Site visit inspection report on compliance with HTA minimum standards

The University of York

HTA licensing number 12604

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**

14 January 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.

Although the HTA found that The University of York ("the establishment") had met the majority of the HTA standards, one minor shortfall was found in relation to the establishment's risk assessments of licensed activities (HTA standard GQ8).

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 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 University of York ("the establishment") is licensed by the HTA under the Human Tissue Act 2004 (HT Act) for the storage of relevant material which has come from a human body for use for a scheduled purpose. This licence applies to the university campus at Heslington.

The establishment stores human samples for use in research. The majority of human samples stored at the establishment are for projects which have received approval from a recognised research ethics committee (REC), thereby exempting storage of these samples from the HT Act licensing requirements. Principal Investigators (PIs) at the establishment maintain oversight of REC approval to ensure that where approval expires, or samples are stored outside the terms of the approval, relevant material is stored under the HTA licence.

The Designated Individual (DI) and Persons Designated (PDs) maintain oversight of all samples of relevant material held under the HTA licence. The establishment requires that researchers obtain approval from the University departmental ethics committee for research using human samples. All staff and students working under the HTA licence are required to register and complete the establishment's human tissue training programme.

The establishment receives human samples from third party organisations and does not itself obtain samples directly from human participants. The establishment receives samples from organisations both within and outside of England, Wales and Northern Ireland. All human samples are anonymised and the establishment does not store any patient identifiable information. Researchers are required to receive approval from the DI or PDs for samples to be acquired or transferred to be stored under the HTA licence. The approval process includes checks on the documentation or agreements with third party organisations supplying human samples to provide assurance that consent has been sought in accordance with the regulatory requirements. This approval process is documented and a centralised record is kept of all collections of samples stored under the HTA licence.

At the time of the inspection, a relatively small number of samples (being: 1 unembedded tissue sample; 25 tissue blocks, and; 307 slides) were being held under the authority of the HTA licence. These samples are stored as part of two separate collections: the research collection, and; a collection stored by a group operating as a contract research organisation (CRO). These two collections are under the control of one PI and the overall governance of the establishment's HTA licence. The two collections are managed by separate researchers and are handled according to similar laboratory standard operating procedures (SOPs), in accordance with the establishment's overarching HTA SOPs.

All human samples stored as part of these two collections are assigned a unique identification number or name which is used to track sample receipt, storage, use, distribution and disposal. The establishment uses paper-based records and an electronic database for each collection to provide traceability of samples. Sample traceability is managed by a dedicated team of staff, who update the electronic traceability records and conduct regular audits of stored samples. All human samples are stored separately to non-human tissues.

At the time of the inspection, samples were stored in one secure laboratory area. Formalin-fixed tissue samples, paraffin-embedded tissue blocks and slides are stored at room temperature in a dedicated storage room within the laboratory. Frozen tissue blocks and one frozen tissue sample are stored in a -80°C freezer. The establishment also has access to a secure liquid nitrogen tank in this laboratory, although this did not contain any samples under the HTA licence at the time of the inspection. Freezer temperature and liquid nitrogen levels are continually monitored and there is an automated alarm with a call-out notification procedure in the event of a deviation from the set acceptable temperature ranges. Freezers are regularly maintained and the establishment has contingency arrangements for storage in the event of equipment failure.

The establishment disposes of human samples (small tissue samples, blocks and slides) by incineration. Samples are bagged separately from other waste and stored in an intermediate storage area prior to transfer to the waste contractor for disposal. Records of disposal are kept by each research group, including the date, method and reason for disposal.

Samples stored under the HTA licence may be transferred to third party organisations. The establishment requires that researchers receive approval from the DI or PDs for samples to be distributed. This approval process includes checks on the material transfer agreement with the third party organisation and the documented risk assessment of the transport of samples. The approval process is documented and the PI is required to keep a record of distribution of any samples stored under the HTA licence. At the time of the inspection, no samples stored under the HTA licence had been transferred to third party organisations.

The establishment has been licensed by the HTA since May 2013. This report describes the first, routine, site visit inspection of the establishment in January 2015. The timetable for the site visit inspection was developed in consideration of the establishment's licence application, compliance update information and discussions with the DI. The inspection included a visual inspection of the areas where relevant material is stored under the licence and a prospective new storage area, a review of documentation and interviews with establishment staff.

An audit of traceability records was conducted for each of the two collections. For the research collection, this audit included one paraffin-embedded tissue block and 26 slides held under the HTA licence. For the CRO collection, an audit was conducted of: one frozen tissue sample, three paraffin-embedded tissue blocks and 10 slides. These audits revealed no anomalies in the storage locations or sample identifiers recorded on the electronic databases. These samples were imported and documentation from the two third party suppliers provided appropriate assurance that consent met the regulatory requirements in the countries of origin.

The establishment plans to set up an additional storage facility in a separate area on this site to include a dedicated -80°C freezer and liquid nitrogen tank. The inspection team conducted a visual inspection of this storage facility, although it was not operational at the time of the inspection. The inspection team were informed that temperature and liquid nitrogen level monitoring will be implemented in line with that in use in its current storage facility.

