

## Site visit audit report on compliance with HTA requirements

**BUPA Cromwell Hospital**

**HTA licensing number 40011**

### Licensed for

- **Procurement Activities**: donor characterisation (DC), organ characterisation (OC), preservation of an organ (P), retrieval of an organ (R), making arrangements to transport an organ (T)
- **Transplantation Activities**: organ characterisation (OC), preservation of an organ (P), implantation of an organ (I), making arrangements to transport an organ (T)

**Under the Quality and Safety of Organs Intended for Transplantation Regulations 2012, as amended by the Quality and Safety of Organs Intended for Transplantation (Amendment) Regulations 2014**

**3 May 2018**

### Summary of Audit findings

The HTA carried out an audit of BUPA Cromwell Hospital ('the establishment') focusing on assessment criteria relevant to a new transplantation activity - liver lobe transplantation from living adult donors. It was agreed during the February 2018 audit that the HTA would return to focus specifically on this activity.

The establishment was found to have met all relevant assessment criteria. It was also verified that advice identified at the February 2018 audit had been addressed.

Particular examples of good practice are included in the concluding comments section of the report.

The HTA has also given advice to the establishment with respect to documentation.

### **The HTA's regulatory requirements**

The HTA shall ensure that licence holders are audited for the purposes of ensuring compliance with the licensing conditions in schedule 1 of The Quality and Safety of Organs Intended for Transplantation Regulations 2012 and any requirements imposed by directions made under these Regulations.

The assessment criteria reflect the requirements of the statutory conditions outlined in schedule 1 and the HTA's directions. They are designed to promote the safe use of human organs and ensure traceability is maintained between donor and recipient. The HTA audits establishments it licences against eight groups of assessment criteria:

- Donor characterisation and organ characterisation
- Retrieval of organs for transplantation
- Organ preservation
- Making arrangements to transport an organ
- Implantation
- Traceability
- Serious adverse events and serious adverse reactions
- General (apply to all licences)

Reports of HTA audits are published on the HTA's website.

Throughout the audit process, the HTA assesses the establishment against the assessment criteria. Where the HTA determines that an assessment criteria is not met, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 1: Classification of the level of shortfall). Where HTA assessment criteria are fully met, but the HTA has identified an area of practice that could be further improved, advice is provided in this report.

### **Licensable activities carried out by the establishment – Procurement activities**

<b>Organ type</b>	<b>Kidney</b>	<b>Liver lobe</b>
<b>Adult living</b>	<b>DC, OC, P, R, T</b>	<b>DC, OC, P, R, T</b>

Procurement Activities: donor characterisation (DC), organ characterisation (OC), preservation of an organ (P), retrieval of an organ (R), making arrangements to transport an organ (T)

### **Licensable activities carried out by the establishment – Transplant activities**

<b>Organ type</b>	<b>Kidney</b>	<b>Liver lobe</b>
<b>Adult living</b>	<b>OC, P, I, T</b>	<b>OC, P, I, T</b>

Transplantation Activities: organ characterisation (OC), preservation of an organ (P), implantation of an organ (I), making arrangements to transport an organ (T)

## **Background to the establishment and description of audit activities undertaken**

BUPA Cromwell Hospital ('the establishment'), a private hospital in London, has been licensed for organ procurement and implantation since August 2012. The establishment currently procures and implants kidneys in living, directed, cases for adult patients. There is no paediatric service. The HTA audited this transplantation activity at the establishment in February 2018; the audit report for this visit is available on the HTA's website.

Prior to August 2012, the establishment had also performed liver lobe transplants from living donors. This activity has not taken place since the licensing requirements came into effect. The establishment intends to re-start this programme. The HTA performed a site visit audit in May 2018 to gather information about this activity, and to review documented procedures in place for it. The audit focused on assessment criteria relevant to live liver lobe transplantation only. Criteria that were assessed as fully met at the February 2018 audit were not re-assessed; these related to the retention of donor and organ characterisation information, materials and equipment, and sterilisation of reusable instruments.

### **Living liver lobe donations**

The directed living donations involve adult donors, with the majority of the patients coming from overseas, having been either referred to the establishment by their respective embassy or through self-referral. There are no plans to introduce a paediatric service.

Donor and organ characterisation information is gathered at the establishment under the supervision of hepatologists and surgeons from another licensed establishment. Surgeons from that hospital will procure, and implant, the liver lobes.

The establishment has developed a unified standard operating procedure (SOP) for its kidney and liver lobe transplantation activities and SOPs based on NHS Blood and Transplant's (NHSBT's) National Operating Procedures.

Both the internal and external testing laboratories undertaking donor and organ characterisation assessments are appropriately accredited by a relevant body. During the February 2018 audit, the audit team verified that the Department of Pathology, which includes virology testing and histopathology laboratories, had current Clinical Pathology Accreditation (CPA) certificates.

