

Inspection report on compliance with HTA licensing standards
Inspection date: **6 June 2026**



East Surrey Hospital
HTA licensing number 12117

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
East Surrey Hospital	Licensed	Licensed	Licensed
Mortuary	<i>Carried out</i>	<i>Carried out</i>	<i>Carried out</i>
A&E	-	<i>Carried out</i>	-

Summary of inspection findings

The HTA found the Designated Individual (DI) was not found to be suitable. The Licence Holder (LH) has been found to be suitable in accordance with the requirements of the legislation.

Although the HTA found that East Surrey Hospital ('the establishment') had met the majority of the HTA's standards, 1 critical, 14 major and 3 minor shortfalls were found against standards for Consent, Governance and quality systems, Traceability and Premises, facilities and equipment.

Six of the shortfalls (5 major and 1 minor) relate to findings from the last inspection. A similar issue was identified in standards C2b, C2d, GQ1a, GQ3c, GQ5a and GQ1h at the previous inspection carried out in June 2025. 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

Critical Shortfalls

Standard	Inspection findings	Level of shortfall
PFE2 There are appropriate facilities for the storage of bodies and human tissue.		
b) There is sufficient capacity for storage of bodies, organs and tissue samples, which takes into account predicated peaks of activity	Whilst the establishment have freezer storage facilities capable of storing bariatric bodies the internal racking is significantly narrower than the door opening. This racking is paired with plastic backboard stretchers which are also narrow. This arrangement prevents moderate or bariatric bodies from being stored in these units. This has resulted in bodies that had deteriorated and had not been transferred to freezer storage in line with HTA standards. The establishment took immediate steps to address the findings.	Cumulative critical
c) Storage for long-term storage of bodies and bariatric bodies is sufficient to meet needs		

Major shortfalls

Standard	Inspection findings	Level of shortfall
C1 Consent is obtained in accordance with the requirements of the Human Tissue Act 2004 (HT Act) and as set out in the HTA's codes of practice		
a) There is a documented policy which governs consent for post-mortem examination and the retention of tissue and which reflects the requirements of the HT Act and the HTA's Codes of Practice	The establishment does not have a policy for consent for paediatric and perinatal post mortem examinations.	Major
c) There is written information for those giving consent, which reflects the requirements of the HT Act and the HTA's codes of practice	The establishment has written information for those giving consent for perinatal post mortem examinations. No evidence was submitted to demonstrate that similar information is available for those giving consent for adult post mortem examinations.	Cumulative major
d) Information contains clear guidance on options for how tissue may be handled after the post-mortem examination (for example, repatriated with the body, returned to the family for burial/cremation, disposed of or stored for future use), and what steps will be taken if no decision is made by the relatives		
	The establishment submitted sufficient evidence to address this shortfall before the report was finalised.	

e) Where consent is sought for tissue to be retained for future use, information is provided about the potential uses to ensure that informed consent is obtained		
C2 Staff involved in seeking consent receive training and support in the essential requirements of taking consent		
a) There is training for those responsible for seeking consent for post-mortem examination and tissue retention, which addresses the requirements of the HT Act and the HTA's codes of practice	The policy for seeking consent for adult post mortems does not set out how consent seekers can access training. The establishment did not provide evidence to demonstrate compliance with this standard. Some staff seeking consent for adult post mortems have not undertaken training in since 2021. Of the competence assessment forms submitted for those seeking consent for adult post mortems one was unsigned and the others were a self assessment checklist. The evidence does not provide adequate assurance to demonstrate that this standard has been met. This shortfall was previously identified during the last HTA inspection in 2025.	Cumulative major
b) Records demonstrate up-to-date staff training		
d) Competency is assessed and maintained		

GQ1 All aspects of the establishment's work are governed by documented policies and procedures		
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.	The establishment did not provide evidence of all mortuary procedures being documented by relevant SOPs. For example, SOPs were either not present for or lacked sufficient detail for: • Post mortem examination process including detail of identification procedures prior to commencing evisceration of bodies nor the technical processes to be followed. • The record keeping SOP does not reference mortuary registers, admission forms or the electronic register used in the mortuary. • The SOP detailing repatriation of tissues does not include information on using three identifiers prior to undertaking the task. • There was no SOP for disposal of tissue returned to the mortuary following laboratory analysis. This shortfall was previously identified during the last HTA inspection in 2025. The establishment submitted sufficient evidence to partially address this shortfall before the report was finalised.	Cumulative major
b) Procedures on evisceration ensure that this is not undertaken by an APT unless the body has first been examined by the pathologist who has instructed the APT to proceed		
c) Procedures on body storage prevent practices that disregard the dignity of the deceased	Whilst the establishment undertakes condition checks of bodies the frequency is not sufficient to effectively monitor potential deterioration.	Major

GQ2 There is a documented system of audit		
c) Regular audits are carried out of tissue being stored so that staff are fully aware of what is held and why and to enable timely disposal of tissue where consent has not been given for continued retention	At the time of inspection a quantity of blocks and slides located in the mortuary was awaiting disposal. No evidence was supplied to demonstrate that regular audits of tissue awaiting disposal were being conducted.	Major
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and demonstrate competence in key tasks		
c) Staff are assessed as competent for the tasks they perform	The inspection team were unable to interview a member of Portering staff despite requests. No evidence was supplied to demonstrate Porters had been assessed as competent for the tasks undertaken within the Mortuary. This shortfall was previously identified during the last HTA inspection in 2022 and 2025. Staff have not had annual appraisals, and no development plans have been agreed. Staff have not had opportunities to attend training courses other than mandatory training.	Cumulative major
d) Staff have annual appraisals and personal development plans		
e) Staff are given opportunities to attend training courses, either internally or externally		

