

Summary of inspections 2006–2008

Research

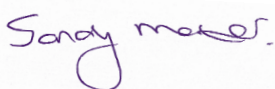
Foreword

This summary inspection report is one of a set of five that the Human Tissue Authority (HTA) has produced for each of the sectors that we license and inspect: anatomy, human application, post-mortem, public display and research. The reports summarise the key learning points from a range of information that we hold about the establishments that we regulate. They are vital reading for anyone who works in these sectors, so that lessons may be learnt and standards improved.

The HTA's regulatory methods are framed by the requirements of the Human Tissue Act 2004 (HT Act) which places a specific obligation on the HTA to follow the principles of Better Regulation and to carry out regulatory activities in a way that is transparent, accountable, proportionate, consistent and targeted. The proportionate, risk-based regulatory system that we use is also informed by the good practice from key Government reports: Reducing administrative burdens: effective inspection and enforcement (Philip Hampton, 2005) and Regulation – less is more, reducing burdens, improving outcomes (Better Regulation Task Force, 2005). In April 2008 the statutory code of practice for regulators (the Regulators' Compliance Code) came into force. This provides further guidance on Better Regulation and will form the basis of an external inspection of the HTA's regulatory systems by the Better Regulation Executive during the 2008/09 business year.

The HTA works with those who need to be licensed by acting as “coach” not “cop” to bring them into the licensing framework, and to provide advice and guidance to help them to improve standards. This compliance-based approach to regulation is partnered with the HTA's proportionate approach to enforcement, which is aimed at deterring future non-compliance.

These summary inspection reports are the next steps on the path to improving standards for the regulation of human tissue. We hope that all those working in the sectors we license and inspect will review this information, and reflect on how it could be applied to their own practice to improve standards.



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Executive summary

In the period 1 September 2006 to 31 March 2008 we licensed 236 research establishments and carried out 10 site visit inspections.

We applied 118 conditions across 49 establishments following phase 1 desk based inspections, with an average of two–three conditions per licence. Following phase 2 site visit inspections we applied a further 13 conditions across five establishments and in total, offered 73 individual items of advice and guidance.

The research sector as a whole demonstrated good compliance with HTA standards. Consent provisions are adequate and there are some exemplary systems governing the storage of tissues and cells. We found that the main areas of weakness in this sector are in governance and quality systems, and in particular the efficacy of audit and traceability systems.

The majority of deficiencies were a consequence of a lack of standardisation and unfamiliarity with concepts such as governance and quality management. This was evidenced by: records of informed consent not always being easily accessible, informed consent not always being routinely documented, practices not always being backed up by standard operating procedures (SOPs) and ineffective management of adverse events and risk assessments by some establishments.

We found that the research sector is generally committed to improving governance, and staff at many establishments are now turning their attention to the possibility of consolidating and centralising the storage of tissue for research. Moreover, there is increasing recognition that effective quality management not only enables compliance with regulatory requirements, but is beneficial to the quality of output and contributes to excellence in a competitive field.

Introduction

1. This summary inspection report is one of a set of five. Each report is specific to one of the sectors we license and inspect. The findings in the report are drawn from two main sources of existing knowledge that are held by HTA.
 - information and data submitted by an establishment (i.e. as part of the compliance report licence application process and during the site visit inspection process)
 - documents that we have issued to establishments (i.e. drawn from site visit inspection reports and licensing decisions)
2. This report brings all the information together in one place and provides an analysis of trends and themes for the research sector so that lessons can be learnt. The individual site visit inspection reports and proposed licensing decisions have each been reviewed by the Designated Individual (DI) responsible for supervising licensable activities in the establishment concerned. In accordance with statutory requirements, the HTA gives each Licence Holder (LH) and DI clear reasons for proposed licensing decisions and gives the establishment the opportunity to make representations about a proposal to add conditions before the HTA makes the final licensing decision. In this way, the HTA demonstrates transparency about the judgements and licensing decisions that have been made and the reasons for them. In addition, all individual licensing decisions made as a result of the findings included in inspection reports have been carefully considered with input from legal advisors and, where appropriate, a senior member of the regulation directorate. This summary report therefore draws on a wide range of pre-existing information and data that are currently held by the HTA. It is intended to provide a review and analysis of the findings from the research sector so that the reader may consider them and, where appropriate, apply them to their own practice to enable standards to be raised across the sector.

Introduction (continued)

3. It is important to note that the conditions and advice and guidance the HTA gives to an establishment are context-specific, and do not always lend themselves to be easily or appropriately transferred to another licensed establishment. Each licensing decision the HTA makes is specific to the facts of the case and only relevant information is considered. The HTA exercises its discretion reasonably and aims to make regulatory decisions that are transparent, accountable, proportionate, consistent and targeted where action is needed. Therefore we do not routinely apply the same decision to each establishment. This means that while the HTA aims to be consistent in its decision making process, decisions will vary from establishment to establishment depending on the particular set of circumstances. So, the conditions and advice and guidance are context specific and are not always transferable to other establishments. They should be read with this in mind.

