

Site visit inspection report on compliance with HTA minimum standards

Scipac Ltd

HTA licensing number 12443

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**

3 May 2012

Summary of inspection findings

Scipac Ltd (the establishment) was found to have met all HTA standards.

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

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

The HTA's regulatory requirements

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

The statutory duties of the Designated Individual are set down in Paragraph 18 of the Human Tissue Act 2004. They are to secure that:

- the other persons to whom the licence applies are suitable persons to participate in the carrying-on of the licensed activity;
- suitable practices are used in the course of carrying on that activity; and
- the conditions of the licence are complied with.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. The HTA inspects the establishments it licences against four groups of standards:

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

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a standard is not met, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 2: Classification of the level of shortfall). Where HTA standards are fully met, but the HTA has identified an area of practice that could be further improved, advice is given to the DI.

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

Background to the establishment and description of inspection activities undertaken

Scipac Ltd is a manufacturer of reagents used in the production of immuno-diagnostic test kits, monoclonal and polyclonal antibodies, cell culture reagents, positive controls for diagnosis of diseases and other solutions used in hospitals, life sciences research and the pharmaceutical industry. The establishment specialises in the manufacture of purified proteins extracted from human material.

In 2010, the establishment became part of BB International. The group has manufacturing sites around the world servicing the diagnostics industry. The manufacturing site at Scipac Ltd operates under ISO 13485 and ISO 9001 quality management systems.

Disease state serum and plasma come from donations by individuals with clinical conditions. Although one supplier of human tissue is based in the UK, the majority of human tissue (considered as 'raw material' by the establishment) is sourced and imported from US-based and other companies based outside the UK.

Relevant material stored under the licence includes: cardiovascular, endocrine, hepatic, neural and post-natal tissue. All relevant material is stored on-site and is frozen. Scipac Ltd also directly procures urine. A REC approved clinical research study is currently in progress in collaboration with a NHS partner organisation.

The establishment has been licensed by the HTA since March 2007. This site visit, undertaken on 3rd May 2012, was the first inspection of the establishment, which also provided an opportunity for the HTA to review governance arrangements. The visit included a visual inspection of the premises (sample receipt and specimen processing areas, processing laboratories and storage facilities – freezer room) and formal interviews with the Designated Individual, the Corporate Licence Holder Contact, the General Manager and other staff working under the licence. The DI is Technical Director of business and liaises with other board members (in particular the General Manager) who manage staff directly involved in activities relating to the licence.

The establishment does not hold consent forms on file (except for urine samples which are directly procured). Principally, the establishment seeks assurance through service level agreements that suppliers of human tissue, including non-UK companies, meet regulatory requirements for consent (where appropriate) and provide evidence of informed consent.

All tissue samples have a unique identification number. The establishment currently maintains an in-house computerised information system to track samples. A traceability audit was carried out on five samples. Each audit trail included (as appropriate): review of evidence of consent, receipt, storage and disposal, and data entry onto the establishment's management information system. No anomalies or discrepancies were found on the selected examples during the traceability audits.

A document review of the establishment's policies and operational procedures was also conducted. This included review of service level agreements, audit schedules for 2012/13, examples of non-conformances, risk assessments and the quality manual.

Inspection findings

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

Compliance with HTA standards

All applicable HTA standards have been assessed as fully met.

Advice

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

No.	Standard	Advice
1.	N/A	The DI should consider whether to nominate an appropriate Person Designated (PD) on the licence, who will be able to support the DI as required.
2.	C2	The DI is advised to review the contractual detail (within the tissue transfer agreement) relating to consent provisions for human material from the UK-based supplier. This is in order to more clearly define the supplier's responsibilities in relation to ensuring that informed consent is in place.
3.	GQ1	The DI is advised to add a statement in SLAs (and tissue transfer agreements) which clearly states that raw material is for research purposes and not for therapeutic procedures. Currently, this information is only contained in the safety data sheet (doc no. 0350-1).

Concluding comments

The establishment has an experienced team which is fully engaged and committed to the delivery of a high quality service. The establishment has an ID tracking system with unique identification numbers generated at the level of individual organs or tissue samples. This facilitates a robust traceability. Training for staff is competency-based and includes levels of performance for defined functions with roles.

No shortfalls were identified during the site visit.

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

Report sent to DI for factual accuracy: 28 May 2012

Report returned from DI: 1 June 2012

Final report issued: 11 June 2012

Appendix 1: HTA standards

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

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
<ul style="list-style-type: none">• Consent forms comply with the HTA's Code of Practice• Consent forms are in records and are made accessible to those using or releasing relevant material for a scheduled purpose• If the establishment obtains consent, a process is in place for acquiring consent in accordance with the requirements of the HT Act 2004 and the HTA's Codes of Practice• Where applicable, there are agreements with third parties to ensure that consent is obtained in accordance with the requirements of the HT Act 2004 and the HTA's Codes of Practice• Consent procedures have been ethically approved
C2 Information about the consent process is provided and in a variety of formats
<ul style="list-style-type: none">• Standard operating procedures (SOPs) detail the procedure for providing information on consent• Agreements with third parties contain appropriate information• Independent interpreters are available when appropriate• Information is available in suitable formats, appropriate to the situation• Consent procedures have been ethically approved
C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent
<ul style="list-style-type: none">• Standard operating procedures (SOPs) detail the consent process• Evidence of suitable training of staff involved in seeking consent• Records demonstrate up-to-date staff training• Competency is assessed and maintained
Governance and quality system standards
GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process
<ul style="list-style-type: none">• Policies and procedures in place are in place, covering all activities related to the storage of relevant material for research in connection with disorders, or the functioning, of the human body• Appropriate risk management systems are in place• Regular governance meetings are held; for example, health and safety and risk management

