

Deputy Governor of the Bank of England reappointed

A Deputy Governor of the Bank of England has been reappointed by Her Majesty the Queen.

Sir Dave Ramsden has been reappointed as Deputy Governor for Markets and Banking, where he is responsible for oversight of Markets, Banking, Payments, and Resolution directorates. He has been reappointed for a second term of five years, from 4 September 2022 to 3 September 2027.

In this role he is also a member of the Monetary Policy Committee, the Financial Policy Committee and the Prudential Regulation Committee. Sir Dave Ramsden is also the Chair of the RTGS/CHAPS Board.

The Chancellor of Exchequer, Nadhim Zahawi said:

"I am pleased that Sir Dave Ramsden has been reappointed in this role. His vast knowledge and expertise will continue to be a major asset to the Bank."

Andrew Bailey, the Governor of the Bank of England, said:

"I am very pleased that Dave Ramsden has agreed to serve a second term as Deputy Governor, Markets and Banking. Dave has ably overseen significant developments in all the functions he is responsible for, notably the work on RTGS renewal, the launch of significant market operations around Covid and the first assessment of banks' resolvability.

"His commitment to public policymaking is invaluable to our delivery of monetary and financial stability."

About the appointment

The Bank of England is the central bank of the UK. It is governed by the board of directors known as the Court of Directors. Further information can be found at the [Bank of England website](#).

All members of Court are appointed by Her Majesty the Queen on the recommendation of the Prime Minister and the Chancellor of the Exchequer.

All appointments to the Court are made on merit and political activity plays no part in the selection process. However, in accordance with the original Nolan recommendations, there is a requirement for appointees' political activity (if any is declared) to be made public. Sir Dave Ramsden has confirmed he has not engaged in any political activity in the last five years.

About Dave Ramsden

Sir Dave Ramsden joined the Bank to become Deputy Governor for Markets and

Banking on 4 September 2017. Before joining the Bank, Sir Dave Ramsden was Chief Economic Adviser to the Treasury and Head of the Government Economic Service from 2007 – 2017.

New Chair of the Court of the Bank of England is appointed

A new Chair of the Court of the Bank of England has been appointed by Her Majesty the Queen.

David Roberts is expected to take up his role at the Bank's Court in Autumn 2022 and will succeed Sir Bradley Fried who served as Chair from June 2018 to June 2022.

The Bank's Court acts as the governing body responsible for setting the organisation's strategy, budget and taking key decisions on resourcing and appointments.

As Chair of the Court, Mr Roberts will be responsible for leadership of the Court and ensuring its effectiveness on all aspects of its role.

The Chancellor of the Exchequer, Nadhim Zahawi said:

"I am delighted that David Roberts is taking on this vital and demanding role.

"His knowledge and experience will be invaluable as the Bank's Court carries out its important work in the months and years ahead."

Andrew Bailey, Governor of the Bank of England, said:

"I am delighted that David Roberts has been appointed as our new Chair of Court. This role is key to the Bank's governance and the life of the Bank more broadly and I have no doubt that he will build on the excellent leadership provided by Brad Fried.

"David will bring a welcome fresh perspective to Court and I look forward to working with him."

David Roberts said:

"I am deeply honoured to be joining the Bank as Chair and look forward to working with Andrew Bailey, my fellow Directors, and the wider Bank team to deliver the organisation's core mission for the British public."

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The appointment of Mr Roberts as Chair of Court is regulated by the Commissioner for Public Appointments, who provides independent assurance that appointments are made in accordance with the Government's Principles of Public Appointments and Governance Code.

About David Roberts

David Roberts currently serves as Chair of Beazley plc, a speciality insurance business. He will step down from this post to take up the role of Chair of Court at the Bank. He was previously Chair of Nationwide Building Society, Vice Chair of NHS England and Group Deputy Chair of Lloyds Banking Group plc. For 24 years he worked at Barclays, where he held a number of senior roles, including CEO of International Retail & Commercial Banking, and Main Board Executive Director.

[Russia's invasion has injured thousands and deprived them of treatment: UK statement to the OSCE](#)

Mr. Chair, [only two weeks ago in this Council](#), we reminded Russia of its obligations, under international law, to protect civilians, civilian infrastructure and those seeking medical care, including combatants. We also reminded Russia of the consequences of turning its back on these obligations. However, once again, we are presented with yet more evidence of Russia's callous disregard for life in the pursuit of its illegal invasion.

The [second Moscow Mechanism report](#) made for sobering reading, detailing Russia's continued targeting of healthcare facilities and personnel in direct contravention of International Humanitarian Law. According to the WHO, Russian forces have repeatedly attacked Ukrainian medical facilities,

striking hospitals, ambulances, medics, patients, and even newborns. At least 395 attacks have been reported since Russia's invasion of Ukraine on 24 February, particularly impacting the most at-risk and marginalised groups in Ukraine such as women, children, minority groups, the disabled and the elderly. We will not let these actions go unanswered.