Using a risk-based regulatory approach

4. The HTA uses a risk-based regulatory approach to inform how we prioritise the phase 2 site visit inspections (see Appendix 1 for more information about the inspection process). Risk means different things to different people, according to context. So it is relevant at this point to explain what we mean by risk when referring to how we regulate. In this context, the risk the HTA refers to is regulatory risk, i.e. the risk of non-compliance with the requirements of the legislation that the HTA was set up to implement. The primary documents that inform the framework for regulatory risk are: the HT Act and the associated Regulations, including for the human application sector, the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (Q&S Regulations). These are therefore mandatory requirements. The legislation is supported by other documents that are developed by the HTA. Where possible, we develop this additional guidance with input from those we regulate. These documents include: codes of practice, Directions, and licensing standards.

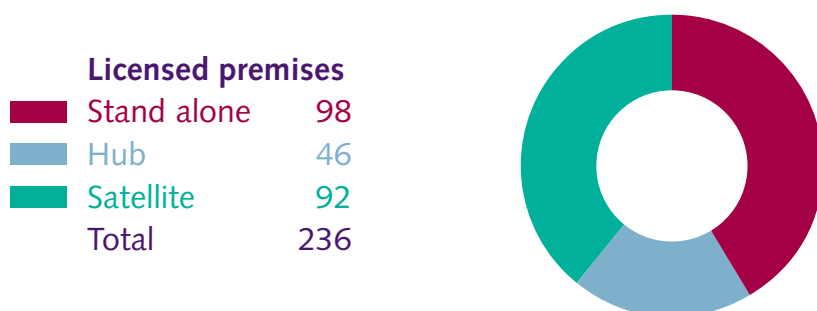
Introduction (continued)

5. We bring the core elements of the legislation and other documents together in the licensing standards that form the basis of the compliance report licence application for each sector. The specificity and detail of regulation required for each sector is set out in the relevant legislation. Some sectors have much more detailed requirements than others. Generally, the detail of standards and requirements increase when there is a direct risk to patient safety if they are not met. The corollary is that where there are more standards with greater specificity, there is an increased risk they will not be met. Therefore the HTA focuses resources on where this is most likely to occur so that advice and guidance can be offered to help professionals achieve regulatory compliance. This means the regulatory risk of the sectors we license and inspect varies from low risk, where there is minimal regulation and a lighter touch approach can be used, to high risk, where there is detailed regulation with specific requirements and a more direct regulatory approach is employed.

Overview of research sector and inspections 2006–2008

6. There are 236 research premises within our licensing framework, grouped as follows:

Figure 1: The number of HTA stand alone establishments, hubs and satellites



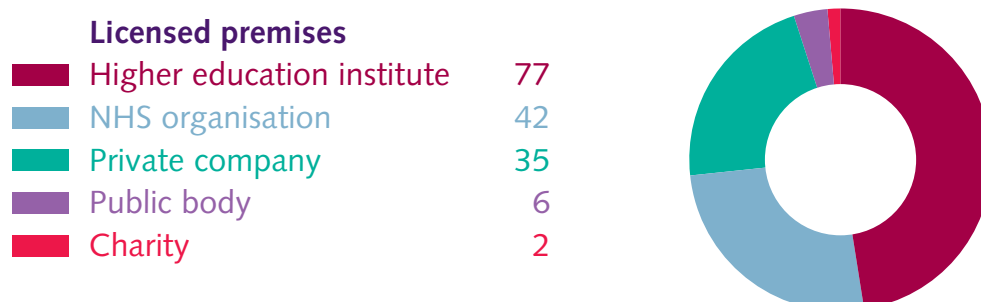
7. In the period 1 September 2006 to 31 March 2008, the HTA licensed a total of 236 research premises and undertook 10 phase 2 site visit inspections. Of the 236 establishments, 46 are 'hub' establishments as they have satellite sites attached. A satellite is a smaller establishment with its own licence which is normally engaged in the same licensable activities and operates under the same governance as the hub. 27 of the 46 hubs have one satellite; however, some have more with the maximum being seven. Premises with more than one satellite tend to be large universities spread across various campuses. In some instances NHS Trusts have university satellites attached or vice versa. 98 of the 236 research establishments have no satellites attached and are referred to as 'stand alone' establishments.
8. All establishments received a phase 1 inspection (see Appendix 1 for further information on our inspection process).
9. During the same period we held three Regulatory Action Panels (RAPs) relating to three separate establishments in the research sector, none of which resulted in the HTA issuing Special Directions.

Overview of research sector and inspections 2006–2008 (continued)

10. In addition to being regulated by the HTA, research on human tissue is largely governed by local and national ethics committees. Ethics committees exist to protect the safety, dignity and well-being of research participants. Researchers also work to the standards set out in the Research Governance Framework for Health and Social Care.

