

Haringey Public Mortuary
HTA licensing number 12263

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
Hub site Haringey Public Mortuary	Licensed	Not licensed	Licensed
Mortuary	<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 Haringey Public Mortuary ('the establishment') had met the majority of the HTA's standards, six major and five minor shortfalls were found against standards for Governance and quality systems, Traceability and Premises, facilities and equipment.

Four of the identified shortfalls pertain to findings from the previous inspection conducted in June 2023. During the inspection feedback meeting, the HTA raised concerns that sufficient action had not been taken to adequately address these findings, and that effective, fully embedded procedures had not been implemented during the intervening period. This was acknowledged by the establishment, and progress will be monitored through an agreed corrective action plan.

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
GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		
a) All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed on a regular basis	Risk assessments have not been reviewed in line with the establishment's governance framework. In addition, not all relevant HTARI categories have been risk assessed. These include, but are not limited to: <ul style="list-style-type: none"> • Accidental damage to a body • Discovery of an organ or tissue following post-mortem examination and release of body • Incident leading to the temporary unplanned closure of a mortuary resulting in an inability to deliver services 	Cumulative Major

<p>b) 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</p>	<p>Risk assessments do not consistently provide sufficient detail regarding the control measures implemented to mitigate identified risks. These include, but are not limited to:</p> <ul style="list-style-type: none"> • The risk assessment relating to the viewing of the wrong body does not confirm that only staff who have been appropriately trained and assessed as competent in the procedure are involved in the viewing process. • The risk assessment for the external storage units addresses risks to staff but does not consider potential risks to the deceased or the security of the units. <p>To fully address this shortfall, the establishment should review all risk assessments relating to mortuary activities to ensure that they are accurate and contain sufficient detail to reflect current practice.</p>	
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T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail		
<p>c) Three identifiers are used to identify bodies and tissue, (for example post mortem number, name, date of birth/death), including at least one unique identifier</p>	<p>The establishment does not consistently check a minimum of three identifiers of the deceased against the details provided by family members when they attend for a viewing. This poses the risk of viewing the wrong body.</p>	<p>Major</p>

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

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)

The inspection team identified areas of shortfall relating to security:

- One access door, designated for use by mortuary staff, was not fully covered by CCTV.
- One CCTV camera was mounted on a broken bracket and positioned facing the ground, rendering it ineffective.
The establishment submitted sufficient evidence to address this shortfall prior to the publication of the report.
- Although another operational camera provided coverage of the same access doors, one CCTV camera was non-operational. The defect had not yet been rectified at the time of the inspection.
The establishment submitted sufficient evidence to address this shortfall prior to the publication of the report.
- In the absence of an on-site security team, the establishment relies on an intruder alarm system. While the alarm is tested yearly to confirm functionality, the establishment does not undertake routine alarm testing, including out-of-hours testing, to ensure that the alarm activation and call-out procedures operate as intended.

Major

e) Security arrangements protect against unauthorised access and ensure oversight of visitors and contractors who have a legitimate right of access

- Although a security audit is in place; the sample size was not proportionate to the level of activity undertaken within the mortuary and was therefore found to be limited in providing adequate assurance.
- Although the plant equipment for the external freezer units is housed within a caged structure, the area is not secured with a padlock. This does not provide sufficient protection against potential tampering of this plant equipment.

Major

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

<p>e) Fridge and freezer units are alarmed and the alarms are tested regularly to ensure that they trigger when temperatures go out of upper or lower set range</p>	<p>The fridge used for the storage of samples obtained during post-mortem examination, and the external freezer units, are currently not connected to a remote temperature monitoring alarm system. This poses a risk of damage to a body, or the deterioration of samples should there be an equipment failure. In addition, current fridge and freezer temperature tests do not include the lower set point range.</p> <p><i>See also shortfall GQ1a</i></p>	<p>Cumulative Major</p>
<p>f) Temperatures of fridges and freezers are monitored on a regular basis</p>	<p>Temperature trend analysis of fridge and freezer units are not undertaken.</p> <p><i>This shortfall was also identified during the previous inspection in 2023.</i></p>	

PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored

<p>c) The ventilation system provides the necessary ten air changes per hour and is checked and maintained at least annually</p>	<p>Although an engineer’s email confirmed that a ventilation test was conducted in 2025, the HTA did not receive the accompanying report to verify that the system meets the required ten air changes per hour.</p>	<p>Major</p>
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Minor Shortfalls

