## Documentation Control

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<td>Lead Executive</td>
<td>Chief Executive (Corporate Licence Holder)</td>
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<tr>
<td>Author/Lead Manager</td>
<td>Dr. Rhodri Jones Designated Individual</td>
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<td>Prof Nigel Russell Designated Individual</td>
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<tr>
<td>Further Guidance/Information</td>
<td>Dr. Adriana Oikonomou, Laboratory Manager, Clinical Tissues Laboratory</td>
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<tr>
<td></td>
<td>Mrs Sally Anderson, Bone Marrow Transplantation Laboratory</td>
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1.0 Policy Statement

1.2 This document specifies the Trust policy in relation to uses of human tissues that come under the Human Tissue Act (2004) under the following Scheduled Purposes

- Storing of human tissues and/or cells for human application
- Procurement, testing, processing, distribution, import or export of tissues and/or cells for human application

2.0 Background and definitions

2.1 Certain uses of human tissues are legally required to be managed under the Human Tissue Act (2004)

2.2 Management of the use of human tissues is specified in Directions published by the Human Tissue Authority.

2.3 Specified premises within the Nottingham University Hospitals NHS Trust are licensed to carry out activities under the Human Tissue Act.

2.4 In 2006 NUHT established the Human Tissues Management Group (HTMG) to manage the licence requirements of the Human Tissue Act.

2.5 It is a requirement under the Human Tissue Act that a Designated Individual be appointed. A Designated Individual is a statutory appointment, named on the Licence and legally accountable for managing and directing activities performed under the Licence (Appendix 1).

2.6 Persons Designate, named on the Licence, are persons managed by the Designated Individual who are authorised to carry out or direct activities performed under the Licence (Appendix 2).

2.7 The European Union Tissue and Cells Directives (EUTCD) set out to establish a harmonised approach to the regulation of tissues and cells across Europe. The Directives set a benchmark for the standards that must be met when carrying out any activity involving tissues and cells for human application (patient treatment). The Directives also require
that systems are put in place to ensure that all tissues and cells used in human application are traceable from donor to recipient.

2.8 The EUTCD is made up of three Directives, the parent Directive (2004/23/EC) which provides the framework legislation and two technical directives (2006/17/EC and 2006/86/EC), which provide the detailed requirements of the EUTCD.

2.9 The Human Tissue Authority is the Competent Authority in the UK under the EUTCD, and has responsibility for regulating tissues and cells (other than gametes and embryos) for human application.

2.10 The Human Tissue (Quality and Safety for Human Application) Regulations were fully implemented into UK law on 5 July 2007, via the Human Tissue (Quality and Safety for Human Application) Regulations 2007 (Q&S Regulations). The HTA’s remit was extended by the Q&S Regulations to include the regulation of:

- Procurement,
- testing,
- Processing,
- Storage,
- Distribution and
- Import / export of tissues and cells for human application.

2.11 In NUHT all these activities are carried out under Licences from the Human Tissue Authority and must only be undertaken with approval and under the direction of the Designated Individual for use of tissues for human application and with the knowledge of the Human Tissues Management Group.

2.12 NUHT is required to meet the standards which are detailed in HTA Directions. There are three sets of Directions:

- HTA Directions 001/2006 implement the requirements of the EUTCD parent directive and first technical directive. The Directions include information on the standards that must be met when carrying out the activities of procurement, distribution, donor selection and evaluation, and the transport of tissues and/or cells.

- HTA Directions 002/2007 implement the requirements of the second technical directive. The Directions include information on the
standards that must be met regarding facilities and equipment, quality management and review, confidentiality, processing and storage. They also provide information on the requirement to report serious adverse events and reactions.

- Directions 004/2007 apply to the import of tissues and cells from outside of the European Economic Area (EEA). The Directions set out the standards that such imports need to meet.

3.0 **Relationship of HTMG to the Host Organisation**

3.1 The HTMG is a committee within the Nottingham University Hospitals NHS Trust. It manages licences for activities coming under the Human Tissue Act (2004).