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

Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.	The establishment has a limited scope of documented risk assessments, all of which relate only to health and safety risks. There are no documented risks assessments of the regulatory risks associated with the storage of human tissues for use in research. *(See Advice item 8)*	**Minor**

Advice

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

No.	Standard	Advice
1.	C1	The establishment is advised to consider strengthening its assurance that consent for the use of samples in research is sought in accordance with the regulatory requirements. For example, the DI may wish to include a review of third party consent forms and participant information sheets as a part of the process to approve the acquisition or transfer of samples to be stored under the licence. The DI may wish to include a requirement for third parties to notify the establishment of any changes to their consent procedure and documentation.
2.	GQ1	The establishment currently holds regular meetings to discuss the use of human samples for research and governance of the HTA licence. The DI is advised to formalise additional meetings which are currently held with the PDs. Minutes of these meetings should be documented, including timelines for identified actions, and circulated to relevant staff. This may help to provide a record of decisions made in relation to governance of the HTA licence.
3.	GQ1	The DI is advised to review key HTA SOPs to ensure that these reflect recent changes to the Quality Management System and external organisations. The DI may also wish to consider including references to all key SOPs in the establishment's HTA SOPs. This will help to ensure that staff are aware of all of the key SOPs relating to the HTA licence.
4.	GQ2	The DI should ensure that all documents are reviewed in accordance with the establishment's document review procedure, which currently requires documents to be reviewed at least annually. The DI may wish to consider strengthening the establishment's document control system by including 'review by' dates on controlled documents.

5.	GQ3	The establishment has developed a human tissue training programme for staff undertaking licensed activities. The DI is advised to consider reviewing this training programme, in particular to consider whether: • staff working with human tissue unsupervised should be required to read the establishment's HTA SOPs, and; • staff responsible for human tissue (for example PIs) should be required to read the HTA code of practice 3 (consent), 5 (disposal) and 8 (import and export), in addition to code of practice 9 (research). This may help to ensure that staff are aware of the establishment's procedures and governance of the HTA licence, and the HT Act and requirements for compliance with the HT Act.
6.	GQ5 / PFE4	The DI is advised to ensure that all staff are aware of the establishment's procedure for distributing samples, in particular the requirements for: approval from the DI or PDs; an agreement with the receiving organisation; a documented risk assessment of transport, and; records of transport.
7.	GQ6	The DI is advised to consider extending the numerical identification system to all samples held under the HTA licence. This may become more important to help to ensure that traceability of human samples is maintained in the event that more samples are held under the HTA licence.
8.	GQ8	The DI should document risk assessments for the risks associated with the storage of human tissues and non-compliance with the HT Act. These risks may include, for example: • storage and use of relevant material without valid consent; • loss of traceability of relevant material; • failure of storage facilities or improper storage of relevant material, and; • accidental or inappropriate disposal of relevant material. The DI is advised to ensure that these risk assessments are reviewed regularly and that all staff undertaking licensable activities are aware of these risk assessments.
9.	PFE2	The establishment undertakes cleaning and decontamination of -80°C freezers as required. The DI is advised to ensure that this procedure is documented and that records of cleaning and decontamination of storage facilities are maintained.
10.	PFE3	The DI is advised to consider labelling storage units to indicate that they contain human samples stored under the HTA licence. These labels could also include the details of the person responsible for the storage unit, the acceptable temperature range and actions to be taken in the event of deviation from this temperature range. This will also help to ensure that human and non-human samples are stored separately.
11.	D2	The DI should consider updating the SOPs for disposal to detail the requirement to record the date, method and reason of disposal. These records are currently kept for both collections of samples and documentation of this procedure in the relevant SOPs may help to ensure that any additional research groups are made aware of this requirement.

Concluding comments

This report outlines the first HTA site visit inspection of The University of York. There were a number of areas of good practice observed during the inspection. The DI and PDs maintain good oversight of the collections of human tissue held under the HTA licence. The establishment has developed a training programme that all staff and students working with human samples are required to complete. The staff are dedicated to compliance with the HT Act and have introduced a number of strong practices. The establishment has a robust approach to traceability and keeps detailed records of human samples from receipt through to disposal, including tracking samples through to collection by the third party disposal contractor. This robust approach to sample traceability is supported by a monthly audit of samples by each research team and an annual audit of samples and documentation by the PDs. This thorough approach to sample traceability and audits facilitated the ease of sample traceability observed during the inspection team's audit.

There are some areas of practice that require improvement, as indicated by the minor shortfall in relation to documentation of risk assessments. The HTA has given advice to the DI with respect to consent, governance and quality arrangements, premises, facilities and equipment and disposal.

The HTA requires that the DI addresses the shortfall 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 shortfall identified during the inspection.

Report sent to DI for factual accuracy: 4 February 2015

Report returned from DI: 11 February 2015

Final report issued: 12 February 2015

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: 5 May 2015

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.