11. The Human Tissue Act 2004 (Ethical Approval, Exceptions from Licensing and Supply of Information about Transplants) Regulations 2006 set out an exception to licensing which is of particular relevance to the research sector. The exception allows for tissue that is stored for use in a specific research ethics authority approved project, or where approval is pending, to be stored on non-licensed premises. A research ethics authority is either an NHS (or Health and Social Care in Northern Ireland) Research Ethics Committee (REC) or an ethics committee recognised by the United Kingdom Ethics Committee Authority (UKECA). This is relevant as some of the findings in this report relate to how tissue following use in a research ethics authority approved project is managed.

Figure 2: The types of licensed research establishments



Overview of research sector and inspections 2006–2008 (continued)

12. Research on human tissue takes place at a range of establishments. Almost half of research establishments (77 out of 236) are higher education institutes. 42 are NHS organisations, 35 are private companies, two are charities and six are other public bodies. There is a list of licensed research establishments on the HTA website: www.hta.gov.uk/licensing/licensed_establishments.cfm

13. Collaborative working across multiple sites is common amongst the research community. Consequently, governance arrangements at licensed establishments include NHS Trusts and universities working in partnership. It is therefore not unusual for the LH to be the Trust and the DI to be employed by the local university.

Analysis of additional conditions, and advice and guidance

Table 1: Distribution of additional conditions, and advice and guidance following phase 2 inspection, grouped by category of standard

	Consent	Governance and quality systems	Premises, facilities and equipment	Disposal	Totals
No of standards	3	8	5	2	18
No of additional conditions applied at phase 1 inspection	18	69	13	18	118
No of establishments affected	12	40	11	14	N/A*
No of additional conditions applied at phase 2 inspection	1	9	2	1	13
No of establishments affected	1	3	1	1	N/A*
No of items of advice and guidance	15	34	19	5	73
No of establishments affected	8	10	8	3	N/A*

***NB:** An establishment may have a condition against more than one category of standards (e.g. a condition relating to consent and a condition relating to governance and quality systems). Such establishments have been included in the figures more than once (i.e. an establishment with conditions relating to consent and governance and quality systems will be included in the figures for consent *and* governance and quality systems).

Analysis of additional conditions, and advice and guidance (continued)

14. We applied 118 time-bound additional conditions at phase 1 inspection and a further 13 conditions at phase 2. The 118 conditions at phase 1 were spread across 49 research establishments. The average number per licence was between two and three. Following phase 2 inspections of 10 establishments, we applied 13 conditions across the licences of half the establishments. Furthermore, two of the five establishments had five additional conditions and three had one.
15. Overall, research establishments demonstrated least compliance in meeting our standards on governance and quality. 22 of the 118 conditions were linked to standard GQ2, showing that the most deficient area related to a lack of documented systems of quality management and audit. Our findings on phase 2 site visit inspections broadly correlated with those on phase 1.
16. Of the 10 establishments that were subject to a phase 2 site visit inspection, the majority demonstrated progress in meeting our standards. In total we issued 73 items of advice and guidance. DIs needed most advice and guidance about obtaining consent (C1) and implementing coding and records systems (GQ6). Although the greatest area of non-compliance at phase 1 and 2 related generally to quality management and audit, we offered a fair amount of guidance specifically around improving the traceability of samples from consent through to use, disposal or transfer in order to ensure a robust audit trail was in place.
17. When reading the following sections of this report, it is important to bear in mind that although the findings from phase 2 inspections have been included, the focus of the report is the findings from the phase 1 inspection process.

Compliance with HTA standards

Consent standards (C1–C3)

Key findings

18. A culture of ethical responsibility for obtaining consent is embedded at an organisational and individual level across the research community. This is reflected in the high level of compliance with the consent standards across the vast majority of our licensed establishments.
19. We applied 19 conditions to licences and issued 15 items of advice and guidance. Where we did identify areas for improvement, they related to:
 - the expediency in which records of informed consent could be accessed
 - the routine documentation of informed consent, in particular, when tissue was taken from establishment staff

C1 Consent is obtained in accordance with the requirements of the HT Act 2004 and as set out in the code of practice

20. Tissue is largely sourced from third parties, including clinicians in hospitals, and often the researcher does not have access to participant-identifiable information. It is fairly common for staff at research establishments to participate in research as healthy volunteers.
21. We found that in most cases, the consent provisions were adequate as participants were provided with information about how their samples would be stored, to what use they would be put and how, if necessary, they would be disposed of. Where this was not the case, we applied conditions to licences which generally required the DIs to implement formal agreements with third parties to ensure that informed consent was routinely obtained. During the site visit inspection at one establishment, we found that one of the additional conditions applied to the licence at phase 1 had not been fully met (see example in paragraph 25).

