**Post Mortem Licence Application**

If you carry out post mortem examinations, or store or remove post mortem material, you can apply for a licence using this application form.

Please refer to the HTA’s website for:

* [guidance on completing this application form](https://content.hta.gov.uk/sites/default/files/2021-06/Guide%20to%20Completion%20of%20the%20Post%20Mortem%20Licence%20Application%20July%202017.pdf)
* [information about HTA licensing](https://www.hta.gov.uk/guidance-professionals/licensing)
* [the role and responsibilities of Designated Individuals and Licence Holders under the Human Tissue Act](https://www.hta.gov.uk/guidance-professionals/licensing/designated-individuals-and-licence-holders-under-human-tissue-act)

Please return this application form by email to [licensing@hta.gov.uk](mailto:licensing@hta.gov.uk)

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| **Establishment information** | |
| A licence application must specify the premises where the activities are to take place; this should be the address of the main site. Where the licensed activity will take place at more than one premises (i.e. a main site with remote satellite sites), a separate satellite licence will be needed for each site. | |
| Premises name |  |
| Department |  |
| Address | Postcode: |
| Type of organisation | Limited company  Company registration number:  Sole proprietor  Name and address:  Public Limited Company  Company registration number:  Charity  Charity registration number:  Partnership  Names and addresses of partners:  NHS Organisation  Please describe:  Other public body  Please describe:  Higher Education Institution  Other  Please describe: |
| Are you applying for a continuous, or a six month temporary, licence? | Continuous              Six Month Temporary |
| Are you applying to replace an existing licence? | Yes  No  If yes, please state the existing licence number you are applying to replace: |

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| Activities to be licensed | Section 16(2)(b) - The making of a post mortem examination  Section 16(2)(c) – The removal from the body of a deceased person of relevant material of which the body consists or which it contains for use of a Scheduled Purpose other than transplantation (where removal is not in the course of a post mortem examination)  Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose |
| What relevant material will be stored under the licence? |  |
| What types of procedures take place at the establishment? Please provide annual numbers for post mortems. | **Adult**  Coroner’s post mortem examinations  Number:  Forensic post mortem examinations  Number:  Hospital post mortem examinations  Number:  **Paediatric**  Coroner’s post mortem examinations  Number:  Forensic post mortem examinations  Number:  Hospital post mortem examinations  Number:  **General**  Storage of bodies  Storage of body parts  Removal of relevant material  Consent  Other – please describe: |

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| How many staff members are involved in carrying out the licensable activity(ies) at the main site? |  | | | | |
| What organisations or private individuals, if any, are you holding samples on behalf of? |  | | | | |
| Do you supply or use tissue for research purposes? | Yes  No | | | | |
| To assist the Human Tissue Authority, please provide a synopsis describing:   * The activities taking place * How long the activities have been taking place * How the facility is used * How the facility is controlled * How the facility relates or interacts with other establishments | | | | | |
| How many adverse incidents have occurred in the establishment in the past 12 months? |  | | | | |
| Please provide names of the proposed Persons Designated for the licence if the establishment is applying for a licence on one premises |  | Name | Job title | Email address | Telephone |
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| **Establishment Accreditation** | |
| Does the establishment have any form of professional accreditation? (Such as CPA) | Yes  No  If yes, please complete the questions below for each accreditation. Please continue on separate sheets if necessary. |
| Accrediting body:  Date accredited: DD/MM/YYYY Date enrolled: DD/MM/YYYY  Awaiting assessment? Yes  No  Conditional approval date: DD/MM/YYYY  Any further information, such as explanation of the activities covered by the accreditations: | |
| Accrediting body:  Date accredited: DD/MM/YYYY Date enrolled: DD/MM/YYYY  Awaiting assessment? Yes  No  Conditional approval date: DD/MM/YYYY  Any further information, such as explanation of the activities covered by the accreditations: | |
| Accrediting body:  Date accredited: DD/MM/YYYY Date enrolled: DD/MM/YYYY  Awaiting assessment? Yes  No  Conditional approval date: DD/MM/YYYY  Any further information, such as explanation of the activities covered by the accreditations: | |

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| Accrediting body:  Date accredited: DD/MM/YYYY Date enrolled: DD/MM/YYYY  Awaiting assessment? Yes  No  Conditional approval date: DD/MM/YYYY  Any further information, such as explanation of the activities covered by the accreditations: |

