Site visit inspection report on compliance with HTA licensing standards

University of Southampton

HTA licensing number 12009

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**

23 & 24 April 2018

Summary of inspection findings

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

Although the HTA found that the University of Southampton (the establishment) had met the majority of the HTA's standards, one major and three minor shortfalls were found. The DI has also been given advice on a range of issues.

The HTA's regulatory requirements

Prior to the grant of a licence, the HTA must assure itself that the Designated Individual 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 Designated Individual 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.

Background to the establishment

This report refers to licensable activities carried out at the University of Southampton (the establishment). The establishment is licensed for the storage of relevant material that has come from a human body for use for a scheduled purpose, under the Human Tissue Act 2004 (HT Act). Human samples are stored for use for the scheduled purpose of 'research in connection with disorders, or functioning, of the human body'. The establishment has been licensed since March 2007 and this was the second routine site-visit inspection to assess whether it continues to meet the HTA's standards.

The establishment stores relevant material in five separate research tissue banks (RTBs) that have broad ethical approval from recognised research ethics committees (RECs; approval references- 14/SC/0162, 14/WA/0149, 16/SC/0160, 17/NW/0632 and 280/99) and two collections that function as RTBs but are not ethically approved. All samples held in these collections are from the living. The establishment are currently finalising the set-up of another RTB (REC reference- 17/SW/0157). This collection will hold relevant material from the deceased that has been removed under the linked hospital's PM sector HTA licence.

Samples include tissue, whole blood and processed blood components, urine and saliva. Samples are stored in four different locations on the main site. All locations have swipe card and/ or key lock access and only authorised personal, working directly under the licence, have permission to access samples. Samples are stored in liquid nitrogen, in freezers (-20°C and -80°C) or fixed in blocks and slides at room temperature. Freezers are fitted with locks and automated alarms that are triggered by deviations from the set acceptable temperature ranges. If temperatures go out of range, an external monitoring service alerts relevant members of staff by phone, 24 hours-a-day. The alarm system is not routinely tested (see *Advice*, item 8). Most freezers are subject to annual servicing (see minor *shortfall* against standard PFE3(a)) and, in the event of a power failure, are connected to a back-up generator. The establishment has contingency arrangements for all temperature-controlled storage.

Patients admitted to Southampton General hospital have the opportunity to donate material to the RTBs. It is mainly clinicians and nursing staff that are responsible for consenting patients. For some of the specific RTBs, designated persons are responsible for consent seeking. Consent seekers receive training in consent seeking which is completed every two years (see *Advice*, item 4). Consent is sought using either project-specific or broad consent forms that reflect the requirements of the Human Tissue Act 2004 and the HTA's Codes of Practice. Most potential donors are given an information sheet (see *Advice*, item 3).

There are overarching governance documents that cover all main activities being carried out under the licence. Each RTB has their own documentation relating to specific processes being carried out. Each collection uses different databases and methods to facilitate the traceablity of material (see *Advice,* item 7). Material that is released from the RTBs with broad

ethical approval has to be approved by the relevant access committee and/or independent reviewers.

The MRC collection receives and stores material from all REC studies at the University when their REC approval has expired, documentation relating to consent is not always obtained (see major shortfall against standard C1(a)). All material is checked into separate storage areas and an inventory of human tissue samples is completed. Details noted include sample type, number of samples, REC reference and personal investigator. Individual samples are not tracked on the traceability systems (see minor shortfall against standard T1(c)). Anonymised samples are released from this collection to NHS REC approved projects only.

Description of inspection activities undertaken

The inspection timetable was developed in consideration of the activities conducted under the licence, compliance update information, discussions with the DI, previous communications with the HTA and the findings of the previous inspection. The inspection included review of the establishment's procedures for conducting activities under the licence and roundtable discussions with staff involved in consent seeking and RTB management. The inspection also included a visual inspection of the areas where samples are stored under the licence and audits of sample traceability. Audits of the following, randomly-selected samples were conducted:

- Eight samples from sample storage to consent.
- Four samples from sample consent to storage.
- For the MRC collection, as individual samples are not tracked on the traceability systems, and, consent documentation for the samples are not always obtained, this collection was not audited.

