Inspection report on compliance with HTA licensing standards
Inspection date: **01 October 2026**

East London Forensic Centre
HTA licensing number 12420

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 London Forensic Centre	Licensed	Licensed	Licensed
Mortuary	*Carried out*	*Carried out*	*Carried out*

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 East London Forensic Centre ('the establishment') had met the majority of the HTA's standards, 1 major and 1 minor shortfalls was found against standards for 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
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	The floor within the body store remains affected by liquid ingress, resulting in the floor lifting outside fridge bank D (location 13-16). The establishment has investigated the issue, identified the likely root cause, and is taking steps to implement a long-term solution. Whilst remedial work is ongoing, the issue has not yet been fully resolved. This shortfall was also identified during the previous inspection in February 2026.	**Major**

Minor Shortfalls

Standard	Inspection findings	Level of shortfall
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	One transfer trolley within the body store continues to exhibit signs of corrosion. The establishment advised that a replacement trolley had already been purchased and was available for use, and that arrangements had been made for repair or removal of the older trolley. Whilst actions are being taken to address the issue, the corroded trolley remained on site and available for use at the time of inspection. This shortfall was also identified during the previous inspection in February 2026.	**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.	PFE2 a and c	During the inspection, one deceased body was found to have remained in refrigerated storage beyond 30 days. The establishment confirmed that this was due to a family viewing being scheduled a few days earlier; however, the family did not attend. At the time of inspection, there was no documented evidence of follow-up with the family or a review of the storage arrangements for this case. Where a decision is made not to transfer a deceased body to frozen storage after 30 days in refrigerated storage, the rationale should be clearly documented and kept under review. In circumstances where the justification for continued refrigerated storage changes, such as a planned family viewing not taking place, the case should be reassessed and the outcome of that assessment recorded. The DI is advised to ensure that storage decisions are supported by documented rational and are subject to regular review.

2.	T2 c	Whilst tissue was found to be disposed of as soon as reasonably possible once it was no longer required, the DI is advised to discuss the wording of the current consent form with the Coroner's Office. Staff advised that tissue consented for research is disposed of on receipt, as research is not undertaken at the establishment. Although this is not a breach of the HT Act, the consent form does not reflect local practice. The DI should therefore consider whether the information provided to families can be updated to better reflect the establishment's tissue disposal arrangements and ensure families receive clear and accurate information when consent is sought by the Coroner's Office.

Background

East London Forensic Centre is licensed for the making of a PM examination, removal of relevant material from the deceased and storage of bodies of the deceased and relevant material for use for scheduled purposes.

East London Forensic Centre, formally Walthamstow 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 February 2026.

Since the previous inspection, the establishment has implemented a new traceability system to support the management and tracking of tissue holdings.

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

Six out of the HTA's 72 standards (standards published 3 April 2017) were covered during the announced targeted inspection. The inspection focused on areas of concern identified during the most recent previous inspection; the remaining standards will be assessed during the next routine inspection. This inspection focused on the following standards: GQ2c, GQ4b, GQ6b, PFE1a, PFE3d and T1g.

Review of governance documentation
The inspection team reviewed documentation submitted prior to and during the inspection, including standard operating procedures, risk assessments and audit schedules.

Visual inspection
The inspection included a visual assessment of the mortuary body storage areas, post-mortem room, viewing area, and tissue storage facilities.

Audit of records
Audits were undertaken for six cases involving tissue retained following post-mortem examination. Information was cross-referenced against the mortuary electronic database, Coroner's documentation, family wishes forms, and the corresponding stored tissue, blocks and slides. No discrepancies were identified.

Meetings with establishment staff
The inspection team met with the Designated Individual and the Mortuary Manager as part of the inspection.

Report sent to DI for factual accuracy: 13th October 2026

Report returned from DI: 14th October 2026

Final report issued: 15th October 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.