

HTA inspection evidence workbook: Post Mortem sector establishments

Establishment name _____

Licence number _____ Date of inspection _____ / _____ / _____

Lead inspector _____

Support inspector(s) _____

Other attendee(s)¹ _____

Time*	Activity	
9.00 – 9.30	Inspection team arrival and introductory meeting	
9.30 – 12.00	Visual inspection of premises / commencement of audit trail	
12.00 – 12.30	Interview with Mortuary Manager (PFE & Disposal)	Interview Consultant Histopathologist (Consent & GQ)
12.30 – 13.00	Document review	Interview with Bereavement Officer (Consent & Disposal)
13.00 – 14.00	Working lunch and document review / completion of audit trail	
14.00 – 15.00	Interview with Designated Individual (GQ & PFE)	Interview with Coroner's officer (Consent)
		Interview with Corporate Licence Holder Contact (GQ)
15.00 – 16.30	Document review and inspection team debrief	
16.30 – 17.00	Final feedback meeting	

Delete this section and insert actual filled in timetable as appropriate

¹ please attach any 'Conflict of interest' questionnaire(s)

* all times are estimated and the order of the timetable is arranged by the inspection team

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Reference number: HTA-TEM-008
Version number: 15.0

Last reviewed on: 19 May 2015
Next review due: 19 May 2016

Licensing history (type of licence / how long for / number of previous inspections / accreditation)

Follow-up actions from last inspection

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Pre-inspection meeting notes

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Visual inspection evidence

- = evidence has been seen and meets HTA standards
 = evidence seen but does **not** meet HTA standards
 = evidence not seen therefore standard not assessed
 = this option applies

Access to mortuary (PFE1 /GQ1)																																																	
<input type="checkbox"/>	Secure access to mortuary: swipe card / key / code lock / CCTV																																																
<input type="checkbox"/>	Record of visitors to mortuary: FDs / family of deceased / tissue retrieval team / maintenance staff																																																
<input type="checkbox"/>	Secure access of records																																																
<input type="checkbox"/>	Premises are in reasonable condition i.e. structure & cleanliness of floors, walls, entranceways																																																
Who checks the ID of deceased on admission?						2 person check? Yes / No																																											
Who brings bodies into the mortuary out of hours?																																																	
What ID details of deceased are checked:		On admission:			On release:																																												
<table border="1"> <thead> <tr> <th colspan="10">Body storage (PFE3/PFE5)</th> </tr> <tr> <th>Number of :</th> <th>Fridges</th> <th>Freezers</th> <th>Paediatric</th> <th>Bariatric</th> <th colspan="5"></th> </tr> </thead> <tbody> <tr> <td>Normal temperature range for:</td> <td>fridge</td> <td>°C</td> <td>to</td> <td>°C</td> <td>freezers</td> <td>°C</td> <td>to</td> <td>°C</td> <td></td> </tr> <tr> <td>Trigger point:</td> <td>fridge</td> <td>°C</td> <td>to</td> <td>°C</td> <td>freezers</td> <td>°C</td> <td>to</td> <td>°C</td> <td></td> </tr> </tbody> </table>										Body storage (PFE3/PFE5)										Number of :	Fridges	Freezers	Paediatric	Bariatric						Normal temperature range for:	fridge	°C	to	°C	freezers	°C	to	°C		Trigger point:	fridge	°C	to	°C	freezers	°C	to	°C	
Body storage (PFE3/PFE5)																																																	
Number of :	Fridges	Freezers	Paediatric	Bariatric																																													
Normal temperature range for:	fridge	°C	to	°C	freezers	°C	to	°C																																									
Trigger point:	fridge	°C	to	°C	freezers	°C	to	°C																																									
Alarm system is tested every ___ days / weeks / months																																																	
<input type="checkbox"/>	Temperature monitored: manually / local alarm / external alarm																																																
<input type="checkbox"/>	Temperature records are reviewed for trends																																																
<input type="checkbox"/>	There are contingency arrangements for power failure or overflow																																																
<input type="checkbox"/>	There are temporary storage units which are alarmed/ checked																																																
<input type="checkbox"/>	There is separate storage for infants/ babies																																																
<input type="checkbox"/>	Storage for paediatrics is alarmed and monitored (note any differences to adult storage below)																																																
<input type="checkbox"/>	Bodies are all covered																																																
<input type="checkbox"/>	Body bags are used for infectious cases																																																
<input type="checkbox"/>	There are special measures for infectious cases																																																
<input type="checkbox"/>	There are special measures for forensic (high profile) cases																																																
<input type="checkbox"/>	Cleaning records for body store. Date last cleaned:																																																