3.2 The HTMG reports to the Clinical Risk Committee

3.3 The Designated Individuals under the Human Tissue Act are accountable to the Chief Executive of the Trust and hence directly to the Trust Board.

3.4 Persons Designate under the Human Tissue Act and listed on the Licence are directly accountable in line management to the Designated Individual in relation to any activities pertaining to uses of human tissues for human application under the Human Tissue Act.

4.0 **Membership of the Human Tissues Management Group 2009-10**

4.1 The membership of the Human Tissues Management Group will reflect those working with human tissues for a scheduled purpose under the Act as well as representation from NHS Research & Development and other Governance structures in the Trust.

4.2 A Chair of HTMG will be drawn from one of the Designated Individuals working in the Trust.

4.3 Membership:
- Designated Individual (Post Mortems & Research)
- Designated Individual (Human Tissue Application)
- Designated Individual (Bone Marrow Transplantation)
- HTMG Quality Manager
- Trust NHS R&D representation
5.0 Terms of Reference for Human Tissues Management Group

5.1 To develop, implement and monitor policies and procedures across the Trust to ensure that requirements of the Human Tissue Act (2004) are met in a co-ordinated and standard manner.

5.2 This system will be run according to written Standard Operating Procedures that are reviewed as specified in the Quality Manual as part of a Trust-wide Quality Management System, implemented within a Quality Manual, for use of all Human Tissues under the Act.

5.3 To identify areas within the Trust where a licence is required in accordance with the Human Tissue Act (2004)

5.4 To implement a system of audit, to monitor and review any incidents relating to tissue procurement, storage, acquisition and usage, identify and implement corrective actions as required and monitor compliance.

5.5 To maintain a list and monitor compliance of persons designate within licence requirements

5.6 To ensure that there is a record of location, collection, usage and disposal of all human tissues that come under the Human Tissue Act (2004) within the Trust

5.7 To develop and maintain procedures that specifies review of collections of stored human material and criteria for continued storage or disposal.
5.8 To identify future guidance and legislation, and advise the Trust of implications and appropriate actions

5.9 To identify training needs across the Trust in relation to uses of human tissues

5.10 To provide an annual report to the Licence Holder detailing Trust-wide activities relating to use of Human Tissues under the Human Tissue Act (2004), suitable for re-licensing and reporting.

5.11 To meet with and conduct visits required by the Human Tissue Authority, as required for the purposes of licensing.

6.0 Quality Policy

6.1 The HTMG specifies Quality Policies to be applied to all activities carried out under the Licence. A policy is displayed within areas designated for use of Human Tissues under the Licence (The Premises).

6.2 NUH Trust is committed to using human tissues according to all required legal and ethical standards and shall be aware and take into consideration the needs and requirements of the donors of human tissues.

6.3 In order to ensure that the ethical and legal requirements are met, the Trust will:

- Operate a quality management system to integrate the organisation, procedures, processes and resources.

- Set quality objectives and plans in order to implement this quality policy.

- Ensure that all personnel are familiar with this quality policy to ensure user satisfaction.

- Commit to the health, safety and welfare of all its staff and visitors while on site.
• Uphold professional values and is committed to good professional practice and conduct.

• The Trust will comply with codes of practice set by the Human Tissue Authority (http://www.hta.gov.uk/) and is committed to:

• Staff recruitment, training, development and retention at all levels to provide full compliance with regulations, including special attention to issues of consent.

• The proper procurement and maintenance of premises, equipment and other resources as are needed for compliance

• The collection, transport and handling of all tissues in such a way as to ensure confidentiality, tissue integrity, and safety.

• The use of examination procedures that will ensure the highest achievable quality for all uses of human tissue

• Recording details of holding, usage and disposal of human tissues in ways which are accurate, secure and confidential

• Internal audit and external quality assessment, in order to maintain standards and produce continual quality improvement.

7.0 Quality Manual

7.1 A Quality Manual for each licence describes the Quality Management System of the Human Tissues Management Group (HTMG). A Quality Manual fulfils two functions. It describes the Quality Management System, for the benefit of management and staff, and it provides information for users and for inspection/accreditation bodies.

