Executive Licensing Panel - minutes

Centre 0359 (CREATE Fertility, Manchester)

Renewal Inspection Report

Tuesday, 9 April 2019

HFEA, 10 Spring Gardens, London SW1A 2BU

Panel members	Clare Ettinghausen (Chair) Richard Sydee Niamh Marren	Director of Strategy and Corporate Affairs Director of Finance and Resources Regulatory Policy Manager
Members of the Executive	Bernice Ash	Secretary
External adviser		
Observers	Catherine Burwood Dina Halai Danielle Vincent	Licensing Manager Scientific Policy Manager Communications Manager

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:

- 9th edition of the HFEA Code of Practice
- Standard licensing and approvals pack for committee members.

1. Consideration of application

1.1. The panel considered the papers, which included a completed application form, inspection report and licensing minutes for the last three years.

1.2. The panel noted that CREATE Fertility, Manchester has held a licence with the HFEA since June 2017 and provides a full range of fertility services. The centre is part of a group that incorporates four other HFEA licensed centres (based in St Paul's, London, Wimbledon, London, Birmingham and Bristol).

1.3. The panel noted that, in the 12 months to 31 October 2018, the centre provided 108 cycles of treatment (excluding partner intrauterine insemination). In relation to activity levels this is a small sized centre.

1.4. The panel noted that HFEA register data to the end of July 2018, show the centre's pregnancy outcomes for IVF and ICSI success rates, in terms of clinical pregnancy outcomes, are in line with the national averages.

1.5. The panel noted that, in 2018, the centre provided 6 cycles of partner inseminations, with no pregnancies, and this is in line with the national average.

1.6. The panel noted that the centre has had one multiple pregnancy since being licensed. This represents excellent performance in respect to reducing the risks from multiple pregnancies.

1.7. An inspection was carried out at the centre on the 8 and 9 January 2019.

1.8. The panel noted that at the time of the inspection, there were two 'other' areas of non-compliance concerning medicines management/record keeping and obligations and reporting. Since the inspection visit, the Person Responsible (PR) has provided evidence that actions have been taken to implement the recommendation regarding medicines management/record keeping and, where required, will provide an update or summary of audits conducted to ensure the corrective actions taken are effective. The PR has given a commitment to fully implement the recommendations made in the report in relation to obligations and reporting.

1.9. The panel congratulated the centre on having only one multiple pregnancy since being licenced. The centre has a Quality Management System (QMS) and the PR is encouraged to use it to best effect to monitor and improve the success rates and the quality of service offered to patients.

1.10. The panel noted that the inspection team recommended the renewal of the centre's treatment (including embryo testing) and storage licence for a period of four years, without additional conditions, subject to the recommendations made in the report being implemented within the prescribes timescales.

1.11. The panel noted that the centre has been issued with an Importing Tissue Establishment (ITE) import certificate by the HFEA, pursuant to the Human Fertilisation and Embryology (Amendment) Regulations 2018. Such certificates are generally synchronised to the centre's HFEA licence. The inspection team therefore recommends the renewal of the centre's ITE import certificate in line with the centre's licence.

2. Decision

2.1. The panel had regard to its decision tree. It was satisfied that the appropriate application and fee had been submitted and that the application contained the supporting information required by General Directions 0008.

2.2. The panel noted that the premises to be licensed are suitable for the conduct of the licensed activities.

2.3. The panel was satisfied that the qualifications and character of the PR are such as is required for the supervision of licensed activities and the PR will discharge his duty under section 17 of the HFE Act 1990 (as amended).

2.4. The panel noted the centre's success rates had been consistently in line with the national average, and particularly congratulated them on the low multiple pregnancy rate, acknowledging only one multiple had been reported since being licenced.

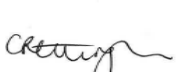
2.5. The panel endorsed the inspectorate's recommendation to renew the centre's treatment (including embryo testing) and treatment licence for a period of four years, without additional conditions, subject to the recommendations made in the report being implemented within the prescribed timescales.

2.6. The panel endorsed the inspectorate's recommendation to renew the centre's ITE import certificate, in line with the centre's licence.

3. Chair's signature

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

Signature



Name

Clare Ettinghausen

Date

15 April 2019

Inspection Report

Purpose of the Inspection Report

This is a report of an inspection, carried out to assess whether this centre complies with essential requirements in providing safe and high quality care to patients and donors. The inspection was scheduled (rather than unannounced) and the report provides information on the centre's application for a renewal of its existing licence. Licences are usually granted for a period of four years. The Authority's Executive Licensing Panel (ELP) uses the application and this report to decide whether to grant a new licence and, if so, whether any additional conditions should be applied to the licence.

