

Site visit inspection report on compliance with HTA minimum standards

Luton and Dunstable University Hospital

HTA licensing number 12348

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**

10 October 2013

Summary of inspection findings

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

Although the HTA found that Luton and Dunstable University Hospital (the establishment) had met the majority of the HTA standards, four minor shortfalls were found. Three of these were against the governance and quality standards in relation to communication, incident reporting and training for staff involved in licensable activities; and one was against the premises, facilities and equipment standards, in relation to contingency plans.

The Designated Individual has recently taken on the role and has made progress to ensure standards are met, particularly in relation to consent training.

Particular examples of strengths and good practice are included in the concluding comments section of the report.

The HTA's regulatory requirements

The HTA must assure itself that the Designated Individual, Licence Holder, premises and practices are suitable.

The statutory duties of the Designated Individual 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.

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. The HTA inspects the establishments it licences against four groups of standards:

- consent
- governance and quality systems
- premises facilities and equipment
- disposal.

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that a standard is not met, 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 given to the DI.

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

The establishment's licensed premises include the mortuary and post mortem suite, as well as areas in the hospital where tissue samples may be removed from bodies of the deceased. These include the accident and emergency (A&E) department, the neonatal intensive care unit (NICU), delivery suite and paediatric wards. The establishment undertakes approximately 400 adult-only post mortem (PM) examinations a year, the majority of which are on behalf of the Coroner for the Bedfordshire and Luton District Area, and approximately ten hospital-consented PM examinations a year. Some high-risk PM examinations are also undertaken. Paediatric bodies and tissue are sent to another HTA licensed establishment for post mortem analysis.

This was the establishment's second, routine inspection. Its first was in 2009. This inspection included a visual inspection of the post mortem suite, bereavement / viewing suite, body storage area in the mortuary, the histopathology laboratory where tissue is analysed, an external body storage area (used mostly as a contingency when the main mortuary lacks capacity), an external, secure tissue block storage area, the A&E department and the delivery suite. The inspection also included document review and interviews with staff. Consultants from the NICU and paediatrics ward were interviewed in an office on the delivery suite.

Several traceability audits were completed as part of the inspection. This included checking:

- the identification and storage location of bodies in the mortuary by tracing the details from the register, to the location in the body storage area and wrist tags;
- details of two cases where tissue was removed for post mortem analysis, by tracing information from the tissue register back to the original consent forms; one example from a coroner's and hospital PM examination were examined; and
- five tissue block records, by tracing back from the physical location in the external tissue block storage area to the information contained on the original consent forms.

No anomalies were found. The HTA confirmed with staff in areas outside the mortuary that while collection of post mortem material may take place under the licence, no material is stored in those areas.

The last inspection found shortfalls relating to the condition of the mortuary floor. This has been replaced and further major refurbishment to the current premises is planned. This work is expected to be finished in 2017.

Inspection findings

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

Compliance with HTA standards

Governance and Quality

Standard	Inspection findings	Level of shortfall
<p>GQ1 All aspects of the establishment's work are supported by ratified documented policies and procedures as part of the overall governance process.</p>	<p>The establishment has an effective document management system in place. Licensable activities are covered by standard operating procedures (SOPs).</p> <p>There are several areas outside the mortuary where removal of tissue may take place and SOPs to cover these areas should be improved. Some staff appeared unsure about some mortuary procedures, for example, keeping the DI informed when a collection takes place outside the mortuary and also procedures for incident reporting.</p>	<p>Minor</p>
	<p>On some occasions, pre-evisceration may take place by an anatomical pathology technician, in agreement with a consultant histopathologist, following a telephone conversation. These conversations should be clearly documented. The associated SOPs (e.g. LP-MOR-RoutinePm and LP-MOR-HighriskPM) should be updated in line with actual practice.</p>	<p>Minor</p>

GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills	Portering staff are fully responsible for out of hours access to the mortuary, including admitting police officers, when accepting deaths from the community. The establishment demonstrated some training had taken place; however further training should be provided to porters, particularly in relation to general incident reporting and HTA Reportable Incident (HTARI) categories.	Minor
GQ7 There are systems to ensure that all adverse events, reactions and / or incidents are investigated promptly.		

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.	The establishment has an understanding with another HTA-licensed establishment for the provision of contingency storage. As the establishment often approaches full capacity, this understanding should be formalised and documented.	Minor

Advice

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

No.	Standard	Advice
1.	C1	The establishment has made recent improvements to its consent training procedures, especially to ensure that staff in areas outside the mortuary, who may potentially be involved in the removal of samples from the deceased, are aware of consent requirements. This recent training was documented. The Consultant working in NICU confirmed that on rare occasions skin biopsies are taken, and the family's wishes for disposal are documented. However, this process is not set out in a standard operating procedure.
2.	C1	A bereavement officer manages all discussions about adult PM examinations with relatives. The establishment should consider unifying its consent processes to include a bereavement officer in discussions about analysis of paediatric samples.
3.	C1	The HTA discussed the current coronial post mortem form with a coroner's officer. The coroner's officer agreed further improvements may be considered. The establishment should continue to work with the coroner's officer to amend and implement any new forms.

