

**Site visit inspection report on performance against HTA quality standards  
Harrogate District General Hospital NHS Foundation Trust  
HTA licensing number 12118**

**Licensed under the Human Tissue Act 2004 for the**

- **making of a post mortem examination;**
- **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; and**
- **storage of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose**

**3 March 2011**

**Executive Summary**

A site visit inspection of Harrogate and District NHS Foundation Trust (the establishment) was carried out by the HTA on 3 March 2011.

The establishment was found to meet the majority of the HTA standards across the four areas of: consent (C); governance and quality (GQS); premises, facilities and equipment (PFE); and disposal (D). Some shortfalls were found, particularly in relation to GQS, PFE and D standards. Any particular examples of strengths or good practice are included in the concluding comments section of the report.

The HTA found the Designated Individual, the Licence Holder, the premises and the practices to be suitable in accordance with the requirements of the legislation.

All reports of HTA inspections carried out from 1 November 2010 are published on the HTA's website.

## **Background to the establishment and description of inspection activities undertaken**

Harrogate and District Hospital carries out approximately 250 Coroner's post mortem (PM) examinations per year, including a small number of forensic PM examinations, and only one or two hospital (consented) PM examinations per year. Hospital paediatric cases are transferred to a hospital in Newcastle, consent having been obtained by Harrogate and District Hospital staff prior to transfer.

The mortuary facility is about 12 years old and is being maintained to a high standard. The body storage area has refrigerated storage for 30 bodies and a further five spaces in a freezer unit. There are an additional four refrigerated units that accommodate up to 20 bodies located in the area of the mortuary facility used by undertakers to deliver and collect the deceased. This additional storage is seldom used, and acts as contingency storage when the normal storage area is reaching its capacity. The post mortem room has facilities for up to three PM examinations to be carried out simultaneously and a viewing window which is accessed in the mortuary office.

A routine inspection was carried out, comprising a visual inspection of the mortuary, body store and histopathology department, interviews with members of staff, documentation review and an audit trail. A traceability check was conducted in the body store, where the details on the wrist bands of two of the deceased were verified against the corresponding details held in the mortuary register. An audit trail followed the records of tissue samples retained during two PM examinations, which were transferred to the Histology laboratory for processing and the subsequent disposal or storage of the samples in line with the consent documented. No anomalies were found in either audit.

## **Meeting the HTA's licensing standards**

The HTA developed its licensing standards with input from its stakeholders, in order to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. The HTA expects licensed establishments to meet these standards.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a licensing standard is not met, the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor' (see Appendix 3: Classification of the level of shortfall).

**Unless otherwise advised, the establishment is required to inform the HTA within 14 days of the receipt of the final report of the corrective and preventative actions that will be taken to ensure that the improvements are addressed.** A template for this purpose is provided as a separate Word document.

## HTA standards not met

### Governance and Quality

Standard	Inspection findings	Level of shortfall
GQ2 There is a documented system of quality management and audit.	Audits of records are carried out on a regular basis and an audit trail of tissue collected during PM examination is traced to histology and the subsequent storage or disposal of the tissue. However, audits of processes such as the receipt and release of bodies and tissues have not been undertaken.	Minor
GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately.	Risk assessments are carried out annually to ensure the health and safety of staff and also to identify risks associated with some processes. However, assessments of some key risks such as; loss of traceability, carrying out a PM examination on the wrong body, retention of tissue against the wishes of the bereaved and failing to meet HTA standards have not been carried out. The premises undergo a twice yearly health and safety audit and fire safety audits every two months; however an overall risk assessment of the premises in relation to the licensable activities have not been carried out.	Minor

### Premises, Facilities and Equipment

Standard	Inspection findings	Level of shortfall
PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues, cells, consumables and records.	<p>The additional refrigerated body storage is located in the area used by undertakers to deliver and collect bodies from the mortuary. The area is secured with a roller shutter, access is controlled and monitored with security cameras, and the individual fridges are secured by key lock. However the area is also used for storage of disused equipment and may be accessed by other hospital staff. The floor of the area is a smooth concrete and therefore not possible to mop on a regular basis.</p> <p>The procedure for use of this additional body storage in the event of the normal body storage being full has not been documented or risk assessed.</p>	Minor

## Disposal

Standard	Inspection findings	Level of shortfall
D2 The reasons for disposal and the methods used are carefully documented.	Tissue is disposed of by a sensitive method; however the procedure for carrying this out is not documented in detail.	Minor

## Advice

Below are matters which the HTA advises the DI to consider.

