

Inspection report on compliance with HTA licensing standards
Inspection date: **10 February (remote) and 17 February (site visit) 2026**



Keele University
HTA licensing number 12190

Licensed under the Human Tissue Act 2004

Licensed activities

Area	Carrying out of an anatomical 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 a body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose	Storage of an anatomical specimen
Keele University ST5 5BG	Licensed	Licensed	Licensed	Licensed

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.

Keele University ('the establishment') was found to have met all HTA standards.

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 practices:

Number	Standard	Advice
1.	GQ1(a)	The establishment has a Service Level Agreement (SLA) in place with their preferred funeral director, dated 2013. The DI is advised to review and refresh this agreement to ensure it remains current and accurately reflects existing practices and responsibilities.
2.	GQ1(b)	While the establishment reviews its SOPs every year, the current practice is not to circulate SOPs to staff if no changes have been made. The DI is advised to consider distributing the reviewed SOPs to staff even if no changes are made, to ensure ongoing awareness and compliance
3.	GQ1(b)	The donor information pack is reviewed periodically. The DI is advised to include a version number and/or review date on the document to ensure that the most up-to-date version is clearly identifiable and that revised copies can be issued to prospective donors as appropriate.
4.	GQ1(b)	The establishment maintains an index document listing all SOPs. The DI is advised to include the next review date within the index to support effective document control and ensure that review deadlines are clearly visible and not overlooked.

5.	GQ6(a)	The DI is advised to review and update the CCTV risk assessment to ensure it clearly documents all relevant risks, including those relating to confidentiality, dignity, access controls and data retention, together with the mitigation measures in place and arrangements for periodic review.
6.	PFE2(c)	The temperature ranges for fridges and freezers are documented in standard operating procedures. To improve awareness and monitoring in practice, the proposed DI is advised to consider displaying these temperature ranges on the fridges and freezers

Background

Keele University provides anatomy teaching to undergraduate and postgraduate students, as well as training for healthcare professionals; it also has surgical skills centre. Activities include the receipt, preparation, storage, use, and disposal of donated bodies and body parts for anatomical examination, education, and training.

Keele University has been licensed by the HTA since May 2007. This was the fourth inspection of the establishment; the most recent previous inspection took place in March 2022. Since the previous inspection a Corporate Licence Holder contact (CLHc) and four Persons Designated (PDs) have been appointed

Description of inspection activities undertaken

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

Standards assessed against during inspection

All 47 HTA licensing standards were covered during the inspection (standards published 3 April 2017)

Review of governance documentation

Policies and procedural documents relating to all licensed activities, including standard operating procedures and traceability systems were assessed. Documents detailing adverse events, incidents, risk assessment, governance meetings, agreements with the establishments providing donated material and audits were also reviewed

Visual inspection

The inspection included a visual inspection of the anatomy suite including the areas where staff receive and store embalmed bodies, prosections and relevant material, and the areas where relevant material and specimens are used for surgical skills training and anatomical examination.

Audit of records

An audit was undertaken of records, consent and labelling for eight embalmed bodies, 12 prosections, three plastinated specimens, and four potted museum samples and two bones collections. Full traceability was demonstrated for all items audited.

Meetings with establishment staff

The inspection included discussions with the DI, and three PDs including technical and bequeathal staff.

Report sent to DI for factual accuracy: 27 February 2026

Report returned from DI: 10 March 2026

Final report issued: 11 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 the 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.