All samples audited were traceable; however, some consent forms had not been completed properly (see *Advice,* item 6).

Inspection findings

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

Compliance with HTA standards

Standard	Inspection findings	Level of shortfall
C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the code of practice		
a) Consent procedures are documented and these, along with any associated documents, comply with the HT Act and the HTA's Codes of Practice.	The establishment stores a large amount of tissue which was collected under NHS REC approvals and now the ethical approval has expired. The establishment could not provide evidence of consent for a number of samples being stored as part of this collection. These samples are stored without assurances that vaild and appropriate consent has been obtained for the storage and use in accordance with the requirements of the Human Tissue Act 2004. See *Advice*, item 2.	**Major**
GQ2 There is a documented system of audit		
a) There is a documented schedule of audits covering licensable activities.	There is a documented schedule of audits however audits do not cover all licensable activities. There are some stock-check audits of material although not all collections are included in the schedule. The establishment does not perform process audits, and does not audit from sample to consent documentation. See *Advice,* item 6.	**Minor**
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.	There is an archive of histological slides. There is no record of the individual slides and incomplete records of the number of slides in the collections.	**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.	Not all freezers storing relevant material are subject to servicing to cover the maintainance and calibration.	**Minor**

Advice

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

No.	Standard	Advice
1.	C1(a)	The SOP *'Informed consent procedures for tissue bank and for laboratory staff working with samples from clinical trials',* (SOP220) references the old HTA Code of Practice 1. The DI is advised to update this reference to the Code of Practice A: Guiding principles and the fundamental principal of consent.
2.	C1(c)	The DI is advised to document the checks performed on the consent status of samples as part of the establishment's procedure to approve samples being obtained to be stored under the licence. This will help to ensure that the approval process is conducted in a consistent manner and will provide further assurance that all consent has been given in accordance with the regulatory requirements for all samples stored under the licence.
3.	C1(d)	The DI is advised to ratify and begin using the new patient information sheet for donating samples into the main research collection.
4.	C2(a)	Although consent seekers complete Trust-wide consent training, the DI is advised to send the HTA Codes of Practice A and E to establishment staff involved in this process. In combination, the Codes provide anyone undertaking activities with a reference source which gives practical advice on the minimum steps necessary to comply with the relevant legislation and HTA policy.
5.	GQ1(d)	HTA representative meetings are currently scheduled on an *ad hoc* basis. The DI is advised to schedule regular meetings with this team.
6.	GQ2(a)	During the HTA audits, although appropriate consent had been given, two consent forms were incomplete with the date missing and one had ticks in the check boxes instead of being initialled as per instructions. The DI is advised to ensure that the audit schedule includes vertical audits of records and samples, from sample through to consent documentation. Records should be audited regularly to ensure completeness, accuracy and legibility. Audits should ideally include horizontal audits by staff involved in the processes, to ensure that SOPs accurately reflect actual practices and to identify areas for improvement. A policy should be developed to detail how to deal with issues surrounding consent if forms are not filled out correctly.
7.	T1(a)	With the collections growing, a more streamlined approach to sample management, such as a unified database, would reduce the risks associated with loss of traceability. Furthermore, the DI may wish to consider a harmonised approach to sample management between the samples held under the licence and the samples stored for REC-approved projects. This would mean a smoother transition for samples coming into the collections when REC approval expires. Where samples being stored for REC-approved projects are managed differently to samples subject to HTA licensing standards, there are risks associated with varying practices.
8.	PFE2(c)	All relevant material is stored in temperature-monitored freezers that have

		external alarm and call-out systems. The DI is advised to challenge the alarm systems to ensure that when temperature deviations are detected the system operates successfully.
9.	N/A	The DI may wish to add additional PDs to the licence. As the establishment has eight distinct collections, a PD for each RTB may help to provide oversight of each of these areas.
10.	N/A	Joint governance meetings, involving DIs across the different sectors, are a feature in several other organisations that hold multiple HTA licences. The University of Southampton is the Corporate Licence Holder (CLH) on two HTA licences and the University Hospital Southampton NHS Foundation Trust is the CLH on two additional HTA licences. An additional building adjacent to the Trust also has a human application licence for processing. To provide opportunities for shared learning, the DI and CLHCs are advised to consider setting up meetings involving staff on some or all of these licences.