Date of inspection: 8 and 9 January 2019

Purpose of inspection: Renewal of a licence to carry out 'Treatment (including embryo testing) and Storage'

Inspection details: The report covers the performance of the centre since the last inspection, findings from the inspection visit and communications received from the centre.

Inspectors: Julie Katsaros, Sara Parlett and Janet Kirkland MacHattie.

Date of Executive Licensing Panel: 9 April 2019

Centre name	CREATE Fertility, Manchester
Centre number	0359
Licence number	L/0359/1/b
Centre address	King's Court, Water Lane, Wilmslow, Cheshire, SK9 5AR, United Kingdom
Person Responsible	Mr Paul Wilson
Licence Holder	Mr Praful Nargund
Date licence issued	13 June 2017
Licence expiry date	12 June 2019
Additional conditions applied to this licence	None

Contents

Section 1: Summary report

Brief description of the centre and its licensing history:

CREATE Fertility, Manchester has held a licence with the HFEA since June 2017 and provides a full range of fertility services.

The centre provided 108 cycles of treatment (excluding partner intrauterine insemination) in the 12 months to 31 October 2018. In relation to activity levels this is a small centre.

The centre is part of a group that incorporates four other HFEA licensed centres (in St Paul's London, Wimbledon London, Birmingham and Bristol).

A change of name from CREATE, Manchester to CREATE Fertility, Manchester was approved by the HFEA Licensing Officer on 11 October 2017.

Other licensed activities at the centre include the storage of gametes and embryos and embryo testing.

Pregnancy outcomes[1]

For IVF and ICSI, HFEA held register data to the end of July 2018 show the centre's success rates are in line with national averages.

In 2018, the centre reported six cycles of partner insemination with no pregnancies. This is line with the national average.

Multiple births[2]

The single biggest risk of fertility treatment is a multiple pregnancy.

The centre has had one multiple pregnancy since being licensed. This represents excellent performance in respect to reducing the risks from multiple pregnancies.

[1]The data in the Register may be subject to change as errors are notified to us by clinics, or picked up through our quality management systems. Centre success rates are considered statistically different from the national averages, and multiple pregnancy rates are considered statistically different from the 10% multiple live birth rate target, when $p \leq 0.002$.

[2]The HFEA use a conversion factor of 1.27 to convert the 10% multiple live birth rate (MLBR) target to a multiple pregnancy rate (MPR) target of 13%.

Summary for licensing decision

Taking into account the essential requirements set out in the Human Fertilisation and Embryology (HF&E) Act 1990 (as amended), the HF&E Act 2008, Standard Licence Conditions (SLCs), and the HFEA Code of Practice (CoP), the inspection team considers that it has sufficient information to conclude that:

- the application has been submitted in the form required;
- the application has designated an individual to act as the Person Responsible (PR);
- the PR's qualifications and experience comply with section 16(2)(c) of the HF&E Act 1990 (as amended);
- the PR has discharged his duty under section 17 of the HF&E Act 1990 (as amended);
- the premises (including those of relevant third parties) are suitable;
- the centre's practices are suitable;
- the application contains the supporting information required by General Direction 0008, in application for renewal of the centre's licence;
- the centre has submitted an application fee to the HFEA in accordance with requirements.

The ELP is asked to note that at the time of the inspection there were two 'other' areas of practice which required improvement. Since the inspection the PR has provided evidence that the following recommendation has been implemented. Where required and by the date specified, the PR will provide an update or summary of audits conducted to ensure the corrective actions taken are effective.
'Other' area of non compliance

- The PR should ensure that all medication given to patients at the centre is recorded accurately in all relevant records and that medicines management procedure and practice is in line with statutory and regulatory requirements.

The PR has given a commitment to fully implement the following recommendation.

'Other' area of non compliance

- The PR should ensure that all licensed treatment activity is reported to the Authority within the timeframe required by General Direction 0005.

Recommendation to the Executive Licensing Panel

The centre has no critical areas of non-compliance.

The inspection team notes that the success rates are consistent with the national average and congratulates the clinic on having only one multiple pregnancy since being licensed. The PR is encouraged to continue to use the quality management system (QMS) to best effect to monitor and improve their success rates and the quality of the service offered to patients.

