** An update was given on the patient engagement forum and how to make best use of it, and which projects would be making use of it early next year.
- 5.13.** On the patient survey, members were informed that we got useful information on how we can get more engagement. We had previously received over 1,000 responses so would like similar or more this time around.
- 5.14.** The State of the Sector report was published on 24 November 2021.
- 5.15.** The multiple births report would be published in early 2022.
- 5.16.** The Code of Practice was published at the end of October after sign-off by the Secretary of State for Health and Social Care and the sponsor team at DHSC were thanked for their help in ensuring it was laid in Parliament on the day it was published.
- 5.17.** Stakeholder meetings were held with the Licensed Centre's Panel (LCP) on treatment add-ons and we had a scheduled meeting with the new Patient Organisation Stakeholder Group (POSG) and in early December with the Professional Stakeholder Group (PSG). The Treatment add-ons group meeting has been scheduled for 29 November 2021.
- 5.18.** We are in the process of issuing responses to consultations including the Medicines and Healthcare products Regulatory Agency (MHRA) medical devices consultation.
- 5.19.** On the licensing and governance front, by the end of 2021 we would have held three SCAAC, one horizon scanning and two treatment add-on group meetings; six Authority and ten AGC and PRISM oversight AGC meetings; 44 Executive Licensing Panel (ELP), Licence Committee and SAC meetings; and three Register Research Panel (RRP) meetings - all of which involve papers, minutes and background work in order to service meetings. The staff were thanked for their work in supporting these committees over the last year.
- 5.20.** In response to a question regarding donor availability, the Director of Strategy and Corporate Affairs said that we were looking out for the results from the recent campaign on donor recruitment in Scotland to see if there were any findings we could use to support consideration of further work in future.

Compliance and Information

- 5.21.** The Director of Compliance and Information commented on the red indicator on efficiency of the end-to-end inspection and licensing process – currently achieving 67%. She commented that the efficiency of the licensing process had been affected by a number of complex inspections, introduction of the new Compliance and Enforcement policy, increased workload due to the hybrid inspection process and the rescheduling of inspections which were cancelled between March and November 2020. These were necessary regulatory actions, and so the lengthening of the process did not reflect a performance issue.
- 5.22.** Due to the change of inspection methodology and increased number of inspections the KPI is being reviewed.

Finance and Resources

- 5.23.** The Director of Finance and Resources commented that there was significant underspend across a number of areas which meant that the long-term contingency has not been touched.
- 5.24.** Members were informed that September was the first month that clinics were issued with invoices whose value is based on 2019/20 activity volumes whilst PRISM is embedded. Once PRISM data comes in, we would do a reconciliation and send out adjustments as required. The earliest we would be able to do this reconciliation will be the end of quarter three.
- 5.25.** Members were also advised that the PRISM IT team would be kept on for a few more months to ensure handover and additional staff have also been recruited. All these will have an effect on the bottom line by year end.
- 5.26.** In response to a question, the Director of Finance and Resources clarified that the effect of PRISM will only be known by the end of the financial year. At present there was no extra costs (as referred to earlier on in the meeting).

Decision

- 5.27.** Members noted the performance report.

6. Covid update

- 6.1.** The Director of Compliance and Information gave an update and commented that activity levels in clinics remained high.
- 6.2.** There had been no further feedback from clinics regarding the shortage of blood tubes or consumables.
- 6.3.** Concerns had been raised by support groups on partner accessibility when patients are attending clinic appointments, but it would appear that this was localised. This would continue to be monitored.

Decision

- 6.4.** Members noted the Covid update.

