

## **Site visit inspection report on compliance with HTA minimum standards**

**Trycare Limited**

**HTA licensing number 22587**

**Licensed for the**

- **storage, distribution and import of human tissues and cells for human application under the Human Tissue (Quality and Safety for Human Application) Regulations 2007**

**10 December 2015**

### **Summary of inspection findings**

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

Although the HTA found that Trycare Limited (the establishment) had met the majority of the HTA standards, three minor shortfalls were found in relation to Governance and Quality Systems. The shortfalls relate to independent audits, the scope of the establishment's current risk assessments, and to a specific aspect of donor serology testing.

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

*Following the inspection and prior to the final report being issued, the establishment provided evidence to the HTA demonstrating that the procedures relating to donor serology testing have been updated. Having reviewed this evidence, the HTA now considers the shortfall relating to this to have been addressed.*

### **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 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.

### **Licensable activities carried out by the establishment**

'E' = Establishment is licensed to carry out this activity.

'TPA' = Third party agreement; the establishment is licensed for this activity but another establishment (unlicensed) carries out the activity on their behalf.

<b>Tissue type</b>	<b>Procurement</b>	<b>Processing</b>	<b>Testing</b>	<b>Storage</b>	<b>Distribution</b>	<b>Import</b>	<b>Export</b>
<b>Bone</b>				<b>E</b>	<b>E</b>	<b>E</b>	

### **Background to the establishment and description of inspection activities undertaken**

This report refers to the activities carried out by Trycare Limited. The establishment is licensed for the storage, distribution and import of human tissues and cells under the Human Tissue (Quality and Safety for Human Application) Regulations 2007. The establishment has been licensed by the HTA since 2009 and has been inspected on three previous occasions.

Trycare Limited imports, stores and distributes a range of acellular bone products for use in dental surgical procedures. The bone products continue to be sourced from a single supplier in the US with which the establishment has a long-standing partnership. The tissue supplier is registered with the FDA to process, package, store, label and distribute Human Cells, Tissues, and Cellular and Tissue based products (HCT/P's), specifically bone allografts, and is also accredited by the American Association of Tissue Banks.

A formal agreement is in place between the establishment and the tissue supplier setting out the roles and responsibilities of each party. This is supplemented by a clear and reasonably detailed technical file which sets out key aspects of the tissue supplier's procedures for the procurement and processing of bone products, including the arrangements that are in place for donor selection/exclusion and testing.

Since the last inspection, the establishment has modified its receipting procedures and storage arrangements for bone products. The former now include an additional step in which products are placed within an appropriately labelled box to ensure that information on the UK distributor accompanies all samples that are sent to end users. As part of this revised procedure, checks are carried out by the DI to ensure that lot numbers remain visible through the packaging and that all the necessary product information leaflets have been enclosed. Samples are now stored in an office adjacent to the establishment's main warehouse in order to ensure that the products are held within specified temperature limits. The temperature of the storage area is continuously monitored and is recorded on a daily basis.

This report describes the establishment's fourth site visit inspection which took place on 10 December 2015. The inspection included discussions with key members of staff working under the licence, including the Designated Individual and members of staff involved in purchasing and product receipt. A review of documentation relevant to the establishment's activities and a visual inspection of the areas of the establishment where licensable activities take place were also conducted as part of the inspection.

An audit of six samples held in storage at the time of the inspection was performed. Storage locations were cross-checked with the establishment's electronic database and related donor files were reviewed to ensure that they contained all relevant documentation. During the course of this audit it was noted that the expiry date for one product was recorded inaccurately on the establishment's database. However, this was an isolated error and no further discrepancies were found. Immediately following the inspection the DI informed the HTA that the establishment's receipting procedures had been modified in response to this finding to include an additional check of expiry date entries on the establishment's database. A copy of an updated stock validation form was submitted as evidence of the changes made.