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| **Satellite Sites** | | | | |
| Does the establishment have any satellite sites? | Yes  No | | | |
| If yes, please complete the below information for each satellite site. If you have more than two satellite sites you can copy and paste this part of the form onto a separate sheet. | | | | |
| **Satellite 1**  Premises name:  Address:  Postcode:  Activities undertaken at satellite:  Section 16(2)(b) - The making of a post mortem examination  Section 16(2)(c) – The removal from the body of a deceased person of relevant material of which the body consists or which it contains for use of a Scheduled Purpose other than transplantation (where removal is not in the course of a post mortem examination)  Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose | | | | |
| Person(s) Designated at the site | Job title | Email address | | Telephone number |
| Primary: |  |  | |  |
| Additional: |  |  | |  |
| Additional: |  |  | |  |
| When did the site become operational? (approximate date) |  | | | |
| Please explain how the satellite site links to the governance of the hub |  | | | |
| To assist the Human Tissue Authority, please provide a short synopsis describing how the facility is used |  | | | |
| Please explain what responsibilities the staff at the satellite site have for meeting the consent requirements of the Human Tissue Act and Codes of Practice |  | | | |
| Does the satellite store relevant material on behalf of any organisation other than the hub? | Yes  No  If yes, please provide details. | | | |
| Does the satellite supply or use relevant material for research purposes? | Yes  No | | | |
| Please state how many adverse events have occurred at the satellite in the last year |  | | | |
| Does the satellite have any form of accreditation, such as CPA, MHRA, JACIE, ISO etc? | Yes  No  If yes, please provide the following information for each accreditation:  Accrediting body:  Date accreditation obtained:  Current status: | | | |
| Please provide any relevant further information |  | | | |
| Name of person who completed this form (must be either the DI or LH from the hub): | | | Date: DD/MM/YYYY | |

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| **Satellite 2**  Premises name:  Address:  Postcode:  Activities undertaken at satellite:  Section 16(2)(b) - The making of a post mortem examination  Section 16(2)(c) – The removal from the body of a deceased person of relevant material of which the body consists or which it contains for use of a Scheduled Purpose other than transplantation (where removal is not in the course of a post mortem examination)  Section 16(2)(e)(i) and (ii) – The storage of the body of a deceased person or relevant material which has come from a human body for use for a Scheduled Purpose | | | |
| Person(s) Designated at the site | Job title | Email address | Telephone number |
| Primary: |  |  |  |
| Additional: |  |  |  |
| Additional: |  |  |  |
| When did the site become operational? (approximate date) |  | | |
| Please explain how the satellite site links to the governance of the hub |  | | |
| To assist the Human Tissue Authority, please provide a short synopsis describing how the facility is used |  | | |

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| Please explain what responsibilities the staff at the satellite site have for meeting the consent requirements of the Human Tissue Act and Codes of Practice |  | |
| Does the satellite store relevant material on behalf of any organisation other than the hub? | Yes  No  If yes, please provide details. | |
| Does the satellite supply or use relevant material for research purposes? | Yes  No | |
| Please state how many adverse events have occurred at the satellite in the last year |  | |
| Does the satellite have any form of accreditation, such as CPA, MHRA, JACIE, ISO etc? | Yes  No  If yes, please provide the following information for each accreditation:  Accrediting body:  Date accreditation obtained:  Current status: | |
| Please provide any relevant further information |  | |
| Name of person who completed this form (must be either the DI or LH from the hub): | | Date: DD/MM/YYYY |

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| **Application to be Designated Individual (DI)**  To be completed by proposed DI  Before completing, we recommend you read the useful information for DIs we have published on our website: [Designated Individuals and Licence Holders under the Human Tissue Act | Human Tissue Authority (hta.gov.uk)](https://www.hta.gov.uk/guidance-professionals/licensing/designated-individuals-and-licence-holders-under-human-tissue-act) | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please provide details |  |
| Correspondence address | Postcode: |
| Email |  |
| Telephone |  |
| Job title |  |
| Have you ever applied to be a DI for another establishment? | Yes  No  If yes, please provide the establishment name and the application reference number. |
| Educational and/or professional qualifications |  |
| Membership of relevant professional bodies and registration numbers where applicable |  |
| Details of any other relevant experience, including managerial experience and training |  |

