Licence application site visit inspection report on compliance with HTA licensing standards

Novo Nordisk Research Centre Oxford

Proposed HTA licensing number 12675

Application for a license 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**

28 March 2018

Summary of inspection findings

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

Although the HTA found that Novo Nordisk Research Centre Oxford (the establishment) had met the majority of the HTA's standards, one minor shortfall was found in relation to documented risk assessments.

The HTA's regulatory requirements

Prior to the grant of a licence, the HTA must assure itself that the Designated Individual is a suitable person to supervise the activity authorised by the licence and that the premises are suitable for the activity.

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

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

Its programme of site visit inspections to assess compliance with HTA licensing standards is one of the assurance mechanisms used by the HTA.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. They are grouped under four headings:

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

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

HTA inspection reports are published on the HTA's website.

Background to the establishment

Novo Nordisk Research Centre Oxford (the establishment) is a new research institute founded as a strategic alliance between Novo Nordisk and the University of Oxford. The establishment aims to identify new therapeutic targets in type 2 diabetes and related disease areas. The establishment has applied for a HTA licence for storage of relevant material, which has come from a human body, for use for scheduled purposes.

Novo Nordisk is located in a multi-tenanted building, which includes purpose-designed laboratory facilities. The building and internal doors leading to laboratories have swipe-card controlled access. Samples will be stored in -20°C and -80°C freezers and in liquid nitrogen. Freezers are locked with a key and can only be accessed by trained Novo Nordisk employees. Freezers are temperature-controlled and connected to an automated alarm system, which has a call-out notification procedure that emails and texts staff to alert them of deviations from the set acceptable temperature ranges. The establishment has contingency arrangements for back-up temperature-controlled storage which includes use of other secured -20°C and -80°C freezers available on-site. In addition, the premises are connected to an emergency power supply. The liquid nitrogen tank is secured in a locked storage area with swipe card controlled access and closed circuit television (CCTV). The tank itself also has a swipe card controlled lock and only those that have completed relevant training are authorised access. The liquid nitrogen tank is monitored and connected to the laboratory support service that alerts staff if problems arise.

The establishment will acquire samples from commercial suppliers, contract research organisations and collaborators. Novo Nordisk audits suppliers of human samples through the company supplier evaluation programme, which includes a self-assessment questionnaire, an audit and an inspection by the Human Biosample Governance team. Suppliers are accepted following audit against high internal standards, bioethics and legal regulations. The external suppliers are responsible for all recruitment and consenting processes however, Novo Nordisk extensively reviews these processes as part of the audit before material is obtained. There is a checklist for staff to complete when applying for human samples that evaluates whether consent for the donation and use of sample is compliant with internal standards and legislative requirements such as requirements set out in the Human Tissue Act 2004 (the HT Act), the HTA's Codes of Practice and standards.

The use of human samples will be regulated by an internal ethics committee and reviewed independently, irrespective of the study need. The procedure is based largely on the Danish research ethics committee (REC) application process.

Relevant material will be anonymised and assigned a unique identification code to track sample receipt/collection, storage, use, transport off site and disposal. At present, the establishment will use an electronic database to record details of sample traceability and there are plans to implement a LIMS system in the future.

Description of inspection activities undertaken

This report describes a licence application assessment site visit to assess the suitability of the establishment to hold a HTA licence. The suitability of the proposed DI, proposed Licence Holder and premises were assessed. The inspection included; review of the establishment's procedures for conducting activities under the licence; meetings with staff; visual inspection of the areas where it is planned that samples will be stored; and a review of the sample traceability system.

Inspection findings

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

Compliance with HTA standards

Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		
a) There are documented risk assessments for all practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice.	Although the establishment has a procedure for conducting risk assessments, there are no documented risk assessments of the risks associated with the practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice. *Refer to Advice, item 3.*	**Minor**

Advice

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

No.	Standard	Advice
1.	GQ2(a)	The establishment's audit schedule includes audits of licensed activities. The proposed DI is advised to consider introducing audit templates to help to ensure that audits cover all licensed activities, including consent documentation and disposal. Further guidance on audits can be found in the HTA's research sector licensing standards and guidance document, which is available on the HTA's website.

2.	GQ3(a)	The proposed DI is advised to ensure that all staff involved in undertaking licensed activities are aware of the requirements of the HT Act and the HTA's Codes of Practice.
3.	GQ6(a)	To address the minor shortfall against standard GQ6(a), the proposed DI should ensure that documented risk assessments cover all of the practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice. In particular, the proposed DI should ensure that the following risks have been assessed: • receiving and/or storing specimens without appropriate consent documentation; • storing or using human tissue after consent withdrawal; • loss of human tissue; • sample mix-up or loss of traceability; • transport of specimens to and from the establishment; and • incorrect disposal. Further guidance on risk assessments of activities conducted under the licence can be found in the HTA's research sector licensing standards and guidance document, which is available on the HTA's website.
4.	T2(a)	The DI is advised to document in the biosample disposal SOP (NNRCO-HBS-007-SOP) that all human samples should be disposed of in a sensitive manner. It is good practice for human tissue to be bagged separately from clinical and other laboratory waste.

Concluding comments

This report describes the licence application assessment of the suitability of Novo Nordisk Research Centre Oxford to be licensed under the HT Act for storage of relevant material, which has come from a human body for use for scheduled purposes.

The HTA found the proposed DI and Licence Holder to be suitable. The HTA has assessed the establishment as suitable to be licensed for the activities specified.

Report sent to DI for factual accuracy: 09 April 2018

Report returned from DI: 12 April 2018

Final report issued: 12 April 2018

Appendix 1: HTA standards

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

Consent standards
C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the code of practice
a) Consent procedures are documented and these, along with any associated documents, comply with the HT Act and the HTA's Codes of Practice.
b) Consent forms are available to those using or releasing relevant material for a scheduled purpose.
c) Where applicable, there are agreements with other parties to ensure that consent is obtained in accordance with the requirements of the HT Act and the HTA's Codes of Practice.
d) Written information is provided to those from whom consent is sought, which reflects the requirements of the HT Act and the HTA's Codes of Practice.
e) Language translations are available when appropriate.
f) Information is available in formats appropriate to the situation.
C2 Staff involved in seeking consent receive training and support in the essential requirements of taking consent
a) There is suitable training and support of staff involved in seeking consent, which addresses the requirements of the HT Act and the HTA's Codes of Practice.
b) Records demonstrate up-to-date staff training.
c) Competency is assessed and maintained.

Governance and quality system standards
GQ1 All aspects of the establishments work are governed by documented policies and procedures as part of the overall governance process
a) Ratified, documented and up-to-date policies and procedures are in place, covering all licensable activities.
b) There is a document control system.
c) There are change control mechanisms for the implementation of new operational procedures.
d) Matters relating to HTA-licensed activities are discussed at regular governance meetings, involving establishment staff.
e) There is a system for managing complaints.
GQ2 There is a documented system of audit
a) There is a documented schedule of audits covering licensable activities.
b) Audit findings include who is responsible for follow-up actions and the timeframes for completing these.

GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills
a) Qualifications of staff and all training are recorded, records showing attendance at training.
b) There are documented induction training programmes for new staff.
c) Training provisions include those for visiting staff.
d) Staff have appraisals and personal development plans.
GQ4 There is a systematic and planned approach to the management of records
a) There are suitable systems for the creation, review, amendment, retention and destruction of records.
b) There are provisions for back-up / recovery in the event of loss of records.
c) Systems ensure data protection, confidentiality and public disclosure (whistleblowing).
GQ5 There are systems to ensure that all adverse events are investigated promptly
a) Staff are instructed in how to use incident reporting systems.
b) Effective corrective and preventive actions are taken where necessary and improvements in practice are made.
GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored
a) There are documented risk assessments for all practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice.
b) Risk assessments are reviewed regularly.
c) Staff can access risk assessments and are made aware of risks during training.

Traceability standards
T1 A coding and records system facilitates the traceability of bodies and human tissue, ensuring a robust audit trail
a) There is an identification system which assigns a unique code to each donation and to each of the products associated with it.
b) A register of donated material, and the associated products where relevant, is maintained.
c) An audit trail is maintained, which includes details of: when and where the bodies or tissue were acquired and received; the consent obtained; all sample storage locations; the uses to which any material was put; when and where the material was transferred, and to whom.
d) A system is in place to ensure that traceability of relevant material is maintained during transport.
e) Records of transportation and delivery are kept.
f) Records of any agreements with courier or transport companies are kept.
g) Records of any agreements with recipients of relevant material are kept.

T2 Bodies and human tissue are disposed of in an appropriate manner
a) Disposal is carried out in accordance with the HTA's Codes of Practice.
b) The date, reason for disposal and the method used are documented.

Premises, facilities and equipment standards
PFE1 The premises are secure and fit for purpose
a) An assessment of the premises has been carried out to ensure that they are appropriate for the purpose.
b) Arrangements are in place to ensure that the premises are secure and confidentiality is maintained.
c) There are documented cleaning and decontamination procedures.
PFE2 There are appropriate facilities for the storage of bodies and human tissue
a) There is sufficient storage capacity.
b) Where relevant, storage arrangements ensure the dignity of the deceased.
c) Storage conditions are monitored, recorded and acted on when required.
d) There are documented contingency plans in place in case of failure in storage area.
PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored
a) Equipment is subject to recommended calibration, validation, maintenance, monitoring, and records are kept.
b) Users have access to instructions for equipment and are aware of how to report an equipment problem.
c) Staff are provided with suitable personal protective equipment.

Appendix 2: Classification of the level of shortfall

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

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

1. Critical shortfall:

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

or

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

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

(1) A notice of proposal being issued to revoke the licence

(2) Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.

(3) A notice of suspension of licensable activities

(4) Additional conditions being proposed

(5) Directions being issued requiring specific action to be taken straightaway

2. Major shortfall:

A non-critical shortfall that:

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

or

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

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

3. **Minor shortfall:**

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

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

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

Follow up actions

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

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

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

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