<p>committees, agendas and minutes</p> <ul style="list-style-type: none"> • Complaints system
GQ2 There is a documented system of quality management and audit
<ul style="list-style-type: none"> • A document control system, covering all documented policies and standard operating procedures (SOPs). • Schedule of audits • Change control mechanisms for the implementation of new operational procedures
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills
<ul style="list-style-type: none"> • Qualifications of staff and training are recorded, records showing attendance at training • Orientation and induction programmes • Documented training programme, (e.g. health and safety, fire, risk management, infection control), including developmental training • Training and reference manuals • Staff appraisal / review records and personal development plans are in place
GQ4 There is a systematic and planned approach to the management of records
<ul style="list-style-type: none"> • Documented procedures for the creation, amendment, retention and destruction of records • Regular audit of record content to check for completeness, legibility and accuracy • Back-up / recovery facility in the event of loss of records • Systems ensure data protection, confidentiality and public disclosure (whistle-blowing)
GQ5 There are documented procedures for distribution of body parts, tissues or cells
<ul style="list-style-type: none"> • A process is in place to review the release of relevant material to other organisations • An agreement is in place between the establishment and the organisation to whom relevant material is supplied regarding the tracking and use of material and eventual disposal or return
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail
<ul style="list-style-type: none"> • There is an identification system which assigns a unique code to each donation and to each of the products associated with it • An audit trail is maintained, which includes details of when and where the relevant material was acquired, the consent obtained, the uses to which the material was put, when the material was transferred and to whom

GQ7 There are systems to ensure that all adverse events are investigated promptly
<ul style="list-style-type: none"> • Corrective and preventive actions are taken where necessary and improvements in practice are made • System to receive and distribute national and local information (e.g. HTA communications)
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately
<ul style="list-style-type: none"> • Documented risk assessments for all practices and processes • Risk assessments are reviewed when appropriate • Staff can access risk assessments and are made aware of local hazards at training
Premises, facilities and equipment standards
PFE1 The premises are fit for purpose
<ul style="list-style-type: none"> • A risk assessment has been carried out of the premises to ensure that they are appropriate for the purpose • Policies in place to review and maintain the safety of staff, authorised visitors and students • The premises have sufficient space for procedures to be carried out safely and efficiently • Policies are in place to ensure that the premises are secure and confidentiality is maintained
PFE 2 Environmental controls are in place to avoid potential contamination
<ul style="list-style-type: none"> • Documented cleaning and decontamination procedures • Staff are provided with appropriate protective equipment and facilities that minimise risks from contamination • Appropriate health and safety controls are in place
PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues and cells, consumables and records.
<ul style="list-style-type: none"> • Relevant material, consumables and records are stored in suitable secure environments and precautions are taken to minimise risk of damage, theft or contamination • Contingency plans are in place in case of failure in storage area • Critical storage conditions are monitored and recorded • System to deal with emergencies on 24 hour basis • Records indicating where the material is stored in the premises

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

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

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

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

Disposal Standards

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

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

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

- Standard operating procedures (SOPs) for tracking the disposal of relevant material detail the method and reason for disposal
- Where applicable, disposal arrangements reflect specified wishes

Appendix 2: Classification of the level of shortfall

Where the HTA determines that a licensing standard is not met, the improvements required will be stated and the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor'. Where the HTA is not presented with evidence that an establishment meets the requirements of an expected standard, it works on the premise that a lack of evidence indicates a shortfall.

The action an establishment will be required to make following the identification of a shortfall is based on the HTA's assessment of risk of harm and/or a breach of the HT Act or associated Directions.

1. Critical shortfall:

A shortfall which poses a significant risk to human safety and/or dignity or is a breach of the Human Tissue Act 2004 (HT Act) or associated Directions

or

A combination of several major shortfalls, none of which is critical on its own, but which together could constitute a critical shortfall and should be explained and reported as such.

A critical shortfall may result in one or more of the following:

- (1) A notice of proposal being issued to revoke the licence
- (2) Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.
- (3) A notice of suspension of licensable activities
- (4) Additional conditions being proposed
- (5) Directions being issued requiring specific action to be taken straightaway

2. Major shortfall:

A non-critical shortfall that:

- poses a risk to human safety and/or dignity, or
- indicates a failure to carry out satisfactory procedures, or
- indicates a breach of the relevant CoPs, the HT Act and other relevant professional and statutory guidelines, or
- has the potential to become a critical shortfall unless addressed

or

A combination of several minor shortfalls, none of which is major on its own, but which, together, could constitute a major shortfall and should be explained and reported as such.

In response to a major shortfall, an establishment is expected to implement corrective and preventative actions within 1-2 months of the issue of the final inspection report. Major shortfalls pose a higher level of risk and therefore a shorter deadline is given, compared to minor shortfalls, to ensure the level of risk is reduced in an appropriate timeframe.

3. Minor shortfall:

A shortfall which cannot be classified as either critical or major, but which indicates a departure from expected standards.

This category of shortfall requires the development of a corrective action plan, the results of which will usually be assessed by the HTA either by desk based or site visit.

In response to a minor shortfall, an establishment is expected to implement corrective and preventative actions within 3-4 months of the issue of the final inspection report.

Follow up actions

A template corrective and preventative action plan will be sent as a separate Word document with both the draft and final inspection report. You must complete this template and return it to the HTA within 14 days of the issue of the final report.

Based on the level of the shortfall, the HTA will consider the most suitable type of follow-up of the completion of the corrective and preventative action plan. This may include a combination of

- a follow-up site-visit inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next desk-based or site-visit inspection.

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