7.2 Sections in the Quality Manual align to HTA Standards specified in published Codes of Practice by the Human Tissue Authority. The manual gives a description of the way in which the HTMG seeks to comply with the particular standard and references are given to appropriate procedures.
8.0 Equality and Diversity Statement

8.1 All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social & employment status, HIV status, or gender re-assignment.

8.2 All trust polices and trust wide procedures must comply with the relevant legislation (non exhaustive list) where applicable:

- Sex Discrimination Act (1975 amended 1986)
- Race Relations (Amendment) Act 2000
- Disability Discrimination Act (1995)
- Employment Relations Act (1999)
- Rehabilitation of Offenders Act (1974)
- Trade Union and Labour Relations (Consolidation) Act 1999
- Code of Practice on Age Diversity in Employment (1999)
- Civil Partnership Act 2004
- Fixed Term Employees - Prevention of Less Favourable Treatment Regulations (2001)
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Equality Act (Sexual Orientation) Regulations 2007

8.3 Equality Impact Assessment Statement

NUH is committed to ensuring that none of its policies, procedures, services, projects or functions discriminate unlawfully. In order to ensure this commitment all policies, procedures, services, projects or functions will undergo an Equality Impact Assessment.

Reviews of Equality Impact Assessments will be conducted inline with the review of the policy, procedure, service, project or function
9.0 Environmental Impact Assessment Statement

9.1 An environmental impact assessment is not deemed relevant for this policy

10.0 We Are Here for You

10.1 We Are Here For You standard mission statement:

This Trust is committed to providing the highest quality of care to our patients, so we can pledge to them that ‘we are here for you’. This Trust supports a patient centred culture of continuous improvement delivered by our staff. The Trust established the Values and Behaviours programme to enable Nottingham University Hospitals to continue to improve patient safety, outcomes and experiences. The set of twelve agreed values and behaviours explicitly describe to employees the required way of working and behaving, both to patients and each other, which would enable patients to have clear expectations as to their experience of our services.

11.0 References

11.1 Relevant Trust Policies
- Consent to Post Mortem Examination
- Consent to Treatment
- Use of Tissues in Research

11.2 External Documents
- Human Tissue Authority Codes of Practice available at http://www.hta.gov.uk

12.0 Monitoring & Review

12.1 The policy, terms of reference of the HTMG and its activities will be reviewed on an annual basis as part of a management review specified in the HTMG Quality Manual. A report will be tabled for consideration by the Clinical Risk Committee.
JOB TITLE:

Designated Individual (DI)

JOB PURPOSE:

This is a Trust-wide statutory role specified in the Human Tissue Act (2004) which is required to maintain a licence for scheduled activities under Directives of the Human Tissue Authority

This is a statutory, legal duty and the DI in consenting to and undertaking this role is individually legally accountable under penalty of criminal law for failing to discharge these statutory duties.

DIs plays a key role in the licensing arrangements under both the Human Tissue Act (2004) and the Human Tissue (Quality and Safety for Human Application) Regulations 2007.


Designated Individuals (DIs) have a key role to play in implementing the requirements of the Human Tissue Act. They are the person under whose supervision the licensed activity is authorised to be carried on. They have the primary (legal) responsibility under Section 18 of the HT Act to secure:

- That suitable practices are used in undertaking the licensed activity
- That the other persons who work under the licence are suitable
- And that the conditions of the licence are complied with.

Human Tissue (Quality and Safety for Human Application) Regulations 2007

This section explains the roles and responsibilities of these individuals under the Regulations

Designated Individuals (DIs) have a key role to play in implementing the requirements of the Regulations. They are the person under whose supervision the licensed activity is authorised to be carried on. They have the primary (legal) responsibility under Regulation 12 of the Regulations to secure:
that suitable practices are used in undertaking the licensed activity
that the other persons who work under the licence are suitable
that the conditions of the licence are complied with
that the conditions of third party agreements are complied with, and
that all information relating to licensable activities
  o is available for tracing donations
  o is up to date and correct
  o is held securely.