No.	Standard	Advice
1.	GQ1	Issues within the mortuary are sometimes discussed within the Histopathology Departmental meeting. The DI is advised to ensure that mortuary matters become a regular agenda item to prompt discussion of any issues.
2.	GQ1	The DI is advised to update the Conduct of a PM examination SOP to ensure it refers to the latest version of HTA codes of practice.
3.	PFE1	There is a viewing window between the PM examination room and the mortuary office, which allows anyone in the mortuary office to see into the PM examination room. The mortuary office is within an area that has access control and the establishment has fitted a blind and placed filing cabinets in front of the window to obstruct the view. However, on occasion people have pushed the blind aside and peered through the window, which could compromise the dignity of the deceased. The mortuary manager is advised to consider whether further action should be taken to ensure unauthorised personnel cannot see into the PM examination room.
4.	PFE4	There is an agreement in place with the hospital in Newcastle regarding the transfer of babies' bodies for perinatal PM examination. The DI is advised to ensure the agreement refers to the Human Tissue Act 2004 and relevant sections of the HTA codes of practice. The agreement should clearly set out the roles and responsibilities of each hospital with regard to consent, transportation, retention and disposal, and ensure receipt of the babies' bodies is confirmed through a fax back system.
5.	PFE5	The DI is advised to ensure that when the air handling unit in the mortuary is serviced the air flow rate is also checked to ensure there is a suitable number of room air changes per hour.

## Concluding comments

During the inspection of Harrogate and District Hospital several areas of good practice were noted. The procedure for taking consent is well documented. There are dedicated members of staff who are trained in taking valid consent for PM examinations and the slides used in the training are accessible to all staff on the hospital server. Completion of the training course is documented and at least one trained member of staff has to be present when consent is taken.

The establishment has well documented procedures and policies; in particular there is a standard operating procedure detailing the potential infectious diseases that staff may encounter in the mortuary and clearly setting out the appropriate action to take to minimise the risk of transmission. Staff are well informed of the action to take if an incident occurs and the method by which it should be reported. Incidents are reviewed on a regular basis for trend analysis.

The premises are well maintained with continuous monitoring of the temperature of body store fridges and freezer. Cleaning of the mortuary areas is carried out on a regular basis and a record is kept of when it has been completed.

Disposal is carried out in a sensitive manner and clearly recorded. The Mortuary Manager keeps a spreadsheet of the bereaveds' wishes pertaining to any samples that were removed during the course of the PM examination to ensure that repatriation with the body of the deceased or disposal is carried out in a timely manner.

Four minor shortfalls were identified during the inspection relating to audits of processes, risk assessments of certain procedures and areas within the premises and documenting the procedure for sensitive disposal. Several pieces of advice have been provided to the establishment in this report and the DI is advised to take note of these.

**Report sent to DI for factual accuracy: 21/03/11**

**Report returned from DI: 29/03/11**

**Final report issued: 12/04/11**

## Appendix 1: HTA inspection process

The Human Tissue Authority regulates the removal, storage, and use of human bodies, body parts, organs and tissue for activities such as research, transplantation, and education and training. The legal requirements for establishments which carry out such activities are set out in the Human Tissue Act 2004 and The Human Tissue Act 2004 (Ethical Approval, Exceptions from Licensing and Supply of Information about Transplants) Regulations 2006.

We license establishments in England, Wales and Northern Ireland that carry out these activities, and inspect them to make sure legal requirements are met.

### Inspections

We use the term 'inspection' to describe when we:

- visit an establishment to meet with staff, view premises and facilities, and review policies and procedures (a site-visit inspection); or
- assess written information we have requested from an establishment (a desk-based assessment / inspection).

We carry out inspections to assess if the Designated Individual (DI) is suitable to supervise the activity covered by the licence, as it is their responsibility to ensure that:

- other staff working under the licence are suitable;
- suitable practices are used when carrying out the activity; and
- the conditions of the licence are met.

We also need to be satisfied that the licence applicant or holder, the establishment's premises, and the practices relating to licensed activities, are suitable.

To help us reach our decisions, we have developed standards under four headings: Consent; Governance and Quality; Premises, Facilities and Equipment; and Disposal.

After every site visit inspection, we write a report documenting our findings. Where we find a particular standard is not fully met, we will describe the level of the shortfall as 'Critical', 'Major' or 'Minor'. In most cases, it will be the responsibility of the DI to seek the HTA's agreement on how they will address the identified shortfalls. More information about the classification of shortfalls can be found in Appendix 3.

The majority of our site-visit inspections are announced. If we have concerns about an establishment, we can also undertake an unannounced site visit inspection.

You can find reports for site visit inspections which took place after 1 November 2010 on our website.