### **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**

#### **Human Tissue (Quality and Safety for Human Application) Regulations 2007 Standards**

## Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ2 There is a documented system of quality management and audit.		
c) An audit is conducted in an independent manner at least every two years to verify compliance with protocols and HTA standards, and any findings and corrective actions are documented.	Although the Designated Individual has conducted a number of internal audits since the last inspection, an independent audit aimed at assessing the establishment's compliance with its own protocols and with the HTA's standards has not been carried out.	<b>Minor</b>
GQ5 There are documented procedures for donor selection and exclusion, including donor criteria.		
b) The testing of donors by the establishment or a third party on behalf of the establishment is carried out in accordance with the requirements of Directions 003/2010.	<p>The tissue supplier's procedures for the mandatory testing of donors allow for blood samples to be collected up to seven days after death. This approach does not meet the requirements of Directions 003/2010 which state that for deceased donors blood samples must be obtained within 24 hours after death.</p> <p><b>Following the inspection and prior to the final report being issued the establishment provided evidence to the HTA demonstrating that the procedures have been updated. Having reviewed this evidence the HTA now considers this standard to be fully met.</b></p>	<b>Minor</b>
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.		
a) There are documented risk assessments for all practices and processes.	Although the establishment has carried out a range of risk assessments in relation to the work that takes place under the authority of its HTA licence, risk assessments for the maintenance of sample traceability and the import of human tissue have not been formally documented. The latter should include an assessment of the control measures that have been put in place to ensure that imports from non-EEA states meet the standards of quality and safety set out in Directions 003/2010.	<b>Minor</b>

## Advice

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

No.	Standard	Advice
1.	GQ1	The DI is advised to update the information sheet that the establishment provides to all end users to reflect the fact that all donors are NAT tested for Hepatitis B in addition to HIV and Hepatitis C. The reference in this document to the Human Tissue (Quality and Safety for Human Application) Regulations could also be revised to reflect the correct implementation date for this piece of legislation (i.e. 2007).
2.	GQ1n/p	The DI is advised to update the establishment's agreement with its tissue supplier to include reference to HTA Directions 003/2010 which have replaced Directions 001/2006, 002/2007 and 004/2007.
3.	GQ1p	The DI is advised to request an update to the wording of the technical file to reflect the fact that, in certain circumstances and under appropriate controls, bone can be stored at procurement centres for a period greater than six months prior to processing in order for the donor assessment process to be completed. This will bring the technical file in line with the tissue supplier's current procedures and enable the DI to conduct more accurate audits of donors records going forward.
4.	GQ2b and GQ4b	The DI is advised to expand the scope of internal audits of records to include the expiry dates of products as they are recorded on the establishment's tissue tracking system. The DI is also advised to document the periodic checks that are performed on samples following packing as, in effect, they form part of the way in which the establishment audits its receipting processes.
5.	PFE3c	The DI is advised to ensure that there is a clear mechanism in place to ensure that the device used to monitor the temperature of the storage area is calibrated or replaced in line with the establishment's schedule for this activity. The DI is also advised to add the temperature limits to the form used to record the routine monitoring of this area as this will help ensure that any excursions are identified and their impact assessed.

## Concluding comments

The HTA saw several examples of good practice during the course of the inspection.

The establishment has long-standing and effective links with its US-based tissue supplier and has a range of systems in place to help assure the DI that imported products meet the standards of quality and safety as required by the EU Tissues and Cells Directives.

The establishment has a core of experienced staff who have a good understanding of the requirements of this legislation as it relates to the work that's being carried out and there was a clear commitment on the part of staff to the further development of working practices. This was evidenced, in part, by the improvements that have been made to the storage arrangements for bone products and by the establishment's revised receipting procedures.

Three areas of practice were identified during the inspection that require improvement, each resulting in minor shortfalls. These relate to risk assessments, the establishment's current

arrangements for independent audits, and the timing of blood sampling for donor serology testing. The HTA has given advice to the Designated Individual in relation to a number of practices and procedures view to helping the establishment further develop its working practices and governance systems.

