Site visit inspection report on compliance with HTA minimum standards

London School of Hygiene & Tropical Medicine

HTA licensing number 12066

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**

19 May 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 London School of Hygiene & Tropical Medicine ("the establishment") had met the majority of the HTA standards, four minor shortfalls were identified in relation to audits, risk assessments, sample traceability and arrangements for transporting samples to the establishment. The HTA has also given advice to the Designated Individual on consent information, audits, traceability, risk assessments and freezer maintenance.

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 licenses 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 London School of Hygiene & Tropical Medicine ("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 scheduled purposes.

The establishment has been licensed by the HTA since June 2007 and was first inspected by the HTA on 26 February 2008. This report describes the second, routine, site visit inspection of the establishment. 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 site visit inspection included a visual inspection of the areas where relevant material is stored under this licence, a review of documentation and meetings with establishment staff.

The establishment stores relevant material for use in research, including that within the scope of the HT Act. A number of research projects at the establishment involve samples imported from outside of England, Wales and Northern Ireland. These projects generally receive ethical approval in the country of origin as well as local ethical approval from the LSHTM Ethics Committee, as an additional safeguard for donors. Although the consent requirements of the HT Act do not apply to imported samples, the establishment seeks consent as part of good research practice. Some collections are existing holdings and are exempt from the

consent requirements of the HT Act. The establishment also stores samples collected from patients in England. Some relevant material stored at the establishment is stored for use in projects with approval from recognised research ethics committees (RECs), and is therefore exempt from the licensing requirements of the HT Act. Principal Investigators (PIs) at the establishment ensure that when REC approval expires, or samples are stored outside the terms of the approval, relevant material is stored under the HTA licence. Staff and students are periodically invited to donate blood for research projects at the establishment. Seeking and recording of consent is managed internally and all samples are de-identified before use, with a limited number of staff having access to identifying information. Material is occasionally transported to/from the establishment under Material Transfer Agreements (MTAs) with the forwarding/receiving establishments.

The establishment uses paper-based records to provide traceability of samples. Some research groups maintain additional electronic records of sample traceability. Samples are assigned a unique identification number by individual researchers, and these numbers are used to track sample receipt, storage, release for use in research and disposal. A collection of largely uncatalogued relevant material was identified during the inspection, stored in freezers located in a secure area in the basement of the establishment. In addition, a collection of uncatalogued, archived electron microscopy samples labelled with patient identifying information was identified, stored in an area with open access (refer to shortfall against standard GQ6).

Generally, samples are stored in dedicated storage facilities in secure locations. Samples are mostly stored in locked freezers, some of which are located in corridors with controlled access. All areas where relevant material is stored were accessed during the inspection, with the exception of two Category III laboratories, which were viewed from an external location.

Freezer temperatures and liquid nitrogen levels are continuously monitored and there is an alarm with a robust call-out notification procedure in the event of a deviation from the set acceptable ranges. Maintainance of freezers and temperature monitoring probes is carried out by the researchers responsible for them, and the establishment has contingency arrangements for storage in the event of a freezer breakdown.

An audit of traceability records and consent forms was conducted for samples in liquid nitrogen storage and samples in -80 ^{o}C freezer storage, managed by different research groups. These audits revealed one anomaly in the storage location of two samples in liquid nitrogen storage. Records for these samples are maintained and updated by individual group members in a paper-based master file and the discrepancy observed was due to a delayed update of the file (see Advice item 6). An audit of legibility and completeness of consent forms was also conducted. Five consent forms for community samples and two consent forms for staff donations were reviewed. Examples of minor inconsistencies were identified in the confirmatory signature of the investigator seeking consent in two out of the five consent forms for community samples examined. This was due to confusion on behalf of the consent-seeker at the time of signing, and verbal reassurance was given during the audit. Although consent for these samples is obtained outside of England, Wales and Northern Ireland, the information sheets and consent forms are designed by the establishment and the appropriate level of clarification and training should be provided so that consent-seekers can use the material correctly (see Advice item 1). The HTA has also provided advice regarding on-going audit of such documents (see Advice item 3).