Consent standards (C1–C3) (continued)

22. Although we did not apply additional conditions to any of the other nine establishments following the site visit inspection, we offered a high level of advice and guidance for this standard compared to other HTA standards.
23. Commonly, we advised DIs to ensure that they could always refer to paperwork demonstrating that informed consent had been obtained. We found shortcomings in two particular areas. Firstly, where establishment staff were volunteering their tissue, their consent was not always documented. Secondly, we found some instances where tissue that was formerly used in a REC-approved project for use in a further project was being stored under a HTA licence and the consent could not easily be traced. Where we found concerns regarding traceability, we advised DIs to ensure they were in a position to refer to the original REC paperwork.
24. We recommend that establishments obtaining and storing tissue from staff ensure that their consent is informed and documented.
25. **Example** – *One licensed establishment obtains blood from a third party as well as from healthy staff on a voluntary basis. At phase 1 inspection we required the DI to implement a formal agreement with the third party to ensure that the consent requirements of the HT Act were complied with and in particular that the donor was aware that some of their blood may be used for research (which was secondary to the reason for it being taken). During the site visit inspection the inspectors did not find sufficient evidence demonstrating that the condition had been met. In addition, there were no records demonstrating that the staff donating their blood had given their consent.*

Consent standards (C1–C3) (continued)

C2 Information about the consent process is provided and in a variety of formats

26. All but five of our licensed establishments complied with this standard at phase 1. Local and national ethics committees ensure that research participants are provided with information about the use to which their tissue is being put.
27. We offered two establishments advice and guidance during site visit inspection, e.g. where we advised a DI to update patient information leaflets to reflect the consent requirements of the HT Act.

C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent

28. The vast majority of establishments complied with this standard. We found that staff at five establishments were taking consent without being adequately trained to do so. Consequently, we applied conditions to the licences which required the DI to rectify this. We did not apply any conditions to licences following phase 2, although we did offer advice and guidance at half of the site visit inspections, advising DIs to enhance systems already in place. We advised one DI to consider implementing a process to ensure that he had oversight of any complaints made about the consent process, so that he was aware of any issues and could address them through staff training where appropriate.
29. We recommend that DIs review existing systems to make sure that records of consent can be easily accessed (apart from where non-participant identifiable tissue is being used) and the use to which tissue is put clearly reflects the documented consent.

Governance and quality systems standards (GQ1–GQ8)

Key findings

30. The vast majority of establishments had effective, and in some cases exemplary systems, governing the storage of tissue and cells for use for research. The most common area of non-compliance across all the governance and quality standards, (and in fact all HTA standards), related to quality management and audit systems. This is probably a reflection of the lack of standardisation and formal approach to managing quality as opposed to the sector's reluctance to embrace it.
31. We applied 78 conditions to licences and issued 34 items of advice and guidance. Areas for improvement we identified across research establishments related to:
 - the management of quality and audit not being standardised and implemented centrally
 - the implementation of SOPs
 - effective management of adverse events and risk assessments
 - where REC–approval ended, if tissue was to be used in further research projects, storage of the tissue did not always comply with HTA standards
32. We found that the sector as a whole appears to be developing systems for managing quality as well as moving towards more centralised governance where this is viable. As this occurs, we would expect the level of compliance with this standard to increase.
33. We have been made aware through conversations with DIs at training events and during site visit inspections, that where possible, establishments are beginning to focus on centralising governance to improve resource and cost effectiveness. We view this as a positive move for the sector.

Governance and quality systems standards (GQ1–GQ8) (continued)

34. The HTA has received some requests to revoke licences following the initial licence application, where relevant material is now held for a specific REC-approved project (or one where approval is pending). We have asked DIs to reconsider their request to revoke the licence so they can continue to store the material for future research once the REC-approved project is complete. We hope that researchers will only dispose of tissue as a last resort. If establishments are considering consolidating the storage of samples or requesting revocation of the licence they need to ensure a robust audit trail exists which documents where the samples will be transferred to and under whose supervision they will reside.

GQ1 All aspects of the establishment's work are supported by ratified documented policies and procedures as part of the overall governance process

35. There are a diverse set of governance arrangements across the research sector. The university setting in particular is often disparate, as a number of research groups and individual researchers work under the same licence. Consequently, the implementation of centralised management governing compliance with HTA standards can be challenging. This has resulted in some research institutions opting for more than one HTA licence. This has mainly occurred where the storage of tissue is spread across a large campus. Governance arrangements are complicated further as many research studies are collaborative and the research takes place across multiple sites.

36. A general lack of centralisation does not seem to have hindered effective governance. Although throughout this report non-compliances and areas for development have often been attributed to disparity, on the whole we found that governance systems were in place supported by ratified documented policies and procedures. In fact, some systems were exemplary.

