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Prifysgol Abertawe

R&D
RESEARCH & DEVELOPMENT
Abertawe Bro Morgannwg University Health Board

GIG CYMRU NHS WALES
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University Health Board

Human Samples in Research

Adverse Event Reporting

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Document History

Version	Review Date	Comment	Replaces	Reviewed by
2.0	21.09.15	Updated header/footers and front page. Inclusion of reporting timescales; minor text amendments and removal of appendix to standalone form	1.0	Lisa Wakeman
3.0	01.09.16	Post-licence grant review, amendment from acting designated individual reference; minor text amendments	2.0	Lisa Wakeman
4.0	18.04.18	Amendments to reflect revised HTA Codes of Practice and Standards Minor procedural amendments	3.0	Lisa Wakeman

1. Purpose

A key part of quality management is a robust system for reporting and investigating adverse events (AE).

The purpose of this Standard Operating Procedure (SOP) is to ensure that all staff and students undertaking research understand what constitutes a human tissue-related serious adverse event and are aware of the requirements and mechanisms for reporting adverse events. This SOP applies to adverse events that occur to human tissue and non-compliance with the Human Tissue Act 2004 (HT Act) and Human Tissue Authority (HTA) Codes of Practice only. Adverse events that involve equipment, staff, students and patients should be reported separately using existing organizational adverse event reporting systems.

2. Background

The HT Act and HTA require that organizations have in place processes and systems which capture, report and monitor adverse events that occur to human tissue. Licensed organizations should have systems in place to record adverse events and subsequently identify and implement preventative and corrective measures following any adverse tissue-related event. Reporting AEs/incidents helps to:

- Learn lessons and prevent recurrences
- Improve practice as a consequence of the findings
- Set priorities for e.g. training and/or other resources to prevent future incidents

Examples of human tissue AEs in the Research Sector include events that could or do lead to theft, damage to sample integrity or the wishes of participants not being upheld.

AEs occurring within the Research Sector are not required to be reported to the HTA, however evidence of internal systems to identify and manage events is mandatory for compliance with licensing requirements.

3. Roles and Responsibilities

All staff and students who become aware of an incident affecting the integrity of human tissue samples has a responsibility to report and investigate it in the manner described in this SOP.

The Designated Individual (DI) has a responsibility to implement and maintain a system of AE reporting and monitoring which improves quality standards and to oversee the management of individual incidents to closure.

The Person(s) Designate (PD) has a responsibility for overseeing the implementation of measures to address deficiencies identified within their area.

Principal Investigators (PIs) are responsible for ensuring that risk assessments are carried out for their studies to minimize the likelihood of an adverse event occurring.

The HTA Governance Officer is responsible for maintaining a log of AEs and ensuring this SOP remains fit for purpose.

4. Procedure

4.1 Identification of an Adverse Event

All members of staff and students working with, or responsible for, human tissue should familiarize themselves with the contents of this SOP in order to be in a position to identify an adverse event. Further guidance can be obtained from the Human Tissue Act Governance Officer or the DI.

Any AE that is categorized as serious (refer to Table 1) that occurs under the HTA licence must be recorded and reported to the HTA Governance Officer within 24 hours of identification. Human tissue-related AEs are identified based on breaches of the HT Act, HTA governance standards and HTA Codes of Practice and on the HTA classification of adverse events and reactions. Examples include:

- Consent
    - Human tissue removed from a patient / participant without appropriate and or valid consent.
    - Consent sought / obtained by an individual without appropriate training
    - Consent for use of human tissue not filed / retained correctly
    - Human tissue used or stored outside the governance of a Research Ethics Committee (REC) approved study
    - Human tissue used without appropriate consent
    - No evidence of consent where sought by third parties
- Governance and Quality Systems
    - Documentation and Records
        - Incorrect version of SOP in use
        - Loss of records
        - Breach of data protection or confidentiality
        - Material transferred without appropriate review, authorization or documentation (MTA/contract)