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Visual inspection notes

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Viewing room (PFE1)

<input type="checkbox"/>	There are out of hours viewings: Yes / No
	What arrangements are in place for safety of staff (lone working)?
	Personal alarm / wall alarm / call to security on arrival and leaving / CCTV / other:
<input type="checkbox"/>	Access to the rest of the mortuary is restricted: Yes / No

PM room (PFE2/PFE5)

<input type="checkbox"/>	Demarcation of clean and dirty areas:
	Doors / step over barrier / lines / signage
	Scrubs / boots / waterproof gown / hair net
	Goggles or glasses or visor / gloves / face mask – type:
<input type="checkbox"/>	There are cleaning records for PM room. Date last cleaned:
<input type="checkbox"/>	There are special measures for high risk PMs
<input type="checkbox"/>	Dedicated area for safe dissection of organs
<input type="checkbox"/>	Sufficient space for PMs to be carried out safely
<input type="checkbox"/>	Procedure to prevent mix up of organs:

Object	Shows signs of...
Fridges / freezer doors	rust / contamination / damage / none
Racking in fridge/freezers	rust / contamination / damage / none
Hydraulic trolleys	rust / contamination / damage / none
Post mortem tables	rust / contamination / damage / none
Hoists	rust / contamination / damage / none
Saws (manual and/or oscillating)	rust / contamination / damage / none

	There are ____ air changes per hour
<input type="checkbox"/>	PM tables are downdraft
<input type="checkbox"/>	Formalin is stored in a well-ventilated area
<input type="checkbox"/>	Equipment is not made of porous material
<input type="checkbox"/>	There are hand washing facilities by the exit from the mortuary

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Storage of specimens (PFE3)

<input type="checkbox"/>	There are samples stored in the Mortuary: Yes / No
<input type="checkbox"/>	Large specimens in formalin / wet tissue blocks / bloods or urine etc for toxicology Other
<input type="checkbox"/>	Samples are stored in:
<input type="checkbox"/>	There are samples: awaiting collection for processing / awaiting courier collection for specialist analysis / forensic / permanently stored there

Histology (PFE3)

What types of samples are transferred? Tissue contained in cassettes / wet tissue for trimming	
<input type="checkbox"/>	Blocks and slides are filed in suitable cabinets in a secure area
<input type="checkbox"/>	Wet tissues/ trimmings are stored in a well-ventilated area
<input type="checkbox"/>	Samples for repatriation with deceased are highlighted

A&E (PFE3)

<input type="checkbox"/>	Samples are removed in dedicated area, which ensures dignity of deceased
<input type="checkbox"/>	A unique identifier is assigned to the deceased and recorded on sample pots
<input type="checkbox"/>	Paperwork in use is current version
Samples are:	Transferred straight away / stored unrefrigerated awaiting collection / stored in a fridge awaiting collection / stored in fixative
<input type="checkbox"/>	Fridge for storage of samples is: regularly monitored / alarmed

Maternity (PFE3)

<input type="checkbox"/>	A unique identifier is assigned to the deceased
<input type="checkbox"/>	There is a viewing area, which ensures the dignity of the deceased
Pregnancy remains are:	Transferred to straight away / stored unrefrigerated awaiting collection / stored in a fridge awaiting collection / stored in fixative
<input type="checkbox"/>	Fridge for storage of pregnancy remains is: regularly monitored / alarmed
Who takes deceased to the mortuary?	In hours: <input type="text"/>
	Out of hours: <input type="text"/>

Visual Inspection notes

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Audits (GQ6)

Body store audit trail 1

Adult / Paediatric Received from: Community / Ward / Police (Suspicious death)

Name: _____ DOB: / / Date of death: / /

NHS/ Hospital unique identifier: _____ Mortuary unique identifier: _____

Storage location in mortuary register: _____ Storage location on white board: _____ Actual location of deceased: _____

Identity bracelet on: Wrist: Yes No Foot: Yes No

Details on ID bracelet: Name / DOB / NHS number / Hospital number / Mortuary ID / Address

Additional info
e.g. hazard label /awaiting tissue return etc / shroud _____

Body store audit trail 2

Adult / Paediatric Received from: Community / Ward / Police (Suspicious death)

