Site visit inspection report on compliance with HTA minimum standards

Covance Laboratories Ltd

HTA licensing number 12494

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 August 2014

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.

Covance Laboratories Ltd (the establishment) was found to have met all HTA standards. 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 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.

Background to the establishment and description of inspection activities undertaken

Covance Laboratories Ltd provide drug development services to the pharmaceutical industry for studies that require storage and use of human tissue.

The establishment has been licensed by the HTA since 2007. This was the first routine site inspection and included a review of documentation relevant to the establishment's activities, a visual inspection of the premises and interviews with people working under the licence. In addition to the Designated Individual (DI) and the Corporate Licence Holder contact (CLHc), interviews included Persons Designated (PDs) and individuals involved in seeking consent, sample receipt, storage, use and disposal.

Licensed activities are conducted at the main site (hub) in Harrogate and a satellite in Alnwick. The establishment has secure premises with restricted access through security checkpoints for visitors and electronic card key access for staff to each area of the site. Closed-circuit television is used at entry points and at key points within the establishment.

Tissues used by the establishment can be grouped as (i) commercially bought, (ii) samples supplied by clients, which are tracked by study number or (iii) internal donations.

Samples that are commercially bought or supplied by clients are managed through electronic information systems using the study number. At the hub, these samples are tracked through the Sample Management Department. Samples are checked on arrival and are electronically logged and centrally stored. An audit of traceability is maintained to record the movement, use and disposal of samples. The Sample Management Department has devised a system of quarantine to manage any discrepancies with labelling or incorrect shipment.

A similar laboratory information system is used at the satellite; both systems are used at the hub and satellite respectively to conduct independent traceability and disposal audits.

Internal donations at both hub and satellite are managed by paper-based systems to ensure donor confidentiality. Consent is sought from employees by site nurses who assign unique identification numbers to each donor. When samples are required, donors are notified by secure email that they may donate. For blood donations, there is a mandatory volume excess and minimum haemoglobin check to prevent over-using donors. Consent is sought for each subsequent donation to ensure that consent is valid and the medical history of the donor is up to date.

A total of 15 traceability audits were conducted across seven areas during the inspection.

At the satellite, one forward and one reverse traceability audit was conducted using electronic information management system; a paper-based method of traceability was audited for consent and storage.

At the hub, the electronic system was interrogated by, conducting a forward and reverse traceability at the Sample Management Department of samples in storage and one sample to remain in quarantine; one sample to remain with a researcher was located in the designated freezer and one sample to be returned to the Sample Management Department was located in the return freezer. Paper-based audits were conducted of five internal donors with consent forms and in storage; three internal donors were traced back to consent forms, and one forward and one reverse audit of samples for use and tissue for storage freezers respectively.

No traceability discrepancies were found during traceability audits however, three consent forms contained some discrepancies. The DI has been given advice on providing training for those seeking consent.

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

All applicable HTA standards have been assessed as fully met.

Advice

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

No.	Standard	Advice
1.	GQ1	The DI is advised to ensure that local standard operating procedures reflect actual practice, for example the process of human tissue sample disposal is not captured at a local level.
2.	GQ2/ C3	The establishment has good systems in place for recruiting internal tissue donors which ensure that each donor is anonymised and has given their consent. Upon review of consent forms however, one was found to be incomplete and two were found to contain written amendments that had not been dated and initialled. The DI is advised to expand the current range of audits to include consent forms.
3.	GQ3	The DI has developed a training programme to ensure that all those working under the licence with human tissue are aware of the regulatory requirements of the HTA licence. The DI is advised to expand the training programme to ensure that all those involved in the chain of donation, including nurses and phlebotomists, are also trained and aware of completing informed consent documents as required under the Human Tissue Act 2004.
4.	D2	Although the establishment has robust management for the disposal of human tissue, the DI is advised to list the reason for disposal to ensure complete traceability.

Concluding comments

Many areas of good practice were seen during the inspection. The DI plays a key role in driving up global regulatory standards across Covance Laboratories Ltd and conducts regular HTA-relevant training programmes.
There is a robust approach to maintaining tissue donor confidentiality; human tissues are tracked by study number to mitigate incorrect use and to ensure good traceability. There is good contingency for storage and freezer failure which includes backup -80°C freezers and a carbon dioxide pellet facility.
The establishment has a robust approach to the handling of relevant material whereby all tissues / cells and those potentially no longer containing cells, such as plasma, are treated as relevant material to ensure compliance with the Human Tissue Act 2004.

The HTA has given advice to the Designated Individual with respect to consent training, expansion of audit activity and improved documentation of reasons for disposal.

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

Report sent to DI for factual accuracy: 15 September 2014

Report returned from DI: 26 September 2014

Final report issued: 26 September 2014

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.