

Inspection report on compliance with HTA licensing standards
Inspection date: **03 March 2026**



Poplar Public Mortuary
HTA licensing number 12087

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 Poplar Public Mortuary	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 Poplar Public Mortuary ('the establishment') had met the majority of the HTA's standards, on 13 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
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>Whilst SOPs cover all activity undertaken and are reflective of best practice guidance, some SOPs lack detail and are not reflective of current practice, they also contain outdated key contact details.</p> <p>These include, but are not limited to, SOPs detailing the process for:</p> <ul style="list-style-type: none"> • Health and Safety • Viewing of bodies • Tissue Handling <p>This is not an exhaustive list of the SOPs requiring amendment. To fully address this shortfall, the establishment should review all SOPs relating to mortuary activities to ensure that they are accurate and contain sufficient detail to reflect current practice.</p>	<p>Major (cumulative)</p>

c) Procedures on body storage prevent practices that disregard the dignity of the deceased	Whilst procedures on body storage prevent practices that disregard the dignity of the deceased. Condition checks carried out on a weekly basis are not documented. This means there is no written record of condition checks should there be a query from family members or Funeral Directors.	
d) Policies and SOPs are reviewed regularly by someone other than the author, ratified and version controlled. Only the latest versions are available for use	Some SOPs and Policies had not received a documented review for up to five years, additionally, it is not always documented if the author and reviewer are different people.	
e) There is a system for recording that staff have read and understood the latest versions of these documents	There were no documents available to review indicating all staff who undertake activity under the licence had read and understood the latest version of SOPs including those relevant to non- mortuary staff.	
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks		
a) All staff who are involved in mortuary duties are appropriately trained/qualified or supervised	There were no records available to review indicating that all staff who undertake activity under the licence have received training, this includes non-mortuary staff.	Major (Cumulative)
c) Staff are assessed as competent for the tasks they perform	There were no records available to review indicating all staff who undertake activity under the licence have been assessed as competent.	

f) There is a documented induction and training programme for new mortuary staff	Whilst staff receive a corporate induction. There were no documents available to review indicating there was a mortuary induction 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	Whilst staff know how to identify and report incidents, the inspection team identified several incidents which met the threshold for reporting to the HTA, which had not been reported.	Major
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	<p>The inspection team were not assured all risks had been assessed and there were suitable mitigations in place. These include risk assessments for:</p> <ul style="list-style-type: none"> • Post Mortem Examination • Viewing of a body • Release of a body • Tissue Handling <p>Additionally, although risk assessments are in the process of being updated, there are several risk assessments overdue a review including the lone working risk assessment which is in draft.</p> <p>This is not an exhaustive list of the risks requiring assessment. To fully address this shortfall, the establishment should review all risks relating to mortuary activities to ensure that they are accurate and contain sufficient mitigations.</p>	Major

<p>c) Significant risks, for example to the establishment's ability to deliver post-mortem services, are incorporated into the Trust's organisational risk register</p>	<p>The inspection team were not assured significant risks to the mortuary had been assessed, mitigated and incorporated into the organisational risk register.</p> <p>There are insufficient numbers of staff available to manage the volume and complexity of mortuary activity.</p> <p>In addition to affecting the ability of staff to carry out administrative tasks such as updating key documents. This has led to reduced capacity to undertake mortuary tasks including facilitating viewings of the deceased and undertaking post mortem examinations in a timely manner. This poses the risk of a serious incident and has been identified as an underlying theme in respect of other shortfalls identified as part of this inspection.</p>	<p>Major</p>
<p>T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail</p>		
<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>Whilst three identifiers are used to identify bodies in storage. Families booking a viewing are asked to provide the name of deceased only. This means bodies being prepared for a viewing are removed from the fridge using one form of ID.</p>	<p>Major</p>
<p>PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue.</p>		

<p>a) The premises are clean and well maintained</p>	<p>There are significant areas of damage to the structure of the building and equipment in use posing the risk of ineffective cleaning and decontamination:</p> <ul style="list-style-type: none"> • Sections of the ceiling in the PM room had fallen due to water ingress, temporary measures had been taken to mitigate risks to staff and the deceased. • There was scale in the sink in the PM room. • Some door frames had sustained damage leaving areas of exposed wood. • Some door protection panels were lifting from the door to the body store used by Funeral Directors and the door in the PM room exposing the wood beneath. • There were areas of damage to the flooring in the PM suite, body store and staff changing room, posing the risk of water ingress. • There was a large crack in the shower tray in the staff changing room. • Some of the tiles in the PM room had sustained damage. • The flooring at the base of some of the fridge banks and one of the PM tables was stained. • There was no door between the PM room and an antechamber used for storage and as a laundry room. • Cardboard boxes were being stored on the floor in the PM room. 	<p>Major</p>
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<p>b) There is demarcation of clean, dirty and transitional areas of the mortuary, which is observed by staff and visitors</p>	<p>Some bodies are transferred on hydraulic trolleys from the post mortem room to the body store to return to refrigerated storage. No cleaning or decontamination of the trolley takes place between the movement of bodies from dirty to transitional areas in the mortuary unless it is visibly contaminated.</p> <p>Additionally, whilst signage was displayed in most areas of the establishment, there was no signage between the body store and the PM suite to indicate staff were entering a “dirty” area. This poses the risk of cross contamination.</p>	<p>Major</p>
<p>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)</p>	<p>Whilst there are CCTV cameras in operation, not all external entrance and exit points were covered.</p> <p>Furthermore, it was unclear how many sets of mortuary keys were in circulation and who these were held by. Staff were unable to access a lock box located outside the mortuary and had no knowledge of whether it contained keys to the mortuary, indicating a lack of clarity and accessibility in key control arrangements.</p>	<p>Major (cumulative)</p>
<p>e) Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access</p>	<p>The inspection team were not assured security arrangements protect against unauthorised access and ensure oversight of visitors who have a legitimate right of access. Whilst the intruder alarm is regularly serviced, there were no documents available to review indicating the testing of the out of hours alerting system in the event of unauthorised access.</p> <p>Additionally, the security audit did not include a review of fob access records, or keys in circulation against access logs and CCTV.</p>	
<p>PFE2 There are appropriate facilities for the storage of bodies and human tissue.</p>		