The centre has been issued with an Importing Tissue Establishment (ITE) import certificate by the HFEA, pursuant to the Human Fertilisation and Embryology (Amendment) Regulations 2018. Such certificates are generally synchronised to the centre's HFEA licence. The inspection team therefore recommends the renewal of the centre's ITE import certificate in line with the centre's licence.

The inspection team recommends the renewal of the centre's Treatment (including embryo testing) and Storage licence for a period of four years without additional conditions subject to the recommendations made in this report being implemented within the prescribed timescales.

Section 2: Inspection findings

This section details what the centre does well and which areas need to be improved to meet essential requirements. We break this down in to four areas covering all the activities of a licensed centre:

1. The protection of the patient, and children born following treatment at this centre
2. The experience of patients at this centre
3. The protection of gametes (sperm and eggs) and embryos at this centre
4. How this centre looks after important information

1. Protection of the patient and children born following treatment

Witnessing and assuring patient and donor identification

What the centre does well

Witnessing (Guidance note 18)
The centre's procedures for double checking the identification of gametes and embryos and the patient or donor to whom they relate are compliant with HFEA requirements. This ensures that patients receive treatment using the correct gametes or embryos.

What the centre could do better
Nothing identified at this inspection.

Donor selection criteria and laboratory tests
Screening of donors prior to procuring, processing gametes and embryos
Payments for donors
Donor assisted conception

What the centre does well

Screening of donors (Guidance note 11)
The centre's procedures for screening donors are compliant with HFEA requirements. It is important that donors are appropriately screened to minimise the risks of cross infection during treatment, processing and storage of gametes and/or embryos.

Payments for donors (Guidance note 13; General Direction 0001)
The centre's procedures are compliant with HFEA requirements for giving and receiving money or other benefits in respect to any supply of gametes or embryos. It is important that the principle of altruistic donation be upheld but at the same time donors receive appropriate compensation for their time and any inconvenience caused.

Donor assisted conception (Guidance note 20)
It is important that centres use donated gametes or embryos from identifiable donors and keep records of donor characteristics. This is because patients using donated gametes and embryos in treatment and the parents of donor-conceived children, are able to access non-identifying information regarding the donor from the clinic. Furthermore, donor-conceived persons are entitled to know non-identifying details about their donor and any donor-conceived genetic siblings they may have at the age of 16 years, and donor identifying information at 18 years.

The centre's procedures are compliant with HFEA requirements which ensure the donor-conceived and their parents will be able to receive all required donor-related information.

What the centre could do better
Nothing identified at this inspection.

Suitable premises and suitable practices

Safety and suitability of premises and facilities
Laboratory accreditation
Infection control
Medicines management
Pre-operative assessment and the surgical pathway
Multiple births
Procuring gametes and embryos
Transport and distribution of gametes and embryos
Receipt of gametes and embryos
Imports and exports
Traceability
Quality management system
Third party agreements
Transports and satellite agreements
Equipment and materials
Process validation
Adverse incidents

What the centre does well

Safety and suitability of premises and facilities (Guidance note 25)
The centre's premises are suitable. This is important to ensure that all licensed activities are conducted in a suitable environment that is fit for purpose.

The centre has procedures in place that are compliant with requirements to ensure that risks are taken into account so that patients and staff are in safe surroundings that prevent harm.

The premises of the laboratories conducting tests that impact on the quality and safety of gametes (relevant third parties) are suitable.

The centre is compliant with HFEA requirements to process gametes and/or embryos in an environment of appropriate air quality.

Laboratory accreditation (Guidance note 25)

The centre's laboratories and/or third party laboratories which undertake the diagnosis and investigation of patients, patients' partners or donors, or their gametes, embryos or any material removed from them, are compliant with HFEA requirements to be accredited by UKAS, the national accreditation body for the UK, or another accreditation body recognised as accrediting to an equivalent standard. This is important to assure the quality of the services provided.

Infection control (Guidance Note 25)
The centre has systems in place to manage and monitor the prevention and control of infection that are compliant with guidance.

Medicines management (Guidance Note 25)
The centre has arrangements in place for obtaining, recording, handling, using, keeping, dispensing, administering and disposing of medicines that are broadly compliant with guidance.

