

**Weston General Hospital**  
HTA licensing number 30013

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
Weston General Hospital	Licensed	Licensed	Licensed
Mortuary	<i>Carried out</i>	<i>Carried out</i>	<i>Carried out</i>

**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.

Although the HTA found that Weston General Hospital ('the establishment') had met the majority of the HTA's standards, three major and one minor shortfall were found against standards for Governance and quality systems, Traceability and Premises, facilities, and equipment.

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

## Compliance with HTA standards

### Major shortfalls

Standard	Inspection findings	Level of shortfall
<b>PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue.</b>		
a) The premises are clean and well maintained	<p>Whilst the premises are clean, some items require maintenance or replacement in order to allow effective decontamination:</p> <ul style="list-style-type: none"> <li>• Taped demarcation lines are lifting.</li> <li>• Areas of bare plaster were visible on walls in the post mortem room.</li> <li>• There is damage to the external doors used by funeral services with areas of exposed wood.</li> <li>• Shelves of wooden construction are sited in the post mortem room, ante room and sluice room.</li> <li>• Cappings around the top of the observation gallery are made of painted wood which has started to crack leaving porous areas exposed.</li> <li>• Metal ceiling tiles have flaking paint, and some are not correctly fitted.</li> <li>• Bumper guards in the post mortem room construction were compromised leaving the internal wood substructure exposed.</li> <li>• The flooring in the post mortem room presents evidence of wear, in some areas the concrete subfloor is visible. This surface is porous and presents an infection risk.</li> </ul>	<b>Major</b>

d) The premises are secure (for example there is controlled access to the body storage area(s) and PM room and the use of CCTV to monitor access)	Refrigeration plant equipment is located in an insecure outside area. Power switches for the plant equipment are not fitted with tamperproof mechanisms.	<b>Major</b>
<b>PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored</b>		
a) Items of equipment in the mortuary are in good condition and appropriate for use	Post mortem tables are fitted with glass bottle traps. These hold standing water when not in use which presents a risk of infection. Furthermore, in order to perform routine cleaning these traps must be dismantled. Their design prevents effective decontamination. The post mortem tables are showing signs of wear. In one area the metal has eroded which has compromised the structure of the table. Furthermore, the design of the tables prevents disassembly leading to ineffective decontamination.	<b>Major</b>

### **Minor Shortfalls**

<b>Standard</b>	<b>Inspection findings</b>	<b>Level of shortfall</b>
<b>PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue.</b>		
e) Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access	The mortuary entrance used by funeral directors is overlooked by various departments including a ward area on a floor above. Whilst there is some privacy screening to the mortuary it is not fully enclosed.	<b>Minor</b>

The HTA requires the DI to submit a completed corrective and preventative action (CAPA) plan setting out how the shortfalls will be addressed, 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.

## **Background**

Western General Hospital has been licensed by the HTA since April 2008. This was the fifth inspection of the establishment; the most recent previous inspection took place in June 2022.

Since the previous inspection, the SUDI process in the emergency department has ceased with cases being transferred to acute Trusts in the locality.

## **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*

Out of a total of 72, the following standards were not covered during the inspection because the standards were not applicable to the establishment: C1(a)-(g), C2 (a)-(d) and T2(d). The remaining 60 HTA licensing standards (standards published 3 April 2017) were assessed.

### *Review of governance documentation*

The inspection team reviewed documentation on site and submitted after the inspection. Standard operating procedures, risk assessments, policies, audit schedules, training records, competency records, cleaning record forms and meeting minutes were inspected as part of the review process.

### *Visual inspection*

The inspection included a visual assessment of the body storage areas in the mortuary, PM room, viewing room, and tissue storage areas. The inspection team observed the processes for release of bodies within the mortuary.

#### *Audit of records*

A traceability audit of three bodies in storage was undertaken. This included bodies from both the community and hospital including one in long term storage. Details were cross checked against identity bands and the mortuary register. No discrepancies were found.

Audits were conducted of tissue taken at PM examination for three cases. Information was crosschecked between the mortuary electronic database, Coroner's paperwork, family wishes forms, and tissue blocks and slides being stored. No discrepancies were found.

#### *Meetings with establishment staff*

The inspection team conducted interviews with staff carrying out processes under the licence. This included the Designated Individual, Mortuary Manager, Quality Manager, Pathologist and Porter.

**Report sent to DI for factual accuracy: 3 June 2025**

**Report returned from DI: 19 June 2025**

**Final report issued: 20 June 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.