- Tissue Collection and Traceability

  - Incorrect tissue type collected
  - Unlabelled material
  - Tissue unusable
  - Sample integrity compromised in transit
  - Sample location / log discrepancy

- Storage facilities, Premises and Equipment

  - Storage unit failure with no loss of tissue (near miss)
  - Storage unit failure with resulting loss of tissue
  - Unauthorised access to storage facilities with no resulting compromised tissue (near miss)
  - Unauthorised access to storage facilities resulting in sample loss or damage
  - Incorrect storage conditions / units for sample type

- Disposal

  - Human samples disposed of Inappropriately
  - Records of disposal of human tissue absent, not retained or incomplete
  - Disposal of human tissue not in line with donors wishes, where specified.

- Transportation

  - Loss of sample integrity during transport
  - Loss of samples
  - Samples transferred to third parties without appropriate documentation in place (MTA, contract)
  - Incorrect samples transferred
  - Samples imported without DI approval

Table 1 - Examples of categorization of adverse events are shown below:

Category	Example
Serious	• Conduct of non-licensed activities (e.g. storage of relevant material for research without NHS REC approval) • Non-recoverable loss of unique relevant material (e.g. through freezer/alarm failure) • Relevant material removed from a participant, stored or used without appropriate consent • Staff member seeking consent without appropriate training • Loss/compromise of relevant material and/or patient records during transportation • Relevant material used for a research study without NHS REC approval • Breach of Data protection/confidentiality • Failure to dispose of material appropriately
Moderate	• Relevant material transported without appropriate transfer agreement (e.g. MTA, SLA) in place • Labeling error that lead to the incorrect use of samples • Inappropriate transport of specimens
Minor	• Incorrect version of policy or SOP in use • Not registering new SOPs or updating existing SOPS to reflect changes in practice • Documentation temporarily misplaced
Near Miss	An adverse event could have occurred if intervention had not been made, e.g. • Short term cold storage failure with no harm to tissue • Freezer failure leading to the requirement to transfer samples to alternative locations. • Alarm failure with no harm to tissue • Labeling error that was remedied • Unauthorised access to tissue under licence with no harm to tissue

4.2 Reporting an Adverse Event

All staff and students working with human tissue who encounter an event should liaise with the relevant PD to generate an incident report. Where a concern is raised by any other individual (e.g. patient, visitor, internal / external auditor) the PD should ensure that an adverse event is reported on their behalf. Events occurring under a HTA licence must be reported to the DI within 24 hours.

4.2.1 ABM University Health Board Procedure

AEs occurring on Health Board premises should be reported using the Datix online incident reporting system. The HTA Governance Officer must also be notified and will categorise and log the incident, assign a reference,

inform the DI and liaise with the PD to complete the Human Tissue Adverse Event Reporting Form *HTA-03-FORM-Adverse Event Reporting Form* and track the progress of the incident to closure. Other members of the Health Board will be notified where appropriate, particularly where patient care/safety is compromised. Summaries of all events occurring under a HTA licence will be provided to the ABM UHB HTA Committee and the Health Board R&D Department.

4.2.2 Swansea University Procedure

AEs occurring on Swansea University premises should be reported to the Human Tissue Act Governance Officer using the Human Tissue Adverse Event Reporting Form *HTA-03-FORM-Adverse Event Reporting Form*. The HTA Governance Officer will review the report to ensure correct classification, log the event, assign a reference, notify the DI and track the progress of the incident to closure. Summaries of all events occurring under a HTA licence will be provided to the Swansea University HTA Sub-Committee.

4.2.3 Notification to Corporate Licence Holder

All AEs categorised as serious occurring under the research HTA licence will be notified by the DI/HTA Governance Officer to the representative of the corporate licence holder as soon as possible based..