LINE ACCOUNTABILITY, APPOINTMENT AND REPORTING

The Designated Individual under the Human Tissues Act is accountable to the Chief Executive of the Trust on behalf of the Licence Holder (corporate entity of the Trust) and hence directly to the Trust Board.

Persons Designate under the Human Tissue Act and listed on the Licence are directly accountable in line management to the Designated Individual in relation to any activities pertaining to uses of human tissues under the Human Tissue Act.

Subject to a recommendation and approval by the Medical Director, the post holder will be required to submit an application to the Human Tissue Authority and be acceptable to the Authority for this post.

The post holder will be required to give their formal written consent to the Human Tissue Authority that they will be accountable for the conduct of activities using human tissues for Scheduled Purposes, as defined in the Human Tissue Act.

The post will normally be held for a period of three years and subject to review by the Medical Director.

PERSON SPECIFICATION

The Human Tissue (Quality and Safety for Human Application) Regulations 2007 require that the DI must have either:

- a diploma, certificate or other evidence of formal qualification in the fields of medical or biological sciences, or
- be otherwise considered by the Authority to be suitably qualified on the basis of academic qualifications and practical experience, and have at least two years’ practical experience which is directly relevant to the activity to be authorised by the licence.
In the Parliamentary debate on the Bill in the House of Lords, Lord Warner said: “The Designated Individual will be a person who in each case is in a position to ensure that the activities carried out under the licence complies with the regulatory requirements to which I have referred. Indeed……..before someone becomes a Designated Individual they would need to establish that they were able to bear and discharge the responsibilities which go with being such a Designated Individual.

The system is constructed to ensure that people do not get into a situation where they become Designated Individuals who cannot discharge their responsibilities under the legislation. The person might be a Head of Department as a clinician, a scientist or a manager. What is important is that it is a person who is in a position to secure that activities are conducted properly by people who are suitable to carry out those activities and that all the necessary requirements are complied with”

Accordingly, the HTA has taken the view that the DI needs to have knowledge and understanding of the HT Act and the relevant Codes of Practice. S/he should demonstrate managerial capability, ensuring development and implementation of quality management systems and supervising responsibility to effect change. This may be done via appropriate links to corporate / board level. Importantly, s/he should have time within their substantive role to carry out the responsibilities of the DI and ensure compliance with licence conditions.

It is a condition of a licence that DIs complete HTA accredited training. This must be completed to the HTA’s satisfaction within a time period of 12 months from the date of the licence issued or such other period as maybe specified by the HTA.

DUTIES

The post holder will

- Develop and maintain an excellent knowledge of the Human Tissue Act and the Codes of Practice of the Human Tissue Authority. Maintain professional development activities in this area and attend any mandatory training as required.

- Attend meetings of the Trust Human Tissues Management Group and work closely with the Quality Manager for the Human Tissues Management Group in meeting the objectives of the Group which are as follows:
Nottingham University Hospitals NHS Trust

- To develop, implement and monitor policies and procedures across the Trust to ensure that requirements of the Human Tissue Act 2004 are met in a co-ordinated and standard manner. This system will be run according to written Standard Operating Procedures that are reviewed each year as part of a Trust-wide Quality Management System, implemented within a Quality Manual, for application of all Human Tissues under the Act.

- To identify areas within the Trust where a licence is required in accordance with the Human Tissue Act 2004

- To implement a system of audit, to monitor and review any incidents relating to tissue storage, acquisition and usage, identify and implement corrective actions as required and monitor compliance.

- To maintain a list and monitor compliance of persons designate within licence requirements

- To maintain a register of location, collection, usage and disposal of all human tissues for human application that come under the Human Tissue Act (2004) within the Trust

- To identify future guidance and legislation and advise the Trust of implications and appropriate actions

- To identify training needs across the Trust

- To provide an annual report to the Licence Holder detailing Trust-wide activities relating to use of Human Tissues under the Human Tissue Act (2004), suitable for re-licensing and reporting.