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| Regarding the organisational structure of the establishment, please indicate the lines of responsibility between the DI and any persons working under the licence |  |
| Please explain your involvement in ensuring that staff who will work under the licence are appropriately qualified and trained in techniques relevant to their work and that they are continuously updating their skills |  |
| Please explain your involvement in governance and quality management activities within the establishment |  |
| Please explain why you think you are suitable for the role of DI |  |

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| **Declaration by proposed Designated Individual**  Any person making an application and submitting a compliance report should be aware that under paragraph 7(2)(a) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it is satisfied that any information given for the purposes of the application for a licence was in any material respect false and misleading.  I understand the terms and conditions under which a licence will be granted under the Human Tissue Act 2004, particularly my duties under Section 18 of the HT Act and confirm:  a) I will follow the guidance set out in the Codes Yes  No  of Practice produced by the Human Tissue  Authority and as amended from time to time.  b) The licensed activities will be carried out under Yes  No  my supervision.  c) I accept I am responsible for securing that the Yes  No  other persons to whom the licences apply are  suitable persons to participate in the carrying out  of the licensed activities.  d) I accept that I am responsible for securing that Yes  No  suitable practises are used by the persons under  my supervision in the course of carrying out the  licensed activities.  e) I accept I am responsible for compliance with Yes  No  the conditions of any licences granted.  f) The information provided is true and accurate Yes  No  to the best of my knowledge.  g) I consent to be the Designated Individual for Yes  No  the licence(s).  Name: Date: DD/MM/YYYY |

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| **Application to be Individual Licence Holder (LH)**  This section is to be completed when an individual person is applying to be the LH. If a corporate body is applying to be the LH please move on to the next section. | |
| Title |  |
| Forenames |  |
| Surname |  |
| If you have been known by another name, please provide details |  |
| Correspondence address | Postcode: |
| Email |  |
| Telephone |  |
| Job title |  |
| Educational and/or professional qualifications |  |
| Membership of relevant professional bodies and registration numbers where applicable |  |
| Details of any other relevant experience, including managerial experience and training |  |
| Please explain why you think you are suitable for the role of the LH |  |

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| **Declaration by proposed Licence Holder**  Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (b) is satisfied that there has been a material change of circumstances since the licence was granted.  I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and confirm: | |
| a) The information provided is true and accurate. | Yes  No |
| b) The Designated Individual has consented to this application. | Yes  No |
| Name: | Date: DD/MM/YYYY |

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| **Application to be Corporate Licence Holder (CLH)**  This section is to be completed when a corporate body is applying to be the LH. If an individual person is applying to be the LH please complete the previous section instead. | |
| Details of person applying to be the Corporate Licence Holder contact on behalf of the Corporate Licence Holder: | |
| Title |  |
| Forename |  |
| Surname |  |
| If you have been known by another name, please give details |  |
| Email |  |
| Telephone |  |
| Job title |  |
| Full name of corporate body |  |
| Trading name or business name if different from company name |  |
| Type of corporate body and relevant details | Limited company  Company registration number:  Sole proprietor  Name and address:  Public Limited Company  Company registration number:  Charity  Charity registration number:  Partnership  Names and addresses of partners:  NHS Organisation  Please describe:  Other public body  Please describe:  Higher Education Institution  Other  Please describe: |

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| Name and registered office of parent company, if applicable |  | |
| If the body has been known by another name in the past five years please provide details |  | |
| Please explain why the corporate body is suitable for the role of the Corporate Licence Holder |  | |
| **Declaration by proposed Corporate Licence Holder**  Any person making an application should be aware that under paragraph 7(2)(d) and (g) of Schedule 3 of the Human Tissue Act 2004, the Human Tissue Authority may revoke a licence if it:  (a) ceases to be satisfied that the person to whom the licence is granted is a suitable person to be the holder of the licence, and  (b) is satisfied there has been a material change of circumstances since the licence was granted.  I understand the terms and conditions under which a licence is granted and varied under the Human Tissue Act 2004 and confirm: | | |
| a) The information provided is true and accurate. | | Yes  No |
| b) The Designated Individual has consented to this application. | | Yes  No |
| c) I have been authorised to make this application on behalf of the applicant corporate body. | | Yes  No |
| Name: | | Date: DD/MM/YYYY |