7. State of the sector

- 7.1.** The Director of Compliance and Information presented this item. Members were reminded that the State of the Sector report was our annual compliance report, summarising what had been seen through our regulatory work during the year.
- 7.2.** The report was compiled from information gathered from HFEA regulatory activity, including inspections and other sources of information like our Register of fertility treatments, incident reports and patient feedback mechanisms.
- 7.3.** The COVID-19 pandemic had a significant impact on the availability of fertility treatment in 2020/21 and this, combined with the changes we made to our approach to inspection during the year, means that data provided in this report is not directly comparable with previous years and should be interpreted with caution
- 7.4.** It was noted that 103 clinics were licensed to provide treatment and of those 31 were based in the London area.
- 7.5.** Due to the pandemic, 67 inspections were deferred by 12 months, which meant that the number of inspections decreased compared to previous years.
- 7.6.** In total in 2020/21, 77 inspections were carried out, of which:
- 17 were completely desk-based
 - 32 were a combination of desk-based assessment and onsite visit
 - 23 were onsite visits with informal desk-based assessment
 - 5 were risk-assessed with no onsite visit.
- 7.7.** Members were advised that the number of severe OHSS incidents reported decreased in 2020/21 compared to previous years. It was noted that whilst we always encourage OHSS prevention, during the pandemic clinics were asked to adopt a more cautious approach to reduce any additional burden on the NHS. A professional member commented that in 2018/19 the way OHSS reported changed, which probably accounted for the rise to 103 incidents compared to 57 incidents the previous year.
- 7.8.** It was noted that the number of complaints received in 2020/21 was similar to previous years and a number of them were themed around not being able to attend appointments with partners. In response to a question, it was noted that the number of Covid related incidents could be further broken down.
- 7.9.** The Director of Compliance and Information thanked the Intelligence, Communications and Inspections teams who had worked collaboratively in producing this report.
- 7.10.** The Chair commented that the clinics she had visited liked the new hybrid inspections as they felt that the desk-based analysis enabled them to provide more detail.
- 7.11.** The Director of Compliance and Information responded that desk-based analysis allowed for a better line of questioning and drove compliance and improvement.
- 7.12.** Members commented that we needed to look out for endemic cultures in clinics as a number tend to wait until inspection time before they do anything about their compliance. Members also commented that there should be collective responsibility amongst professionals in clinics.

- 7.13.** The Director of Compliance and Information responded that eradicating such behaviour was one of the reasons why we issue the Quarterly Clinical Governance report via Clinic Focus.
- 7.14.** In response to a question, it was noted that we have a statutory duty to inspect clinics every two years, therefore the timing of unannounced inspections could be predicted by clinics/Persons Responsible.
- 7.15.** Members commented that the Authority should be proud of what it was achieving as there were a lot of positives, including reduction in multiple births, fewer incidents and no grade A incidents. These were all excellent achievements and generally the sector was in a safe place.
- 7.16.** The Chair paid tribute to all the teams involved in developing and publishing the State of the Sector report.

Decision

- 7.17.** Members noted the State of the Sector report.

8. 2022-23 Financial update

- 8.1.** The Director of Finance and Resources presented this item. He commented that further scrutiny could take place at the AGC meetings, should the Authority agree.
- 8.2.** Members were advised that since the September Authority meeting, initial conversations have taken place with the Department of Health and Social Care (DHSC) and have agreed a way to take any recommendation for a fee review through formal approval channels in HM Treasury (HMT).
- 8.3.** However, our desire to have more flexibility in terms of managing our budget over more than one financial year, or accessing reserves, has been agreed as incompatible with HMT financial rules.
- 8.4.** Members were advised that additional work had been undertaken to finalise a detailed draft budget for the 2022/23 financial year and we would also propose a more fundamental review of our fees model during 2022/23 to better reflect the drivers of regulatory costs.
- 8.5.** The 2022/23 budget is balanced and based on a £5 increase in the IVF licence fee and an assumed 2% growth in activity. It was noted that the planned budget for 2021/22 was £7,048,000.
- 8.6.** It was noted that without any increase in income, the Authority would struggle to deliver its business as usual activities. In recent years the HFEA had made significant efficiencies, reducing both its headcount and Grant in Aid (GiA) from Government.
- 8.7.** Measured from the start of public sector austerity in 2010, headcount is approximately 25% lower and GiA is approximately 50% lower. These savings were achieved by prioritising the 'front line' and bearing down on corporate services.
- 8.8.** It was now clear that the HFEA's statutory responsibilities cannot be delivered within the current resource profile; an example is the increase in requests for Open the Register (OTR) and we are not yet in 2023 when the register will be opened up to more people.
- 8.9.** Members commented that they were pleased with the report as it was reflective of their conversation at the September Authority meeting. Members wanted to know what would happen if it was not approved by our sponsor, DHSC and or HMT.

- 8.10.** The Director of Finance and Resources responded that the biggest impact would be on some of our business as usual activities as they would be slowed down without the necessary resources.
- 8.11.** Members commented that with the background of not having an increase for six years, a £5 increase was less than inflation and should be acceptable. Members also wanted to know if there was government pressure for us to seek full cost recovery. The Director of Finance and Resources responded that there was no such pressure.
- 8.12.** The Chair commented that we would continue to pursue all options.
- 8.13.** In response to a question, the Chief Executive reminded members of the current fee regime, what cycles incurred a charge and commented that the storage fee income was low because fewer patients used storage facilities.
- 8.14.** Members commented that in addition to what had been presented, to make it a more persuasive paper to the DHSC and HMT we could include the increases in breadth and scope of the HFEA's work over the last 10 years which all require additional resources. Also, part of our plan was to review the current legislation which would be resource intensive.
- 8.15.** Some members commented that some clinics would pass this added cost on to patients, and that there was therefore a need to have a communication strategy aimed at patients about this increase.
- 8.16.** The Chair commented that a lot of work had gone into the report and thanked the Director of Finance and Resources and his team for their effort in putting it together.