Russia's invasion has injured thousands, mentally as well as physically, and then deprived them of treatment and care when they needed it the most. It is heartless and unforgivable. As well as those who have been injured as a direct result of the Russian government's actions, many more are at risk of ill-health due to reduced access to routine and preventative healthcare, including pharmacy services; sexual and reproductive health care; and vaccination for diseases such as COVID-19 and polio. In addition, organisations such as Médecins Sans Frontières and UNICEF have reported on the devastating effects of the invasion on mental health, particularly amongst children who have been injured, witnessed acts of violence and displaced from the familiarity of their homes. The UK is the largest donor to the UN Ukraine Humanitarian Fund, providing life-saving assistance, however we are concerned that this will not reach all those who so desperately need it.

The Moscow Mechanism report highlighted the 'catastrophic' conditions in areas under temporary Russian control. Major cities such as Kherson are likely to face a humanitarian crisis due to a shortage of medicines, yet humanitarian aid organisations are being denied access to deliver urgently needed supplies and medical expertise. The WHO have warned of a lack of antibiotics for battlefield injuries, patients unable to receive early diagnosis and treatment for cancer; people unable to receive medications for hypertension; and diabetics who cannot access insulin, resulting in worsening illness and preventable deaths.

We have also heard the horrific reports of 'filtration camps', disappearances, and illegal detentions in these areas. We were shocked and appalled to learn of the reported death of British National Paul Urey, whilst in the custody of Russian proxies in eastern Ukraine. Mr. Urey was a civilian who was detained whilst undertaking humanitarian work in Ukraine. [I reiterate the words of my Foreign Secretary](#), "the Russian government and its proxies are continuing to commit atrocities. Those responsible will be held to account."

Russia must bear full responsibility for Mr. Urey's death. Just as Russia must bear full responsibility for the countless other deaths of those illegally detained and tortured; of those targeted at medical facilities and hospitals when at their most vulnerable; for the heroic and selfless medical staff who only wanted to help and heal; for four year old Liza Dmitrieva on the way home from her speech therapy session in Vinnytsia. The list tragically goes on. We will ensure that justice is delivered for Liza, for all those who have suffered and for those who have lost their lives at the hands of President Putin. As has been said many times, he alone can stop this horror and bloodshed, he simply chooses not to.

Through humanitarian assistance, and our commitments on military aid,

economic assistance, sanctions and accountability, we will support and stand by Ukraine in their fight against Russia's tyranny. On many fronts, Russia has already lost. It must end this illegal war now, withdraw its troops from the whole of Ukraine, and take responsibility for its actions.

Amendments to Parole Board rules

The Parole Board is in the process of updating its guidance to reflect these changes but in the meantime the information below sets out key changes.

Community Offender Managers, Prison Offender Managers and prison Psychologists will no longer be providing recommendations or views on a prisoner's suitability for release or transfer to open conditions in the reports they provide to the Parole Board. While HMPPS report writers are unable to provide a recommendation/view, they must still provide a rigorous and comprehensive assessment of the prisoner's risks and needs, using accredited tools and applying their professional judgement, as well as a statement of outstanding risk factors and identifying protective factors.

For all cases, a risk management plan must be provided that presents an evidence-based assessment of the risk the prisoner presents, setting out how the Probation Service would manage the prisoner, if the panel were minded to direct release.

In some cases, the Secretary of State will present a single view on the prisoner's suitability for release. These cases will be selected by the Secretary of State, taking account of advice from officials.

The set aside process will give the parties to parole reviews (the Secretary of State and the prisoner) the right to ask for a final parole decision to be looked at again by the Parole Board. This is only applicable for cases where release is being considered and not for recommendations for open conditions. Guidance will be published on setting aside shortly.

The Secretary of State now makes an automatic referral to the Board for consideration of terminating an IPP licence rather than the individual on licence making an application direct to the Board.

Where the individual on licence has been recalled to custody, the panel must consider both whether the IPP licence should be terminated and whether the test for release is met.

For more information on IPP licence termination please see here: [Termination of Licence for Individuals serving Imprisonment for Public Protection \(IPP\) – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/termination-of-licence-for-individuals-serving-imprisonment-for-public-protection-ipp-termination-guidance)

The new Parole Board Rules make it possible for public parole hearings to be held in some cases where circumstances justify it. The prisoner, victim, the

media or the wider public may now make an application requesting that a case be heard in public.

Applications have to be made no less than 3 months before a parole board hearing is scheduled to take place.

