Licence application assessment report on compliance with HTA licensing standards
Site visit date: **16 November 2023**

Clinical Translational Research Innovation Centre: C-TRIC

Proposed HTA licensing number 12763

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
Clinical Translational Research Innovation Centre: C-TRIC	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 the Clinical Translational Research Innovation Centre: C-TRIC ('the establishment') had met the majority of the HTA's standards, one minor shortfall was found against standards Governance and Quality systems, related to 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 shortfall identified during the assessment.

Compliance with HTA standards

Minor Shortfalls

Standard	Assessment findings	Level of shortfall
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.	Risk assessments did not cover all risks connected with licensed activities, including: • The risk of samples being stored after withdrawal of consent • Unauthorised access to the storage unit from the rear of the facility • Risks to the power supply routed externally to the storage unit • The risk of the hospital back-up power supply being diverted to critical clinical units • CCTV coverage that was set up before the external storage unit was installed on the premises	**Minor**

Advice

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

Number	Standard	Advice
1.	GQ1(a)	While the establishment has Standard Operating Procedures (SOPs) covering licensable activities, the proposed DI is advised to review the current documents to ensure that they align with the procedures described during the site visit, and include sufficient detail for staff to be able to follow procedures. For example, the proposed DI is advised to include detail on how the temperatures for the fridges and freezers will be trended and reviewed, and to include the temperature ranges (as specified in the monitoring system) in relevant SOPs.
2.	GQ2(a)	The proposed DI is advised to consider expanding the scope of planned internal audits to include procedural horizontal audits in addition to the vertical audits of records and specimens currently planned. This may help to ensure that SOPs accurately reflect all steps in the practices being carried out.
3.	T1(b)	The establishment disposal records do not document the method of disposal. However, the establishment currently only has one method that can be used for disposal for relevant material. The proposed DI is advised to note this in establishment documentation, and to stipulate that if relevant material is disposed of using another method than it must be noted in the records.
4.	PFE2(c)	Signage on the -80°C freezers and fridges includes direct contact details for the proposed DI should there be a temperature deviation or alarm. The proposed DI is advised to consider providing additional contact details, to provide contingency in the event he is not able to respond to a call.
5.	PFE2(c)	The proposed DI is advised to add the temperature alarm set points to the signs on the -80°C freezers and fridges, so that staff are visually reminded of minimum and maximum temperatures.

Background

The Clinical Translation Research Innovation Centre: C-TRIC, is a tripartite organisation co-owned by the Western Health and Social Care NHS, Derry & Strabane District Council and Ulster University. It has created a biobank called the C-TRIC Bioresource and has applied for a HTA licence to store relevant material, which has come from a human body, for use for scheduled purposes. It intends its bioresource to be integrated into the HSC data ecosystem, allowing clinical phenotype information to be linked to participants that have given permission under ethically approved studies. Samples will be stored either frozen at -80°C or in refrigerated storage.

Description of activities undertaken during the assessment

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

Standards assessed

There are 47 standards in the Research sector, of which 46 were assessed. Standard PFE2(b) could not be assessed as the establishment does not intend to store 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, security arrangements, 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 consent will be sought and samples collected from donors, 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) and other staff who will be working under the licence, including staff involved with programme management and quality assurance.

Report sent to proposed DI for factual accuracy: 7 December 2023

Report returned from proposed DI: 19 December 2023

Final report issued: 21 December 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: 12 April 2024

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.