Cardiff University

HTA licensing number 12422

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**

2-3 December 2015

Summary of inspection findings

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

Cardiff University (the establishment) was found to have met all HTA standards.

This was the second HTA inspection, since the establishment was licensed under the Human Tissue Act 2004 (HTAct) in November 2007.

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 (DI), Licence Holder, premises and practices are suitable.

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.

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

The establishment is licensed under the HTAct for storage of relevant material for use for scheduled purposes. The licence covers the University Hospital Wales site at Heath Park (the hub) and the Cathays site (satellite site) of Cardiff University. Researchers from Cardiff and Vale University Health Board are able to undertake licensable activities at the hub site following approval by the DI. Research collections from the schools of Medicine and Dentistry are located at the hub site. Research collections from the schools of Biosciences, Optometry and Vision Sciences, Pharmacy and Pharmaceutical Sciences and Psychology as well as from the School of Medicine are located at the satellite site. The licence holder is Cardiff University and the corporate licence holder contact is the Pro Vice Chancellor, College of Biomedical and Life Sciences. The DI is the Professor of Cell Biology.

The licence covers activities relating to seven Research Tissue Banks (RTB) and seventy other research collections consisting of samples from living and deceased persons. The RTBs have received favourable ethics approval from NHS recognised research ethics committees (REC) or are being considered for approval. The other seventy research collections stored under the licence are under local ethics approval and include existing holdings and collections which are being held following the completion of studies with NHS REC approval. Many of these collections also include samples of DNA, RNA and plasma which are not considered to be relevant material under the HTAct.

This was the second routine HTA inspection; the University Hospital Wales site at Heath Park was previously inspected in May 2008. The Cathays site which had a separate licence (HTA licence no: 12457) was inspected in December 2008, before the establishment applied to revoke that licence in 2012, and include it as a satellite site under licence 12422.

Governance

Governance arrangements include formal and informal meetings between the DI, HTA Manager, Persons Designated under the licence and 23 designated Human Tissue Officers (HTO) based at the schools and research groups. In addition, there are regular formal meetings with the Director of Research and Development and the HTA Govenance Officer based at Cardiff and Vale University Health Board.The HTA Manager maintains an overarching register of tissue holdings covered by the HTA licence. The HTA Manager also

provides documented induction training for HTOs and has set up a page on the establishment's intranet with resources for use by research groups. The resources include a consent training module, templates for consent forms, participant information sheets, risk assessments, adverse event/incident reporting forms relating to human tissue and spreadsheets for recording traceability of tissues stored under the HTA licence. Material transfer agreements are arranged on a case-by-case basis through Research and Innovation Services.

The HTOs provide advice to researchers on meeting HTA standards, maintain a list of all local tissue collections and keep the HTA manager informed of any changes. They also follow up on studies where the approval period by the recognised research ethics committee (REC) is nearing completion in order to determine when any remaining material has to be covered by the HTA licence. Regular audits of collections are undertaken by trained staff including HTOs; findings from audits are discussed and action taken as required.

Principal investigators and/or persons responsible for each collection maintain 'site folders' containing staff training certificates for good clinical practice and/or local consent training, standard operating procedures (SOPs), material transfer agreements, ethics approval documents (as appropriate), risk assessments and paper records of traceability. In the case of larger collections records are maintained using computer databases which are backed up.

Tissue collections inspected

The HTA team selected 13 collections, five at the hub site and eight at the satellite site for visual inspection. They included three RTBs and collections consisting of existing holdings from the deceased, imported material, tumour tissue, biopsies, surgical tissue, blood and other biological fluids containing cells.

The HTA team met key members of staff responsible for each of the collections, reviewed records relating to each collection, records of consent training provided to staff, information provided to donors (as relevant), consent forms, access to samples, storage conditions and monitoring of those conditions, and records of disposal. Documents including SOPs are filed in 'site folders'. In the case of imported breast tumour tissue, the HTA team saw letters which stated that the samples were collected in accordance with local law.