f) There is a documented induction and training programme for new mortuary staff	The establishment did not provide evidence of a formalised induction package. The establishment submitted sufficient evidence to address this shortfall before the report was finalised.	Cumulative major
g) Visiting / external staff are appropriately trained and receive an induction which includes the establishment's policies and procedures		
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	Inspection staff completed an audit of incidents recorded on the Trust's internal systems since 2022. The inspection team identified a total of 45 internally recorded incidents of which 7 met the criteria to be reported to the HTA and had not been. This shortfall was previously identified during the last HTA inspection in 2022 and 2025. During the inspection process the inspection team identified a further 6 cases that required reporting to the HTA.	Major
GQ6 Risk assessments of the establishment's practices and processes are completed regularly, recorded and monitored		
c) Significant risks, for example to the establishment's ability to deliver post-mortem services, are incorporated into the Trust's organisational risk register	Staffing levels across the mortuary network has been on the risk register since December 2025. The risk for East Surrey Hospital mortuary is not specifically listed on the register. Low staffing levels increase the risk of HTA reportable incidents occurring.	Major

T1 A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail		
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	When the identity of a body is unknown on arrival in the mortuary, the establishment only use two identifiers.	Major
T2 Disposal of tissue is carried out in an appropriate manner and in line with the HTA's codes of practice.		
a) Tissue is disposed of as soon as reasonably possible once it is no longer needed, such as when the coroner's or police authority over its retention ends or the consented post-mortem examination process is complete	A robust schedule for disposal of tissue returning to the establishment from laboratories is not in place.	Major

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	Issues were identified with the maintenance of the establishment, posing a potential health and safety risk to mortuary staff and visitors. Issues include but are not limited to: • The door threshold in at the Funeral Director's entrance was damaged, leaving an uneven surface with additional trip hazards. • A leaking pipe from the plant room above was causing flooding of corridor areas between fridge rooms. • A temporary flexible drainpipe from the ceiling space leading to a bucket is in place; this was overflowing. • Recently installed ventilation panels were sited in the post mortem room at low level and adjoin ancillary rooms. These panels were noted to be contaminated with fluids which were difficult to decontaminate due to their design.	Major
PFE1 The premises are secure and well maintained and safeguard the dignity of the deceased and the integrity of human tissue.		
e) Security arrangements protect against unauthorised access and ensure oversight of visitors and contractors who have a legitimate right of access	Recent works to improve the ventilation at the establishment have resulted in large ventilation panels being installed to doors throughout the building. A mechanical louvered panel is present in the door to the Post Mortem room which presents the risk of licensable activity being seen and heard by unauthorised individuals.	Major

Minor Shortfalls

Standard	Inspection findings	Level of shortfall
GQ1 All aspects of the establishment's work are governed by documented policies and procedures		
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	The documents supplied by the establishment do not consistently demonstrate compliance with this standard. Some documents had no information relating to author, authoriser or version number.	Minor
h) Matters relating to HTA-licensed activities are discussed at regular governance meetings involving establishment staff	While scheduled governance meetings relating to HTA licensed activities are held, there is no representation from staff within the A&E department which is licensed for the removal of tissue. This shortfall was previously identified during the last HTA inspection in 2025.	Minor
PFE3 Equipment is appropriate for use, maintained, validated and where appropriate monitored		
a) Items of equipment in the mortuary are in good condition and appropriate for use	A step and a bowl stand in the post mortem room showed signs of corrosion. The corrosion prevents effective decontamination of these items of equipment.	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.

DI and CLH/LH suitability

The Designated Individual's (DI) main role is the management of several mortuaries within the Berkshire & Surrey Pathology

Services network. This requires the DI to travel between sites, often working at a different establishment, which impacts on the oversight of East Surrey Hospital Mortuary. The DI does not have sufficient time, resource or oversight to ensure that practices carried out within the licenced premises are conducted in a suitable manner.

Advice

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

Number	Standard	Advice
1.	C2d	The DI is advised to increase the scheduled frequency of competence assessments.
2.	GQ1a	The DI is advised to review all departmental documents and ensure consistency of formatting and style.
3.	General	The establishment is advised to expedite the considerations concerning DI arrangements.
4.	General	Whilst there is a listed Corporate Licence Holder Contact CLHc , the establishment may wish to consider moving this responsibility to a more senior individual within the organisation to give greater board oversight.

Background

East Surrey Hospital has been licensed by the HTA since 2007 and is now part of a pathology network consisting of a total of five licensed establishments who are separately licensed by the HTA. This was the fifth inspection of the establishment; the most recent previous inspection took place in June 2025.

Since the previous inspection, there have been no significant changes to the licence arrangements or the activities carried out under the licence.

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

All 72 HTA licensing standards were covered during the inspection (standards published 3 April 2017).

Review of governance documentation

The inspection included a review of policies, standard operating procedures, risk assessments, meeting minutes and cleaning records for the mortuary. Records including servicing of equipment, ventilation reports, audits, reported incidents, training and competence records were also reviewed.

Visual inspection

A visual inspection of the post mortem room, body stores and viewing room were undertaken.

Audit of records

Audits were conducted for four bodies from refrigerated storage and one in frozen storage. Identification details on bodies were crosschecked against the information recorded in the mortuary electronic register and associated paperwork. No discrepancies were identified.

An audit of tissue traceability was undertaken for four histology cases. No discrepancies were identified.

Meetings with establishment staff

Interviews were conducted with staff carrying out activities under the licence, this included the DI, a Pathologist, the Mortuary Manager, a trainee APT, an adult consent seeker, and a bereavement midwife.

Report sent to DI for factual accuracy: 5 August 2026

Report returned from DI: 19 August 2026

Final report issued: 28 August 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.