Site visit inspection report on compliance with HTA licensing standards
Inspection date: **23-24 September 2019**

Clinical Sciences Research Institute, Warwick Medical School, University of Warwick.

HTA licensing number **12297**

Licensed under the Human Tissue Act 2004

Licensed activities

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 **Clinical Sciences Research Institute, Warwick Medical School, University of Warwick**	Licensed	Not licensed
Satellite site **University of Warwick, Department of Biological Sciences**	Licensed	Not licensed

Summary of inspection findings

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

Although the HTA found that the Clinical Sciences Research Institute, University of Warwick (the 'establishment') had met the majority of the HTA's standards, one major and seven minor shortfalls were found against standards for Consent, Governance and Quality systems, Traceability and Premises, Facilities and Equipment.

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 shortfalls identified during the inspection.

Compliance with HTA standards

Major shortfalls

T1 A coding and records system facilitates the traceability of bodies and human tissue, ensuring a robust audit trail		
c) An audit trail is maintained, which includes details of: when and where the bodies or tissue were acquired and received; the consent obtained; all sample storage locations; the uses to which any material was put; when and where the material was transferred, and to whom.	During the inspection, there were uncertainty about whether samples were stored under the authority of a REC approval or the HTA licence. The date of collection of samples was not written on the sample container or recorded in the sample database. During the sample traceability audits, the establishment identified a sample collection which had been imported in 2005. The DI had been unaware of the collection until it was identified during a freezer breakdown in 2019. An absence of associated records until the collection was identified by the DI in 2019 meant that there was no effective traceability for these samples between 2005 and 2019.	**Major**

Minor Shortfalls

Standard	**Inspection findings**	**Level of shortfall**

GQ1 All aspects of the establishments work are governed by documented policies and procedures as part of the overall governance process		
a) Ratified, documented and up-to-date policies and procedures are in place, covering all licensable activities.	While a number of Standard Operating Procedures (SOPs) cover the majority of licensable activities, there is an absence of policies or SOPs documenting the procedure for equipment maintenance and use of, and access to, the equipment electronic monitoring system. SOPs do not reflect current practices. For example, the SOP HS2 Human Samples in Research – Consent (version HS2.05) details the process to be followed when transferring samples from expired NHS Research Ethics Committee (REC) studies to the governance of the HTA licence. On review of samples held under the HTA licence, it was apparent that the signed patient consent forms from REC approved studies were not adequately reviewed as required by the SOP. The SOP HS4 Human Samples in Research – Storage (version HS4.05) details the acceptable temperature ranges for -20°C and -80°C freezers but does not state trigger temperatures that would activate the electronic alarm system. In addition, the SOP does not provide details related to the storage of samples in Liquid Nitrogen. The SOP HS8 Human Samples in Research – Audits (version HS8.05) does not accurately document the self-assessment audit process. In addition, while SOPs were reviewed on a regular basis, several documents referred to the older HTA Codes of Practice 1 (Consent) and 9 (Research) rather than the current Codes of Practice A (Consent) and E (Research). The SOP HS6.05 Disposal of Human Samples, referenced the HTA Code of Practice 5: Disposal of Human Tissue, which was discontinued in April 2017.	**Minor**

GQ2 There is a documented system of audit		
a) There is a documented schedule of audits covering licensable activities.	Although the DI requests twice-yearly audits from researchers who are registered with the establishment as working with human samples – which are based on self-assessments - this process is not specified, and there is no documented schedule of audits.	**Minor**
b) Audit findings include who is responsible for follow-up actions and the timeframes for completing these.	While the DI records audit findings against individual researchers working with human tissue, there is a lack of consistency in assigning responsibilities and timelines for audit findings. This potentially limits the effectiveness of resulting corrective and preventative actions, and the current undocumented process does not provide an assurance that all audit findings are dealt with appropriately. See *Advice*, item 3.	**Minor**

GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		
a) There are documented risk assessments for all practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice.	There is a lack of documented risk assessments for practices and processes requiring compliance with the Human Tissue Act and the HTA's Codes of Practice. There is therefore, no assurance that potential risks to the relevant material have been identified and appropriate mitigating steps put in place. *Standard GQ6(b) and GQ6(c) could not be assessed.*	**Minor**

PFE1 The premises are secure and fit for purpose		
c) There are documented cleaning and decontamination procedures.	While the premises where relevant material was being stored under the licence were clean and tidy, there were no documented cleaning schedules or decontamination procedures. Additionally, there was no documented process for the defrosting of freezers containing relevant material and, at the time of inspection, several freezers had a noticeable build-up of ice.	**Minor**