In all cases there is secure access to tissues in storage. Keys to cupboards, fridges and freezers are only accessible to staff who use the tissues. Contingency arrangements are in place to cover collections stored in -70^{0}C freezers in the event of freezer failure. Notices placed on all freezers give the name and contact details of persons responsible for the collection and the location of the contingency freezer in the event that a local or remote alarm is triggered. Some freezers are linked to a proprietary temperature monitoring system, but in other cases, each working day, a member of staff records the temperature of the freezers and there are systems in place to respond if a local alarm is triggered. Freezer alarms are tested and maintained. Tissues of animal origin are stored in separate freezer compartments.

Audit trails were undertaken by selecting at least two samples from each collection and tracing those samples and related documentation from receipt and, as appropriate, consent documentation, storage location and disposal. The samples selected were stored in freezers, fridges and at room temperature. Paper records and/or electronic records were used to audit traceability. There were no discrepancies.

Three RTBs were inspected. Annual reports to the relevant RECs were reviewed along with participant information leaflets, consent forms, material transfer agreements, records of sample collection, consent training and disposal. Audit trails of randomly selected samples and their storage locations were undertaken.There were no discrepancies.

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 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.	C1, C2	The establishment has received financial support to centralise and expand the biobanks. The DI is advised to consider the need to have access to interpreters if required, in order to recruit donors from ethnic groups within Wales.
2.	GQ1	The DI is reminded to inform the HTA of any changes to Persons Designated (PDs) under the licence.
3.	GQ7	The DI is advised to consider providing feedback to staff about adverse incidents relating to tissue in order to facilitate shared learning. The feedback should include actions taken by the HTOs and persons responsible for the relevant collection.
4.	PFE4	The DI is advised to strengthen the procedures relating to packaging and transport of material from external sources, including material imported from other countries, in order to reduce any risks relating to loss of traceability and quality of tissues which are being transported.

Concluding comments

The establishment has implemented a robust system of governance. There are good systems of communication between the DI, HTA Manager and Corporate Licence Holder. The HTA Manager oversees all tissue collections which are stored under the licence and ensures that information is cascaded to researchers who work under the licence. The DI chairs the University wide Human Tissue Research Governance Committee has representation from Research and Innovation Services, and has effective links at Board level.

The establishment has published a ‘Code of Practice for Human Tissue Research’ for use by staff. SOPs covering licensable activities are grouped together and published on the intranet as an over-arching document. The HTOs play a crucial role in the management of the licence. They have been trained and are available to provide advice to researchers on meeting HTA standards. There is a dedicated page on the establishment’s intranet to disseminate information to researchers and provide useful templates to help manage tissues stored under the licence. Since 2012, the establishment has formalised the reporting of adverse events and incidents relating to human tissue to the HTA Manager. The HTA Manager follows up on actions taken following audits and reports of adverse incidents.

The establishment is looking to install freezer monitoring systems for all freezers containing human tissue. From autumn 2016, all induction programmes within the College of Biomedical

and Life Sciences will include information on the HT Act in order to ensure that new students and staff are aware of the legal requirements under the Act. The establishment is looking to implement a research Data Information Management system in order to streamline governance of REC approved studies. There are plans to move towards web based forms to update the university wide tissue register and to implement a common traceability system for all tissue holdings within the university. The establishment will establish a Cardiff University Biobank in 2017 and bring together all the research tissue banks and the Wales Cancer Bank under one governance structure and store all samples in one location.

The HTA has given advice to the Designated Individual with respect to facilitating shared learning in respect of adverse incidents, packaging and transport, keeping the HTA up to date on changes to Persons Designated under the licence and to consider the use of interpreters in order to expand the pool of donors to the Biobank.

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

Report sent to DI for factual accuracy: 31 December 2015

Report returned from DI: 12 January 2016

Final report issued: 12 February 2016

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
• 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
• 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
• 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
• Policies and procedures 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 committees, agendas and minutes
- Complaints system

GQ2 There is a documented system of quality management and audit

- 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

- 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

- 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

- 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

- 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
• 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
• 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
• 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
• 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.
• 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.