- To meet with and conduct visits required by the Human Tissue Authority, as required for the purposes of licensing.

- Direct and supervise Persons Designate in the delivery of activities using human tissues for Scheduled Purposes, as defined in the Human Tissue Act

- Ensure that consent in relation to activities using human tissues for Scheduled Purposes meets the requirements specified in the Human Tissue Authority Codes of Practice.
Perform physical inspections of satellite premises and records relevant to the licence each year, check compliance with expected standards, and ensure that corrective actions are in place to meet the standards.

In special circumstances where a significant risk is identified, authorise and supervise the cessation of relevant activity by involving relevant Trust Senior Management.

Advise staff within NUHT, as required, on regulatory requirements in respect of activities using human tissues for Scheduled Purposes, as defined in the Human Tissue Act.

Maintain close links with relevant structures regulating use of human tissues with the University of Nottingham with the aim of harmonising procedures.

Conduct regular meetings and training sessions with Persons Designate.

Receive Directives from the Human Tissue Authority and communicate these to Persons Designate, ensuring systems are updated to maintain compliance with licence requirements.
JOB TITLE:

Person Designate (PD)

JOB PURPOSE:

This is a role specified in the Human Tissue Act (2004) which is required to maintain a licence for scheduled activities under Directives of the Human Tissue Authority

A PD works under the direction and supervision of the Designated Individual (DI)

The DI in relation to a licence, means the person under whose supervision the licensed activity is authorised to be carried on.

LINE ACCOUNTABILITY, APPOINTMENT AND REPORTING

A Person Designate under the Human Tissue Act is accountable to the Designated Individual on behalf of the Licence Holder (corporate entity of the Trust) and hence directly to the Trust Board for ensuring that the requirements for licensing relevant activities under the Human Tissue Act are met.

Persons Designate under the Human Tissue Act and listed on the Licence are directly accountable in line management to the Designated Individual in relation to any activities pertaining to uses of human tissues under the Human Tissue Act.

Subject to agreement with a relevant Clinical Director, Persons Designate are appointed and approved as fit for purpose by the Designated Individual

The post holder will be required to record their formal written consent that they will be accountable for the conduct of activities using human tissues for Scheduled Purposes, as defined in the Human Tissue Act

The post will be subject to review as part of agreed Trust Job Planning processes.
PERSON SPECIFICATION

Persons Designate are particular individuals identified on the Licence in a Notice to the HTA. They will then be regarded as Persons Designate, as a person to whom the licence applies: to whom the authority conferred by the licence extends.

While there is no requirement for the HTA to approve the names of individuals put forward, if the HTA has particular concerns about the identity of any particular individual then the means of regulatory control would be under Section 18 of the HT Act.

Section 17 of the HT Act states that the authority conferred by a licence extends to any person who is designated as a person to whom the licence applies by a Notice given to the HTA by the DI; and to any person acting under the direction of such a Person Designate.

Other people can work under the direction of Persons Designate as a person to whom the licence applies. Persons Designate do not have a legal duty comparable with those set out for the DI under Section 18 of the HT Act (i.e. to ensure that suitable practices are used and that there is compliance with licence conditions). However the role of the Person Designate carries with it the ability to “direct” others in relation to the HT Act.

The DI will ensure that the requirements of the HT Act are met and that Persons Designate can reasonably assist in developing and implementing these procedures as part of “directing”. For example a Person Designate could work in a particular clinical area or at another satellite site offering advice and guidance to those at the site. These “Specified Premises” are under the supervision of the Person Designate in respect of any activities that are for scheduled purposes under the Licence. The conduct of all activity and the suitability of staff and procedures in the Specified Premises is directed by the Person Designate who is in turn directed by the Designated Individual.

This means other persons working under the direction of the Person Designate are advised about how and why they need to follow procedures and systems agreed by the DI to comply with the HT Act.

