Licence application visit on compliance with HTA minimum standards

ProAxsis Ltd

HTA licensing number 12667

To be 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**

3 August 2017

Background

A site visit of ProAxsis Ltd, Belfast ("the establishment") was carried out as part of the licence application assessment. The establishment consists of the hub site at Catayst Inc.

This report summarises the visit and provides advice to the establishment to support post-licensing compliance.

ProAxis Ltd is a contract research organisation that was established within Queens University Belfast in August 2013 before relocating to the current bespoke premises in September 2016. The establishment undertakes product development and validation (*in vitro* diagnostic development) and clinical sample analysis in collaboration with universities or sponsors.

The reason for the licence application is for the storage of human tissue for the scheduled purpose of 'research in connection with disorders, or the functioning, of the human body'. The material to be stored will be primarily saliva samples and plasma which are from the living and have been anonymised. The former will be part of a clinical trial approved by a UK Ethics Committee Authority (UKECA) whereas the latter will be obtained from a research tissue bank. The material will also be used for performance assessment and quality assurance. The establishment also plan to store urine and faecal samples at a later date. It is planned that most relevant material will be rendered acellular within seven days of receipt by the establishment.

A visual inspection of the establishment was undertaken and included the area where human tissue will be stored within the main laboratory. There is an electronic swipe entry system to the establishment and entry to the laboratory is on a restricted access. Tissue will be stored in a dedicated -80°C freezer which is under an annual maintenance contract. The temperature of the freezer is monitored by a proprietary temperature monitoring system and staff are alerted by email and phone if temperatures fall outside of the defined ranges. There is not currently a contingency procedure in place for equipment breakdown (see *Advice,* item 7). The establishment currently uses a paper based tracking system for the receipt, use and disposal of biological material and this system will be used for the receipt, storage, use and disposal of relevant material (see A*dvice,* item 4) .

A round-table discussion was held with the proposed Designated Individual (DI) and proposed Person Designated (PD). The discussion covered premises, facilities and equipment, governance and quality management systems and traceability systems. A documentation review was also carried out. Staff at the establishment do not currently seek consent.

Compliance with HTA standards

Governance and quality systems

Standard	Inspection findings	Level of shortfall
GQ4 There is a systematic and planned approach to the management of records		
b) There are provisions for back-up/recovery in the event of loss of records	Samples are currently recorded on a paper-based system with no provision for back-up/recovery in the event of loss of records. *See Advice, item 4*	**Minor**
PFE1 The premises are secure and fit for purpose		
c) There are documented cleaning and decontamination procedures.	There are no documented cleaning and decontamination procedures. *See Advice, item 5*	**Minor**
PFE2 There are appropriate facilities for the storage of bodies and human tissues.		
d) There are documented contingency plans in place in case of failure in storage area.	There are no documented contingency plans in place in case of failure in storage area. *See Advice, item 7*	**Minor**

Advice

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

No.	Standard	Advice
1.	GQ1(d)	The proposed DI is advised to implement or identify regular governance meetings where matters relating to HTA-licensed activities can be discussed, involving establishment staff who are engaged in licensed activities. Documented minutes of these meetings should be distributed to all relevant staff.
2.	GQ2(a)	The proposed DI is advised to implement a documented schedule of audits to demonstrate compliance with HTA standards. These should include vertical audits of records and specimens from consent assurance to disposal and horizontal audits by staff involved in the processes to ensure SOPs accurately reflect actual practices. The results of all audit findings, and actions taken, should be formally recorded and discussed at the governance meetings, to ensure continuing improvement of processes and practices.
3.	GQ3(b)	Although relevant material is not currently being stored, all new staff working with human tissue should undertake an induction programme, which includes information on licensing and the HTA to ensure compliance with human tissue legislation and the regulatory framework.
4.	GQ4(b)	The DI is advised to duplicate this system electronically in the form of an excel spread sheet so that there is an electronic copy, should any damage be done to the paper system. This electronic copy can be backed up and audited regularly to ensure there is a full record of tissue traceability.
5.	PFE1(c)	The storage facilities are regularly cleaned and decontaminated. The DI is advised to document these activities and the procedures should be supported by schedules.
6.	PFE2(c)	Currently the temperature of the freezer is monitored by a proprietary temperature monitoring system and staff are alerted by email and phone if temperatures fall outside of the defined ranges. The proposed DI is advised to challenge test the alarm and call-out system periodically to ensure they are operating as expected.
7.	PFE2(d)	Maintenance of the -80°C freezer is under an annual schedule. The DI is advised that the establishment must have contingency arrangements in place in the event of storage failure. This could be through a formalised arrangement with another HTA licensed establishment for the transfer of material. The transfer of material should also be risk assessed.
8.	T1(c)	Stored HTA relevant material should be clearly labelled as human tissue. This may help to reduce the risk of sample mix-ups and ensure staff are aware of the need to manage these samples in line with the regulatory requirements. The DI is also advised to store human tissue separately from animal tissue in order to respect any donor ethical sensitivities.

Following the licensing application visit and subsequent amendments to documentation made by the establishment, the HTA assessed the establishment as suitable to be licensed for storage of relevant material for the scheduled purpose of: ‘research in connection with disorders, or the functioning, of the human body’.

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
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.
C2 Staff involved in seeking consent receive training and support in the essential requirements of taking consent

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.
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.