4.	GQ1	Improvements to SOPs are recommended to meet the minor shortfall against GQ1 above. When new SOPs are put in place, these should also clearly document staff awareness of content. The Designated Individual suggested the possibility of implementing a new HTA committee at the establishment, to more formally increase staff awareness of the establishment's policies and procedures. The HTA would support measures such as this to ensure communication about the establishment's work is disseminated appropriately and formally. Any new processes to improve communication should include all staff such as portering staff, bereavement officers and the corporate licence holder contact.
5.	PFE1	The establishment is currently managing ongoing capacity issues. For example, it has an additional body storage area in place and a mobile, temporary body storage facility for holiday periods. Establishment staff and the Corporate Licence Holder Contact confirmed that major refurbishment is planned which will address the current capacity issue. The establishment is advised to continue with implementation of the planned work to improve the premises. The HTA should be updated on any major changes to premises.

Concluding comments

There were areas of strengths and good practice observed during the inspection. There were no anomalies found during the traceability audits and there are strong practices in place to maintain traceability of bodies in and out of the mortuary. For example, the mortuary staff have a separate log to log bodies of babies and fetuses in and out of the mortuary. In addition, during the traceability audit of the external tissue block store, a physical marker was observed in a box of tissue blocks, to indicate a space where blocks had been removed and the reason for disposal.

Risk assessment of capacity is strong. For example, there is a pre-bank holiday plan and daily capacity log in place to closely monitor capacity at the mortuary due to increasing demand on the body stores. Advice has been given to improve this further.

There are a number of areas of practice that require improvement, including four minor shortfalls. The HTA has given advice to the Designated Individual with respect to improving consent procedures and to continue with plans for major refurbishment to improve capacity and contingency arrangements.

The HTA requires that the Designated Individual addresses the shortfalls by submitting a completed corrective and preventive action (CAPA) plan within 14 days of receipt of the final report (refer to Appendix 2 for recommended timeframes within which to complete actions). The HTA will then inform the establishment of the evidence required to demonstrate that the actions agreed in the plan have been completed.

The HTA has assessed the establishment as suitable to be licensed for the activities specified subject to corrective and preventive actions being implemented to meet the shortfalls identified during the inspection.

Report sent to DI for factual accuracy: 6 November 2013

Report returned from DI: 22 November 2013

Final report issued: 25 November 2013

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: 4 July 2014

Appendix 1: HTA standards

The HTA standards applicable to this establishment are shown below; those not assessed during the inspection are shown in grey text. Individual standards which are not applicable to this establishment have been excluded.

Consent standards
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
<ul style="list-style-type: none">• 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.• 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).• 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.
C2 Information about the consent process is provided and in a variety of formats
<ul style="list-style-type: none">• Relatives are given an opportunity to ask questions.• Relatives are given an opportunity to change their minds and it is made clear who should be contacted in this event.• 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).• 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.• Information on the consent process is available in different languages and formats, or there is access to interpreters/translators.
C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent
<ul style="list-style-type: none">• 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.• Refresher training is available (e.g. annually).• Attendance at consent training is documented.• If untrained staff are involved in consent taking, they are always accompanied by a trained individual.

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.

- There is a documented training programme for new mortuary staff (e.g. competency checklist).

GQ4 There is a systematic and planned approach to the management of records

- 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.
- There are documented SOPs for record management.

GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail

- Bodies are tagged/labelled upon arrival at the mortuary.
- 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).
- Organs and tissue samples taken during PM examination are fully traceable.
- Details of organs retained and the number of wax blocks and tissue slides made are recorded.
- The traceability system includes the movement of tissue samples between establishments.
- Details are recorded of tissue that is repatriated or released with the body for burial or cremation.
- Regular audits of tissue storage and traceability are undertaken to ensure compliance with operational procedures; tissue samples found which are not being stored with consent are disposed of with reference to the family's wishes.
- 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.

GQ7 There are systems to ensure that all adverse events, reactions and / or incidents are investigated promptly

- Staff are trained in how to use the incident reporting system.
- Staff know how to identify incidents and near-misses which must be reported, including those that must be reported to the HTA
- The incident reporting system clearly outline responsibilities for reporting, investigating and follow up for incidents.
- The incident reporting system ensures that follow up actions are identified (i.e. corrective and preventive actions) and completed.
- Information about incidents is shared with all staff (including the reporter) to avoid repeat errors.

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 draught) 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.
- The policy states the position with regard to the retention and use of microscope slides, and in particular that tissue slides must be disposed of or returned to the family in accordance with their wishes if consent is not obtained for their continued storage and future use once the PM has concluded.

D2 PM tissue is disposed of if consent is not given for its storage and use for scheduled purposes

- There are documented procedures for disposal of human tissue, which include methods of disposal for whole organs, wet tissue, wax blocks and microscope slides.
- Tissue is disposed of in accordance with the documented wishes of the deceased person's family.
- Disposal details of organs and tissue blocks are recorded, including the date and method of disposal.
- There is a rolling programme of tissue disposal that ensures that tissue, including microscope slides, is disposed of in a timely fashion when it is no longer needed for the purposes of the Coroner or to determine the cause of death.

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 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.

In response to a major shortfall, an establishment is expected to implement corrective and preventive 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 or site visit.

In response to a minor shortfall, an establishment is expected to implement corrective and preventive actions within 3-4 months of the issue of the final inspection report.

Follow up actions

A template corrective and preventive action plan will be sent as a separate Word document with both the draft and final inspection report. 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 preventive 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.