Prescription of intralipid 'off label'
Intralipid is an intravenous nutritional supplement sometimes prescribed to facilitate IVF treatment in a particular subset of women. This centre does not prescribe intralipid therapy therefore requirements related to its use were not relevant at this inspection.

Pre-operative assessment and the surgical pathway (Guidance Note 25)
The centre has policies and procedures in place that are compliant with professional body guidelines for pre-operative assessment and management of the surgical pathway. This is important to ensure that all patients are safely assessed and cared for pre, peri and post operatively.

Multiple births (Guidance note 7; General Direction 0003)
The single biggest risk of fertility treatment is a multiple pregnancy. The centre's procedures are compliant with HFEA multiple births minimisation strategy requirements for keeping a summary log of cases in which multiple embryos have been transferred and conducting regular audits and evaluations of the progress and effectiveness of the strategy.

Procurement of gametes and embryos (Guidance note 15)
The centre's procedures are compliant with HFEA requirements to:

- document the justification for the use of the patient's gametes (or embryos created with their gametes) in treatment, based on the patient's medical history and therapeutic indications;
- where the sperm is procured at home, the centre keeps a record of this in the gamete provider's records.

Transport and distribution of gametes and embryos (Guidance note 15; General Direction 0009)
The centre's procedures for the transport, distribution and recall of gametes and embryos are compliant with HFEA requirements. This is important to ensure that all gametes / embryos sent to other licensed centres within or outside the UK are:

- packaged and transported in a manner that minimises the risk of contamination and preserves the characteristics and biological functions of the gametes or embryos;
- shipped in a container that is designed for the transport of biological materials and that maintains the safety and quality of the gametes or embryos;

- appropriately labelled with the transport conditions, including temperature and time limit being specified;
- the container/package is secure and ensures that the gametes or embryos are maintained in the specified conditions. All containers and packages are validated as fit for purpose.

Receipt of gametes and embryos (Guidance note 15)
The centre's procedures for the receipt of gametes and embryos are compliant with HFEA requirements. This is important to ensure that the centre only accepts gametes and embryos from other centres if they are appropriately labelled and are accompanied by enough information to permit them to be stored or used in treatment in a way that does not compromise their quality and safety.

Imports and exports (Guidance note 16; General Direction 0006)
The centre's procedures for import and export of gametes and embryos are compliant with HFEA requirements.

The Human Fertilisation and Embryology Act 1990 (as amended) was amended on 1 April 2018 by the Human Fertilisation and Embryology (Amendment) Regulations 2018, to incorporate procedures for assuring the quality and safety of gametes and embryos imported into licensed centres in the UK, i.e. 'importing tissue establishments' (ITEs), from tissue establishments outside of the EU, EEA or Gibraltar, i.e. 'third country suppliers' (TCS). UK clinics must apply to the HFEA for an ITE import certificate to allow imports from specified TCSs, a clinic's certificate being synchronised in lifespan with the treatment licence. The centre has been allocated an ITE import certificate and imports of gametes and embryos from outside the EU/EEA have been made since the certificate was issued. The centre is therefore compliant with General Direction 0006.

Traceability (Guidance note 19)
The centre's procedures are compliant with HFEA traceability requirements. These requirements are important to ensure that the centre has the ability:
- to identify and locate gametes and embryos during any step from procurement to use for human application or disposal;
- to identify the donor and recipient of particular gametes or embryos;
- to identify any person who has carried out any activity in relation to particular gametes or embryos; and
- to identify and locate all relevant data relating to products and materials coming into contact with particular gametes or embryos and which can affect their quality or safety.

Quality management system (QMS) (Guidance note 23)
The centre has a QMS that is compliant with HFEA requirements. The establishment and use of a QMS is important to ensure continuous improvement in the quality of treatments and services.

Third party agreements (Guidance note 24)
The centre's third party agreements, including those associated with ITE/TCS import certificates, are compliant with HFEA requirements.

Transport and satellite agreements (Guidance note 24; General Direction 0010)
The centre does not have any transport or satellite agreements, therefore this guidance note is not applicable.

Equipment and materials (Guidance note 26)
The centre uses equipment and materials that are compliant with HFEA requirements. All of the equipment and materials used in licensed activity are designated for the purpose and are appropriately maintained in order to minimise any hazard to patients and/or staff.

The centre is compliant with HFEA requirements to validate critical equipment. The centre has documented procedures for the operation of critical equipment and procedures to follow if equipment malfunctions.