Name: _____ DOB: / / Date of death: / /

NHS/ Hospital unique identifier: _____ Mortuary unique identifier: _____

Storage location in mortuary register: _____ Storage location on white board: _____ Actual location of deceased: _____

Identity bracelet on: Wrist: Yes No Foot: Yes No

Details on ID bracelet: Name / DOB / NHS number / Hospital number / Mortuary ID / Address

Additional info
e.g. hazard label /awaiting tissue return etc / shroud _____

Body store audit trail 3

Adult / Paediatric Received from: Community / Ward / Police (Suspicious death)

Name: _____ DOB: / / Date of death: / /

NHS/ Hospital unique identifier: _____ Mortuary unique identifier: _____

Storage location in mortuary register: _____ Storage location on white board: _____ Actual location of deceased: _____

Identity bracelet on: Wrist: Yes No Foot: Yes No

Details on ID bracelet: Name / DOB / NHS number / Hospital number / Mortuary ID / Address

Additional info
e.g. hazard label /awaiting tissue return etc / shroud _____

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PM examination audit 1

Date of PM: / /

Adult / Paediatric

Name: _____

DOB: / /

Date of death: / /

NHS/ Hospital
unique identifier: _____

Mortuary unique
identifier: _____

Type of PM: Hospital consented Forensic Coroner's Limited Whole

Hospital consent form reviewed: Yes No Compliant with HTA standards: Yes No

Type of Tissue samples collected:

No. of blocks:

No. of slides:

Type of Tissue samples collected:	No. of blocks:	No. of slides:

Sent for Histo/Tox/Specialist analysis: Yes No

Sent to: _____

Wishes of bereaved from Coroners officer form state tissue to be:

Repatriated

Stored for Scheduled Purpose

Disposed of sensitively

Discrepancies: _____

Histology

Date samples received in Histology: / /

No. of blocks: _____

No. of slides: _____

Residual tissue: _____

Location: _____

Discrepancies: _____

Disposal/ Repatriation

Tissue samples: Disposed of sensitively Repatriated

Date: / /

Samples sent for specialist analysis: Yes No

Sent to: _____

Date of return: / /

Evidence of receipt: _____

Discrepancies: _____

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PM examination audit 2

Date of PM: / /

Adult / Paediatric

Name: _____

DOB: / /

Date of death: / /

NHS/ Hospital
unique identifier: _____

Mortuary unique
identifier: _____

Type of PM: Hospital consented Forensic Coroner's Limited Whole

Hospital consent form reviewed: Yes No Compliant with HTA standards: Yes No

Type of Tissue samples collected:

No. of blocks:

No. of slides:

Type of Tissue samples collected:	No. of blocks:	No. of slides:

Sent for Histo/Tox/Specialist analysis: Yes No

Sent to: _____

Wishes of bereaved from Coroners officer form state tissue to be:

Repatriated

Stored for Scheduled Purpose

Disposed of sensitively

Discrepancies: _____

Histology

Date samples received in Histology: / /

No. of blocks: _____

No. of slides: _____

Residual tissue: _____

Location: _____

Discrepancies: _____

Disposal/ Repatriation

Tissue samples: Disposed of sensitively Repatriated Date: / /

Samples sent for specialist analysis: Yes No

Sent to: _____

Date of return: / /

Evidence of receipt: _____

Discrepancies: _____

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PM examination audit 3

Date of PM: / / Adult / Paediatric

Name: _____ DOB: / / Date of death: / /

NHS/ Hospital unique identifier: _____ Mortuary unique identifier: _____

Type of PM: Hospital consented Forensic Coroner's Limited Whole

Hospital consent form reviewed: Yes No Compliant with HTA standards: Yes No

Type of Tissue samples collected:	No. of blocks:	No. of slides:

Sent for Histo/Tox/Specialist analysis: Yes No

Sent to: _____

Wishes of bereaved from Coroners officer form state tissue to be:

Repatriated Stored for Scheduled Purpose Disposed of sensitively

Discrepancies: _____

Histology

Date samples received in Histology: / /

No. of blocks: _____ No. of slides: _____

Residual tissue: _____

Location: _____

Discrepancies: _____

Disposal/ Repatriation

Tissue samples: Disposed of sensitively Repatriated Date: / /

Samples sent for specialist analysis: Yes No

Sent to: _____

Date of return: / /

Evidence of receipt: _____

Discrepancies: _____

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Audit notes

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Document Review

[HTA use: ✓ = document reviewed during inspection]

Please complete the name, version number and date due for review of each of your documents next to the appropriate headings below. Please ensure that the documents listed below are available on the day of the site visit inspection.

