

**Site visit inspection report on performance against HTA quality standards  
Newcastle University  
HTA licensing number 12534**

**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**

**19-20 April 2011**

**Executive Summary**

A site visit inspection of Newcastle University (the establishment) was carried out by the HTA on 19-20 April 2011.

The establishment was found to have met all HTA standards.

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.

All 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**

This report describes the routine site-visit inspection of the Biomedicine Biobank at Newcastle University on 19-20 April 2011.

The university amalgamated its four separate research licences into one in 2009. This is the first site-visit inspection of the unified licence, although the Institute of Human Genetics, which held a separate licence until 2009, had a site-visit inspection in 2008. No conditions were placed at desk-based inspection for the previous or the current licences, or following the site-visit inspection of the Institute of Human Genetics.

The Biobank has its hub at the medical school, with five satellite sites in and around Newcastle. The Biobank stores a wide range of frozen, fixed and paraffin-embedded tissue samples from living and deceased persons. For some banks, tissue is primarily sourced from patients at the local NHS Trust, whereas tissue is sourced from donors across the UK for other banks. Many banks distribute tissue to researchers nationally under material transfer agreements, although for some banks tissue is used only by researchers in the university.

During the inspection, the inspectors met with staff involved with licensable activities, visually inspected tissue banks, conducted traceability audits and reviewed documentation. Seven tissue banks at the hub (Diabetes; Uteroplacental; Haematology; Cancer Tissue Resource; Clinical Research Facility; Musculoskeletal, and Mitochondrial Disease) and two satellites (Institute for Ageing and Health at Newcastle General Hospital, and the Cytogenetics and the Human Developmental Biology Resource at the Institute of Human Genetics) were visited during the inspection. Nine tissue collections at the hub (Muscle Immunoanalysis; Nutrition; Leukaemia Research Cytogenetics; Thousand Families Study; Parent and Child Study; Dental; Cumbrian Workers Samples; Dermatology, and Liver) were not visited. For three satellites (Department of Pathology at Queen Elizabeth Hospital, Gateshead; Freeman Hospital, and School of Agriculture, Food and Rural Development), all tissue is stored for projects with ethical approval from NHS research ethics committees (RECs). These three satellites were not visited during the inspection.

Tissue traceability audits were carried out at each tissue bank visited. Storage locations were checked against electronic and paper records, and consent forms for the audited samples were reviewed. No anomalies were found in records for the majority of samples. Although minor errors in electronic records were noted for three tissue samples, these did not affect traceability as all samples were found in the correct storage locations. All consent forms reviewed during the audits were correctly completed.

## **Meeting the HTA's licensing standards**

The HTA developed its licensing standards with input from its stakeholders, in order to ensure the safe and ethical use of human tissue. The HTA expects licensed establishments to meet these standards.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a licensing standard is not met, the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor' (see Appendix 3: Classification of the level of shortfall).

**For this establishment all HTA standards were met.**

**Unless otherwise advised, the establishment is required to inform the HTA within 14 days of the receipt of the final report of the corrective and preventative actions that**

**will be taken to ensure that the improvements are addressed.** A template for this purpose is provided as a separate Word document.

## Advice

Below are matters which the HTA advises the Designated Individual (DI) to consider.

No.	Standard	Advice
1.	C1	The DI is advised that donor consent forms and information should make it clear when tissue samples will be stored with the intention to extract DNA for use in research.
2.	C1, GQ4	The DI is advised that, as tissue samples and consent forms may be received at different times for some tissue banks, consent forms should be routinely audited to provide further assurance that valid consent is in place for all samples.
3.	GQ1	The DI is advised that quality management will be enhanced further by: <ul style="list-style-type: none"><li>• introducing a quality manual for licensable activities. This could, for example, reference the university policies on consent, records management and disposal of human tissue, and the relevant HTA Codes of Practice;</li><li>• expanding the scope of risk assessments to cover, for example, the security and confidentiality of paper records;</li><li>• ensuring all tissue bank databases can record the reason for, and date of, disposal of tissue samples.</li></ul>

## Concluding comments

Overall, the establishment performs well against HTA quality standards. Consent for tissue donation is mainly sought by research nurses who have been trained in Good Clinical Practice and on the consent provisions of the Human Tissue Act 2004. Quality management is to a good standard, with detailed standard operating procedures for handling and storage of human tissue, effective record management which ensures tissue traceability is maintained, and regular internal quality audits. Premises and facilities are well maintained, secure and monitored appropriately.

**Report sent to DI for factual accuracy: 17 May 2011**

**Report returned from DI: 24 May 2011**

**Final report issued: 20 June 2011**

## Appendix 1: HTA inspection process

The Human Tissue Authority regulates the removal, storage, and use of human bodies, body parts, organs and tissue for activities such as research, transplantation, and education and training. The legal requirements for establishments which carry out such activities are set out in the Human Tissue Act 2004 and The Human Tissue Act 2004 (Ethical Approval, Exceptions from Licensing and Supply of Information about Transplants) Regulations 2006.