More information on this process and the application form can be found here: [Applying for a Parole review to be public – GOV.UK \(www.gov.uk\)](http://www.gov.uk/government/consultations/parole-review-to-be-public)

Safety review to begin on topiramate

Topiramate is used for the treatment of epilepsy and migraine. It is used specifically:

- to prevent migraine headaches in adults after consideration of possible other treatments
- alone to treat seizures in adults and children older than age 6 years
- with other medicines to treat seizures in adults and children aged 2 years and above

It should only be prescribed under the supervision of a healthcare professional.

Topiramate is already known to harm the way an unborn baby grows and develops if it is used during pregnancy. Therefore, women should already be advised to use highly effective birth control while on topiramate and to avoid becoming pregnant while using this medicine.

There are other treatments for use in pregnancy that are safer for the baby such as lamotrigine and levetiracetam. Information shows that these medicines do not increase the risk of physical birth abnormalities compared with the general population.

A safety review is today being initiated into topiramate following an observational study suggesting a potential increased risk of neurodevelopmental disabilities (including autism spectrum disorder and effects on learning and development) in children exposed to topiramate during pregnancy.

Women on topiramate who are planning a pregnancy should speak to their doctor about other treatment options, but they should not stop taking topiramate without first discussing it with a healthcare professional.

Topiramate is available as tablets, a liquid oral solution, or as capsules that can be swallowed whole or sprinkled on soft food. The brand name of topiramate is Topamax.

Previous reviews of topiramate and harms in pregnancy

Following a review by the Commission on Human Medicines into the safety of antiepileptic drugs in pregnancy, including topiramate, in January 2021 we published new safety advice in [Drug Safety Update](#) with [patient advice](#), and a [Public Assessment Report](#).

Topiramate use in pregnancy is linked to an increased risk of birth defects and an increased risk of the baby being born of low birth weight and small for gestational age (fetal growth restriction).

Scope of this review

The Medicines and Healthcare products Regulatory Agency (MHRA) routinely undertakes reviews of the safety of medicines, seeking independent expert advice from the Commission on Human Medicines. The MHRA is responsible for the safety, efficacy and quality of medicines and so this safety review focuses on the regulatory position in the UK.

The scope of the review is:

1. To evaluate information from all Marketing Authorisation Holders and available sources, including relevant stakeholders (patients, patient representatives, healthcare professionals, healthcare organisations, researchers, charity and patient organisations) on the possible harms associated with the use of topiramate during pregnancy.
2. To consider whether further regulatory action is required to minimise risk and ensure awareness of the risks.
3. To consider the impact of the available information considered as part of this review on the balance of benefits and risks of topiramate.
4. To consider what research could be undertaken to further elucidate the long-term impact on children of exposure to topiramate during pregnancy.
5. To make recommendations to the Commission on Human Medicines to improve the balance of benefits and risks for topiramate, to raise awareness of the associated risks and for further research to evaluate the risks.

Following completion of this safety review, a report of the CHM's conclusions and recommendations will be published on this website and will also be sent to those who have indicated that they would like to receive notifications.

Timeframes for the review

Safety review initiated	Thursday 21 July
Responses due from companies	September
Assessment circulated to CHM	October
CHM consideration	October

After the CHM has considered the review, the MHRA will take forward the recommendations and update the timelines for the review where necessary.

If you would like to receive notifications in relation to this safety review please contact MHRACustomerServices@mhra.gov.uk to register your details. We will only use these details to notify you about this review.

Information on opportunities to contribute to the review will be published on this webpage as they arise and notifications will be sent to individuals who have indicated they wish to receive them.

Advice for patients

Patients are advised to not stop taking topiramate without discussing with your doctor.

If you are taking topiramate for epilepsy or migraine and are planning a pregnancy, urgently talk to your doctor – there are treatments for use in pregnancy which are safer for the baby.

For epilepsy, consult our information on [epilepsy medicines and pregnancy](#), including that lamotrigine (brand name Lamictal) and levetiracetam (brand name Keppra) are safer for the baby during pregnancy since they do not increase the risk of physical birth abnormalities compared with the general population.

Advice for healthcare professionals

Continue to advise patients on the already known risks associated with topiramate during pregnancy. See [article in the MHRA's Drug Safety Update](#) from July 2022 for a reminder of current advice.

Before starting topiramate in a woman of childbearing potential, fully inform the patient of the risks and the need to use highly effective contraception throughout treatment with topiramate.

Do not prescribe topiramate during pregnancy for migraine prophylaxis. Specialist advice should be sought for patients with epilepsy who are pregnant.

Reporting suspected side effects to topiramate

We continuously monitor the safety of medicines in the UK using information from various sources including the [Yellow Card scheme](#).

If you suspect that you have experienced a side effect with use of topiramate, we encourage you to submit a report. Anyone in the UK can submit a report to the [Yellow Card scheme](#).

If you have any questions about this review please contact us at MHRACustomerServices@mhra.gov.uk