Governance and quality systems standards (GQ1–GQ8) (continued)

37. One university established a human tissue working group. This group included the representative for the corporate LH and the DIs responsible for overseeing the various licensable activities across the establishment. The group's initial task was to manage an audit of all licensable material so that it was captured within the licensing framework. The group continues to meet regularly to discuss any issues pertaining to HTA activity to make sure that there is a standardised approach ratified at corporate level. We found this is an effective way of sharing learning between DIs and would advise other licensed establishments to consider using this model.
38. Only 13 establishments had additional conditions placed on their licence at phase 1 relating to this standard. DIs were required to put in place documented policies and SOPs. Examples of SOPs related to:
- the storage of the specimens / samples, referencing the process for recording their receipt
 - where and how to record all information pertaining to the traceability of the specimens / samples including receipt, origin, consent (where applicable), use and disposal
 - how to create, amend, retain and destruct records if necessary
 - how to ensure that when specimens / samples are distributed to collaborators and / or other researchers internally or externally, there is a clear process for logging and undertaking the transfer (including a requirement for there to be a risk assessment of the transportation)
 - a clear and sensitive policy for disposing of human organs and tissue
39. We offered advice and guidance relating to this standard during five of the 10 phase 2 site visit inspections. An example is given in paragraph 40.

Governance and quality systems standards (GQ1–GQ8) (continued)

40. **Example** – *We applied a condition to an establishment's licence at phase 1 which required the DI to implement documented SOPs which were authorised, reviewed, subject to version control, and that all staff adhered to. During the site visit inspection the inspectors did not see evidence demonstrating that this condition was fully met.*

This was due to a number of reasons. The main one was that matters relating to the HTA licence did not have enough prominence on the agenda at the regular governance meetings between the Heads of Section, the Director and the DI and the process for ratifying policies and procedures was consequently slow. In addition, there was no formal reporting mechanism from the Persons Designated (PD) to the DI.

The HTA advised the DI to ensure that matters relating to the HTA licence became a standing agenda item at the governance meeting so that new and amended documents could be discussed and signed off. We also advised him to meet with the PD on a regular basis to share information so that areas for improvement could be identified.

GQ2 There is a documented system of quality management and audit

41. On the whole there was good compliance with this standard. However, this was the area in most need of attention as some systems had not been implemented and others were embryonic and in need of development.
42. Quality management underpins the value of a service or a product, focussing on the essential processes within an organisation and the commitment to their development. To ensure the quality of a process there needs to be an organisational recognition of the need to identify areas for improvement and manage any changes required to address them.

Governance and quality systems standards (GQ1–GQ8) (continued)

43. A key component of managing quality is undertaking regular audits. Depending on the scale of activity taking place at research establishments some form of audit needs to be in place to ensure that DIs oversee the storage of all relevant material under the licence to facilitate traceability.
44. This standard generated the highest number of conditions. The conditions encompassed a number of aspects. However, commonly we required DIs to ensure that systems for managing quality and audit were standardised and implemented centrally. Although the concept of managing quality is not new to researchers, it does not seem to have been defined and formalised. For example, although generally some form of audit of tissue for research was taking place at establishments, audits were not always scheduled and follow-up actions had not been recorded.
45. Examples of areas that DIs needed to focus on are given below. We hope that this is helpful for DIs to consider in the context of their establishment. We required DIs to:
- have paper and / or electronic records relating to the location and quantity of stored material and the researcher in control of the samples
 - check the content and accuracy of the records
 - check the correct labelling of samples / specimens to aid traceability
 - check documents had an author, version number and date
 - check staff adherence to policies and procedures
46. We offered advice and guidance during three of the 10 phase 2 site visit inspections to assist DIs in enhancing existing quality management systems. As a way of managing compliance with procedures, we advised one DI to consider sending staff the intranet link to all new policies and procedures to discourage them from using printed copies, which minimised the risk of staff referring to outdated documents.

Governance and quality systems standards (GQ1–GQ8) (continued)

47. We recommend that establishments keep their quality management system proportionate to the size and activity of the establishment and the number of staff, concentrating on making the system manageable, functional and useful.

GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills

48. Staff training and development is important in the research field, not only in terms of the health and safety aspects of working with human tissue but also to ensure that staff work in accordance with ethical and legislative requirements. Most of our licensed establishments were able to demonstrate a commitment to health and safety training as this was managed centrally.
49. The vast majority of establishments demonstrated that staff were also trained in specific techniques relevant to their work and only three conditions were placed on licences at phase 1 relating to training and appraisal for staff. We offered three DIs advice and guidance during their site visit inspection which varied according to the governance of the individual establishment. We recommend that DIs consider formalising training on the requirements of the HT Act and codes of practice, and implementing a centralised system for accessing staff training records.

GQ4 There is a systematic and planned approach to the management of records

50. This standard relates to a specific aspect of quality management which ensures that records are managed in order to facilitate the traceability of relevant material from consent through to disposal where applicable.

Governance and quality systems standards (GQ1–GQ8) (continued)

51. Most establishments had systems in place for managing records and where we required DIs to address an aspect of record management, it focused on implementing a centralised system for creating, amending, retaining and destroying records and auditing them for completeness, legibility and accuracy. The regular checking of records highlights any areas of discrepancy for example, where the study is collaborative and the records state that the samples are in storage but in fact they had been released to an alternative site.