PFE2 There are appropriate facilities for the storage of bodies and human tissue		
c) Storage conditions are monitored, recorded and acted on when required.	There is real-time monitoring of the freezers, which alerts staff to temperature deviations and alarm activation. There are no records kept which would allow a review of the system to ensure it is working as expected and that there are no worrying trends or warning signs of impending problems. See *Advice*, item 6.	**Minor**

PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored		
a) Equipment is subject to recommended calibration, validation, maintenance, monitoring, and records are kept.	Several of the freezers storing samples under the HTA licence are currently under warranty. There is no preventative maintenance contract for the freezers outside of the warranty period, to ensure they are serviced and calibrated. The decision to maintain the freezers outside of a preventative maintenance/servicing contract has not been documented or risk-assessed.	**Minor**

The HTA requires the DI to submit a completed corrective and preventative action (CAPA) plan setting out how the shortfalls will be addressed, within 14 days of receipt of the final report (refer to Appendix 2 for recommended timeframes within which to complete actions).

The HTA will then inform the establishment of the evidence required to demonstrate that the actions agreed in the plan have been completed.

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

Number	Standard	Advice
1.	C1(b)	The DI is advised to implement a process where consent forms are suitably checked and reviewed, especially where transferring samples from expired REC-approved studies to the governance of the HTA licence.
2.	GQ1(b)	The DI is advised to implement a consistent and regular review of all documents covering licensable activities, ensuring that the next review dates are clearly stated.
3.	GQ2(b)	The DI is advised to considering implementing a standardised report template for internal audits. This would facilitate the audit, reporting and CAPA process, while also providing an assurance that responsibility for follow-up actions is assigned to an appropriate individual.
4.	T1(b)	Significant amounts of relevant material at the establishment are held under approvals from recognised RECs. The DI is advised to maintain a list of all REC-approved studies, including when the approvals will come to an end, in order to provide an assurance that relevant material is either maintained under the governance of the HTA licence or disposed of appropriately when approvals expire.
5.	T1(c)	During the visual inspection, it was noted that one of the -80°C freezers used to store human material under the HTA licence was not labelled as containing human material. The DI is advised to label all areas where human material is stored so that staff are aware of the necessity to maintain the quality, safety and security of the material and prevent mix-ups with other tissues.
6.	T2(b)	The establishment records the date and reason for disposal of relevant material. While the establishment disposes of material only through incineration, the DI is advised to formally document the method of disposal to provide an assurance that any deviations from this disposal route are recorded.
7.	PFE2(c)	The DI is advised to consider implementing a process where the temperature plots from the monitoring system are regularly reviewed by all groups, as this may indicate a potential fault in a freezer before it

		occurs. In addition, the DI is advised to implement a process of regularly challenging the digital alarm system to provide an assurance that it is working to required specifications.

Background

The establishment has been licensed by the HTA since 2007. This was the second routine site visit inspection of the establishment; the previous inspection was undertaken in July 2010.

There are no research tissue banks under this licence.

A new Corporate Licence Holder contact (CLHc) was approved in November 2016.

Description of inspection activities undertaken

The HTA's regulatory requirements are set out in Appendix 1. The inspection team covered the following areas during the inspection:

Standards assessed against during inspection

All licensing standards for the research sector were assessed (revised standards 3 April 2017). Standards GQ6(b) and GQ6(c) could not be assessed due to a lack of documented risk assessments, leading to a minor shortfall for standard GQ6(a)

Review of governance documentation

The inspection included a review of the establishment's governance documentation relating to licensable activities. This included policies and procedural documents relating to licensed activities, equipment maintenance and servicing, audits, risk assessments, incidents, meeting minutes, temperature monitoring of the storage units and staff training records.

Visual inspection

The inspection included a visual inspection of the storage locations at both the hub site and the satellite premises.

Audit of records

Audits of the following, randomly-selected, samples were conducted:

- Eighteen samples from the hub site were audited from sample to record, and record to sample.
- There was a lack of traceability for a sample collection containing 644 samples, which had been imported from Germany in 2005 (see shortfall against standard T1(c)).
- Fifteen samples from the satellite site were audited from sample to record, and from record to sample. All samples were traceable.

Meetings with establishment staff

Staff carrying out processes under the licence at both the hub and satellite sites were involved in roundtable discussions of all HTA licensable activities. The Designated Individual (DI) and the Corporate Licence Holder contact (CLHc) were both interviewed during the inspection.

Report sent to DI for factual accuracy: 08/11/2019

Report returned from DI: 22/11/2019

Final report issued: 25/11/2019

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
- 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
   - 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 both the draft and 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
- 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.