The HTA requires that the Designated Individual addresses the shortfalls by submitting a completed corrective and preventative action (CAPA) plan 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: 12 January 2016**

**Report returned from DI: 26 January 2016**

**Final report issued: 28 January 2016**

### **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: 12 May 2020**

## 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.

### Human Tissue (Quality and Safety for Human Application) Regulations 2007 Standards

#### Governance and Quality

Standard
GQ1 All aspects of the establishment's work are supported by ratified documented policies and procedures as part of the overall governance process.
a) There is an organisational chart clearly defining the lines of accountability and reporting relationships.
b) There are procedures for all licensable activities that ensure integrity of tissue and / or cells and minimise the risk of contamination.
c) There are regular governance meetings, for example health and safety, risk management and clinical governance committees, which are recorded by agendas and minutes.
d) There is a document control system to ensure that changes to documents are reviewed, approved, dated and documented by an authorised person and only current documents are in use.
g) There are procedures to ensure that an authorised person verifies that tissues and / or cells received by the establishment meet required specifications.
h) There are procedures for the management and quarantine of non-conforming consignments or those with incomplete test results, to ensure no risk of cross contamination.
i) There are procedures to ensure tissues and / or cells are not released from quarantine until verification has been completed and recorded.
k) There is a procedure for handling returned products.
l) There are procedures to ensure that in the event of termination of activities for whatever reason, stored tissues and / or cells are transferred to another licensed establishment or establishments.
m) The criteria for allocating tissues and / or cells to patients and health care institutions are documented and made available to these parties on request.
n) The establishment ensures imports from non EEA states meet the standards of quality and safety set out in Directions 003/2010.
o) There is a complaints system in place.
p) There are written agreements with third parties whenever an activity takes place that has the potential to influence the quality and safety of human tissues and / or cells.
q) There is a record of agreements established with third parties.
r) Third party agreements specify the responsibilities of the third party and meet the requirements set out in Directions 003/2010.

s) Third party agreements specify that the third party will inform the establishment in the event of a serious adverse reaction or event.
t) There are procedures for the re-provision of service in an emergency.
GQ2 There is a documented system of quality management and audit.
a) There is a quality management system which ensures continuous and systematic improvement.
b) There is an internal audit system for all licensable activities.
c) An audit is conducted in an independent manner at least every two years to verify compliance with protocols and HTA standards, and any findings and corrective actions are documented.
d) Processes affecting the quality and safety of tissues and / or cells are validated and undergo regular evaluation to ensure they continue to achieve the intended results.
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills.
a) There are clearly documented job descriptions for all staff.
b) There are orientation and induction programmes for new staff.
c) There are continuous professional development (CPD) plans for staff and attendance at training is recorded.
d) There is annual documented mandatory training (e.g. health and safety and fire).
e) Personnel are trained in all tasks relevant to their work and their competence is recorded.
f) There is a documented training programme that ensures that staff have adequate knowledge of the scientific and ethical principles relevant to their work, and the regulatory context.
g) There is a documented training programme that ensures that staff understand the organisational structure and the quality systems used within the establishment.
h) There is a system of staff appraisal.
i) Where appropriate, staff are registered with a professional or statutory body.
j) There are training and reference manuals available.
k) The establishment is sufficiently staffed to carry out its activities.
GQ4 There is a systematic and planned approach to the management of records.
a) There are procedures for the creation, identification, maintenance, access, amendment, retention and destruction of records.
b) There is a system for the regular audit of records and their content to check for completeness, legibility and accuracy and to resolve any discrepancies found.
c) Written records are legible and indelible. Records kept in other formats such as computerised records are stored on a validated system.
d) There is a system for back-up / recovery in the event of loss of computerised records.



