

## Stoke-on-Trent City Council Public Mortuary

HTA licensing number 12057

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>Hub site<br/>Stoke-on-Trent City Council Public Mortuary</b> | Licensed                            | Licensed   | Licensed   |
| <b>Mortuary</b>   | <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.

Stoke-on-Trent City Council Public Mortuary ('the establishment') was found to have met all HTA standards inspected.

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:

| <b>Number</b> | <b>Standard</b> | <b>Advice</b>  |
|---------------|-----------------|--|
| 1.            | PFE1(a)         | The DI is advised to continue with the existing plans in place for the refurbishment of the mortuary facilities, including the PM suite and body store. Additionally, the DI is advised to audit the cleaning of the external unit used for storing bodies which is carried out by a third party contractor. |

### **Background**

Stoke-on-Trent City Council Public Mortuary has been licensed by the HTA since June 2007. This was the eighth inspection of the establishment; the most recent previous inspection took place in May 2025. Since the previous inspection, there have been no significant changes to the licence arrangements or the activities carried out under the licence.

This was an unannounced targeted inspection relating to concerns received about mortuary practices which were not substantiated by the inspection team.

### **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*

13 out of the HTA's 72 standards were covered. Standards covered during this inspection are listed in Appendix 3. The inspection focussed on areas of raised concern; the remaining 59 standards will be assessed during the next routine inspection.

#### *Review of governance documentation*

The review of documents was limited to those relating to staff training and competency, cleaning and decontamination procedures, and body condition checks. A full review of governance documents will be undertaken at the next routine inspection.

#### *Visual inspection*

The inspection included a visual assessment of the establishment including body storage areas and the post mortem suite.

#### *Audit of records*

Every body in storage was seen by the inspection team. Audits of condition were conducted onsite for nine bodies from refrigerated storage and one body from frozen storage, including those being stored in an external storage unit. Identification details on bodies and their recorded condition was crosschecked against the information recorded in associated paperwork. No discrepancies or concerns were identified.

#### *Meetings with establishment staff*

The inspection team met with staff carrying out processes under the licence at the establishment. This included the DI, Corporate Licence Holder contact (CLHc), Coroners Service Manager and an APT.

**Report sent to DI for factual accuracy: 08 January 2026**

**Report returned from DI: 21 January 2026**

**Final report issued: 26 January 2026**

## **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.

## Appendix 3: Standards Assessed

| <b>Governance and quality systems</b>  |
|--|
| <b>GQ1 All aspects of the establishment's work are governed by documented policies and procedures</b>  |
| a) Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity, take account of relevant Health and Safety legislation and guidance and, where applicable, reflect guidance from RCPATH. These include:<br>i. post-mortem examination, including the responsibilities of Anatomical Pathology Technologists (APTs) and Pathologists and the management of cases where there is increased risk;<br>ii. practices relating to the storage of bodies, including long term storage and when bodies should be moved into frozen storage;<br>iii. practices relating to evisceration and reconstruction of bodies;<br>iv. systems of traceability of bodies and tissue samples;<br>v. record keeping;<br>vi. receipt and release of bodies, which reflect out of hours arrangements;<br>vii. lone working in the mortuary;<br>viii. viewing of bodies, including those in long-term storage, by family members and others such as the police;<br>ix. transfer of bodies internally, for example, for MRI scanning;<br>x. transfer of bodies and tissue (including blocks and slides) off site or to other establishments;<br>xi. movement of multiple bodies from the mortuary to other premises, for example, in the event that capacity is reached;<br>xii. disposal of tissue (including blocks and slides), which ensures disposal in line with the wishes of the deceased person's family;<br>xiii. access to the mortuary by non-mortuary staff, contractors and visitors;<br>xiv. contingency storage arrangements. |
| c) Procedures on body storage prevent practices that disregard the dignity of the deceased.  |
| <b>GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks</b>  |
| a) All staff who are involved in mortuary duties are appropriately trained/qualified or supervised.  |
| c) Staff are assessed as competent for the tasks they perform.   |
| f) There is a documented induction and training programme for new mortuary staff.  |

**GQ5** There are systems to ensure that all untoward incidents are investigated promptly

a) Staff know how to identify and report incidents, including those that must be reported to the HTA.

**Premises, facilities and equipment**

**PFE1** The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue

a) The premises are clean and well maintained.

c) There are documented cleaning and decontamination procedures and a schedule of cleaning.

**PFE2** There are appropriate facilities for the storage of bodies and human tissue

a) Storage arrangements ensure the dignity of the deceased.

d) There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicated peaks of activity.

c) Storage for long-term storage of bodies and bariatric bodies is sufficient to meet needs.

d) Fridge and freezer units are in good working condition and well maintained.

f) Temperatures of fridges and freezers are monitored on a regular basis.