Following the transplant, the donor and recipient stay for a period of time in the hospital and are monitored by the Consultant Hepatologist regularly during this time. The establishment makes arrangements for on-going monitoring and follow up of the donor. A discharge letter is given to the donor and the embassy from which the referral was made. The centre provides considerable information to the donor regarding the importance of follow up appointments and annual checks.

At the audit, the auditors held a round-table discussion with staff who will be involved with this transplantation activity and reviewed documented procedures. As liver lobe transplantation had not commenced, patient notes were not reviewed. A tour of the organ pathway was not considered necessary as this was completed during the audit in February 2018.

### **Compliance with HTA assessment criteria**

All applicable assessment criteria were fully met.

## Advice

The HTA advises the establishment to consider the following to further improve practices.

No.	Assessment Criterion	Advice
1.	General advice	The establishment is advised to include, in the relevant document and checklists, the point at which HTA approval is checked prior to the transplant taking place.

## Concluding comments

Areas of good practice were observed during the audit, which included:

- The establishment has set up an honorary contract with another licensed establishment and staff at both hospitals share best practice
- The documentation includes several checklists to ensure that all tasks are completed. This includes checklists to ensure that relevant departments have been informed and contacted, and a ward discharge checklist to confirm that the donor has been provided with information about what to expect following the transplant.

The HTA has given advice to the establishment with respect to documentation.

The HTA has assessed the establishment as suitable to be licensed for the activities specified.

**Report sent for factual accuracy: 23 May 2018**

**Report returned with comments: 29 June 2018**

**Final report issued: 29 June 2018**

## **Appendix: Classification of the level of shortfall**

Where the HTA determines that an assessment criterion is not met, the improvements required will be stated and the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor'. Where the HTA is not presented with evidence that an establishment meets the requirements of an assessment criterion, it works on the premise that a lack of evidence indicates a shortfall.

The action an establishment will be required to make following the identification of a shortfall is based on the HTA's assessment of risk of harm and/or a breach of the HT Act or associated Directions.

### **1. Critical shortfall:**

A shortfall which poses a significant direct risk of causing harm to the quality of an organ intended for transplantation or which poses a significant direct risk of causing harm to a donor or recipient.

*Or*

A number of 'major' shortfalls, none of which is critical on its own, but viewed cumulatively represent a systemic failure and therefore are considered 'critical'.

A critical shortfall may result in one or more of the following:

- (1) A notice of proposal being issued to revoke the licence
- (2) Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.
- (3) A notice of suspension of licensable activities
- (4) Additional conditions being proposed
- (5) Directions being issued requiring specific action to be taken straightaway

### **2. Major shortfall:**

A non-critical shortfall.

A shortfall in the carrying out of licensable activities which poses an indirect risk to the quality and safety of an organ intended for transplantation or which poses an indirect risk to the safety of a donor or recipient

*Or*

A shortfall in the establishment's quality and safety procedures which poses an indirect risk to the quality and safety of an organ intended for transplantation or which poses an indirect risk to the safety of a donor or recipient;

*Or*

A shortfall which indicates a major deviation from the **Human Tissue (The Quality and Safety of Organs Intended for Transplantation) Regulations 2012** or the **Documentary Framework for the Quality and Safety of Organs Intended for Transplantation**;

Or

A combination of several 'minor' shortfalls, none of which is major on its own, but which, viewed cumulatively, could constitute a major shortfall by adversely affecting quality and safety of an organ intended for transplantation or the safety of a donor or recipient;

In response to a major shortfall, an establishment is expected to implement corrective and preventative actions within 1-2 months of the issue of the final audit report. Major shortfalls pose a higher level of risk and therefore a shorter deadline is given, compared to minor shortfalls, to ensure the level of risk is reduced in an appropriate timeframe

### **3. Minor shortfall:**

A shortfall which cannot be classified as either critical or major and, which can be addressed by further development by the establishment.

This category of shortfall requires the development of a corrective action plan, the results of which will usually be assessed by the HTA either by desk based review or at the time of the next audit.

In response to a minor shortfall, an establishment is expected to implement corrective and preventative actions within 3-4 months of the issue of the final audit report.

#### **Follow up actions**

A template corrective and preventative action plan will be sent as a separate Word document with both the draft and final audit report. You must complete this template and return it to the HTA within 14 days of the issue of the final report.

Based on the level of the shortfall, the HTA will consider the most suitable type of follow-up of the completion of the corrective and preventative action plan. This may include a combination of

- a follow-up audit
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next desk-based or site-visit audit.

After an assessment of your proposed action plan you will be notified of the follow-up approach the HTA will take.

