Site visit inspection report on compliance with HTA minimum standards

National Institute for Biological Standards and Control (NIBSC)

HTA licensing number 12321

Licensed under the Human Tissue Act 2004 for the

- **storage of relevant material which has come from a human body for use for a scheduled purpose**

20 September 2012

Summary of inspection findings

The HTA found the Designated Individual, the Licence Holder, the premises and the practices to be suitable in accordance with the requirements of the legislation.

Although the HTA found that the National Institute for Biological Standards and Control (the establishment) had met the majority of the HTA standards, one minor shortfall was found in relation to the absence of a documented risk assessment of tissue traceability. This shortfall was addressed by the establishment to the HTA's satisfaction before the final report was issued.

Examples of strengths and good practice are included in the concluding comments section of the report.

The HTA's regulatory requirements

The HTA must assure itself that the Designated Individual, Licence Holder, premises and practices are suitable.

The statutory duties of the Designated Individual are set out in Paragraph 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.

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. The HTA inspects the establishments it licences against four groups of standards:

- consent
- governance and quality systems
- premises facilities and equipment
- disposal.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a standard is not met, 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 given to the DI.

Reports of HTA inspections carried out from 1 November 2010 are published on the HTA's website.

Background to the establishment and description of inspection activities undertaken

The principal activities of this establishment, which is a part of the Health Protection Agency, are the control and evaluation of biological medicines, and the development and provision of biological standards and other reference materials. The establishment stores large numbers of samples of relevant material of various types, including: blood; peripheral blood mononuclear cells; faecal material; frozen heart and pancreas blocks and slides; urine; oral swabs and saliva, and; nasal swabs and washings. Samples are from living persons and may, depending on the tissue type, be stored in fridges, freezers, liquid nitrogen tanks or at ambient temperature.

Relevant material from living persons stored at this establishment for the scheduled purposes of performance assessment and public health monitoring is exempt from the licensing requirements of the Human Tissue Act 2004 ('the Act'). Most research projects in connection with the disorders, of the functioning, of the human body have ethical approval from NHS Research Ethics Committees, and are also exempt from the Act's licensing requirements in relation to storage. A few hundred samples of existing holdings from clinical trials, stored for research in connection with the disorders, of the functioning, of the human body, are subject to the Act's licensing requirements, as no licensing exemptions apply. As existing holdings, these samples do not require consent for storage.

Consent standards do not apply to this establishment, as relevant material from living persons stored for the scheduled purposes of performance assessment or public health monitoring do not require consent.

The establishment has been licensed by the HTA since August 2007. This report describes its first routine site visit inspection in September 2012. The inspectors met with establishment staff, reviewed documentation, and visually inspected three locations where relevant material is stored. An audit of tissue traceability in one location revealed no anomalies.

The establishment is also licensed under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 for UK Stem Cell Bank (licensing number 22502). Activities under that licence were not reviewed at this inspection.

Inspection findings

The HTA found the Designated Individual and the Licence Holder to be suitable in accordance with the requirements of the legislation.

Compliance with HTA standards

Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail.	The establishment has a comprehensive set of documented risk assessments relating to practices and premises. There is, however, no documented assessment of potential risks to tissue traceability. As many samples are rare or irreplaceable, and some existing holdings are not individually labelled, such an assessment is essential. *The establishment submitted a risk assessment addressing potential risks to tissue traceability, to address this shortfall, prior to the issue of the final report. The HTA has assessed this information as satisfactory to address the shortfall.*	**Minor**

Advice

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

No.	Standard	Advice
1.	GQ1	The DI is advised to schedule regular meetings with principal investigators and custodians to discuss human tissue-related activities at the establishment. The DI is also advised to nominate principal investigators who use tissue stored under the HTA licence as Persons Designated (PDs).
2.	GQ1	The DI is advised that standard operating procedure SOP3090 ‘The receipt,

		storage, use, distribution and disposal of human tissues regulated by the Human Tissue Act' should include: • more detailed information on the consent and licensing requirements for storage and use of relevant material for scheduled purposes, as set out in the Act and the Human Tissue Act 2004 (Ethical Approval Exemptions from Licensing and Supply of Information about Transplants) Regulations; • reference to the HTA Codes of practice on consent, disposal of human tissue, and research, and the HTA's 'Supplementary list of materials' which sets out what is 'relevant material' under the Act; • the definitions of research, public health monitoring, clinical audit and performance assessment from the HTA's Codes of practice.
3.	GQ2	The DI is advised to formally incorporate audits of tissue traceability into the existing schedule of procedural audits.
4.	PFE3	Sample tubes from one tissue collection are kept in plastic bags, within Tupperware containers, in a -80 ^{o}C freezer. The prolonged storage at -80 ^{o}C causes the bags to split, necessitating transfer of sample tubes into new bags. The DI is advised to consider alternative storage techniques, such as using bags that are less prone to splitting at low temperatures and 'double-bagging'.
5.	PFE5	The dates of the three-monthly maintenance checks and the annual calibration of temperature probes of fridges and freezers are recorded on adhesive labels which are affixed to such items of equipment. During the visual inspection, it was noted that adhesive labels were not affixed to some items of equipment. The DI is advised extend the labeling to all relevant fridges and freezers.