4.3 Investigation and follow up

PDs are responsible for undertaking an immediate local investigation. The investigation must attempt to identify the root cause of the event (What happened? why did it happen? how did it happen?). Corrective and preventative actions (CAPAs) should be identified and implemented, to defined timescales, to avoid recurrence of the event. Once the AE has been reported formally to the DI and HTA Governance Officer, the PD (or other appropriate individual) will be required to complete a CAPA form HTA-04-FORM-CAPA and implement the identified actions. Completion of the CAPA may be delegated to an appropriate individual.

Corrective actions are those actions that are reactive to an adverse event and aim to rectify the problem. Preventative actions are those actions that are taken to pre-empt recurrence of the issue. When managing CAPAs, each action should be assigned a responsible individual and a timescale for completion. CAPA forms should be returned to the HTA Governance Officer within one week identifying:

- corrective and preventative actions
- who is responsible for each action
- timescale for each action

The HTA Governance Officer will liaise with the reporting PD and DI to monitor implementation of the actions. Corrective and preventative actions identified on the CAPA form should generally be implemented within one month, after which the event will be closed.

Documented review of risk assessments should always form part of the CAPAs. Once all actions are implemented and the HTA Governance Officer and DI notified of completion, the event can be closed. All AEs will be monitored by the DI and must be followed up until closure.

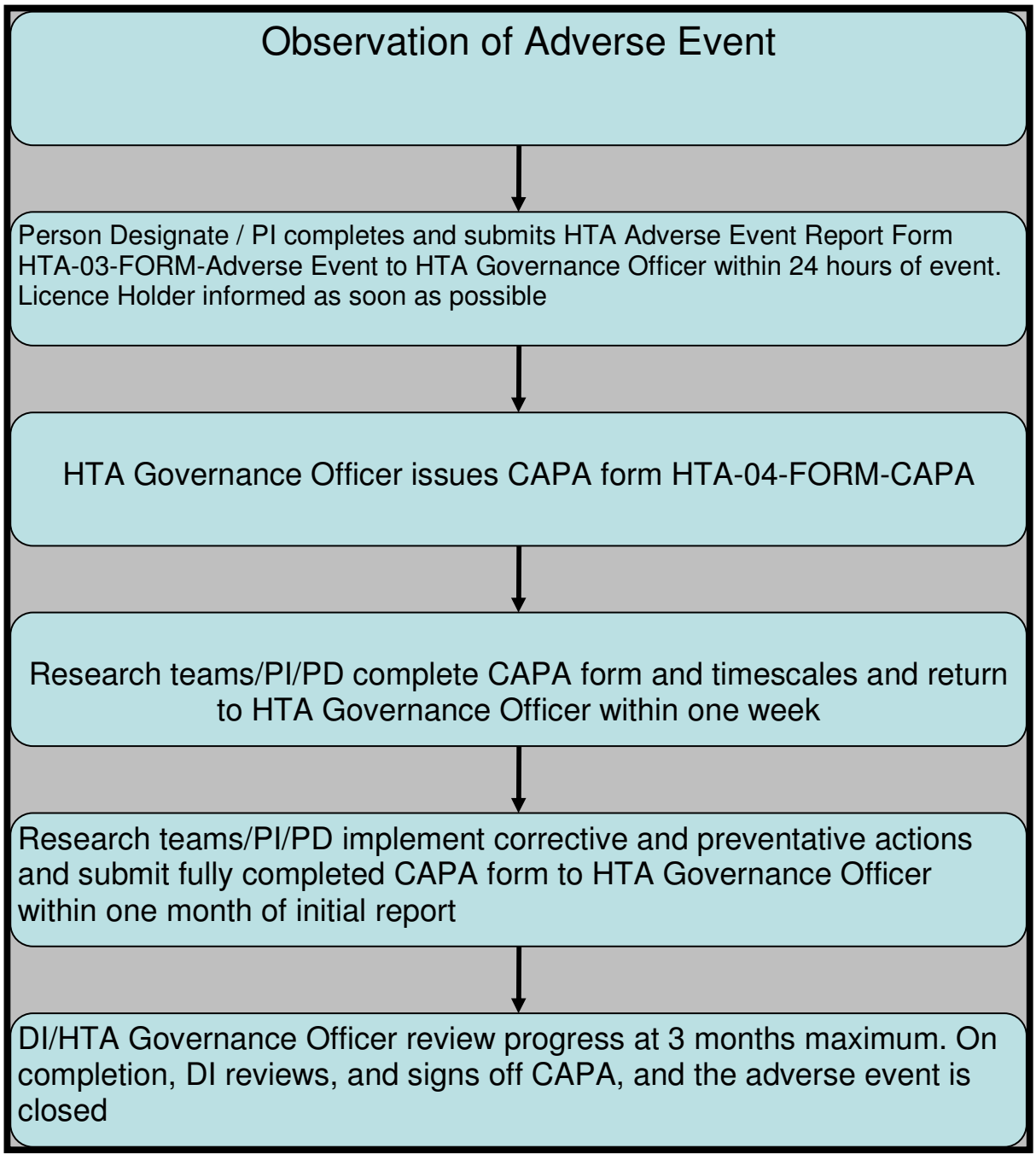
The HTA Governance Officer or DI will follow up no later than 3 months after the event to ascertain progress and arrange future audit.