Decision

- 8.17.** Members agreed proposals to increase the HFEA's expenditure budget for 2022/23 and to approach DHSC and HMT to request an increase in the HFEA licence fee of £5 to £85 per treatment cycle from 1 April 2022.

9. Annual report and future proposal for OTR service

- 9.1.** The Chair introduced this item and commented that regular updates on this issue would be coming to the Authority. She invited the Donor Information Manager and the Head of Information to present to the Authority.
- 9.2.** The Donor Information Manager reminded members that applications by donor-conceived people, donors and parents for Register information are known as Opening the Register (or OTR). The HFEA has had a process in place for dealing with OTR applications by parents and donors since 2005, and donor-conceived people since 2007 (when the first cohort of donor-conceived people on our Register turned 16). The service was suspended in March 2020 until October 2020 owing to Covid and since then, there has been a large increase in applications which has led to a significant number of applications waiting to be processed.
- 9.3.** Two new staff members have been temporarily recruited to address the backlog. Training is progressing well, and they are now able to work on the register, which will lead to a gradual decrease in the backlog. There is currently a backlog of 664 OTRs, of which:
- 360 OTRs have been responded to since re-opening the Register
 - 52 OTRs have been responded to so far in November

- 201 OTRs are being worked on (28% of the waiting list)
 - 98 OTRs are ready for second checking.
- 9.4.** Members were advised that the HFEA had a 3-year contract with the Hewitt Centre for them to provide support and intermediary services (the contract expires March 2022). The Donor Information Manager shared some positive feedback from a patient who had contacted us and found the service beneficial.
- 9.5.** The Head of Information spoke about the future of the OTR service from 2023, when anonymity is lifted. The changes included:
- Online application form that integrates with a new case management system
 - A new case management system to keep all work done on OTRs in one place and find efficiencies
 - New reporting through RITA.
- 9.6.** Members were advised that the current staff resource was four in total and this was the minimum size required for the increase in workload. This figure would be kept under regular review to make sure the service does not become overwhelmed as the number of requests continues to rise.
- 9.7.** At members' request, the full process of checking and releasing the donor identifying information was explained.
- 9.8.** Members commended the team especially for the progress made in working through the backlog of cases. Members suggested that there was the need to raise further awareness of this service.
- 9.9.** Members asked what percentage of people sought counselling. The Chief Executive responded that arrangements were in place to offer counselling support through the Hewitt contract, but it was not part of our statutory duty.
- 9.10.** The Director of Compliance and Information commented that this project was to ensure that we meet the demand 2023 may bring and to ensure that the backlog was resolved. The system had improved but there was still more work to be done.
- 9.11.** In response to a question, it was noted that all efficiencies had been explored and resilience would be built in and across the team.
- 9.12.** Members commented on the low uptake of the intermediary service. There was also a suggestion that the uptake on the register of donors to remove anonymity was low, and therefore awareness could perhaps be improved.
- 9.13.** Members noted that it would be helpful to have clarity on when the backlog could be expected to be cleared. On security, members would like assurance that we were up to date with cyber security and firewalls. It was also thought important that the Hewitt Centre's service provision was evaluated.
- 9.14.** The Chair reiterated that we do not have a statutory duty to provide a counselling support service and we would need to keep the current position under review.
- 9.15.** The Chair thanked the Head of Information and the Donor Information Manager and the rest of the Register Team.

