

Inspection report on compliance with HTA licensing standards  
Inspection date: **25 February 2025**



**Royal Bolton Hospital**  
HTA licensing number 12035

Licensed under the Human Tissue Act 2004

**Licensed activities**

The table below shows the activities this establishment is licensed for and the activities currently undertaken at the establishment.

Area	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	Storage of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose
<b>Royal Bolton Hospital</b>	Licensed	Licensed	Licensed
<b>Mortuary</b>	<i>Carried out</i>	<i>Carried out</i>	<i>Carried out</i>
<b>Pathology lab</b>	-	-	-
<b>Maternity</b>	-	-	-
<b>A&amp;E</b>	-	-	-

**Summary of inspection findings**

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

Royal Bolton Hospital ('the establishment') was found to have met all HTA standards.

The HTA has assessed the establishment as suitable to be licensed for the activities specified.

### **Compliance with HTA standards**

All applicable HTA standards have been assessed as fully met.

### **Advice**

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

Number	Standard	Advice
1.	GQ1(a)	The DI is advised to review all documentation relating to identification of bodies. The DI may wish to ensure consistent language is used in each of these documents when describing identifiers and documentation that is used for cross checking.
2.	T1(d)	The establishment have a system for highlighting same and similar names. The DI may wish to enhance this system by considering the introduction of a visual alert system on storage unit doors.
3.	PFE1(e)	The establishment do not have alert devices available for lone working staff. The DI may wish to procure alert devices to mitigate risk to staff.
4.	PFE2(c)	The establishment have systems in place to monitor the condition of bodies and place them into long term storage after 30 days. The DI is advised to review these systems to ensure that bodies are transferred in advance of 30 days if predetermined thresholds are met.

### **Background**

Royal Bolton Hospital has been licensed by the HTA since May 2007. This was the fifth inspection of the establishment; the most recent inspection took place in June 2023.

Since the previous inspection, Royal Bolton Hospital has entered into partnership with a private provider to deliver CT post mortems.

### **Description of inspection activities undertaken**

The HTA's regulatory requirements are set out in Appendix 1. The inspection team covered the following areas during the inspection:

#### *Standards assessed against during inspection*

The inspection team undertook an announced site visit inspection following concerns relating to traceability that may impact dignity of the deceased. Accordingly, this inspection focused on the following standards: GQ1(a), T1(a), T1(b), T1(c), T1(d), T1(e), T1(f), T1(g), and PFE1(a).

#### *Review of governance documentation*

Standard operating procedures, internal process forms and risk assessments were reviewed as part of the inspection process.

#### *Visual inspection*

The inspection of the facility included a visual assessment of the Mortuary, viewing facilities and post mortem room. The inspection team observed the processes for admission of bodies within the mortuary.

#### *Audit of records*

A traceability audit of four bodies in storage was undertaken. This included bodies from both the community and hospital. Details were cross checked against identity bands, internal process forms and the mortuary register. No discrepancies were found.

#### *Meetings with establishment staff*

No interviews were conducted during the inspection process.

**Report sent to DI for factual accuracy: 28 February 2025**

**Report returned from DI: 5 March 2025**

**Final report issued: 6 March 2025**

## **Appendix 1: The HTA's regulatory requirements**

Prior to the grant of a licence, the HTA must assure itself that the DI is a suitable person to supervise the activity authorised by the licence and that the premises are suitable for the activity.

The statutory duties of the DI are set down in Section 18 of the Human Tissue Act 2004. They are to secure that:

- the other persons to whom the licence applies are suitable persons to participate in the carrying-on of the licensed activity;
- suitable practices are used in the course of carrying on that activity; and
- the conditions of the licence are complied with.

Its programme of inspections to assess compliance with HTA licensing standards is one of the assurance mechanisms used by the HTA.

The HTA developed its licensing standards with input from its stakeholders. They are designed to ensure the safe and ethical use of human tissue and the dignified and respectful treatment of the deceased. They are grouped under four headings:

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

This is an exception-based report: only those standards that have been assessed as not met are included. Where the HTA determines that there has been a shortfall against a standard, the level of the shortfall is classified as 'Critical', 'Major' or 'Minor' (see Appendix 2: Classification of the level of shortfall). Where HTA standards are fully met, but the HTA has identified an area of practice that could be further improved, advice is provided.

HTA inspection reports are published on the HTA's website.

## **Appendix 2: Classification of the level of shortfall**

Where the HTA determines that a licensing standard is not met, the improvements required will be stated and the level of the shortfall will be classified as 'Critical', 'Major' or 'Minor'. Where the HTA is not presented with evidence that an establishment meets the requirements of an expected standard, it works on the premise that a lack of evidence indicates a shortfall.

The action an establishment will be required to make following the identification of a shortfall is based on the HTA's assessment of risk of harm and/or a breach of the Human Tissue Act 2004 (HT Act) or associated Directions.

### **1. Critical shortfall:**

A shortfall which poses a significant risk to human safety and/or dignity or is a breach of the HT Act or associated Directions

*or*

A combination of several major shortfalls, none of which is critical on its own, but which together could constitute a critical shortfall and should be explained and reported as such.

A critical shortfall may result in one or more of the following:

- A notice of proposal being issued to revoke the licence
- Some or all of the licensable activity at the establishment ceasing with immediate effect until a corrective action plan is developed, agreed by the HTA and implemented.
- A notice of suspension of licensable activities
- Additional conditions being proposed
- Directions being issued requiring specific action to be taken straightaway

### **2. Major shortfall:**

A non-critical shortfall that:

- poses a risk to human safety and/or dignity, or
- indicates a failure to carry out satisfactory procedures, or

- indicates a breach of the relevant Codes of Practice, the HT Act and other relevant professional and statutory guidelines, or
- has the potential to become a critical shortfall unless addressed

*or*

A combination of several minor shortfalls, none of which is major on its own, but which, together, could constitute a major shortfall and should be explained and reported as such.

In response to a major shortfall, an establishment is expected to implement corrective and preventative actions within 1-2 months of the issue of the final inspection report. Major shortfalls pose a higher level of risk and therefore a shorter deadline is given, compared to minor shortfalls, to ensure the level of risk is reduced in an appropriate timeframe.

### **3. Minor shortfall:**

A shortfall which cannot be classified as either critical or major, but which indicates a departure from expected standards.

This category of shortfall requires the development of a corrective action plan, the results of which will usually be assessed by the HTA either by desk based review or at the time of the next inspection.

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

### **Follow up actions**

A template corrective and preventative action plan will be sent as a separate Word document with both the draft and final inspection report. Establishments must complete this template and return it to the HTA within 14 days of the issue of the final report.

Based on the level of the shortfall, the HTA will consider the most suitable type of follow-up of the completion of the corrective and preventative action plan. This may include a combination of

- a follow-up inspection
- a request for information that shows completion of actions
- monitoring of the action plan completion
- follow up at next routine inspection.

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