The word “direction” is not defined in the HT Act. The dictionary definition of the word includes “guiding, managing, instruction what to do, order” which envisages a range of different levels of supervision. It will not be sufficient
for an individual merely to be authorised by the DI or Person Designate as Lord Warner explained during debates on the Bill in the House of Lords, “The effect of this would be to weaken the role and responsibility of the Designated Individual………and to weaken the overall control of licensed activities. The problem with this is that we fully intend that the Designated Individual should be directly responsible for ensuring the proper conduct of the activities carried out under the licence”.

**DUTIES**

The post holder will

- Develop and maintain an excellent knowledge of the Human Tissue Act and the Codes of Practice of the Human Tissue Authority. Maintain professional development activities in this area and attend any mandatory training as required.

- Work according to the Quality Policy and Procedures specified by the Human Tissues Management Group under the direction of the Designated Individual.

- Maintain the specified premises, all local documentation, records sets, error logs and risk assessments as listed in Procedures specified by the Human Tissues Management Group

- Direct and supervise individuals in their specified premises in the delivery of activities using human tissues for Scheduled Purposes, as defined in the Human Tissue Act

- Undertake any Specific Duties (issued in a separate document by the Designated Individual) linked to special requirements according to the area of working.

- Where a significant risk or incident is identified, immediately notify the DI such that a decision can be made in relation to cessation of relevant activity or corrective actions, in consultation with relevant Clinical Directors.

- Attend regular meetings and training sessions as required by the Designated Individual
• Receive Directives from the Human Tissue Authority and communicate these to local staff, ensuring systems are updated to maintain compliance with licence requirements.
Equality Impact Assessment Report Outline

1. Name of Policy or Service

Storage and Processing of Tissues and Cells Intended for Human Therapeutic Purposes Policy

2. Responsible Manager

Dr. Rhodri Jones Designated Individual
Prof Nigel Russell Designated Individual

3. Name of Person Completing Assessment

Antonia Kingaby

4. Date EIA Completed

29 January 2010

5. Description and Aims of Policy/Service

This document specifies the Trust policy in relation to uses of human tissues that come under the Human Tissue Act (2004) under the following Scheduled Purposes

- Storing of human tissues and/or cells for human application
- Procurement, testing, processing, distribution, import or export of tissues and/or cells for human application

6. Brief Summary of Research and Relevant Data

7. Methods and Outcome of Consultation

Clinical Risk Committee
Human Tissues Management Group
Directors Group
8. **Results of Initial Screening** or Full Equality Impact Assessment:

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9. **Decisions and/or Recommendations**

Following the initial assessment, this policy does not require a full impact assessment as the policy specifies the uses of human tissues that come under the Human Tissue Act (2004) under the following purposes:

- Storing of human tissues and/or cells for human application
- Procurement, testing, processing, distribution, import or export of tissues and/or cells for human application

10. **Equality Action Plan**

N/A
11. Monitoring and Review Arrangements

The policy, terms of reference of the HTMG and its activities will be reviewed every two years as part of a management review. A report will be tabled for consideration by the Clinical Risk Committee.
**We Are Here For You Policy and Trust-wide Procedure Compliance Toolkit**

The We Are Here For You service standards have been developed together with more than 1,000 staff and patients. They can help us to be more consistent in what we do and say to help people to feel cared for, safe and confident in their treatment. The standards apply to how we behave not only with patients and visitors, but with all of our colleagues too.

They apply to all of us, every day, in everything that we do. Therefore, their inclusion in Policies and Trust-wide Procedures is essential to embed them in our organization.

This toolkit has been designed for Policy Owners to assess the compliance of their Policy or Trust-wide Procedure in light of the We Are Here For You values. It is now mandatory for all Policies and Trust-wide Procedures to incorporate the We Are Here For You Values and undergo this compliance assessment.

Please complete the grid below to assess your Policy or Trust-wide Procedure. The toolkit will then advise Policy-owners on the steps they need to take to become We Are Here For You compliant.