Concluding comments

Several areas of strength were identified. Quality management is to a high standard, with rigorous procedural audits undertaken to a regular schedule. There is a comprehensive set of risk assessments of procedures and of premises. Collections of relevant material at the establishment can be tracked through a Human Tissue Log, which describes the location, tissue type and use of the material. Fridges and freezers undergo maintenance checks to a three-monthly schedule, with good arrangements to alert researchers to an equipment malfunction outside core working hours.

As an example of good practice, staff receive 'HTA Awareness' training which covers the Act, the HTA licensing standards and how these are being met by the establishment, and the activities involving human tissue taking place at the establishment.

The HTA has given advice to the Designated Individual with respect to governance and quality systems, and premises, facilities and equipment.

Before the draft inspection report was finalised, the establishment submitted a documented assessment of potential risks to tissue traceability, and measures to mitigate them. This risk assessment was assessed by the HTA as satisfactory to meet the shortfall. Consequently there is no longer a need to address this shortfall through a corrective and preventive action plan.

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

Report sent to DI for factual accuracy: 15 October 2012

Report returned from DI: 26 October 2012

Final report issued: 31 October 2012

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 Inspection Report.

Date: 30 October 2012

Appendix 1: HTA standards

The HTA standards applicable to this establishment are shown below; those not assessed during the inspection are shown in grey text. Individual standards which are not applicable to this establishment have been excluded.

Governance and quality system standards
GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process
• Policies and procedures in place are in place, covering all activities related to the storage of relevant material for research in connection with disorders, or the functioning, of the human body • Appropriate risk management systems are in place • Regular governance meetings are held; for example, health and safety and risk management committees, agendas and minutes • Complaints system
GQ2 There is a documented system of quality management and audit
• A document control system, covering all documented policies and standard operating procedures (SOPs). • Schedule of audits • Change control mechanisms for the implementation of new operational procedures
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills
• Qualifications of staff and training are recorded, records showing attendance at training • Orientation and induction programmes • Documented training programme, (e.g. health and safety, fire, risk management, infection control), including developmental training • Training and reference manuals • Staff appraisal / review records and personal development plans are in place
GQ4 There is a systematic and planned approach to the management of records
• Documented procedures for the creation, amendment, retention and destruction of records • Regular audit of record content to check for completeness, legibility and accuracy • Back-up / recovery facility in the event of loss of records • Systems ensure data protection, confidentiality and public disclosure (whistle-blowing)

GQ5 There are documented procedures for distribution of body parts, tissues or cells
• A process is in place to review the release of relevant material to other organisations • An agreement is in place between the establishment and the organisation to whom relevant material is supplied regarding the tracking and use of material and eventual disposal or return
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail
• There is an identification system which assigns a unique code to each donation and to each of the products associated with it • An audit trail is maintained, which includes details of when and where the relevant material was acquired, the consent obtained, the uses to which the material was put, when the material was transferred and to whom
GQ7 There are systems to ensure that all adverse events are investigated promptly
• Corrective and preventive actions are taken where necessary and improvements in practice are made • System to receive and distribute national and local information (e.g. HTA communications)
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately
• Documented risk assessments for all practices and processes • Risk assessments are reviewed when appropriate • Staff can access risk assessments and are made aware of local hazards at training

Premises, facilities and equipment standards
PFE1 The premises are fit for purpose
• A risk assessment has been carried out of the premises to ensure that they are appropriate for the purpose • Policies in place to review and maintain the safety of staff, authorised visitors and students • The premises have sufficient space for procedures to be carried out safely and efficiently • Policies are in place to ensure that the premises are secure and confidentiality is maintained
PFE 2 Environmental controls are in place to avoid potential contamination
• Documented cleaning and decontamination procedures • Staff are provided with appropriate protective equipment and facilities that minimise risks from contamination • Appropriate health and safety controls are in place

PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues and cells, consumables and records.

- Relevant material, consumables and records are stored in suitable secure environments and precautions are taken to minimise risk of damage, theft or contamination
- Contingency plans are in place in case of failure in storage area
- Critical storage conditions are monitored and recorded
- System to deal with emergencies on 24 hour basis
- Records indicating where the material is stored in the premises

PFE 4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to a destination

- Documented policies and procedures for the appropriate transport of relevant material, including a risk assessment of transportation
- A system is in place to ensure that traceability of relevant material is maintained during transport
- Records of transportation and delivery
- Records are kept of any agreements with recipients of relevant material
- Records are kept of any agreements with courier or transport companies

PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored

- Records of calibration, validation and maintenance, including any agreements with maintenance companies
- Users have access to instructions for equipment and receive training in use and maintenance where appropriate
- Staff aware of how to report an equipment problem
- Contingency plan for equipment failure

Disposal Standards

D1 There is a clear and sensitive policy for disposing of human organs and tissue

- Documented disposal policy
- Policy is made available to the public
- Compliance with health and safety recommendations

D2 The reason for disposal and the methods used are carefully documented

- Standard operating procedures (SOPs) for tracking the disposal of relevant material detail the method and reason for disposal

- Where applicable, disposal arrangements reflect specified wishes

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 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 Human Tissue Act 2004 (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:

(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 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 CoPs, 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 or 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 both the draft and final inspection 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 site-visit inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next desk-based or site-visit inspection.

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