## Appendix 2: HTA standards

Standards which are not applicable to this establishment have been highlighted.

Consent standards
<b>C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the code of practice</b>
<ul style="list-style-type: none"><li>• There is a documented policy which governs consent for post-mortem examination and the retention of tissue and reflects the requirements of the HT Act and the latest version of the HTA Code of Practice on consent.</li><li>• There is a documented SOP detailing the consent process (including who is able to take consent, what training they must receive, and what information must be provided to those giving consent for post-mortem examination).</li><li>• There is written information about the consent process (provided to those giving consent), which reflects the requirements of the HT Act and the latest version of the HTA Code of Practice on consent.</li></ul>
<b>C2 Information about the consent process is provided and in a variety of formats</b>
<ul style="list-style-type: none"><li>• Relatives are given an opportunity to ask questions.</li><li>• Relatives are given an opportunity to change their minds and it is made clear who should be contacted in this event.</li><li>• Information contains clear guidance on options for how tissue may be handled after the post-mortem examination (repatriated with the body, returned to the family for burial/cremation, disposed of or stored for future use).</li><li>• Where consent is sought for tissue to be retained for future use, information is provided about the potential uses in order to ensure that informed consent is obtained.</li><li>• Information on the consent process is available in different languages and formats, or there is access to interpreters/translators.</li></ul>
<b>C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent</b>
<ul style="list-style-type: none"><li>• There is a training programme for taking consent for post-mortem examination and tissue retention which addresses the requirements of the HT Act and HTA code of practice on consent.</li><li>• Refresher training is available (e.g. annually).</li><li>• Attendance at consent training is documented.</li><li>• If untrained staff are involved in consent taking, they are always accompanied by a trained individual.</li></ul>

## Governance and quality system standards

### **GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process**

- Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity. These may include:
  - post-mortem examination, including the responsibilities of the APTs and Pathologists (e.g. evisceration) and management of high risk cases
  - record keeping
  - receipt and release of bodies, which reflect out of hours arrangements
  - lone working in the mortuary
  - transfer of bodies and tissue (including blocks and slides) to other establishments or off site
  - ensuring that tissue is handled in line with documented wishes of the relatives
  - disposal of tissue (including blocks and slides)

*(Note that individual SOPs for each activity are not required. Some SOPs will cover more than one activity.)*
- Policies and procedures are regularly reviewed (for example, every 1-3 years).
- There is a system for recording that staff have read and understood the latest versions of these documents.
- Deviations from documented SOPs are recorded and monitored.

### **GQ2 There is a documented system of quality management and audit**

- There is a quality manual which includes mortuary activities.
- Policies and SOPs are version controlled (and only the latest versions available for use).
- There is a schedule for audits to be carried out (which may include vertical and/or horizontal audits).
- Audits include compliance with documented procedures, records (for completeness) and traceability.
- Audit findings document who is responsible for follow up actions and the timeframe for completing those actions.
- Regular audits of tissue being stored at the establishment ensure that staff are fully aware what material is held and why.
- There is a complaints system in place.

### **GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills**

- Staff are appropriately trained/qualified or supervised.
- Staff have annual appraisals.
- Staff are given opportunities to attend training courses, either internally or externally.
- Attendance by staff at training events is recorded.



<ul style="list-style-type: none"> <li>• There is a documented training programme for new mortuary staff (e.g. competency checklist).</li> </ul>
<b>GQ4 There is a systematic and planned approach to the management of records</b>
<ul style="list-style-type: none"> <li>• There is a system for managing records which includes which records must be maintained, how they are backed up, where records are kept, how long each type of record is retained and who has access to each type of record.</li> <li>• There are documented SOPs for record management.</li> </ul>
<b>GQ5 There are documented procedures for donor selection and exclusion, including donor criteria.</b>
<b>GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail</b>
<ul style="list-style-type: none"> <li>• Bodies are tagged/labelled upon arrival at the mortuary.</li> <li>• There is a system to track each body from admission to the mortuary to release for burial or cremation (e.g. mortuary register, patient file, transport records).</li> <li>• Organs or tissue taken during post mortem examination are fully traceable, including blocks and slides. The traceability system ensures that the following details are recorded: <ul style="list-style-type: none"> <li>○ material sent for analysis on or off-site, including confirmation of arrival</li> <li>○ receipt upon return to the laboratory or mortuary</li> <li>○ number of blocks and slides made</li> <li>○ repatriation with a body</li> <li>○ return for burial or cremation</li> <li>○ disposal or retention for future use.</li> </ul> </li> <li>• Multiple identifiers used, including at least one unique identifier (e.g. post mortem number, name, dates of birth/death, etc) to identify bodies and tissue.</li> </ul>
<b>GQ7 There are systems to ensure that all adverse events, reactions and / or incidents are investigated promptly</b>
<ul style="list-style-type: none"> <li>• Staff are trained in how to use the incident reporting system.</li> <li>• Staff know how to identify incidents and near-misses which must be reported, including those that must be reported to the HTA</li> <li>• The incident reporting system clearly outline responsibilities for reporting, investigating and follow up for incidents.</li> <li>• The incident reporting system ensures that follow up actions are identified (i.e. corrective and preventative actions) and completed.</li> <li>• Information about incidents is shared with all staff (including the reporter) to avoid repeat errors.</li> </ul>