GQ5 There are documented procedures for distribution of body parts, tissues or cells

52. As tissue for research is often shared amongst collaborators and distributed across multiple sites, it is important that there are procedures in place to facilitate such distribution. Essentially, the need to have documented distribution procedures is part of an overall requirement that the status of samples and whether they are in storage or in transportation, can be ascertained at any given time.
53. 11 establishments did not have sufficient documented procedures for distribution so we applied conditions which required DIs to address this. The main area of non-compliance related to the lack of systems documenting the destination of transferred samples and under what terms they were released. Terms of release within the research sector are generally recorded in a material transfer agreement / arrangement (MTA) which includes details of who the samples are released by and to whom, when they were released, who is responsible for the integrity of the tissue during transport, under what conditions they are released (whether for a specific project) and the return or disposal requirements.
54. On the whole compliance with this standard had improved since the licence applications were submitted.

Governance and quality systems standards (GQ1–GQ8) (continued)

GQ6 A coding and records system facilitates traceability of body parts, tissues and cells, ensuring a robust audit trail

55. It is essential to have a coding and records system which allows samples to be traced at any point in time as samples are often distributed internally within establishments as well as externally. During phase 2 inspection, the HTA seeks to assure itself that samples are labelled effectively and that there are systems to track each sample from receipt to transfer or disposal. During site visit inspections, we undertake an audit of a random selection of tissue stored under the licence, to check that systems work as described in SOPs and by staff. Most establishments demonstrated that they had systems in place for facilitating traceability although we offered a significant amount of advice and guidance to DIs to help them enhance existing systems to ensure a robust audit trail.
56. Where we did apply conditions, we required DIs to ensure that each sample / specimen was assigned a unique code, and to amalgamate the records of all individual researchers to ensure there was a central register of material stored under the licence. Examples of what the registers needed to include are:
- where samples were stored
 - under whose care
 - for what project the consent had been obtained
 - the requested method of disposal (if applicable)

Governance and quality systems standards (GQ1–GQ8) *(continued)*

The example below demonstrates this in more detail.

57. **Example** – *Evidence provided at phase 1 demonstrated that one DI did not have any specific knowledge of the policies and procedures that individual researchers storing samples under the licence worked to. We therefore required the DI to:*

- *implement a centralised system of quality management including the creation of policies and procedures that all researchers should adhere to*
- *implement a schedule of audits covering all research groups so that he could be aware of all samples stored and to what use they were being put*
- *undertake risk assessments addressing receipt through to transfer / disposal of all samples held*

We informed the DI that this condition had not been met as amongst other things we were concerned that there was no central register of stored material. Records of stored material held by individual research groups ranged in format and content and even internally within some research groups, staff were not in a position to complete an audit of stored material to records and vice versa.

We replaced the original condition on the licence with some specific conditions each covering an aspect of quality management. Through one condition, we required that the DI implemented a systematic approach to the management of records by creating a centralised register of all stored material to be updated at least every six months. We required that the register included a form of unified coding, which does not replace the individual coding system used by researchers, but one that could be used by the DI to make sure that he could centrally trace sample stored under the licence.

Governance and quality systems standards (GQ1–GQ8) (continued)

GQ7 There are systems to ensure that all adverse events are investigated properly

58. A key part of quality management is a robust system for reporting and investigating adverse events. Examples of adverse events in the research sector, excluding those relating to health and safety, include events that could have led or indeed did lead to theft, damage to the integrity of samples or to the wishes of the research participants not being upheld.
59. The vast majority of establishments had fair systems to report and manage adverse events and undertake risk assessments, although they did not always cover the full range as outlined in paragraph 57. These aspects of quality management are linked, as mitigating the risk, means that it is less likely that adverse events attributable to those risks will occur.
60. During site visit inspections we found that in some cases the written evidence submitted in advance to HTA did not demonstrate clear lines of accountability for reporting adverse events. This is exacerbated where the governance arrangements for research cross boundaries between NHS Trusts and universities. Where we found this on one phase 2 inspection, we advised the DI to consider addressing this via a formal agreement between the two parties.

Governance and quality systems standards (GQ1–GQ8) (continued)

GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately

61. As noted above, the management of risk assessments and adverse events is linked. As with adverse event reporting it was not clear whether establishments were aware of what aspects, other than health and safety, need to be risk assessed. Where we have found this to be the case we advised DIs to identify the critical processes from consent through to the receipt, storage and then transfer or disposal of tissue, and to undertake an assessment of the risk to the integrity of the tissue at each stage.
62. We recommend that DIs review risk assessments in their establishments to ensure they focus on the critical processes and not just health and safety matters.

Premises, facilities and equipment standards (PFE1–PFE5)

Key findings

63. The premises, facilities and equipment at research establishments are generally of a reasonable to good standard. We applied 15 conditions to licences and issued 19 items of advice and guidance.

