Licence application assessment report on compliance with HTA licensing standards
Licence assessment date: **11 November 2020**

NHSBT Barnsley

Proposed HTA licensing number 22681

Application for a licence under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended)

Licensable activities applied to be carried out by the establishment

Proposed licensed activities

'E' = Establishment applied to be licensed to carry out this activity and will carry it out.

'E*' = Establishment applied to be licensed to carry out this activity but will not carry it out.

'TPA' = Third party agreement; the establishment applied to be licensed for this activity but another establishment (not licensed by the HTA) will carry out the activity on their behalf.

Site	Procurement	Processing	Testing	Storage	Distribution	Import	Export
Hub site NHSBT Barnsley	E*	E		E	E		E
Satellite NHSBT Therapeutic Apheresis Services, (TAS), St James's University Hospital, Leeds	E						
Satellite NHSBT TAS, Royal Hallamshire Hospital, Sheffield	E						

Tissue types applied to be authorised for licensed activities

Applied to be authorised = Establishment to be authorised to carry out this activity and will currently be carrying it out.

Tissue Category; Tissue Type	Procurement	Processing	Testing	Storage	Distribution	Import	Export
Progenitor Cell, Haematopoietic, PBSC; PBSC	Authorised	Authorised		Authorised	Authorised		Authorised
Progenitor Cell, Haematopoietic, Bone Marrow; Bone Marrow		Authorised		Authorised	Authorised		Authorised
Progenitor Cell, Haematopoietic, Cord Blood; Cord Blood	TPA	Authorised		Authorised	Authorised		
Mature Cell MNC; PBMC	Authorised	Authorised		Authorised			Authorised
Mature Cell, T Cell; DLI	Authorised	Authorised		Authorised	Authorised		Authorised

The establishment will also be licensed for the storage of relevant material for use in a scheduled purpose under the Human Tissue Act 2004 (HT Act).

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

NHSBT Barnsley (the establishment) was found to have met all HTA standards.

The HTA has assessed the establishment as suitable to be licensed for the activities specified.

Compliance with HTA standards
All applicable HTA standards have been assessed as fully met.

Background

The current NHSBT Stem Cell Immunotherapies Services (SCI) Sheffield (HTA licence #11036) and SCI Leeds (HTA licence #11017) are moving and will be operating out of a single purpose-built centre at the Cell and Molecular Therapies (CMT) Unit at NHSBT Barnsley. The new single establishment will be licensed for procurement, processing, storage, distribution and export of human tissues and cells for human application under the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (as amended) (the Regulations) and for the storage of relevant material for use in a scheduled purpose under the Human Tissue Act 2004 (HT Act).

The establishment will carry out procurement of peripheral blood stem cells (PBSCs) and peripheral blood lymphocytes for donor lymphocyte infusion (DLI) at satellite sites on behalf of client hospitals and external registries. Processing, storage, distribution and export of PBSCs and DLIs, and processing, storage and distribution of bone marrow, will take place at the CMT. Umbilical cord blood is procured under an appropriate third party agreement and will be sent to the establishment for processing, storage and distribution. Open processing will be performed in specialist clean rooms under GMP Grade A conditions using microbiological Class II safety cabinets. Closed processing will be undertaken for the majority of haematopoietic progenitor cell donations using a proprietary closed system. Specialist facilities are provided for the cryopreservation and storage of cells using liquid nitrogen. Testing for mandatory donor serology markers and cell sterility is performed by other HTA-licensed NHSBT establishments. The establishment will also be authorised to carry out procurement, processing, storage and export of peripheral blood mononuclear cells as a starting

material for Advanced Therapy Medicinal Products (ATMP) manufacture.

Description of activities undertaken during assessment

The HTA's regulatory requirements are set out in Appendix 1. Due to the national response to the COVID-19 pandemic, no site visit was undertaken.

Regulation Managers covered the following areas during a remote (desk-based) assessment.

Standards assessed against during assessment

Inspections demonstrating establishment compliance with the HTA standards were conducted during May 2019 (SCI Sheffield) and October 2019 (SCI Leeds). As part of the assessment of the new licence application, the establishment confirmed that existing processes from Sheffield and Leeds were being transferred to NHSBT Barnsley. These transferred processes would continue to follow established procedures undertaken by experienced staff, with minimal changes being made as required in order to undertake the processes at the new site.

The following documentation surrounding the move of equipment, staff and processing were assessed to ensure critical equipment and technical devices were identified and validated prior to implementation:Hazard Identification Risk Assessment worksheet; GxP Risk Assessment Methodology and Report; GxP Risk Assessment Register; Change Control for the Implementation of Clean Rooms; and Validation Protocols of Clean Room Qualification.

Existing validated and authorised processing procedures undertaken at SCI Leeds and SCI Sheffield are being re-validated at the new premises to ensure they have been successfully transferred and perform as expected. The change control documents related to these transfer validations were reviewed as part of this assessment and NHSBT will inform the HTA should the transfer validations fail to meet any of their acceptance criteria.

Review of governance documentation

CMT Barnsley and TAS Sheffield and Leeds are both part of NHSBT and, as such, are subject to a single governance and quality management system. All procedures within the CMT and TAS are established national procedures that have previously been assessed.

All local services provided from the Barnsley premises are covered by updated contracts and SLAs with the relevant transplant units.

Visual inspection
No site visit was undertaken as part of the licence application assessment.

Meetings with establishment staff
The assessment included remote meetings with the Heads of laboratories of SCI Leeds and SCI Sheffield, NHSBT Lead and Regional Quality Managers, the National Operations Manager for CMT, the Lead Specialist for Continuous Improvement and Head of Function for NHSBT.

Report sent to proposed DI for factual accuracy: 22/12/20

Report returned from proposed DI: 23/12/20

Final report issued: 6/01/21

Appendix 1: The HTA's regulatory requirements

The HTA must assure itself that the DI, Licence Holder, premises and practices are suitable.

The statutory duties of the DI 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.

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 Human Tissue Act 2004, Human Tissue (Quality and Safety for Human Application) Regulations 2007, 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:

   - A notice of proposal being issued to revoke the licence;
   - 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;
   - A notice of suspension of licensable activities;
   - Additional conditions being proposed, or;
   - 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 the final inspection report. Establishments 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, or;
- follow up at next routine site-visit inspection.

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