We license establishments in England, Wales and Northern Ireland that carry out these activities, and inspect them to make sure legal requirements are met.

### Inspections

We use the term 'inspection' to describe when we:

- visit an establishment to meet with staff, view premises and facilities, and review policies and procedures (a site-visit inspection); or
- assess written information we have requested from an establishment (a desk-based assessment / inspection).

We carry out inspections to assess if the Designated Individual (DI) is suitable to supervise the activity covered by the licence, as it is their responsibility to ensure that:

- other staff working under the licence are suitable;
- suitable practices are used when carrying out the activity; and
- the conditions of the licence are met.

We also need to be satisfied that the licence applicant or holder, the establishment's premises, and the practices relating to licensed activities, are suitable.

To help us reach our decisions, we have developed standards under four headings: Consent; Governance and Quality; Premises, Facilities and Equipment; and Disposal.

After every site visit inspection, we write a report documenting our findings. Where we find a particular standard is not fully met, we will describe the level of the shortfall as 'Critical', 'Major' or 'Minor'. In most cases, it will be the responsibility of the DI to seek the HTA's agreement on how they will address the identified shortfalls. More information about the classification of shortfalls can be found in Appendix 3.

The majority of our site-visit inspections are announced. If we have concerns about an establishment, we can also undertake an unannounced site visit inspection.

You can find reports for site visit inspections which took place after 1 November 2010 on our website.

## Appendix 2: HTA standards

Standards which are not applicable to this establishment have been highlighted.

Consent standards
<b>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</b>
<ul style="list-style-type: none"><li>• Consent forms comply with the HTA's Code of Practice</li><li>• Consent forms are in records and are made accessible to those using or releasing relevant material for a scheduled purpose</li><li>• 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</li><li>• 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</li><li>• Consent procedures have been ethically approved</li></ul>
<b>C2 Information about the consent process is provided and in a variety of formats</b>
<ul style="list-style-type: none"><li>• Standard operating procedures (SOPs) detail the procedure for providing information on consent</li><li>• Agreements with third parties contain appropriate information</li><li>• Independent interpreters are available when appropriate</li><li>• Information is available in suitable formats, appropriate to the situation</li><li>• Consent procedures have been ethically approved</li></ul>
<b>C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent</b>
<ul style="list-style-type: none"><li>• Standard operating procedures (SOPs) detail the consent process</li><li>• Evidence of suitable training of staff involved in seeking consent</li><li>• Records demonstrate up-to-date staff training</li><li>• Competency is assessed and maintained</li></ul>
Governance and quality system standards
<b>GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process</b>
<ul style="list-style-type: none"><li>• Policies and procedures in place 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</li><li>• Appropriate risk management systems are in place</li><li>• Regular governance meetings are held; for example, health and safety and risk management</li></ul>

<p>committees, agendas and minutes</p> <ul style="list-style-type: none"> <li>• Complaints system</li> </ul>
<p><b>GQ2 There is a documented system of quality management and audit</b></p>
<ul style="list-style-type: none"> <li>• A document control system, covering all documented policies and standard operating procedures (SOPs).</li> <li>• Schedule of audits</li> <li>• Change control mechanisms for the implementation of new operational procedures</li> </ul>
<p><b>GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills</b></p>
<ul style="list-style-type: none"> <li>• Qualifications of staff and training are recorded, records showing attendance at training</li> <li>• Orientation and induction programmes</li> <li>• Documented training programme, (e.g. health and safety, fire, risk management, infection control), including developmental training</li> <li>• Training and reference manuals</li> <li>• Staff appraisal / review records and personal development plans are in place</li> </ul>
<p><b>GQ4 There is a systematic and planned approach to the management of records</b></p>
<ul style="list-style-type: none"> <li>• Documented procedures for the creation, amendment, retention and destruction of records</li> <li>• Regular audit of record content to check for completeness, legibility and accuracy</li> <li>• Back-up / recovery facility in the event of loss of records</li> <li>• Systems ensure data protection, confidentiality and public disclosure (whistle-blowing)</li> </ul>
<p><b>GQ5 There are documented procedures for distribution of body parts, tissues or cells</b></p>
<ul style="list-style-type: none"> <li>• A process is in place to review the release of relevant material to other organisations</li> <li>• 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</li> </ul>
<p><b>GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail</b></p>
<ul style="list-style-type: none"> <li>• There is an identification system which assigns a unique code to each donation and to each of the products associated with it</li> <li>• 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</li> </ul>

**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 3: 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. There are varying levels of 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.

### 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.

## **Follow up actions**

A template corrective and preventative action plan is available as a separate Word document. 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.