Process validation (Guidance note 15)
The centre's procedures are compliant with HFEA requirements to validate critical processes. This ensures that these processes are effective and do not render the gametes or embryos clinically ineffective or harmful to the recipient.

Adverse incidents (Guidance note 27)
The centre's procedures for reporting adverse incidents are compliant with HFEA requirements. The centre reports all adverse incidents (including serious adverse events and reactions) to the HFEA. The centre investigates all adverse incidents that have occurred. Reporting and investigation of adverse incidents is important to ensure that centres share the lessons learned from incidents and continuously improve the services it offers.

What the centre could do better

Medicines Management (Guidance Note 25)
During the inspection a review of the controlled drugs register entries against patient records was undertaken. It was noted that in three of the records reviewed the amount of drug documented as administered to the patient in the controlled drugs register was not consistent with that documented in the patient's record.

Amendments in the controlled drugs register were not in line with regulatory or statutory requirements.

See recommendation 1, SLC T2, DH (2007) 'Safer Management of Controlled Drugs; A guide to good practice in secondary care (England)'.

Staff engaged in licensed activity

Person Responsible (PR)
Staff

What the centre does well

Person Responsible (Guidance note 1)
The PR has complied with HFEA requirements.

The PR has academic qualifications in the field of biological sciences and has more than two years of practical experience which is directly relevant to the activity to be authorised by the licence. The PR has successfully completed the HFEA PR Entry Programme.

Staff (Guidance note 2)
The centre is compliant with HFEA requirements to have suitably qualified and competent staff, in sufficient number, to carry out the licensed activities and associated services. The centre has an organisational chart which clearly defines accountability and reporting relationships.

The centre has access to a nominated registered medical practitioner and scientist, within the UK, to advise on and oversee medical and scientific activities respectively.

What the centre could do better
Nothing identified at this inspection.

Welfare of the child and safeguarding

What the centre does well

Welfare of the child (Guidance note 8)
The centre's procedures to ensure that the centre takes into account before licensed treatment is provided, the welfare of any child who may be born as a result of that treatment and of any other child who may be affected by that birth, are compliant with HFEA requirements.

Safeguarding (Guidance Note 25)
The centre's procedures are compliant with safeguarding guidance. This ensures that the centre's patients and staff are protected from harm where possible.

What the centre could do better
Nothing identified at this inspection.

Embryo testing

Preimplantation genetic screening
Embryo testing and sex selection

What the centre does well

Preimplantation genetic screening (Guidance note 9); Embryo testing and sex selection (Guidance note 10)
The centre's procedures for performing embryo testing are compliant with HFEA requirements. This ensures that:

- no embryo is transferred to a woman where that embryo or material removed from it, or the gametes that produced it, has been subject to genetic testing unless expressly authorised by the HFEA;
- no information derived from tests conducted has been used to select embryos of a particular sex for social reasons;
- no embryo is tested unless the statutory tests are met i.e. that the embryo is at a significant risk of having a series genetic condition.

The centre ensures that people seeking embryo testing are given written information, are given every opportunity to discuss the implications of their treatment and have

access to clinical geneticists, genetic counsellors and infertility counsellors where required.
What the centre could do better Nothing identified at this inspection.

2. The experience of patients

Patient feedback

What the centre does well

The centre's most recent patient survey responses were reviewed. Of a total of 40 patients, 97% expressed satisfaction with their treatment and in some instances referred to receiving a warm welcome and also to caring staff.

During the inspection the inspectors spoke to two patients who provided positive feedback on their experiences.

On the basis of this feedback and observations made in the course of the inspection it was possible to assess that the centre:

- treats patients with privacy and dignity;
- provides a clean and well organised environment for patient treatment;
- has staff who are supportive and professional;
- gives patients sufficient, accessible and up-to-date information to enable them to make informed decisions;
- treats patients with empathy and understanding.

What the centre could do better

The HFEA website has a facility on its 'Choose a Fertility Clinic' page enabling patients to provide feedback on their experience of their clinic. No patients have provided feedback in the last 12 months. The inspection team discussed with the PR ways in which patients could be encouraged to use this valuable resource. The PR assured the inspection team that he would take on board their comments and asked for HFEA patient feedback forms to be sent to the centre, as well as a poster that could be displayed in the patient waiting area, therefore no further recommendation is needed. This will be followed up at the next inspection.

