Inspection report on compliance with HTA licensing standards
Inspection date: **18 August 2022**

Lonza Biologics Plc

HTA licensing number 12590

Licensed under the Human Tissue Act 2004

Licensed activities

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
Lonza Biologics Plc	Licensed	Not licensed

Summary of inspection findings

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

Lonza Biologics Plc (the 'establishment') was found to have met most of the HTA's standards; however, three minor shortfalls were identified against standards for Governance and Quality systems. These related to the coverage of HTA matters at governance meetings, the quality of standard operating procedures (SOPs) and the absence of risk assessments.

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 assessment.

Compliance with HTA standards

Standard	Inspection findings	Shortfall
GQ1 All aspects of the establishment's work are governed by documented policies and procedures as part of the overall governance process		
GQ1(a) Ratified, documented and up-to-date policies and procedures are in place covering all licensable activities	The SOPs concerning HTA activities – including key activities of receipt, storage, traceability and disposal - do not provide comprehensive detail to enable staff to follow a procedure in a step-wise fashion, from beginning to end.	**Minor**

Standard	Inspection findings	Shortfall
GQ1 All aspects of the establishment's work are governed by documented policies and procedures as part of the overall governance process		
GQ1(d) Matters relating to HTA-licensed activities are discussed at regular governance meetings, involving establishment staff	The establishment has a number of different meetings, at team and Committee level; however, HTA-licensed activities are not formally discussed.	**Minor**

GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		
GQ6(a) There are documented risk assessments for all practices and processes requiring compliance with the HT Act and the HTA's Codes of Practice.	There are no documented risk assessments for all practices and processes requiring compliance with the HT Act.	**Minor**

Advice

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

Number	Standard	Advice
1.	C1(a)	The establishment has not yet received a request for disposal of tissue following withdrawal of consent from a donor via a tissue supplier. The process in such cases would be for the tissue to be disposed of; however, this is not documented. The DI may wish to consider adding detail about this within an SOP.
2.	C1(c)	The establishment receives tissue from a small number of providers who are able to demonstrate that they can meet the consent requirements of the HT Act and who have been supplying tissue for a number of years. The DI may wish to consider introducing a formal vetting process should a decision be made to purchase tissue from new suppliers.
3.	GQ1(b)	The DI may wish to consider adding the date of revision to each SOP against the change made so there is an audit trail of when the review took place.

4.	GQ2(a)	The establishment undertakes a full traceability audit, of all samples in storage, twice each year. To widen the scope and potential usefulness of audits, the DI should consider including audits which focus on processes and procedures and a thorough audit against HTA standards.
5.	GQ3(b)	The establishment has a competency sign-off sheet for new staff. The DI may wish to consider reviewing its format to ensure that the information is recorded clearly and consistently.
6.	GQ4(a)	The establishment intends to purchase a new system to manage traceability in due course. The DI is advised to consider whether there are any risks in transferring data between systems and, if so, how these will be managed.
7.	GQ5(a)	The establishment's Incident SOP provides instruction that all incidents involving human tissue must be reported using the incident form but does not include all categories of incidents. To strengthen incident reporting, the DI is advised to consider adding new categories of incidents, such as: • Missing or incorrect documentation • Security breach • Abnormalities in storage temperature readings • Inappropriate disposal
8.	T1(c)	To improve the awareness and traceability of human tissue, and ensure it is managed in accordance with regulatory expectations, the DI is advised to consider adding signs to the liquid nitrogen tanks to indicate that human tissue is stored within. For easy reference, the contingency tank could also be labelled.
9.	PFE2(c)	The liquid nitrogen tanks have continuous temperature monitoring; however, the DI is advised to consider how monitoring data can be kept under review to ensure conditions are meeting expected parameters and that there are no concerning trends.

10.	PFE2(d)	The DI is advised to review the SOP for contingency arrangements to ensure that the steps that must be followed in the event of a critical storage failure are documented both in and out of hours. Furthermore, the DI may wish to consider keeping an up-to-date copy of the procedure in the storage area for ready access by staff.

Background

The establishment is private company that holds a HTA licence to cover research activities within the area of Immunology. The establishment purchases Peripheral Blood Mononuclear Cells (PBMCs) and Leukopaks from two HTA-licensed establishments. The purchased material has consent from donors for storage and use in research. This was the second HTA inspection of the establishment and there have been no significant changes since the last inspection in 2014.

Description of inspection activities undertaken

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

Standards assessed against during inspection

All 47 standards were assessed (standards published 3 April 2017).

Review of governance documentation

A number of documents were reviewed during the assessment, which included but were not limited to, standard operating procedures for licensable activities, key policies, traceability audits, staff competency records and records relating to traceability

Visual inspection

There was a virtual inspection of the premises where the PBMCs are stored which involved reviewing the security arrangements of the liquid nitrogen storage area. This was followed up by a meeting with relevant staff members to discuss the PFE standards.

Audit of records

No traceability audits were carried out; however, a review of the establishment's traceability audits was undertaken as part of the assessment. The Regulation Manager had no concerns with the audits presented during the assessment.

Meetings with establishment staff

A roundtable discussion was carried out with establishment staff which included the CLHc, DI and lead Scientists involved with licensed activities.

Report sent to DI for factual accuracy: 13 September 2022

Report returned from DI: 26 September 2022

Final report issued: 29 September 2022

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: 7 March 2023

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 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 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 inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next routine inspection.

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