PFE1 The premises are fit for purpose

64. The size and nature of licensed premises differ across the sector and in particular the types of storage facilities differ substantially as a diverse range of samples are stored, requiring different storage conditions. We considered the premises at all establishments, including those we visited, fit for purpose.

PFE2 Environmental controls are in place to avoid potential contamination

65. Across the research sector, the health and safety of staff is considered to be of great importance. It therefore follows that environmental controls are in place and all but one establishment complied with this standard. The only condition we applied to a licence required the DI to implement a SOP for cleaning and decontaminating the laboratory equipment, as it was not clear from the written evidence at phase 1 that this was part of the maintenance schedule. No conditions were added at phase 2 although we offered three DIs advice and guidance. An example related to the labelling of storage vessels and freezers with biohazard signs.

Premises, facilities and equipment standards (PFE1–PFE5) (continued)

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

66. Despite the diversity of storage facilities across the sector, we only applied two conditions to licences at phase 1 relating specifically to this standard. One of the conditions required the DI to ensure that there was a 24 hour system in place in the event of a freezer failure. There were documented protocols to deal with freezer failure during the hours 07.30 to 22.00 which included a mechanism for transfer to freezers in other secure areas on site. However, there was no 24 hour cover available which meant that a weekend freezer failure would not be identified until Monday morning, by which time the tissue integrity could be compromised.

PFE4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to its destination

67. In accordance with the findings in the governance and quality system standards (particularly GQ5 and GQ6, relating to distribution and traceability), the vast majority of establishments had systems in place for protecting the integrity of samples during transportation although this was not always demonstrated by the written evidence at phase 1. Therefore, we applied conditions to licences at seven establishments. We removed these conditions following the site visit inspections as the conditions had been complied with. Where we offered advice and guidance, we advised the DI to formalise who was responsible for transport, which may have involved implementing a Service Level Agreement (SLA) with the courier company and / or clarifying this via a MTA with the establishment supplying and / or receiving the tissue.

Premises, facilities and equipment standards (PFE1–PFE5) (continued)

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

68. The equipment used in the context of tissue for research varies, as do the storage facilities. We did not apply any conditions to licences relating to this standard, although we offered some advice and guidance to DIs about implementing a schedule of preventative maintenance to mitigate the need to take reactive measures when, for example, freezers fail.

Disposal standards (D1–D2)

Key findings

69. Tissue donated for research is rarely disposed of. Most establishments had a policy and / or SOP for disposal in place and where we required or advised DIs to implement such documentation, there was an acceptance that this was necessary, despite the infrequency of it occurring. We applied 19 conditions to licences and issued five items of advice and guidance.

D1 There is a clear and sensitive policy for disposing of body parts and tissue

70. The majority of establishments had a policy in place for disposing of tissue. However, perhaps because disposal is rare, 13 establishments did not have a clear policy or SOP covering the process, so we applied conditions to their licence to address this. Although compliance with this standard had improved since the licence applications were submitted, we advised some DIs about how to improve existing policies and SOPs by, for example, advising that a reference to the HTA code of practice on Disposal could be included.

71. Even though disposal is rare, it is important that where it does occur it takes place in accordance with the consent of the donor or next of kin, and that the reason for disposal is documented. It is also important that tissue is disposed of in accordance with the establishment's corporate policy on waste disposal and that the method is documented.

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

72. Some of the deficiencies that were identified in disposal policies related to documenting the method and reason for disposal. However, most research establishments complied with this standard.

Appendix 1:

Licensing and inspection processes

The HTA defines inspection as a process encompassing desk-based review, site visit assessment and analysis of relevant written, numerical, verbal and visual information to evaluate an establishment's compliance with expected standards. Desk-based reviews are described as phase 1 inspections and site visit assessments are described as phase 2 inspections. Phase 2 inspections are primarily used to gather information that can only be gathered by going on site. Both phase 1 and phase 2 inspections lead to licensing decisions.

Phase 1 inspections

Phase 1 inspections involve a thorough analysis and evaluation of the compliance report licence application submitted by the proposed LH and the proposed DI. This information is often supplemented with additional verbal or written information requested by HTA during telephone interviews and email exchanges with the proposed DI and / or LH, as part of the process. Phase 1 inspections lead to a licensing decision including whether to grant or refuse a licence.

Phase 2 inspections

Phase 2 site visit inspections are conducted based on the findings from a phase 1 inspection plus any other relevant information. The focus during a phase 2 inspection is on reviewing an establishment's operational policies and procedures, inspection of its premises and scrutiny of its practices. This involves interviews with a range of staff at the premises. This allows the HTA to follow up any areas of non-compliance, and evaluate progress against any licence conditions imposed at a phase 1 inspection.

A risk-based approach to inspections

The HTA targets phase 2 site visit inspections those establishments deemed to be at highest risk both across sectors and within sectors (please note, as described above, all establishments have a mandatory phase 1 desk based inspection). Risk is context-specific and we refer here to the risk of regulatory non-compliance.