Decision

9.16. Members noted the update on OTR activity and performance.

10. Update on treatment add-ons consultation plan

- 10.1.** The Policy Manager and Scientific Policy Manager presented this item. Members were reminded that treatment add-ons are optional additional fertility treatments.
- 10.2.** Members were reminded that at the last Authority meeting it was agreed that scoping work on how the presentation of the treatment add-ons rating system could be evolved should begin.
- 10.3.** The Policy Manager and Scientific Policy Manager had since met with researchers with expertise in data presentation and risk communication, to gain their views for how the rating system could be evolved.
- 10.4.** It was noted that based on the suggestions made by researchers 10 initial options were developed for how the current rating system could potentially be progressed.
- 10.5.** After checking the feasibility of the options, there was a presentation at the Licensed Centres Panel (LCP) to gain the views of clinics and also at the Patient Organisation Stakeholder Group (POSG) to gain the views of patient organisations.
- 10.6.** The various key suggestions from the groups were explained to members and proposed future activities were listed, as follows:
- Present the 10 options and the suggestions from researchers, LCP and POSG to the November TAG meeting
 - Conduct patient interviews
 - Develop three options based on the scoping work
 - Conduct a targeted patient survey and a clinic survey on the developed three options
 - Conduct patient focus groups based on the results of the survey.
- 10.7.** Members commented that the work in the annex was thorough and clearly laid out. Members requested that before options are presented to focus groups staff should ensure they were feasible and that there are resources to implement them.
- 10.8.** Some members suggested that user acceptance could usefully come earlier in the process.
- 10.9.** Members suggested that clearly laid out information on what particular treatments involved could be published on our website for the benefit of patients and potential patients.
- 10.10.** Members requested that staff should explore patients' understanding of terms such as 'no RCT (randomised controlled trials)' and 'no evidence' since there might be value in explaining this. It would also be important to check usability and accessibility in colours used, especially for patients and potential patients who have visual impairments.
- 10.11.** The Director of Strategy and Corporate Affairs commented that there were two strands of work, one on the visual presentation, and secondly whether the evidence base for SCAAC's review of the traffic lights assigned to add-ons should change. The second part of this work would start in early 2022 and that had potential resource implications, depending on SCAAC's recommendations.

- 10.12.** Members commented that it was important that the information on the website was simple and that if there was a way of making it even simpler then staff should pursue this. The use of infographics was also an option that could be explored further.
- 10.13.** The Chair commented that SCAAC would be involved in some more detailed discussions and thanked everyone involved in the work to date.

Decision

- 10.14.** Members noted the progress made and the direction of travel.
- 10.15.** Members agreed the proposal for further engagement for evolving the rating scheme for treatment add-ons.

11. Next steps in transparency and regulation

- 11.1.** The Director of Strategy and Corporate Affairs presented this item. It was noted that the term transparency was being used to mean the clarity of our regulatory information and the ease with which patients and others were able to access it on our website.
- 11.2.** Members were reminded that we had a duty in the Act to ensure that we published information and as a regulator we had to ensure we were transparent. When this was last brought to the Authority in May 2021, members asked for more detailed options to be brought back, and this paper explored how our compliance decisions could be better published and publicised.
- 11.3.** Members commented that they agreed that clinics should add more information on their websites. We could however go a step further by publishing themes of complaints brought to us as a regulator as this would flag emerging areas of concern.
- 11.4.** Some members commented that this was an important piece of work; however with the number of challenging pieces of work and limited resources, they asked how urgent this work was.
- 11.5.** Members noted that as a regulatory tool, transparent publications would give patients more information which would enable them to make more informed decisions, and further suggested that the Choose a Fertility Clinic (CaFC) function could be made more useful to patients.
- 11.6.** There was therefore the need to publish everything we could for transparency purposes and make it more accessible.
- 11.7.** The Chief Executive commented that once regulatory action was complete, the outcome became a matter of fact and could be published without prejudicing any formal decisions. We would however be careful to ensure we remained within our legal parameters.
- 11.8.** The Director of Strategy and Corporate Affairs commented that all inspection reports and committee papers were published on our website, but we would do more work to ensure this was more accessible and easy to find.
- 11.9.** Some members commented that members of the public must be in a position where they can find trusted information published by the HFEA and expressed that this should be a priority as the HFEA were behind where other regulator are in publishing their regulatory decisions for the public.

Decision

- 11.10.** To bring back to Authority during 2022 options for how compliance information such as inspection reports and licensing decisions can be more visible and easier to find on the website.
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12. Any other business

- 12.1.** The Chair commented that we are awaiting Ministerial decisions on the appointment of new Authority members. In the meantime, it was noted that Margaret Gilmore, Ruth Wilde and Anne Lampe have had their terms of appointment extended by three months, which was very welcome.
- 12.2.** Yacoub Khalaf and Anita Bharucha were stepping down as Authority members at the end of December, and so this would be their last Authority meeting. The Chair thanked them for commitment and hard work and commented that Yacoub Khalaf would remain on the SCAAC committee as an external member for a further year.
- 12.3.** The Chair thanked all staff involved in ensuring the meeting was successful and ran smoothly.
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Chair's signature

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

Signature



Chair: Julia Chain

Date: 9 February 2022