HTA standard		Title of document	Version	Review date	✓
Consent (C):					
C1:	PM consent policy				
	PM consent SOP				
	Hospital PM consent form (Adult/Paediatric)				
<i>HTA review notes:</i>					
C2:	Patient information sheet on PM consent, PM consent information in Braille/other languages				
<i>HTA review notes:</i>					

C3:	Consent training programme (e.g. PowerPoint presentation, handouts, external course), consent training records				
<i>HTA review notes:</i>					
	Agreements with other Trusts for appropriate consent		<i>Date signed:</i>		
<i>HTA review notes:</i>					
Governance and Quality Systems (GQS)					
GQ1:	Policies relating to the licensable activity (e.g. COSHH, H&S)				
	SOPs of licensed activities: <ul style="list-style-type: none"> • PM examination • Lone working • Receipt/release of bodies 				

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	<ul style="list-style-type: none"> • Transfer of bodies • Viewings 				
	Minutes of meetings – mortuary, pathology, senior management	<i>Name of meeting:</i>	<i>Frequency:</i>	<i>Date:</i>	
	Complaints policy, complaints SOP, records of complaints relating to licensed activities				
<i>HTA review notes:</i>					
GQ2:	Quality manual				
	Organisational chart				
	Internal audit schedule				
	Internal audit reports and follow up actions	<i>Area of audit:</i>		<i>Date completed:</i>	
<i>HTA review notes:</i>					

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GQ3:	Job descriptions, staff qualifications				
	Induction programme for new staff				
	Staff appraisal records, CPD (for mortuary staff)	<i>Staff member:</i>			
	Mandatory training records (e.g. H&S, fire, risk management, infection control)	<i>Staff member:</i>			
	Training records for external courses				
	Competency training				
<i>HTA review notes:</i>					
GQ4:	Records management policy				
	Policies on data protection, confidentiality, freedom of information, public disclosure (whistleblowing)				
	SOPs for record creation, records access, amendment, retention and destruction				

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	Audit schedule for records content, completeness, legibility and accuracy				
	Mortuary register, PM book				
<i>HTA review notes:</i>					
GQ6:	Tissue removal forms, blocks/slides forms				
<i>HTA review notes:</i>					
GQ7:	Adverse incidents policy, adverse incidents SOP, adverse incidents form, adverse incidents records (including evidence of CAPAs)				
	HTA reportable incident (HTARI) SOP, HTARI form, HTARI records				
	System to distribute local/national information				

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HTA review notes:

GQ8:

Risk assessments of licensed activities

List risks assessed:

HTA review notes:

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Premises, Facilities and Equipment (PFE)					
PFE1:	Risk assessment of premises				
	SOP for safety of staff and authorised visitors				
	SOP for security				
<i>HTA review notes:</i>					
PFE2:	Cleaning and decontamination SOP cleaning schedule and records				
	Air ventilation records (PM room)				
<i>HTA review notes:</i>					

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PFE3:	Fridge temperature monitoring records				
	Contingency plan for power failure, body overflow				
<i>HTA review notes:</i>					
PFE4:	Transportation SOP, transportation risk assessment				
	A system to ensure that traceability of bodies, organs, tissues is maintained during transportation				
	Transportation and delivery records				
	Agreements with Trusts receiving bodies, organs, tissues			<i>Date signed:</i>	
	Agreements with couriers, transport companies, funeral directors			<i>Date signed:</i>	
<i>HTA review notes:</i>					

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PFE5:	Maintenance contracts for equipment, service records	<i>List equipment.</i>	<i>Date maintained:</i>		
	Contingency plans for equipment failure				
<i>HTA review notes:</i>					
Disposal (D)					
D1:	Disposal policy				
	Agreement with disposal contractors				
	Agreements with Coroner				
<i>HTA review notes:</i>					

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D2:	Disposal SOP				
	Disposal records				
	Coroner's Officer retention/disposal forms				
<i>HTA review notes:</i>					
General:					
-	Inspection report from external auditors (e.g. CPA)				
<i>HTA review notes:</i>					

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Additional documentation review notes

Additional notes

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Additional notes


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HTA licensing standards

Key for completion of licensing standards:

Assessment	
✓ ^s ✓ = evidence has been seen and meets HTA standards X = evidence seen but does not meet HTA standards	No  Ring no if assessment not carried out or write N/A