GQ1 All aspects of the establishment's work are governed by documented policies and procedures		
<p>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.</p>	<p>While the majority of SOPs have been reviewed and reflect current staff practice, the SOP relating to fridge and freezer monitoring has not undergone a documented review since 2021 and is not aligned with HTA standards regarding the testing of the lower temperature.</p> <p>In addition, the viewing SOP refers to outdated staff practices and does not fully reflect the procedures described by staff during the inspection.</p> <p><i>See also shortfall PFE2e</i></p> <p><i>See advice item 1</i></p>	<p>Minor</p>

GQ5 There are systems to ensure that all untoward incidents are investigated promptly		
<p>b) The incident reporting system clearly outlines responsibilities for reporting, investigating and follow up for incidents</p>	<p>Although staff are aware of which incidents require notification to the HTA, the establishment does not maintain a comprehensive incident log to record all incidents. As a result, the HTA was limited in assessing compliance with this standard.</p>	<p>Minor</p>

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

<p>a) The premises are clean and well maintained</p>	<p>While the premises were generally clean and appeared well maintained at the time of inspection, several areas showed signs of wear and require attention:</p> <ul style="list-style-type: none"> • Deteriorated sealant around the sink in body store A • Fridge and freezer seals require a deep clean in body stores A and B • Accumulation of dirt and debris in the drains of body stores A and B • A large hole in the ceiling of body store A • A damaged electrical socket cover in body store A 	<p>Minor</p>
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PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored

<p>a) Items of equipment in the mortuary are in good condition and appropriate for use</p>	<p>The inspection team identified areas of shortfall relating to the condition and suitability of equipment within the mortuary:</p> <ul style="list-style-type: none"> • Small areas of rust were observed on fridge units in body store A and on two hydraulic transfer trolleys. The presence of rust compromises effective cleaning and decontamination. • Wooden door wedges were in use across multiple areas of the mortuary. In addition, a bier trolley with a wooden topped surface was being used during releases. The exposed porous surfaces of these items present a risk to effective cleaning and decontamination. <p><i>The establishment submitted sufficient evidence to address this shortfall prior to the publication of the report.</i></p>	<p>Minor</p>
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<p>PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored</p>		
<p>f) Key items of equipment, including fridges/freezers, trolleys and post mortem tables (if downdraught) are subject to regular maintenance and records are kept</p>	<p>The inspection team were not provided with servicing records for mortuary autopsy saws.</p>	<p>Minor</p>

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.

Advice

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

Number	Standard	Advice
1.	GQ1a	The Entry and Exit SOP currently include key codes. The DI is advised to reconsider the suitability of these codes being included in this document.
2.	PFE2i	During the inspection, the DI confirmed that the establishment is considering the purchase of a backup generator to provide support in the event of a power outage. The DI is advised to continue with these plans.

Background

Haringey Public Mortuary has been licensed by the HTA since February 2009. This was the sixth inspection of the establishment; the most recent previous inspection took place June 2023. Since the previous inspection, there has been a change to the Designated Individual.

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

61 out of the total 72 HTA licensing standards were covered during the inspection (standards published 3 April 2017). Consent standards C1 and C2 (11 in total) are not applicable as consent for post mortem examination or removal of relevant material from the deceased is not sought by this establishment.

Review of governance documentation

The inspection included a review of the establishment's governance documentation relating to licensed activities. This included policies and procedural documents relating to licensed activities, cleaning records for the mortuary, records of servicing of equipment, ventilation reports, audits, risk assessments, meeting minutes, reported incidents and training records for staff.

Visual inspection

The inspection team undertook a visual inspection of the premises which included, mortuary security arrangements, body storage areas including the contingency storage units, the PM room and viewing room as well as the storage arrangements for relevant material held within the facility.

Audit of records

The inspection team undertook audits of traceability for five bodies in storage. This included bodies with the same / similar names and a body in freezer storage. Traceability details were crosschecked between the identification bands on the body, information on the door of the storage unit, mortuary whiteboards and the mortuary register. No discrepancies were identified.

Audits were conducted of tissue taken at PM examination for three cases. Information was crosschecked between the mortuary documentation, Coroner's paperwork and receipt documentation from referral centres. No discrepancies were identified.

Meetings with establishment staff

The inspection team met with staff carrying out processes under the licence, including mortuary staff, and the DI. An interview with a Pathologist was not possible due to availability, but relevant information was obtained through other staff interviews, the inspection, and document review.

Report sent to DI for factual accuracy: 02 March 2026

Report returned from DI: 16 March 2026

Final report issued: 19 March 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.