

HFEA Licence Committee Meeting

11 July 2013

Finsbury Tower, 103-105 Bunhill Row, London, EC1Y 8HF

Minutes – Item 5

Centre 0049 (IVF Wales) – Interim Inspection Report

Members of the Committee: Sally Cheshire (lay) Chair Bishop Lee Rayfield (lay) Debbie Barber (professional)	Committee Secretary: Lauren Crawford Legal Adviser: Stephen Hocking, DAC Beachcroft
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Declarations of Interest: members of the Committee declared that they had no conflicts of interest in relation to this item.

The Committee had before it:

- HFEA Protocol for the Conduct of Meetings of Executive Licensing Committee
- 8th edition of the HFEA Code of Practice
- Human Fertilisation and Embryology Act 1990 (as amended)
- Decision trees for granting and renewing licences and considering requests to vary a licence (including the PGD decision tree)
- Guidance for members of Authority and Committees on the handling of conflicts of interest approved by the Authority on 21 January 2009.
- Guidance on periods for which new or renewed licences should be granted
- Standing Orders and Instrument of Delegation
- Indicative Sanctions Guidance
- HFEA Direction 0008 (where relevant), and any other relevant Directions issued by the Authority
- Guide to Licensing
- Compliance and Enforcement Policy
- Policy on Publication of Authority and Committee Papers

Consideration of Application

1. The Committee noted that IVF Wales (Centre 0049) has held a licence with the HFEA since 1992. Management responsibility for the centre was transferred from Cardiff and Vale University Health Board to Abertawe Bro Morgannwg University Health Board (ABMU) on 1 April 2013. This change is part of a restructuring of IVF services in south Wales instigated by the Welsh Health Specialised Services Committee.
2. The Committee noted that this centre was issued with a two year licence by the Licence Committee on 30 August 2012. The report of the licence renewal inspection in April 2012 considered by the committee highlighted six 'critical', eight 'major' and 24 'other' areas of non-compliance. By the time the Licence Committee took place in August 2012, some of these non-compliances had been corrected although five 'critical', three 'major' and four 'other' areas of non-compliance remained outstanding when the committee met. The performance was not dissimilar to that observed in 2010 at the time of the centre's previous application for licence renewal, which also led to the issuing of a two year licence. A 'grade B' incident at the centre was reported to the HFEA in 2011: A report of the incident inspection contained a number of recommendations to address 'critical' and 'major' non-compliances, which led the Licence Committee on 20 October 2011 to impose an additional condition on the centre's licence which still remains in place:

'For the remainder of the licence, and calculated over a six-month period, the centre must limit the number of IVF or ICSI cycles provided to an average of twenty-four cycles per calendar month in total, and of frozen embryo transfers to an average of eight per calendar month in total.'

3. The Committee noted that the centre provides a full range of fertility services but has currently suspended sperm donor recruitment.
4. The Committee noted that within the last year leading up to the report the centre performed approximately 252 IVF and ISCI treatments and 99 frozen embryo transfers.
5. The Committee noted that, at the time of the inspection report, the centre's reported treatment cycle figures for 1 January 2012 – 31 December 2012 were in line with national averages.
6. The Committee noted that the interim inspection took place on the 11 July 2013.
7. The Committee noted that, at the time of the inspection, there were a number of areas of practice that required improvement and led to recommendations for corrective actions being made, comprising of two major areas of non-compliance, and seven 'other' areas of non-compliance or poor practice. The Committee also carefully noted the compliance history of the centre.

8. The Committee noted that, since the inspection, the Person Responsible (PR) has provided evidence that the recommendations for both major areas of non-compliance and one 'other' area for improvement have been fully implemented.
9. The Committee noted that the PR has provided evidence that corrective actions have been partly implemented for the remaining areas of non-compliance and has given a commitment to fully implement the remaining recommendations within the timeframes stated in the report.
10. The Committee noted the Centre's progress since the last inspection report.
11. The Committee noted the inspectorate makes no recommendations to change the current licence and remove the licence condition.

The Committee's Decision

12. The Committee referred to its decision tree. It was satisfied that there were no issues preventing the continuation of the centre's licence.
13. The Committee endorsed the inspectorate's recommendations and agreed to continue the centre's licence, including the additional condition that 'For the remainder of the licence, and calculated over a six-month period, the centre must limit the number of IVF or ICSI cycles provided to an average of twenty-four cycles per calendar month in total, and of frozen embryo transfers to an average of eight per calendar month in total.'
14. The Committee directed that the centre's renewal report should come back to the Licence Committee next year.

Signed:

Date: 30/07/2013



Sally Cheshire (Chair)