Appendix 1:

Licensing and inspection processes (continued)

We also conduct phase 2 site visit inspections at low-risk establishments. This is to assess the validity of the risk assessment process we use when scheduling inspections, which helps ensure that the assessment of risk is appropriate. The phase 2 inspections also allow the HTA to gather knowledge from high performing (low-risk) organisations and to share learning about this across the sector.

Occasionally, the HTA may carry out a 'reactive' inspection. This may be announced or unannounced. The decision to carry out a reactive inspection is usually based upon receipt of information about an establishment that raises concerns regarding regulatory compliance.

The role of the HTA in making licensing decisions

The HTA has a statutory responsibility to make judgements about the suitability of the proposed Designated Individual (DI), Licence Holder (LH), premises and practices in relation to the licensed activities. This means that during a phase 1 inspection and before issuing a licence, the HTA must be satisfied that the applicant is a suitable person or entity to be the LH, and that the premises are suitable for the activities to be authorised.

The HTA must also be satisfied that the DI is a suitable person and can supervise the activities authorised by the licence. This requires the DI to have a sound knowledge and understanding of licensed activities and associated operational procedures. The HTA helps DIs to understand their statutory responsibilities by providing advice and guidance via meetings, email, workshops and training events, as well as the DI e-learning course: www.hta.gov.uk/licensing/designated_individuals_and_licence_holders.cfm and a guide for DIs and LHs: www.hta.gov.uk/licensing/designated_individuals_and_licence_holders/dls_under_the_ht_act.cfm

Appendix 1:

Licensing and inspection processes (continued)

Although a DI's statutory responsibilities cannot be delegated, operational responsibility can be: the HTA advises DIs to identify key staff within each licensed area that can act as Persons Designated (PD) under the licence to support them in fulfilling their statutory role.

To enable the HTA to make effective judgements, we have developed standards with input from the professionals working in the sectors we license. These licensing standards form the basis of the compliance report licence application and are in four broad themes:

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

Compliance with the HTA standards is assessed through inspection, using a four-point numerical scale.

1 = standard not met

2 = standard partially met

3 = standard almost met

4 = standard fully met or exceeded

Where the inspection process identifies that a standard is not being met, formal advice and guidance may be offered or formal regulatory action may be taken where the non-compliance triggers the HTA's power to vary a licence. There are several different types of regulatory action which may be considered by the HTA: variation of licences through, for example, the imposition of additional conditions; issue of Special Directions; suspension of a licence or revocation of a licence. In the vast majority of cases, the HTA will take regulatory action by varying a licence to impose additional conditions. Additional conditions are time-bound and DIs are required to inform the HTA when they have taken appropriate action to comply with them. The HTA then assesses this information to decide whether the establishment has met the condition or whether further regulatory action should be taken.

Appendix 1:

Licensing and inspection processes (continued)

Complex regulatory issues are normally brought before a Regulatory Action Panel (RAP), to ensure that all relevant considerations are taken into account and that a fair, proportionate and justifiable licensing decision is made. RAPs are normally chaired by the Director of Regulation and consist of a Head of Regulation, a Legal Advisor and the Regulation Manager responsible for making the licensing decision.

The difference between advice and guidance and licence conditions

The HTA works as a compliance-based regulator, which means we place a strong emphasis on the value of providing advice and guidance to professionals working within the sector. This is so that they understand regulatory requirements and are better equipped to meet standards. Where enforcement is necessary, we aim to make evidence-based, justifiable and proportionate decisions. Phase 2 inspections also lead to advice and guidance from the HTA on how the establishment can improve its practices.

The HTA provides verbal and written advice and guidance in a wide variety of ways. We provide a great deal of written advice and guidance during phase 2 site visit inspections in the spirit of continuous quality improvement, and these recommendations are for the DI and staff to consider to make improvements to their systems, processes and practices. Whilst these are not statutory requirements, any advice and guidance made by the HTA is carefully considered and is intended to help establishments reflect on their practice and make improvements.

Regulatory sanctions imposed on an establishment (most frequently in the form of licence conditions) hold statutory weight and failure by the DI to comply with a licence condition is a breach of the DI's statutory duties, which gives HTA the power to revoke a licence.

Appendix 2:

List of establishments which received an HTA phase 2 inspection during 2006–2008

- Birmingham University School of Medicine, Birmingham
- Christie Hospital NHS Trust, Manchester
- Institute of Human Genetics, Newcastle Upon Tyne
- London School of Hygiene and Tropical Medicine, London
- Medical Research Centre, Clinical Sciences Centre, London
- National Institute for Medical Research, London
- Oxford Radcliffe Hospitals NHS Trust, Oxford
- Salford Royal NHS Foundation Trust, Salford
- The School of Dentistry University of Birmingham
- University of Bristol

Details of all licensed establishments are listed on the HTA website at:
www.hta.gov.uk/licensing/licensed_establishments.cfm

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