

Licence application assessment report on compliance with HTA licensing standards
Site visit date: **28 April 2023**



Pharmaron UK Ltd
Proposed HTA licensing number 12756

Application for a licence under the Human Tissue Act 2004

Activities applied 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
Pharmaron UK Ltd	Applied to be licensed	Not applied to be licensed

Summary of 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 Pharmaron UK Ltd ('the establishment') had met the majority of the HTA's standards, four minor shortfalls were found against standards for Governance and quality systems, Traceability, and Premises, facilities and equipment. The shortfalls related to Standard Operating Procedures (SOPs) and policies, audits, documentation for logging and tracking relevant material, and cleaning procedures.

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.

Compliance with HTA standards

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.	<p>While the establishment was able to explain procedures covering licensable activities several of the SOPs and policies were in draft formats and did not provide sufficient detail. This included the SOPs related to sample management and internal audits, and the policy for carrying out a risk assessment for human tissues. With reference to identified examples, documents did not:</p> <ul style="list-style-type: none">• Set out how to label samples with a unique identification number• Set out what records Principle Investigators / Project Leaders are expected to maintain to ensure complete traceability• Provide a template or example sample traceability log• Set out how to monitor and check the level of Liquid nitrogen (LN2) in the storage dewars• Set out the process and expectations for responding to alarms out of hours• Provide sufficient detail on how to undertake an audit and what should be audited for the different documents and processes listed in the draft policy.	Minor

GQ2 There is a documented system of audit		
a) There is a documented schedule of audits covering licensable activities.	There was no documented schedule of audits.	Minor

T1 A coding and records system facilitates the traceability of bodies and human tissue, ensuring a robust audit trail		
c) An audit trail is maintained, which includes details of: when and where the bodies or tissue were acquired and received; the consent obtained; all sample storage locations; the uses to which any material was put; when and where the material was transferred, and to whom.	The establishment intends to use paper-based sample tracking and logging documents while they develop an electronic sample tracking system. While a process is described in establishment documents, no final example sample tracking or logging documents were made available for review.	Minor

PFE1 The premises are secure and fit for purpose		
c) There are documented cleaning and decontamination procedures.	The establishment's procedure for regularly cleaning the laboratory and storage areas was not documented or recorded.	Minor

Advice

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

Number	Standard	Advice
1.	GQ1(a)	During the site visit, the proposed DI confirmed that current plans were to store relevant material under the licence in LN2 tanks only. The proposed DI is advised to clarify this in establishment documentation that references the storage of human tissue at other temperatures.
2.	GQ1(c)	<p>The establishment intends to make significant operational changes over the coming months. This includes:</p> <ul style="list-style-type: none">• establishing LN2 storage in an additional area within the licensed facility, using a different LN2 storage system that is filled automatically rather than manually, and has a different remote alarm and monitoring system• development and implementation of an electronic sample tracking system to replace the current paper-based system• implementation of a new building management system, supported by a new suite of documentation <p>The proposed DI is advised to ensure these changes are implemented under a robust change control mechanism to provide an assurance that all the risks of any changes are considered, any required validation is undertaken, that SOPs, policies and other documentation are updated appropriately, and staff are trained in the new processes.</p>
3.	PFE3(a)	The LN2 storage tanks are connected to a remote alarm system. The proposed DI is advised to consider implementing measures to prevent loss of power to the alarm system should there be a power failure to the facility.

Background

Pharmaron UK Ltd has applied for an HTA licence to store relevant material which has come from a human body for use for scheduled purposes. The establishment intends to source relevant material from commercial suppliers, which will be stored in LN2 tanks.

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, of which 38 were assessed. Standards C1(a), C1(b), C1(d), C1(e), C1(f), C2(a), C2(b), C2(c), and PFE2(b) could not be assessed as the establishment does not intend to directly seek consent, or to store material from the deceased (standards published 3 April 2017).

Review of governance documentation

The assessment included a review of documentation relevant to the establishment's proposed licensable activities. This included policies and procedural documents, equipment records, risk assessments, arrangements for monitoring the storage units, a review of the proposed procedures for recording and tracking relevant material, and staff training records.

Visual inspection

The visit included a visual inspection of the areas where the establishment proposes to undertake the licensable activity. This included the areas where relevant material will be received into the establishment and areas where samples will be stored.

Meetings with establishment staff

The visit included meetings and discussions with the proposed Designated Individual (DI), the proposed Corporate Licence Holder contact and other staff who will be working under the licence.

Report sent to proposed DI for factual accuracy: 30 May 2023

Report returned from proposed DI: No factual accuracy or request for redaction comments were made by the DI

Final report issued: 29 June 2023

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: 30 November 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 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, and;
- 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, or;
- 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, or;
- 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.