

HFEA Executive Licensing Panel Meeting

11 July 2014

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

Minutes – Item 3

Centre 0105 – (London Women’s Clinic) – Variation of Licensed Premises

Members of the Panel: Juliet Tizzard – Director of Strategy & Corporate Affairs (Chair) Hannah Verdin – Interim Head of Policy & Communications Joanne Anton – Policy Manager	Committee Secretary: Dee Knoyle Observing: Sam Hartley – Head of Governance and Licensing
--	--

Declarations of Interest: members of the Panel declared that they had no conflicts of interest in relation to this item.

The Panel had before it:

- HFEA Protocol for the Conduct of Meetings of Executive Licensing Panel
- 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 Panel considered the papers, which included an executive summary, a completed application form and licensing minutes for the past three years.
2. The Panel noted that London Women's Clinic (LWC) provides a full range of treatments including embryo testing and also has an egg share programme. The centre provides approximately 700 treatment cycles (excluding partner IUI) per year.
3. The Panel noted that the Person Responsible submitted an application to vary the centre's licence in October 2013, to reflect a planned refurbishment which commenced in December 2013 and lasted for six weeks, during which time the centre was closed. The centre was inspected in January 2014 and the Inspectorate noted that the air quality in the andrology laboratory was not compliant with SLC T20 and consequently the PR removed the new andrology laboratory from the centre's variation of licence application.
4. The Executive Licensing Panel considered the variation of licensed premises application at its meeting held on 24 April 2014 when it agreed that the andrology laboratory should be reviewed under a separate variation of licensed premises application.
5. The new andrology laboratory remained out of use whilst improvements were made so that compliant air quality could be achieved. These improvements had been implemented.
6. The Panel noted that the Inspectorate received documents from the PR that provided evidence of the safety and suitability of the new andrology laboratory for licensed activities. The Inspectorate considered this evidence to have confirmed the suitability of the new andrology laboratory and completion of commissioning and validation of equipment used in the laboratory. The evidence included:
 - floor plan showing the new andrology laboratory;
 - air quality monitoring reports;
 - microbiology reports for infection prevention and control purposes;
 - revalidation documents for various items of critical equipment;
 - installation and maintenance reports for other equipment.
7. The Panel noted that the Inspectorate recommended the variation of the centre's licence to include the new andrology laboratory to the existing premises.

Decision

8. The Panel endorsed the Inspectorate's recommendation to vary the centre's licence to include the new andrology laboratory to the existing premises.



Signed:
Juliet Tizzard (Chair)

Date: 21 July 2014