4.4 Closure

Once the DI is satisfied that all CAPAs have been implemented, and no further action is required, the HTA Governance Officer will close the event and inform all relevant parties by e-mail.

The signed original AE Report will be retained by the HTA Governance Officer.

4.5 Process Summary



5. References

HTA Code of Practice E: Research; Code of Practice and Standards

HTA Summary of Inspections 2006-2008 Research – Department of Health
http://www.hta.gov.uk/_db/_documents/HTA-inspection-research-v3.pdf

6. Risk Assessment

A risk assessment for this HTA governance SOP is not required.

7. Definitions

Adverse Event (AE) – Any untoward occurrence associated with the procurement, testing, processing, storage and distribution of human tissue and cells that might lead to loss or damage of human tissue.

Chief Investigator (CI) – The individual who takes overall responsibility for the design, conduct and reporting of a study if it is at one site; or if the study involves researchers at more than one site, the Chief Investigator takes responsibility for the design, management and reporting of the study, co-ordinating the investigators who take the lead at each site.

Designated Individual (DI) – The person who is authorised and who supervises activities under a licence issued by the Human Tissue Authority.

Human samples, tissue and material - All material derived from a human (cellular and acellular) that may be acquired, stored and used in research.

Human Tissue Authority (HTA) – The governing body set up to regulate activities that come under the HT Act. The HTA is a watchdog that supports public confidence by licensing organisations that store and use human tissue for purposes such as research, patient treatment, post-mortem examination, teaching, and public exhibitions.

Person Designate (PD) – A person to whom the licence applies and to whom the authority conferred by the licence extends. Each School operating under an HTA Licence should have at least one Person Designate.

Principal Investigator (PI) – is the appropriately qualified individual at each project site who has responsibility for the conduct of the project at that site.

Research - A study which addresses clearly defined questions, aims and objectives in order to discover and interpret new information or reach new understanding of the structure, function and disorders of the human body. Research attempts to derive new

knowledge and includes studies that aim to generate hypotheses, as well as studies that aim to test them or develop practical applications of new knowledge.

Risk Assessment - a careful examination of what could cause harm to people or resources. Workers and others have a right to be protected from harm caused by a failure to take reasonable control measures.

Scheduled Purposes - The activities relating to the removal, storage and use of human organs and other tissue that require consent, listed in Schedule 1 of the HT Act, e.g. research in connection with disorders or the functioning of the human body.

Standard Operating Procedure (SOP) - Detailed, written instructions to achieve uniformity of the performance of a specific function which an integral part of a quality management system. In the context of research using human samples, SOPs document all the processes that affect the quality and safety of those samples (e.g. acquisition, storage, transfer and disposal).