Concluding comments

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

Although the HTA found that the University of Southampton (the establishment) had met the majority of the HTA's standards, one major and three minor shortfalls.

The HTA requires the Designated Individual 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.

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.

Report sent to DI for factual accuracy: 21 May 2018

Report returned from DI: 29 May 2018

Final report issued: 06 June 2018

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: 31 August 2018

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.

Consent standards
C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the code of practice
a) Consent procedures are documented and these, along with any associated documents, comply with the HT Act and the HTA's Codes of Practice. b) Consent forms are available to those using or releasing relevant material for a scheduled purpose. c) Where applicable, there are agreements with other parties to ensure that consent is obtained in accordance with the requirements of the HT Act and the HTA's Codes of Practice. d) Written information is provided to those from whom consent is sought, which reflects the requirements of the HT Act and the HTA's Codes of Practice. e) Language translations are available when appropriate. f) Information is available in formats appropriate to the situation.
C2 Staff involved in seeking consent receive training and support in the essential requirements of taking consent
a) There is suitable training and support of staff involved in seeking consent, which addresses the requirements of the HT Act and the HTA's Codes of Practice. b) Records demonstrate up-to-date staff training. c) Competency is assessed and maintained.

Governance and quality system standards
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. b) There is a document control system. c) There are change control mechanisms for the implementation of new operational procedures. d) Matters relating to HTA-licensed activities are discussed at regular governance meetings, involving establishment staff. e) There is a system for managing complaints.
GQ2 There is a documented system of audit
a) There is a documented schedule of audits covering licensable activities. b) Audit findings include who is responsible for follow-up actions and the timeframes for completing these.

GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills
a) Qualifications of staff and all training are recorded, records showing attendance at training.
b) There are documented induction training programmes for new staff.
c) Training provisions include those for visiting staff.
d) Staff have appraisals and personal development plans.
GQ4 There is a systematic and planned approach to the management of records
a) There are suitable systems for the creation, review, amendment, retention and destruction of records.
b) There are provisions for back-up / recovery in the event of loss of records.
c) Systems ensure data protection, confidentiality and public disclosure (whistleblowing).
GQ5 There are systems to ensure that all adverse events are investigated promptly
a) Staff are instructed in how to use incident reporting systems.
b) Effective corrective and preventive actions are taken where necessary and improvements in practice are made.
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.
b) Risk assessments are reviewed regularly.
c) Staff can access risk assessments and are made aware of risks during training.

Traceability standards
T1 A coding and records system facilitates the traceability of bodies and human tissue, ensuring a robust audit trail
a) There is an identification system which assigns a unique code to each donation and to each of the products associated with it.
b) A register of donated material, and the associated products where relevant, is maintained.
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.
d) A system is in place to ensure that traceability of relevant material is maintained during transport.
e) Records of transportation and delivery are kept.
f) Records of any agreements with courier or transport companies are kept.
g) Records of any agreements with recipients of relevant material are kept.

T2 Bodies and human tissue are disposed of in an appropriate manner
a) Disposal is carried out in accordance with the HTA's Codes of Practice.
b) The date, reason for disposal and the method used are documented.

Premises, facilities and equipment standards
PFE1 The premises are secure and fit for purpose
a) An assessment of the premises has been carried out to ensure that they are appropriate for the purpose.
b) Arrangements are in place to ensure that the premises are secure and confidentiality is maintained.
c) There are documented cleaning and decontamination procedures.
PFE2 There are appropriate facilities for the storage of bodies and human tissue
a) There is sufficient storage capacity.
b) Where relevant, storage arrangements ensure the dignity of the deceased.
c) Storage conditions are monitored, recorded and acted on when required.
d) There are documented contingency plans in place in case of failure in storage area.
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.
b) Users have access to instructions for equipment and are aware of how to report an equipment problem.
c) Staff are provided with suitable personal protective equipment.

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.