Evidence		
Visual	Verbal	Doc
 ring for location of evidence Visual = in visual inspection notes; Verbal = in interview notes; Doc = in documentation reviewed (Where evidence is in another pack provide inspectors initials)		

Consent standards

C1 Consent is obtained in accordance with the requirements of the Act and as set out in the Codes of Practice					
There is a documented policy which covers consent for PM examination & tissue retention which reflect the Act & the code on consent.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is a documented SOP which details the consent process (incl. who can take consent, training required, & information to be given to those giving consent)	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is written information about the consent process for those giving consent which reflects the Act & the code on consent.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
C2 Information about the consent process is provided and in a variety of formats					
Relatives are given an opportunity to ask questions.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Relatives are given an opportunity to change their minds and it is made clear who should be contacted in this event.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Where consent is sought for tissue to be retained for future use, information is provided about the potential uses in order to ensure that informed consent is obtained.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is written information which contains clear guidance on options for how tissue may be handled after the PM examination.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is written information on consent in different languages & formats, or access to interpreters/translators.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

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C3 Staff involved in seeking consent receive training and support in the implications and essential requirements of taking consent					
There is a training programme for taking consent for post-mortem examination and tissue retention which addresses the requirements of the Act and HTA code of practice on consent.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Refresher training is available (e.g. annually).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Attendance at consent training is documented.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
If untrained staff are involved in taking consent, they are always accompanied by a trained individual.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc

Governance and quality system standards

GQ1 All aspects of the establishments work are supported by ratified documented policies and procedures as part of the overall governance process					
Deviations from documented SOPs are recorded and monitored.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
<p>Documented policies and SOPs cover all mortuary/laboratory procedures relevant to the licensed activity. These may include:</p> <ul style="list-style-type: none"> o post-mortem examination, including the responsibilities of the APTs and Pathologists (e.g. evisceration) and management of high risk cases o record keeping o receipt and release of bodies, which reflect out of hours arrangements o lone working in the mortuary o transfer of bodies and tissue (including blocks and slides) to other establishments or off site o ensuring that tissue is handled in line with documented wishes of the relatives o disposal of tissue (including blocks and slides) <p>(Note that individual SOPs for each activity are not required. Some SOPs will cover more than one activity.)</p>	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Policies and procedures are regularly reviewed (for example, every 1-3 years).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is a system for recording that staff have read and understood the latest versions of these documents.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Deviations from documented SOPs are recorded and monitored.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc

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GQ2 There is a documented system of quality management and audit					
There is a quality manual which includes mortuary activities.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Policies and SOPs are version controlled (and only the latest versions available for use).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is a schedule for audits to be carried out (which may include vertical and/or horizontal audits).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Audits include compliance with documented procedures, records (for completeness) and traceability.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Audit findings document who is responsible for follow up actions and the timeframe for completing those actions.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Regular audits of tissue being stored at the establishment ensure that staff are fully aware what material is held and why.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is a complaints system in place.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
GQ3 Staff are appropriately qualified and trained in techniques relevant to their work and are continuously updating their skills					
Staff are appropriately trained/qualified or supervised.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Staff have annual appraisals.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Staff are given opportunities to attend training courses, either internally or externally.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Attendance by staff at training events is recorded.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There is a documented training programme for new mortuary staff (e.g. competency checklist).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

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GQ4 There is a systematic and planned approach to the management of records					
There is a system for managing records which includes which records must be maintained, how they are backed up, where records are kept, how long each type of record is retained and who has access to each type of record.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There are documented SOPs for record management.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
GQ6 A coding and records system facilitates traceability of bodies, body parts, tissues and cells, ensuring a robust audit trail					
Bodies are tagged/labelled upon arrival at the mortuary.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is a system to track each body from admission to the mortuary to release for burial or cremation (e.g. mortuary register, patient file, transport records).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Organs and tissue samples taken during PM examination are fully traceable.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Details of organs retained and the number of wax blocks and tissue slides made are recorded.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The traceability system includes the movement of tissue samples between establishments.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Details are recorded of tissue that is repatriated or released with the body for burial or cremation.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Regular audits of tissue storage and traceability are undertaken to ensure compliance with operational procedures; tissue samples found which are not being stored with consent are disposed of with reference to the family's wishes. Multiple identifiers used, including at least one unique identifier (e.g. post mortem number, name, dates of birth/death, etc) to identify bodies and tissue.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
GQ7 There are systems to ensure that all adverse events, reactions and / or incidents are investigated promptly					
Staff are trained in how to use the incident reporting system.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc

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Staff know how to identify incidents and near-misses which must be reported, including those that must be reported to the HTA	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The incident reporting system clearly outline responsibilities for reporting, investigating and follow up for incidents.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The incident reporting system ensures that follow up actions are identified (i.e. corrective and preventative actions) and completed.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Information about incidents is shared with all staff (including the reporter) to avoid repeat errors.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
GQ8 Risk assessments of the establishments practices and processes are completed regularly and are recorded and monitored appropriately					
All procedures related to the licensed activities (as outlined in standard GQ1) are risk assessed.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Risk assessments include risks associated with non-compliance with HTA standards as well as health and safety risks.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Risk assessments are reviewed regularly (along with SOPs), for example every 1-3 years.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
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.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

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Premises, facilities and equipment standards

PFE1 The premises are fit for purpose					
There is sufficient space for the activities to be carried out.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Refrigerated storage units are in good working condition and well maintained.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Surfaces are made of non-porous materials.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The premises are in reasonable condition (structure and cleanliness of floors, walls, entranceways).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The premises are secure (e.g. there is controlled access to bodies, tissue, equipment and records).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
PFE2 Environmental controls are in place to avoid potential contamination					
There is clear separation of clean, transitional and dirty zones (e.g. doors, floor markings, signs).	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is appropriate PPE available and routinely worn by staff.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is adequate critical equipment and/or PPE available for high risk post mortems.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There are documented cleaning and decontamination procedures.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There are documented cleaning schedule and records of cleaning and decontamination.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
PFE3 There are appropriate facilities for the storage of bodies, body parts, tissues and cells, consumables and records.					
There is sufficient capacity for storage of bodies, organs and tissues.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Temperatures of fridges and freezers are monitored on a regular basis.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There are documented contingency plans in place should there be a power failure, or overflow.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

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Bodies are shrouded whilst in storage.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is separate storage for infants and babies. If not, special measures are taken for the bodies of infants and babies.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
PFE4 Systems are in place to protect the quality and integrity of bodies, body parts, tissues and cells during transport and delivery to a destination					
There are documented procedures for transportation of bodies and tissue anywhere outside the mortuary (e.g. lab, other establishment), including record-keeping requirements.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
There are written agreements in place with any external parties (e.g. undertaker, or courier) who transport bodies and/or tissue behalf of the establishment (laboratory or mortuary). (Note that coroners usually have their own agreements with external parties for transportation of bodies and tissue; however, documentation for traceability purposes must still be maintained by the establishment for these cases.)	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
PFE5 Equipment is appropriate for use, maintained, quality assured, validated and where appropriate monitored					
Items of equipment in the mortuary are in a good condition and appropriate for use: <ul style="list-style-type: none"> o fridges / Freezers o hydraulic trolleys o post mortem tables o hoists o saws (manual and/or oscillating) o PPE for high risk cases (e.g. respirators) 	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
The use of porous materials is kept to a minimum and has been risk assessed.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Maintenance/service records are kept for equipment, including fridges/freezers, trolleys, post mortem tables (if draught) and post mortem suite ventilation. (Note that these records may be held by the mortuary or centrally by the Trust, e.g. Estates Department.)	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

Disposal Standards

D1 There is a clear and sensitive policy for disposing of human organs and tissue					
There is a documented Trust or mortuary/laboratory policy for the disposal of human tissue, which reflects the requirements of the HTA code of practice on disposal.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*

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The policy states the position with regard to the retention and use of microscope slides, and in particular that tissue slides must be disposed of or returned to the family in accordance with their wishes if consent is not obtained for their continued storage and future use once the PM has concluded.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
D2 Post Mortem tissue is disposed of if consent is not given for its storage and use for scheduled purposes					
There are documented procedures for disposal of human tissue, which include methods of disposal for whole organs, wet tissue, wax blocks and microscope slides.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc*
Tissue is disposed of in accordance with the documented wishes of the deceased person's family.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
Disposal details of organs and tissue blocks are recorded, including the date and method of disposal.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc
There is a rolling programme of tissue disposal that ensures that tissue, including microscope slides, is disposed of in a timely fashion when it is no longer needed for the purposes of the Coroner or to determine the cause of death.	Assessment		Evidence		
	Yes	No	Visual	Verbal	Doc

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Feedback

Summary:

DI suitability:

LH / CLH suitability:

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Premises, facilities and equipment	
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Disposal	
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Evidence workbook completed by:	Date: