Site visit inspection report on compliance with HTA licensing standards

GlaxoSmithKline

HTA licensing number 12202

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**

27 & 28 February 2019

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.

The HTA found that GlaxoSmithKline had met all of the HTA's standards.

The DI has 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 GlaxoSmithKline (GSK; '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 July 2007 and was last inspected in November 2009. This report describes the second routine site visit inspection to assess whether it continues to meet the HTA's standards.

The establishment is a global pharmaceutical company and stores relevant material over three sites. The 'hub' premises is based at the GSK site in Stevenage and there are two satellites: one at the GSK site in Ware and one at a Clinical Unit within Addenbrooke's Hospital, Cambridge. There are overarching global documents that cover all main activities being carried out under the licence and local practices that are specific to the activities carried out at each site. Some projects have approval from recognised research ethics committees (RECs) and are exempt from the licensing requirements of the HT Act; however, the establishment adopts a harmonised approach to governance and sample management. The establishment also has an active research tissue bank (RTB) under the licence where samples are deposited at the end of clinical trials (REC reference 18/EE/0119).

The sourcing and acquisition of samples is arranged by a Human Biological Sample Management (HBSM) group. Samples are acquired from external collaborators and academic groups, commercial vendors, RTBs, from volunteers at the Clinical Unit and on-site from employees. For samples that are collected on site, consent is obtained by trained members of staff using consent forms that reflect the requirements of the HT Act and the HTA's Codes of Practice, and all participants are given a detailed information sheet relating to the research and blood taking process. For samples that are obtained by third parties, agreements are in place to confirm valid and appropriate consent.

Samples arrive at the establishment and all relevant material is given a unique identification code which is used to track sample receipt/collection, storage, use, transport off site and disposal. The establishment uses an electronic sample management system and is currently transitioning to a new system with interactive software (see *Advice*, item 3).

Relevant material is stored throughout the sites at room temperature, -20˚C, -80˚C and -150 ˚C freezers and in liquid nitrogen. Access to all storage areas licensed by the HTA is secured and the buildings have swipe-card controlled access. Visitors must be accompanied by employees and are required to sign in and out at the entrance. All temperature-controlled storage areas are fitted with 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 telephone, 24 hours a day. In the event of a power failure, contingency storage facilities are available. All alarm systems are subject to maintenance and servicing contracts and some are tested (see *Advice*, item 6). There are liquid nitrogen tanks that store relevant material within laboratories (see *Advice*, item 7) as well as a dedicated liquid nitrogen storage room which can only be accessed by trained personnel. There are empty vessels available that can be used as contingency.

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 round table discussions with staff involved in consent seeking, quality management and sample management. The inspection also included a visual inspection of all the areas, over all three sites, where samples are stored under the licence, and audits of sample traceability. Audits of the following, randomly-selected samples were conducted:

- Four samples, from storage to traceability records and documentation, at the hub site.
- Four samples, from documentation to traceability records to storage, at the satellite site at Cambridge.
- Six samples, from storage to traceability records and documentation, at the satellite site at Ware.

All samples were fully traceable.

Inspection findings

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

Compliance with HTA standards

All standards were assessed as fully met.

Advice

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

No.	Standard	Advice
1.	GQ1(b)	There is a robust document control system for global SOPs. Local SOPs relating to licensed activities are continuously reviewed by the DI, although these documents are controlled, there is no formalised date of review. The DI is advised to strengthen the document control for local documented procedures to ensure that they are kept up-to-date and reflect practices.
2.	GQ6(c)	There is a risk register that assesses risks relating to licensable activities. The DI is advised to add this to the Human Biological Sample Management systems so that staff can readily access them.
3.	T1(a)	The establishment is currently transitioning to a new sample traceability database. The DI is advised to audit this process to ensure that the transfer of information relating to samples is accurately transferred across systems.
4.	T2(a)	The date, reason for disposal and method used is recorded on the sample database although this is not detailed within the local disposal SOPs. The DI is advised to include this level of detail in the relevant documents.
5.	PFE1(a)	Freezers are cleaned and decontaminated on an 'ad hoc basis'. The DI is advised to formalise this arrangement.
6.	PFE2(c)	All of the temperature-monitored freezers have external alarm and call-out systems. The DI is advised to formally challenge the alarm systems to ensure that when temperature deviations are detected, the system operates successfully. The DI is also advised to formally review temperature trends.
7.	PFE3(c)	All the liquid nitrogen tank storage areas have oxygen monitoring except one within a main laboratory, which is a much larger space. Although the laboratory area is well ventilated the DI is advised to consult their local health and safety team to determine whether any further risk assessment relating to oxygen monitoring needs to be undertaken.

Concluding comments

This report outlines the second, routine HTA site visit inspection of GlaxoSmithKline. A number of strengths were observed during the inspection, including:

- The DI has developed a robust internal framework relating to human biological samples. Notwithstanding the overriding statutory duties of the DI, authority and responsibilities are shared between the DI, PDs and Human Biological Sample Management group representatives.
- The establishment has developed a three tier audit approach that includes monitoring by every group responsible for the collection, monitoring by the DI and top level audits from the GSK compliance team.
- Staff at the establishment demonstrated that they strive towards improvement of

practices, and were open to the advice offered by the HTA during the inspection.

All standards were met and the HTA has assessed the establishment as suitable to be licensed for the activities specified.

Report sent to DI for factual accuracy: 26 March 2019

Report returned from DI: 1 April 2019

Final report issued: 1 April 2019

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.