Treating patients fairly

Counselling
Egg sharing arrangements
Surrogacy
Complaints
Confidentiality and privacy

What the centre does well

Treating patients fairly (Guidance note 29)
The centre's procedures are compliant with the HF&E Act 1990 (as amended) to ensure that staff members understand the requirements for a conscientious objection to providing a particular licensed activity governed by the Act.

The centre's procedures are compliant with requirements to ensure that prospective and current patients and donors are treated fairly and that all licensed activities are conducted in a non discriminatory way.

Counselling (Guidance note 3)
The centre's counsellor was not available on the day of the inspection. A review of relevant documentation and a discussion with the lead nurse allowed the clinical inspector to assess that counselling procedures are compliant with HFEA requirements. This is important to ensure that counselling support is offered to patients and donors providing relevant consent and prior to consenting to legal parenthood.

Egg sharing arrangements (Guidance note 12; General Direction 0001)
The centre's procedures for egg sharing arrangements are compliant with HFEA requirements. This is important to ensure that:

- care is taken when selecting egg providers donating for benefits in kind
- egg providers are fully assessed and medically suitable, and
- the benefit offered is the most suitable for the egg provider and recipient(s)

Surrogacy (Guidance note 14)
The centre's procedures for treatment involving surrogacy are compliant with HFEA requirements. This is important to protect the surrogate and any children born as a result of the treatment.

Complaints (Guidance note 28)
The centre's procedures are compliant with HFEA requirements to seek patient feedback and to be responsive to patient complaints. This is important to ensure that the centre uses patient feedback and any complaints as an opportunity to learn and improve their services.

Confidentiality and privacy (Guidance note 30)
The centre's procedures are compliant with HFEA requirements to ensure it has respect for the privacy, confidentiality, dignity, comfort and wellbeing of prospective and current patients and donors.

What the centre could do better
Nothing identified at this inspection.

Information

What the centre does well

Information (Guidance note 4; Chair's Letter CH(11)02)
The centre's procedures for providing information to patients are compliant with HFEA requirements. This ensures that the centre gives prospective and current patients and donors sufficient, accessible and up-to-date information to enable them to make informed decisions.

What the centre could do better
Nothing identified at this inspection.

Consent and disclosure of information, held on the HFEA Register, for use in research

What the centre does well

Consent (Guidance note 5;6)
The centre's procedures for obtaining consent are compliant with HFEA requirements. This ensures that patients and donors have provided all relevant consents before carrying out any licensed activity.

Legal parenthood (Guidance note 6)
Where a couple to be treated with donated gametes or embryos is not married or in a civil partnership, both the woman and her partner must give written consent in order for the partner to become the legal parent of any child born. If this consent is not documented properly or if proper information is not provided or counselling offered prior to both parties giving consent, there may be doubt about the effectiveness of the consent and in some cases, it may be necessary for a patient couple to obtain a court declaration to establish legal parenthood.

The centre commenced activities in June 2017 and was therefore not in operation in February 2014 when the HFEA asked all centres to audit their practices in this area. At the last inspection in 2018, legal parenthood consenting processes were found to be robust.

To provide assurance of the continued compliance and effectiveness of the centre's legal parenthood consenting procedures, the inspection team discussed these procedures with staff and reviewed the results of recent legal parenthood consenting audits. Three sets of records where treatment with donor sperm had recently been provided in circumstances where consent to legal parenthood was required were also audited by the inspection team. These activities enabled the inspection team to conclude that the processes used to collect legal parenthood consent at this centre are compliant with HFEA requirements.

Disclosure of information, held on the HFEA Register, for use in research (General Direction 0005)
It is important to ensure that the HFEA holds an accurate record of patients' consent, so that it only releases the patients identifying information, to researchers, with their consent. Information can be used by researchers to improve the knowledge about the health of patients undergoing ART and those born following ART treatment.

The centre's procedures for taking consent to disclosure to researchers are compliant with HFEA requirements.

What the centre could do better
Nothing identified at this inspection

3. The protection of gametes and embryos

Respect for the special status of the embryo

What the centre does well

The centre's procedures are compliant with the requirements of the HF&E Act 1990 (as amended) and ensure that the special status of the embryo is respected when licensed activities are conducted at the centre because:

- licensed activities only take place on licensed premises;
- only permitted embryos are used in the provision of treatment services;
- embryos are not selected for use in treatment for social reasons;
- embryos are not created by embryo splitting;
- embryos are only created where there is a specific reason to do so which is in connection with the provision of treatment services for a particular woman; and
- embryos are only stored if those embryos were created for a woman receiving treatment services or from whom a third party agreement applies.

What the centre could do better

Nothing identified at this inspection.

Screening of patients and Storage of gametes and embryos

What the centre does well

Screening of patients (Guidance note 15)

The centre's procedures for screening patients are compliant with HFEA requirements. It is important that gamete providers are appropriately screened to minimise the risks of cross infection during treatment, processing and storage of gametes and/or embryos.

Storage of gametes and embryos (Guidance note 17)

The centre's procedures for storing gametes and embryos are compliant with HFEA requirements. These measures ensure that the gametes and embryos are stored appropriately to maintain their quality and safety. Furthermore, the centre only stores gametes and embryos in accordance with the consent of the gamete providers. The storage of gametes and embryos is an important service offered by fertility clinics, as it can enable patients to preserve their fertility prior to undergoing other medical treatment such as radiotherapy. The storage of embryos not required for immediate use also means that women can undergo further fertility treatment without further invasive procedures being performed.

What the centre could do better

Nothing identified at this inspection.

Use of embryos for training staff

What the centre does well

Use of embryos for training staff (Guidance note 22)

The centre’s procedures for using embryos for training staff are compliant with HFEA requirements. Embryos are only used for the purpose of training staff in those activities expressly authorised by the Authority.
What the centre could do better Nothing identified at this inspection.

4. Information management

Record keeping and Obligations and reporting requirements

What the centre does well

Record keeping and document control (Guidance note 31)
The centre's procedures for keeping records are broadly compliant with HFEA requirements to ensure that accurate medical records are maintained. Good medical records are essential for the continuity of the patient's care.

Obligations and reporting requirements (Guidance note 32; General Direction 0005)
The HFEA has a legal responsibility to maintain a register containing information about all licensed activities. In order to do this, centres are required by law to provide information to the HFEA about all licensed fertility treatments they carry out. The primary purpose for keeping this information is to allow the donor conceived and their parents to access information about the donor and about any donor-conceived genetic siblings.

The centre's procedures for submitting information, about licensed activities to the Authority are broadly compliant with HFEA requirements.

What the centre could do better
Record keeping and document control (Guidance note 31)
See 'Medicines management section' above, and recommendation 1.

Obligations and reporting requirements (Guidance note 32; General Direction 0005)
8% (4/50) of the treatments reviewed post inspection had not been reported to the HFEA as required by General Direction 0005.

29% (13/46) of the IVF treatments reviewed post inspection (i.e. excluding unreported treatments) had been reported to the HFEA outside the period required by General Direction 0005.

Additionally, the licensed treatment data submitted for review was incomplete (i.e. it recorded a smaller number of treatments than recorded on the register as having taken place at the centre between 01/11/2017 and 31/10/2018).

See recommendation 2, General Direction 0005 SLC T41.

Section 3: Monitoring of the centre's performance

Following the interim inspection in 2018, recommendations for improvement were made in relation to two 'other' areas of non-compliance.

The PR provided information and evidence that both recommendations were fully implemented within the prescribed timescales

On-going monitoring of centre success rates

In 2018, the centre was asked to review success rates for the provision of treatment for frozen embryo transfer treatments in patients aged over forty years. The PR responded to the request and during discussions at the time of the inspection, provided a commitment to keep success rates in this group of patients under review.

Areas of practice requiring action

This section sets out matters which the Inspection Team considers may constitute areas of non-compliance. These have been classified into critical, major and others. Each area of non-compliance is referenced to the relevant sections of the Acts, Regulations, Standard Licence Conditions, General Directions or the Code of Practice, and the recommended improvement actions required are given, as well as the timescales in which these improvements should be carried out.

Critical area of non-compliance

A critical area of non-compliance is an area of practice which poses a significant risk of causing harm to a patient, donor, embryo or to a child who may be born as a result of treatment services, or a significant shortcoming from the statutory requirements. A critical area of non-compliance requires immediate action to be taken by the Person Responsible.

A critical area of non-compliance is identified in the report by a statement that an area of practice is not compliant with requirements.

Area of practice and reference	Action required and timescale for action	PR Response	Executive Review
None			

Major area of non-compliance

A major area of non-compliance is a non critical area of non-compliance:

- which poses an indirect risk to the safety of a patient, donor, embryo or to a child who may be born as a result of treatment services;
- which indicates a major shortcoming from the statutory requirements;
- which indicates a failure of the Person Responsible to carry out his/her legal duties;
- a combination of several 'other' areas of non-compliance, none of which on their own may be major but which together may represent a major area of non-compliance.

