Licence application assessment report on compliance with HTA licensing standards
Licence assessment date: **14 July 2021**

KalVista Pharmaceuticals Ltd
Proposed HTA licensing number 12714

Application for a licence under the Human Tissue Act 2004

Activities applied to be licensed

Area	Storage of relevant material which has come from a human body for use for a scheduled purpose	Removal from the body of a deceased person (otherwise than in the course of an anatomical examination or post-mortem examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose other than transplantation
Hub site **KalVista Pharmaceuticals Ltd**	Applied to be licensed	Not applied to be licensed

Summary of visit findings
The HTA found the proposed Designated Individual (DI) and the proposed Licence Holder (LH) to be suitable in accordance with the requirements of the legislation.

Although the HTA found that KalVista Pharmaceuticals Ltd (the 'establishment') had met the majority of the HTA's licensing standards, one minor shortfall was found in relation to monitoring of critical storage conditions.

The HTA has assessed the establishment as suitable to be licensed for the activities specified, subject to corrective and preventative actions being implemented to meet the shortfall identified during the inspection.

Compliance with HTA standards

Minor Shortfall

Standard	Inspection findings	Level of shortfall
PFE2 There are appropriate facilities for the storage of bodies and human tissue		
(c) Storage conditions are monitored, recorded and acted on when required.	The establishment will be storing cells from deceased donors under critical storage conditions. There is currently no remote temperature monitoring alarm and callout system in place.	**Minor**

Advice

The HTA advises the proposed DI to consider the following to further improve practices:

Number	Standard	Advice
1.	GQ3(b)	As the establishment will be storing tissue from deceased donors, the proposed DI is advised to include training on seeking appropriate consent for tissue from the deceased in the Human Tissue Training document. This should strengthen staff awareness of the requirements of the Human Tissue Act 2004 when sourcing tissue from deceased donors.

2.	GQ5(a)	To improve identification and reporting of adverse events, the proposed DI is advised to document in greater detail how adverse events are logged, reported, addressed and monitored in Laboratory Operating Procedure: Working with Human Tissue.
3.	T2(b)	The date, method and reason for disposal of human tissue are documented in KV020: Working with Human Tissue. To ensure consistent practice, the proposed DI is advised to also include the reason for disposal in SOP LAB-001: Human Tissue Sample Receipt, Storage, Use and Destruction in the UK.

Background

KalVista Pharmaceuticals Ltd is a research and development pharmaceutical company which focuses on drug discovery and development research in support of new drug design and in vitro testing. The laboratories include chemistry, biology and analytical facilities sited on a secure science park. The establishment has applied for an HTA licence to store relevant material which has come from a human body for use for scheduled purposes. Human tissue will be from both living and deceased donors, and will be sourced commercially.

The proposed DI is the Vice-President of Research at the establishment. The proposed Corporate Licence Holder (CLH) is KalVista Pharmaceuticals Ltd and the proposed CLH contact is the Chief Financial Officer and Director. Two Persons Designated (PDs) have been notified to the HTA.

Description of activities undertaken during visit

The HTA's regulatory requirements are set out in Appendix 1. Due to the national response to the COVID-19 pandemic, no site visit was undertaken. The Regulation Manager covered the following areas during a remote (desk-based) assessment.

Standards assessed against during visit
37 out of 47 HTA licensing standards were covered during the visit (standards published 3 April 2017). Several standards relating to consent were not applicable as the establishment does not intend to seek consent from donors (C1(a), C1(b), C1(d), C1(e), C1(f) C2(a), C2(b), C2 (c)) or transfer material to another site (T1(f), T1(g)).

Review of governance documentation
Policies and procedural documents relating to all licensable activities, including the establishment's Quality Manual, standard operating procedures, risk assessments and those pertaining to traceability systems were reviewed. Documents detailing the plans for adverse events, incident management, governance meetings and audits were also reviewed.

Visual inspection
No site visit was undertaken as part of the licence application assessment.

Meetings with establishment staff
The assessment included remote meetings with the proposed DI, proposed Persons Designated, the Facilities Manager and Principal Research Scientist.

Report sent to proposed DI for factual accuracy: 26 July 2021

Report returned from proposed DI: 28 July 2021

Final report issued: 3 August 2021

Completion of corrective and preventative actions (CAPA) plan

Based on information provided, the HTA is satisfied that the establishment has completed the agreed actions in the CAPA plan and in doing so has taken sufficient action to correct all shortfalls addressed in the Assessment Report.

Date: 2 November 2021

Appendix 1: The HTA's regulatory requirements

Prior to the grant of a licence, the HTA must assure itself that the DI is a suitable person to supervise the activity authorised by the licence and that the premises are suitable for the activity.

The statutory duties of the DI are set down in Section 18 of the Human Tissue Act 2004. They are to secure that:

- the other persons to whom the licence applies are suitable persons to participate in the carrying-on of the licensed activity;
- suitable practices are used in the course of carrying on that activity, and;
- the conditions of the licence are complied with.

Its programme of site visit inspections to assess compliance with HTA licensing standards is one of the assurance mechanisms used by the HTA.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. They are grouped under four headings:

- consent;
- governance and quality systems;
- traceability, and;
- premises facilities and equipment.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that there has been a shortfall against a standard, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 2: Classification of the level of shortfall). Where HTA standards are fully met, but the HTA has identified an area of practice that could be further improved, advice is provided.

HTA inspection reports are published on the HTA's website.

Appendix 2: Classification of the level of shortfall

Where the HTA determines that a licensing standard 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 expected standard, 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 Human Tissue Act 2004 (HT Act) or associated Directions.

1. **Critical shortfall:**

   A shortfall which poses a significant risk to human safety and/or dignity or is a breach of the HT Act or associated Directions

   or

   A combination of several major shortfalls, none of which is critical on its own, but which together could constitute a critical shortfall and should be explained and reported as such.

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

   - A notice of proposal being issued to revoke the licence;
   - 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;
   - A notice of suspension of licensable activities;
   - Additional conditions being proposed, or;
   - Directions being issued requiring specific action to be taken straightaway.

2. **Major shortfall:**

   A non-critical shortfall that:

   - poses a risk to human safety and/or dignity, or;
   - indicates a failure to carry out satisfactory procedures, or;
   - indicates a breach of the relevant Codes of Practice, the HT Act and other relevant professional and statutory guidelines, or;

- has the potential to become a critical shortfall unless addressed.

or

A combination of several minor shortfalls, none of which is major on its own, but which, together, could constitute a major shortfall and should be explained and reported as such.

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 inspection 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, but which indicates a departure from expected standards.

   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 site visit.

   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 inspection report.

Follow up actions

A template corrective and preventative action plan will be sent as a separate Word document with the final inspection report. Establishments 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 site visit inspection;
- a request for information that shows completion of actions;
- monitoring of the action plan completion, or;
- follow up at next routine site visit inspection.

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