**GQ8 Risk assessments of the establishment's practices and processes are completed regularly and are recorded and monitored appropriately**

- All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed.
- Risk assessments include risks associated with non-compliance with HTA standards as well as health and safety risks.
- Risk assessments are reviewed regularly (along with SOPs), for example every 1-3 years.
- Risk assessments include how to mitigate the identified risks; this includes actions that need to be taken, who is responsible for each action, deadlines for completing actions and confirmation that actions have been completed.

**Premises, facilities and equipment standards**

**PFE1 The premises are fit for purpose**

- There is sufficient space for the activities to be carried out.
- Refrigerated storage units are in good working condition and well maintained.
- Surfaces are made of non-porous materials.
- The premises are in reasonable condition (structure and cleanliness of floors, walls, entranceways).
- The premises are secure (e.g. there is controlled access to bodies, tissue, equipment and records).

**PFE 2 Environmental controls are in place to avoid potential contamination**

- There is clear separation of clean, transitional and dirty zones (e.g. doors, floor markings, signs).
- There is appropriate PPE available and routinely worn by staff.
- There is adequate critical equipment and/or PPE available for high risk post mortems.
- There are documented cleaning and decontamination procedures.
- There are documented cleaning schedule and records of cleaning and decontamination.

**PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues and cells, consumables and records.**

- There is sufficient capacity for storage of bodies, organs and tissues.
- Temperatures of fridges and freezers are monitored on a regular basis.
- There are documented contingency plans in place should there be a power failure, or overflow.
- Bodies are shrouded whilst in storage.
- There is separate storage for infants and babies. If not, special measures are taken for the bodies of infants and babies.

**PFE 4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to a destination**

- There are documented procedures for transportation of bodies and tissue anywhere outside the mortuary (e.g. lab, other establishment), including record-keeping requirements.
  - There are written agreements in place with any external parties (e.g. undertaker, or courier) who transport bodies and/or tissue behalf of the establishment (laboratory or mortuary).
- (Note that coroners usually have their own agreements with external parties for transportation bodies and tissue; however, documentation for traceability purposes must still be maintained by the establishment for these cases.)*

**PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored**

- Items of equipment in the mortuary are in a good condition and appropriate for use:
  - fridges / Freezers
  - hydraulic trolleys
  - post mortem tables
  - hoists
  - saws (manual and/or oscillating)
  - PPE for high risk cases (e.g. respirators)
- The use of porous materials is kept to a minimum and has been risk assessed
- Maintenance/service records are kept for equipment, including fridges/freezers, trolleys, post mortem tables (if downdraught) and post mortem suite ventilation.

*(Note: These records may be held by the mortuary or centrally by the Trust, e.g. Estates Department.)*

**Disposal Standards**

**D1 There is a clear and sensitive policy for disposing of human organs and tissue**

- There is a documented Trust or mortuary/laboratory policy for the disposal of human tissue, which reflects the requirements of the HTA code of practice on disposal.
- There are documented procedures for disposal of human tissue, including blocks and slides.

**D2 The reason for disposal and the methods used are carefully documented**

- There are systems in place that ensure tissue is disposed of in accordance with the documented wishes of the deceased person's family.
  - Disposal records include the date, method and reason for disposal.
  - Tissue is disposed of in a timely fashion.
- (Note: this means that tissue is disposed of as soon as reasonably possible once it is no longer needed, e.g. when the coroner's or police authority ends or consented post-mortem examination is complete.)*

## Appendix 3: 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 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 Human Tissue Act 2004 (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:

- (1) A notice of proposal being issued to revoke the licence
- (2) 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.
- (3) A notice of suspension of licensable activities
- (4) Additional conditions being proposed
- (5) 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 CoPs, 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.

### 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 or site visit.

## **Follow up actions**

A template corrective and preventative action plan is available as a separate Word document. You 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
- follow up at next desk-based or site-visit inspection.

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