Licence application assessment visit report on compliance with HTA licensing standards
Site visit date: **15 January 2019**

Emergex Vaccines

Proposed HTA licensing number 12696

Application for a licence under the Human Tissue Act 2004

Activities to be licensed

Area	Storage of relevant material which has come from a human body for use for a scheduled purpose	Removal from the body of a deceased person (otherwise than in the course of an anatomical examination or post-mortem examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose other than transplantation
Emergex Vaccines	To be licensed	Not to be licensed

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.

Although the HTA found that Emergex Vaccines (the 'establishment') had met the majority of the HTA's standards, one major and five minor shortfalls were found against standards for Governance and Quality systems, Traceability and Premises, Facilities and Equipment.

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 visit.

Major shortfalls

Standard	Visit findings	Level of shortfall
PFE2 There are appropriate facilities for the storage of bodies and human tissue		
(c) Storage conditions are monitored, recorded and acted upon when required	Temperature monitoring is not being carried out for the -80°C freezer. Liquid nitrogen levels in the cryostorage unit are not being recorded. There is no audible alarm or call-out procedure in the event of failure of storage conditions for these units.	**Major**

Minor shortfalls

Standard	Visit findings	Level of shortfall
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.	Several SOPs lack key details, notably: • *SOP24: Storage of human tissue.* The allocation of the unique identifier for the primary sample or sample aliquots is not stated. • *SOP CLSOP25: Cleaning and decontamination*. The procedures to clean and decontaminate the storage facilities are not stated. • *SOP29: Internal audit.* Audit findings are reviewed by the DI but how these findings are shared with staff is not documented. • *SOP CLSOP28 Adverse event reporting*. Staff are instructed on how to report adverse events but examples of adverse events which require reporting have not been included.	**Minor**

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.	The establishment's risk assessments are focused on health and safety matters and do not cover all practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice.	**Minor**

T2 Bodies and human tissue are disposed of in an appropriate manner		
b) The date, reason for disposal and the method used are documented.	Although the date and method of disposal is included in the database and disposal SOP, the reason for disposal is not recorded.	**Minor**

PFE2 There are appropriate facilities for the storage of bodies and human tissue		
d) There are documented contingency plans in place in case of failure in storage area.	Contingency plans have not been agreed and documented for the -80°C freezer.	**Minor**

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.	There are no documented maintenance schedules for the -80°C freezer or the cryostorage unit.	**Minor**

Advice

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

Number	Standard	Advice
1.	GQ1(d)	The DI is advised to discuss any audit findings and reported incidents in the regular governance meetings involving establishment staff. This is to ensure that staff are aware and involved in governance and quality matters relating to the licensed activities.
2.	GQ4(b)	The human tissue database and the quality management system are stored electronically on a shared drive, which is backed-up weekly. The proposed DI is advised to consider whether to back-up this system more frequently in order to strengthen mitigations relating to data loss.
3.	GQ6(a)	Risk assessments should include the risks relating to the premises, practices and procedures connected with licensed activities, including: • loss of human tissue; • sample mix-up or loss of traceability; • transport to the establishment; and • incorrect disposal.
4.	PFE2(c)	When the temperature monitoring and alarm systems have been implemented, the proposed DI is advised to consider reviewing temperature trends of the -80°C freezer and liquid nitrogen levels of the cryostorage unit and to document this. Deviations in trends can indicate the need for corrective or preventative intervention/s.
5.	T1(c)	The proposed DI is advised to label the storage units that contain relevant material to increase staff awareness that tissue is being stored in compliance with the Human Tissue Act 2004.

Background

Emergex Vaccines is a privately-owned biotechnology company that has applied to the HTA to store relevant material which has come from a human body for use for a scheduled purpose. The company conducts research into the development of vaccines using synthetic non-biological components. The establishment will only receive relevant material that has been purchased from commercial suppliers.

Description of activities undertaken during visit

The HTA's regulatory requirements are set out in Appendix 1. The Regulation Manager covered the following areas during the visit:

Standards assessed against during visit

There are 47 standards in the research sector; 36 were assessed. Standards C1(a), C1(b), C1(d), C1(e), (f), C2(a) – (c), T1(g), and PFE2(b) could not be assessed as the establishment does not directly seek consent, distribute material or manage material from the deceased (standards published 3 April 2017).

Review of governance documentation

The visit included a review of documentation relevant to the establishment's proposed licensable activities. This included policies and procedural documents, risk assessments, the material transfer agreement with a proposed third party supplier and a review of the database that will be used to record and track relevant material.

Visual inspection

A visual inspection of the areas where relevant material will be received and stored was undertaken.

Meetings with establishment staff

The visit included discussions with the proposed DI and the proposed Corporate Licence Holder contact to discuss the proposed licensable activities.

Report sent to proposed DI for factual accuracy: 12 February 2020

Report returned from proposed DI: 21 February 2020

Final report issued: 26 February 2020

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: 23 June 2020

Appendix 1: The HTA's regulatory requirements

Prior to the grant of a licence, the HTA must assure itself that the DI 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 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.

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.

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 Human Tissue Act 2004 (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 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:

   - 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
   - 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 Codes of Practice, 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 review or at the time of the next 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 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
- follow up at next routine site visit inspection.

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