e) The establishment keeps a register of the types and quantities of tissues and / or cells that are procured, tested, preserved, processed, stored and distributed or otherwise disposed of, and on the origin and destination of tissues and cells intended for human application.
f) There are procedures to ensure that donor documentation, as specified by Directions 003/2010, is collected and maintained.
g) There is a system to ensure records are secure and that donor confidentiality is maintained in accordance with Directions 003/2010.
h) Raw data which are critical to the safety and quality of tissues and cells are kept for 10 years after the use, expiry date or disposal of tissues and / or cells.
i) The minimum data to ensure traceability from donor to recipient as required by Directions 003/2010 are kept for 30 years after the use, expiry or disposal of tissues and / or cells.
k) There are documented agreements with end users to ensure they record and store the data required by Directions 003/2010.
l) The establishment records the acceptance or rejection of tissue and / or cells that it receives and in the case of rejection why this rejection occurred.
m) In the event of termination of activities of the establishment a contingency plan to ensure records of traceability are maintained for 10 or 30 years as required.
GQ6 A coding and records system facilitates traceability of tissues and / or cells, ensuring a robust audit trail.
a) There is a donor identification system which assigns a unique code to each donation and to each of the products associated with it.
b) An audit trail is maintained, which includes details of when the tissues and / or cells were acquired and from where, the uses to which the tissues and / or cells were put, when the tissues and / or cells were transferred elsewhere and to whom.
c) The establishment has procedures to ensure that tissues and / or cells imported, procured, processed, stored, distributed and exported are traceable from donor to recipient and vice versa.
GQ7 There are systems to ensure that all adverse events, reactions and/or incidents are investigated promptly.
a) There are procedures for the identification, reporting, investigation and recording of adverse events and reactions, including documentation of any corrective or preventative actions.
b) There is a system to receive and distribute national and local information (e.g. HTA regulatory alerts) and notify the HTA and other establishments as necessary of serious adverse events or reactions.
c) The responsibilities of personnel investigating adverse events and reactions are clearly defined.
d) There are procedures to identify and decide the fate of tissues and / or cells affected by an adverse event, reaction or deviation from the required quality and safety standards.
e) In the event of a recall, there are personnel authorised within the establishment to assess the need for a recall and if appropriate initiate and coordinate a recall.
f) There is an effective, documented recall procedure which includes a description of responsibilities

and actions to be taken in the event of a recall including notification of the HTA and pre-defined times in which actions must be taken.
g) Establishments distributing tissue and / or cells provide information to end users on how to report a serious adverse event or reaction and have agreements with them specifying that they will report these events or reactions.
h) Establishments distributing tissues and / or cells have systems to receive notifications of serious adverse events and reactions from end users and notify the HTA.
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.
a) There are documented risk assessments for all practices and processes.
b) Risk assessments are reviewed regularly, as a minimum annually or when any changes are made that may affect the quality and safety of tissues and cells.
c) Staff can access risk assessments and are made aware of local hazards at training.
d) A documented risk assessment is carried out to decide the fate of any tissue and / or cells stored prior to the introduction of a new donor selection criteria or a new processing step, which enhances the quality and safety of tissue and / or cells.

#### **Premises, Facilities and Equipment**

<b>Standard</b>
PFE1 The premises are fit for purpose.
a) A risk assessment has been carried out of the premises to ensure that they are fit for purpose.
b) There are procedures to review and maintain the safety of staff, visitors and patients.
c) The premises have sufficient space for procedures to be carried out safely and efficiently.
e) There are procedures to ensure that the premises are secure and confidentiality is maintained.
f) There is access to a nominated, registered medical practitioner and / or a scientific advisor to provide advice and oversee the establishment's medical and scientific activities.
PFE2 Environmental controls are in place to avoid potential contamination.
a) Tissues and / or cells stored in quarantine are stored separately from tissue and / or cells that have been released from quarantine.
c) There are procedures for cleaning and decontamination.
d) Staff are provided with appropriate protective clothing and equipment that minimise the risk of contamination of tissue and / or cells and the risk of infection to themselves.
PFE3 There are appropriate facilities for the storage of tissues and / or cells, consumables and records.
a) Tissues, cells, consumables and records are stored in secure environments and precautions are taken to minimise risk of damage, theft or contamination.