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
GQ2 There is a documented system of quality management and audit.	Lack of sufficient audits was identified at the previous inspection of the establishment, and this was addressed by the completion of satisfactory audits at the time. However, the establishment has not undertaken any audits of stored human tissues or records of traceability and consent since 2011. There is currently no documented schedule of audits. *(See Advice item 3)*	**Minor**
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail.	The establishment holds a large collection of electron microscopy tissue specimens which remains uncatalogued and is stored in an area with open access. A separate collection of largely uncatalogued relevant material was also identified during the inspection, stored in freezers located in a secure area in the basement of the establishment. Full traceability cannot be assured while these collections remain uncatalogued.	**Minor**
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.	Existing risk assessments do not deal with the risks associated with management of human tissue under the licence and non-compliance with the Human Tissue Act 2004. *(See Advice item 7)*	**Minor**

Premises, Facilities and Equipment

Standard	Inspection findings	Level of shortfall
PFE4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to a destination.	Staff occasionally use public transport to transfer material to the establishment. These arrangements are not documented and no assessment of the risks has been undertaken or documented.	**Minor**

Advice

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

No.	Standard	Advice
1.	C1 & C3	Although consent for samples used for several research projects at the establishment is taken outside of England, Wales and Northern Ireland, the establishment is responsible for providing the documentation required to support the research undertaken. The DI is encouraged to seek assurance that consent seekers have received sufficient training on using the documentation provided to them by the establishment appropriately, to avoid incorrect use of consent forms as identified during the inspection.
2.	C2	The DI is advised to consider regular review of the participant information documentation to ensure that all documents contain information on consent withdrawal.
3.	GQ2	To support the introduction of regular audits, the DI is advised to develop a documented audit schedule to include audits of each collection. These audits could include vertical audits of the traceability of human tissue, from records of receipt to storage, use or disposal, and horizontal audits of records of traceability and consent forms to check for completeness, legibility and accuracy. For collections which are currently uncatalogued and where sample acquisition and distribution are not taking place, audits could verify that correct numbers of samples are present in the appropriate storage locations. The results of audit findings and actions taken should be formally recorded. This will help the DI to further assure herself of the robustness of tissue traceability systems and consent processes for each of the collections.
4.	GQ4	The establishment uses a paper-based record to provide traceability for most collections managed by individual groups. The DI is advised to risk assess the use of this system and consider creating an electronic back up to ensure that traceability of these samples is maintained, for example by creating scanned copies of the paper-based records and storing them electronically.
5.	GQ4	For collections which are currently uncatalogued, the DI should take steps to keep them in a secure area with limited access. The DI is advised to review these collections and decide whether they are useful to continue storing for research. An interim measure may be to check and record numbers of samples in order to introduce a simple inventory.Consideration should be given to including this material in a regular audit schedule to ensure traceability can be maintained.
6.	GQ4	For paper-based records of samples stored in liquid nitrogen, which are updated and maintained by individual users in a master file, the DI is advised to ensure that records are updated in an accurate and timely manner, and to consider adopting an electronic back-up system to maintain traceability. In light of the inspection audit findings, consideration should be given to including these records in a regular audit schedule to ensure traceability can be assured.
7.	GQ8	The DI should document risk assessments for the risks associated with the storage of human tissues and non-compliance with the Human Tissue Act 2004. These risks may include, for example:

		• storage of relevant material without consent; • failure of storage facilities; • loss of traceability of relevant material; • security in open areas and; • lack of cataloguing of acquired collections, leading to failure to be able to trace every specimen. 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.
8.	PFE5	The DI is advised to develop a maintainance schedule to cover all freezers used for the storage of relevant material. The DI is also advised to ensure that freezers are maintained regularly according to manufacturers' instructions, and that maintainance records are available for audit.
9.	N/A	The DI is advised to consider appointing at least one Person Designated. This would provide the DI with additional support in their role, particularly with regards to audit and record management. The Corporate Licence Holder (CLH) contact could also provide the DI with support from the Licence Holder to ensure that changes needed to address the identified shortfalls take place.

Concluding comments

This report outlines the second HTA site visit inspection of the London School of Hygiene & Tropical Medicine. There were a number of areas of good practice observed during the inspection. The premises and storage facilities are well-maintained and there are comprehensive temperature monitoring and alarm call-out procedures. The consent process for samples being transferred to the establishment is robust and well-considered. The establishment uses participant information sheets and consent forms tailored to different participant ages, and for parents and guardians. The HTA has given advice to further improve documentation of the consent process including management of consent withdrawal and audits of completed consent forms.

There are some areas of practice that require improvement, as indicated by the four minor shortfalls in relation to audits, risk assessments, sample traceability and arrangements for transporting samples to the establishment. The HTA has given advice to the DI with respect to consent information, audits, traceability, risk assessments and freezer maintenance.

The HTA requires that the DI 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: 11 June 2015

Report returned from DI: 23 June 2015

Final report issued: 23 June 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: 06 April 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.