**To what extent is your Policy or Trust-wide Procedure affected by the following We Are Here For You values?**

Please rate each value from 1 – 3 (1 being not at all, 2 being affected and 3 being very affected)

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<td>Whatever our role we are polite, welcoming and positive in the face of adversity, and are always respectful of people’s individuality, privacy and dignity.</td>
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<tr>
<td>2. Communicate and Listen</td>
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<tr>
<td>We take the time to listen, asking open questions, to hear what people say; and keep people informed of what’s happening; providing smooth handovers.</td>
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### 3. Helpful and Kind

All of us keep our ‘eyes open’ for (and don’t ‘avoid’) people who need help; we take ownership of delivering the help and can be relied on.

### 4. Vigilant (*patients are safe*)

Every one of us is vigilant across all aspects of safety, practices hand hygiene and demonstrates attention to detail for a clean and tidy environment everywhere.

### 5. On Stage (*patients feel safe*)

We imagine anywhere that patients could see or hear us as a ‘stage’. Whenever we are ‘on stage’ we look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe, and are never unduly worried.

### 6. Speak Up (*patients stay safe*)

We are confident to speak up if colleagues don’t meet these standards, we are appreciative when they do, and are open to ‘positive challenge’ by colleagues.

### 7. Informative

We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues.

### 8. Timely

We appreciate that other people’s time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital.

### 9. Compassionate

We understand the important role that patients’ and family’s feelings play in helping them feel better. We are considerate of patients’ pain, and
compassionate, gentle and reassuring with patients and colleagues.

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<tr>
<td>10. <strong>Accountable</strong></td>
<td>1</td>
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<tr>
<td>Take responsibility for our own actions and results</td>
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<td>11. <strong>Best Use of Time and Resources</strong></td>
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<tr>
<td>Simplify processes and eliminate waste, while improving quality</td>
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<td>12. <strong>Improve</strong></td>
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<tr>
<td>Our best gets better. Working in teams to innovate and to solve patient frustrations</td>
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<td><strong>TOTAL</strong></td>
<td><strong>17</strong></td>
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If your Policy or Trust-wide Procedure scores 16 or more, you are required to review the document and make changes to ensure the values are reflected in the document. In addition to this, you are required to insert a We Are Here for You standard mission statement, as outlined below.

If your Policy or Trust-wide Procedure scores 15 or less, you are required to insert a We Are Here for You standard mission statement, as outlined below.

**We Are Here For You standard mission statement:**

This Trust is committed to providing the highest quality of care to our patients, so we can pledge to them that ‘we are here for you’. This Trust supports a patient centred culture of continuous improvement delivered by our staff. The Trust established the Values and Behaviours programme to enable Nottingham University Hospitals to continue to improve patient safety, outcomes and experiences. The set of twelve agreed values and behaviours explicitly describe to employees the required way of working and behaving, both to patients and each other, which would enable patients to have clear expectations as to their experience of our services.

We Are Here For You Policy Sub Group members are available for guidance relating to this toolkit. Their contact details are below.
We Are Here For You Policy Sub-group members:

The We Are Here For You Policy Sub-Group are all willing to help Policy-Owners when re-working Policies in-line with this toolkit. The contact details for the group are below:

Jennifer Mitham, Directorate HR Manager, X64633, jennifer.mitham@nuh.nhs.uk

Jackie Wilbourn, Directorate HR Manager, X55697 jackie.wilbourn@nuh.nhs.uk

Mike O’Daly, Trust Secretary, X66429/62349/62908 mike.odaly@nuh.nhs.uk

Alyson Packham, Named Nurse Safeguarding Team, X63432/56809 alyson.packham@nuh.nhs.uk

Isabella Furse, Safeguarding Vulnerable Adults Consent Manager, X61627 isabel.furse@nuh.nhs.uk

Sue Arnold, Matron – Neuro & Spinal, MSKN, X67579 sue.arnold@nuh.nhs.uk
EMPLOYEE RECORD OF HAVING READ THE POLICY

Title of Policy/Procedure:

Human Tissues Management for Scheduled Purposes
Storage and Processing of Tissues and Cells Intended for Human Therapeutic Purposes Policy

I have read and understand the principles contained in the named policy.

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