b) There are systems to deal with emergencies on a 24 hour basis.
c) Tissues and / or cells are stored in controlled, monitored and recorded conditions that maintain tissue and / or cell integrity.
d) There is a documented, specified maximum storage period for tissues and / or cells.
PFE4 Systems are in place to protect the quality and integrity of tissues and / or cells during transport and delivery to its destination.
a) There is a system to ensure tissue and / or cells are not distributed until they meet the standards laid down by Directions 003/2010.
b) There are procedures for the transport of tissues and / or cells which reflect identified risks associated with transport.
c) There is a system to ensure that traceability of tissues and / or cells is maintained during transport.
d) Records are kept of transportation and delivery.
e) Tissues and / or cells are packaged and transported in a manner and under conditions that minimise the risk of contamination and ensure their safety and quality.
f) There are third party agreements with courier or transport companies to ensure that any specific transport conditions required are maintained.
g) Critical transport conditions required to maintain the properties of tissue and / or cells are defined and documented.
h) Packaging and containers used for transportation are validated to ensure they are fit for purpose.
i) Primary packaging containing tissues and / or cells is labelled with the information required by Directions.
j) Shipping packaging containing tissues and / or cells is labelled with the information required by Directions.
PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored.
a) Critical equipment and technical devices are identified, validated, regularly inspected and records are maintained.
b) Critical equipment is maintained and serviced in accordance with the manufacturer's instructions.
c) Equipment affecting critical processes and storage parameters is identified and monitored to detect malfunctions and defects and procedures are in place to take any corrective actions.
d) New and repaired equipment is validated before use and this is documented.
e) There are documented agreements with maintenance companies.
f) Cleaning, disinfection and sanitation of critical equipment is performed regularly and this is recorded.
h) Users have access to instructions for equipment and receive training in the use of equipment and maintenance where appropriate.

i) Staff are aware of how to report an equipment problem.
j) For each critical process, the materials, equipment and personnel are identified and documented.
k) There are contingency plans for equipment failure.

## Disposal

<b>Standard</b>
D1 There is a clear and sensitive policy for disposing of tissues and / or cells.
a) The disposal policy complies with HTA's Codes of Practice.
b) The disposal procedure complies with Health and Safety recommendations.
c) There is a documented procedure on disposal which ensures that there is no cross contamination.
D2 The reasons for disposal and the methods used are carefully documented.
a) There is a procedure for tracking the disposal of tissue and / or cells that details the method and reason for disposal.
b) Disposal arrangements reflect (where applicable) the consent given for disposal.

## Appendix 2: Classification of the level of shortfall (HA)

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 direct risk of causing harm to a recipient patient or to a living donor,

Or

A number of 'major' shortfalls, none of which is critical on its own, but viewed cumulatively represent a systemic failure and therefore are considered 'critical'.

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.

A shortfall in the carrying out of licensable activities which poses an indirect risk to the safety of a donor or a recipient

*or*

A shortfall in the establishment's quality and safety procedures which poses an indirect risk to the safety of a donor or a recipient;

*or*

A shortfall which indicates a major deviation from the **Human Tissue (Quality and Safety for Human Application) Regulations 2007** or the **HTA Directions**;

*or*

A shortfall which indicates a failure to carry out satisfactory procedures for the release of tissues and cells or a failure on the part of the designated individual to fulfil his or her legal duties;

*or*

A combination of several 'minor' shortfalls, none of which is major on its own, but which, viewed cumulatively, could constitute a major shortfall by adversely affecting the quality and safety of the tissues and cells.

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 and, which can be addressed by further development by the establishment.

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 inspection.

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.