## HTA assessment criteria

Donor Characterisation and Organ Characterisation
CT1) Where a donor is deceased, a registered medical practitioner, or a person acting under the supervision of a registered medical practitioner, has endeavoured to obtain information from the relatives or other persons about the donor, and has explained the importance of swift transmission of information.
CT2) Donors and organs are characterised before implantation by the collection of information specified in Part A of the Annex to the Directive.
CT3) Donors and organs are characterised before implantation by, where considered appropriate, the collection of information specified in Part B of the Annex to the Directive.
CT4) All information relating to donor and organ characterisation is kept for a period of 30 years from the date of retrieval of the organ and there is an operating procedure in place to demonstrate how this requirement is complied with.
CT5) Tests required for donor and organ characterisation are carried out by laboratories with CPA or UKAS accreditation.
CT6) Information on organ and donor characterisation reaches the person who will be implanting an organ within a time period that would not compromise the quality and safety of the organ and there is an operating procedure in place to demonstrate how this requirement is complied with.
Retrieval of Organs for transplantation
R1) Procurement is only carried out after all the requirements relating to consent (or authorisation in Scotland) have been met.
R2) Material and equipment used in retrieval meets the requirements of The Medical Devices Regulations 2002 (SI 2002/618), where these apply, and there is an operating procedure in place to demonstrate how this requirement is complied with.
R3) Reusable instruments used in retrieval are subject to a validated cleaning and sterilisation procedure for removal of infectious agents, which is documented.
R4) Endeavours are made to follow-up a living donor for the purposes of identifying and managing any event potentially relating to the quality and safety of the donated organ and any serious adverse reaction in the living donor that may result from the donation.
Organ preservation
P1) Material and equipment used in organ preservation meet the requirements of The Medical Devices Regulations 2002 (SI 2002/618), where these apply, and there is an operating procedure in place to demonstrate how this requirement is complied with.
P2) Reusable instruments used in organ preservation are subject to a validated cleaning and sterilisation procedure for removal of infectious agents, which is documented.
P3) Records of perfusion fluid coming into contact with organs are made on the appropriate HTA A and B forms.

<p>Making arrangements to transport an organ</p>
<p>TP1) The integrity of the organ is maintained during transport and the transport time is suitable to ensure the quality and safety of the organ, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>TP2) The organ shipping container is suitable for transport of the specified organ.</p>
<p>TP3) The organ shipping container used for transporting organs from the licensed premises is labelled with the information specified in paragraph 68 of the framework document, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>TP4) Transported organs are accompanied by a report on the organ and donor characterisation, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>TP5) Arrangements are in place to ensure that any organisations transporting organs on behalf of the licence holder meet the requirements for transportation and serious adverse event and reaction reporting specified in the framework document.</p>
<p>Implantation</p>
<p>I1) The identification of the donor and the collection of the information in Annex A and B of the Directive are verified prior proceeding to implant an organ, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>I2) Compliance with the conditions of preservation and transport outlined in the framework document are verified prior to proceeding to implant an organ.</p>
<p>I3) Where any of the information specified in Annex A of the Directive is not available; a risk-benefit analysis is conducted to determine whether the expected benefits for the recipient of the organ outweigh the risks posed by the lack of any information.</p>
<p>Traceability – <i>(these criteria apply to all licensed activities)</i></p>
<p>TC1) The data required to ensure traceability of organs are recorded using the HTA A and B forms, which are returned to NHSBT within 7 days, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>TC2) There is an identification system for donor and recipient to identify each donation and each of the organs and recipients associated with it.</p>
<p>TC3) A record (date and time) of the transportation of organs arriving at and/or leaving the establishment is kept for 30 years as part of the traceability information.</p>
<p>Serious adverse events and adverse reactions (SAEARs) – <i>(these criteria apply to all licensed activities)</i></p>
<p>S1) Operating procedures are in place for the management of a serious adverse event or a serious adverse reaction.</p>
<p>S2) Serious adverse events and reactions are reported to NHSBT within 24 hours of discovery, a follow-up report is provided within 90 days, and there is an operating procedure in place to demonstrate how this requirement is complied with.</p>
<p>S3) Third parties, such as those undertaking testing or transportation, are instructed to report any serious adverse events and reactions to the licence holder within 24 hours of discovery.</p>

General – *(these criteria apply to all licensed activities)*

GN1) Healthcare personnel directly involved in the chain from donation to the transplantation or disposal of an organ are competent and suitably qualified or trained to perform their tasks.

GN2) Healthcare personnel directly involved in the chain from donation to the transplantation or disposal of an organ are provided with the training necessary to perform their tasks.

GN3) Medical activities are performed under the advice and guidance of a registered medical practitioner, and there are operating procedures in place to demonstrate this.