b) There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicated peaks of activity	The inspection team are not assured there is sufficient storage capacity for tissue samples and whole organs. Storage of tissue blocks, slides, and organs is not well organised. When multiple organs are removed from a single case, they are not always kept together. This poses a risk that tissue may not be disposed of in accordance with the family's wishes.	Major
d) Fridge and freezer units are in good working condition and well maintained	The fridges and freezers are subject to maintenance checks. However, a recent maintenance report has identified the refrigeration systems are operating well beyond life expectancy.	Major
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	Whilst fridge and freezer units are alarmed, there were no documents available to review indicating the testing of upper and lower set ranges. Furthermore, there is no testing of the out of hours alerting system in the event of a temperature excursion.	Major
PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored		
c) The ventilation system provides the necessary ten air changes per hour and is checked and maintained at least annually	Whilst the ventilation system had received a routine maintenance check. There were no documents available to review indicating there were 10 air changes per hour. Additionally, there were breaches in the fabric of the ceiling which may impact on the effective operation of the ait handling units.	Major (cumulative)
d) Staff have access to necessary PPE	Whilst face masks are available for staff to use in the PM suite, there were no records available to review indicating staff have received face fit testing for use of this personal protective equipment.	

e) Where chemicals are used for preservation of tissue samples, there is adequate ventilation	The inspection team are not assured there is adequate ventilation for the decanting of chemicals used in the preservation of tissue. There were no records to review indicating the fume cabinet had been suitably maintained. Additionally, there were no records available to review indicating the air changes in the PM suite had been checked. See the shortfall in PFE3(c) above.	
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Minor Shortfalls

Standard	Inspection findings	Level of shortfall
GQ2 There is a documented system of audit		
a) There is a documented schedule of audits	Whilst there is a documented schedule of audits, this does not accurately reflect the frequency of audits undertaken.	Minor

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.	PFE1(a)	The DI is advised to expedite existing plans in place for the refurbishment of the mortuary including the refrigerated units.

2.	GQ6(a)	The DI is advised to risk assess if the current door access system provides sufficient oversight of who is gaining access to restricted areas of the mortuary out of hours including the body store and PM suite.
3.	PFE3(a)	The DI is advised to remove all equipment no longer in use from the mortuary and declutter storage areas.
4.	N/A	The Licence Holder is advised to review the governance arrangements for the Designated Individual (DI) role, considering the time required to deliver routine mortuary operations alongside the additional responsibilities associated with fulfilling the DI role.

Background

Poplar Public Mortuary has been licensed by the HTA since 2007. This was the sixth inspection of the establishment; the most recent previous inspection took place in April 2024, which was focussed on areas of concern.

Since the previous inspection, there have been no significant changes to the licence arrangements or the activities carried out under the licence. However, there has been a change to the DI and CLHc in October 2025.

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

58 of the 72 HTA licensing standards were covered during the inspection (standards published 3 April 2017), standards C1, C2, T2 (c)(d) and PFE2(h) are not applicable as the establishment does not undertake consented PM examinations, undertake the care of paediatric or perinatal deceased or dispose of tissue taken during coronial PM examinations.

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 both the mortuary staff and Funeral Director who undertake activity under the licence.

Visual inspection

The inspection included a visual inspection of the mortuary body store, viewing room and PM suite.

Audit of records

Audits were conducted onsite of four bodies from refrigerated storage and one body in long term frozen storage. Identification details on bodies were crosschecked against the information recorded in the electronic register against information held on the mortuary whiteboard. No discrepancies were identified. Reverse audits of traceability were conducted for tissue blocks and slides from three cases including audits of the consent documentation for the retention and disposal of these tissues. No discrepancies were found.

Meetings with establishment staff

Staff carrying out processes under the license were interviewed including the DI, APT and Pathologist.

Report sent to DI for factual accuracy: 02 April 2026

Report returned from DI: 29 April 2026

Final report issued: 30 April 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.