A major area of non-compliance is identified in the report by a statement that an area of practice is partially compliant with requirements.

Area of practice and reference	Action required and timescale for action	PR Response	Executive Review
None			

Other areas of practice that require improvement

Other areas of practice that require improvement is any area of practice, which cannot be classified as either a critical or major area of non-compliance, but which indicates a departure from statutory requirements or good practice.

An 'other' area of non-compliance is identified in the report by a statement that an area of practice is 'broadly' compliant with requirements.

Area of practice and reference	Action required and timescale for action	PR Response	Executive Review
1.Medicines management/record keeping During the inspection a review of the controlled drugs register entries against patient records was undertaken. It was noted that in three of the records reviewed the amount of drug documented as administered to the patient in the controlled drugs register was not consistent with that documented in the patient's records. Amendments in the controlled drugs register were not in line with regulatory or statutory requirements. SLC T2.	The PR should ensure that all medication administered to patients at the centre is recorded accurately in all relevant records. The PR should review practices relating to the management of medicines to ensure compliance with regulatory and statutory requirements. The PR should review medicine management practices relating to documentation in the controlled drugs register to ensure that all staff are following the correct procedures. A summary report of this review, including any corrective actions	Following the inspection; Procedure has been implemented for Lead Anaesthetist to discuss disclosed issues with the Team & to ensure all members of Anaesthesia Team preform in accordance to Regulatory bodies with regards to documentation & compliance. Daily check of record entry Controlled Drug Register & patient Medical Records Any required amendments are checked for compliance in accordance to Misuse of Medicines Act Weekly audit – lead by Lead Anaesthetist & Head of nursing to check Anaesthesia documented entries	The Executive acknowledges the PR's review of practice and the actions he has already implemented and the actions he plans to implement to fully comply with this recommendation. No further action beyond submission of audit due by 9 July 2019.

DH (2007) 'Safer Management of Controlled Drugs; A guide to good practice in secondary care (England)'.	implemented should be provided to the centre's inspector by 9 April 2019. The PR should ensure that regular audits are performed of the controlled drugs register and the methodology should include referencing entries in the register against the patients records. The PR should complete an audit of the controlled drug register three months after the review of practice and submit this to the centre's inspector by 9 July 2019.	Regular internal audits will continue as planned. A review will be undertaken and provided to the inspector by 9 April. The audit of controlled drug register will be completed and submitted to the inspector by 9 July	
2.Obligations and reporting requirements The HFEA registry team reported that: 8% (4/50) of the treatments reviewed post inspection had not been reported to the HFEA (General Direction 0005). 29% (13/46) of the IVF treatments reviewed post inspection (i.e. excluding	The PR should ensure that all licensed treatment activity is reported to the Authority within the timeframe required by General Direction 0005. The PR should review the systems and processes used for licensed treatment data submission to identify and address the reasons for non-reporting, delayed submissions and inconsistency of the data.	A review of data submission will be concluded and submitted by 9 April. An audit will be performed and submitted within the stated timeframe.	The Executive acknowledges the PR's response and commitment to implementing this recommendation. Further action required.

unreported treatments) had been reported to the HFEA outside the period required by General Direction 0005. Additionally, the licensed treatment data submitted for review was incomplete (i.e. it recorded a smaller number of treatments than recorded on the register as having taken place at the centre between 01/11/2017 and 31/10/2018). General Direction 0005 and SLC T41. NB. The centre's designated HFEA form returnee has been provided with the relevant patient and partner numbers so that the incorrect data can be reviewed and corrected.	A summary of the findings of the review including corrective actions and the timescales for implementation should be provided to the centre's inspector by 9 April 2019. The PR should audit the effectiveness of changes introduced in this area of practice within six months. A summary report of the findings of the audit should be provided to the centre's inspector by 9 October 2019.		

Responses from the Person Responsible to this inspection report
The PR and staff of Create Fertility Manchester are grateful to the inspection team for their time and thorough inspection. We always appreciate the guidance from the inspection team and the HFEA in general for their support. We are committed to delivering the most cost-effective and the best care to our patients. Create Fertility takes pride in reducing complications, preventing OHSS and providing less invasive and successful treatment options to women and couples .