**Human Tissue Authority Standards**

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| **Consent** | | |
| **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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| b) | There is a documented standard operating procedure (SOP) detailing the consent process. | Not applicable  Not met  Met |
| Please provide examples: | | |
| c) | There is written information for those giving consent, which reflects the requirements of the HT Act and the HTA’s Codes of Practice. | Not applicable  Not met  Met |
| Please provide examples: | | |
| 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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| 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. | Not applicable  Not met  Met |
| Please provide examples: | | |

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| f) The deceased’s family are given an opportunity  Not applicable  to change their minds and it is made clear who  Not met  should be contacted in this event and the  Met  timeframe in which they are able to change  their minds. |
| Please provide examples: |
| g) The establishment uses an agreed and ratified  Not applicable  consent form to document that consent was  Not met  given and the information provided.  Met |
| Please provide examples: |

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| **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  Not applicable  consent for post-mortem examination and tissue  Not met  retention, which addresses the requirements of the  Met  HT Act and the HTA’s Codes of Practice. |
| Please provide examples: |
| b) Records demonstrate up-to-date staff training.  Not applicable  Not met  Met |
| Please provide examples: |
| c) If untrained staff are involved in seeking consent,  Not applicable  they are always accompanied by a trained  Not met  individual.  Met |
| Please provide examples: |
| d) Competency is assessed and maintained.  Not applicable  Not met  Met |
| Please provide examples: |

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| **Governance and Quality Systems** |
| **GQ1 – All aspects of the establishments work are governed by documented**  **policies and procedures.** |
| a) Documented policies and SOPs cover all  Not applicable  mortuary/laboratory procedures relevant to the  Not met  licensed activity, take account of relevant Health  Met  and Safety legislation and guidance and, where  applicable, reflect guidance from RCPath.  These include:     1. post-mortem examination, including the responsibilities of Anatomical Pathology Technologists (APTs) and Pathologists and the management of cases where there is increased risk; 2. practices relating to the storage of bodies, including long term storage and when bodies should be moved into frozen storage; 3. practices relating to evisceration and reconstruction of bodies; 4. systems of traceability of bodies and tissue samples; 5. record keeping; 6. receipt and release of bodies, which reflect out of hours arrangements; 7. lone working in the mortuary; 8. viewing of bodies, including those in long-term storage, by family members and others such as the police; 9. transfer of bodies internally, for example, for MRI scanning; 10. transfer of bodies and tissue (including blocks and slides) off site or to other establishments; 11. movement of multiple bodies from the mortuary to other premises, for example, in the event that capacity is reached; 12. disposal of tissue (including blocks and slides), which ensures disposal in line with the wishes of the deceased person’s family; 13. access to the mortuary by non-mortuary staff, contractors and visitors; 14. contingency storage arrangements |
| Please provide examples: |
| b) Procedures on evisceration ensure that this is not  Not applicable  undertaken by an APT unless the body has first  Not met  been examined by the pathologist who has  Met  instructed the APT to proceed. |
| Please provide examples: |

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| c) Procedures on body storage prevent practices ☐ Not applicable  that disregard the dignity of the deceased. ☐ Not met  ☐ Met |
| Please provide examples: |
| d) Policies and SOPs are reviewed regularly by ☐ Not applicable  someone other than the author, ratified and ☐ Not met  version controlled. Only the latest versions are ☐ Met  available for use. |
| Please provide examples: |
| e) There is a system for recording that staff have ☐ Not applicable  read and understood the latest versions of these ☐ Not met  documents. ☐ Met |
| Please provide examples: |
| f) Deviations from documented SOPs are recorded ☐ Not applicable  and monitored via scheduled audit activity. ☐ Not met  ☐ Met |
| Please provide examples: |
| g) All areas where activities are carried out under ☐ Not applicable  an HTA licence are incorporated within the ☐ Not met  establishment’s governance framework. ☐ Met |
| Please provide examples: |
| h) Matters relating to HTA-licensed activities are ☐ Not applicable  discussed at regular governance meetings ☐ Not met  involving establishment staff. ☐ Met |
| Please provide examples: |

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| **GQ2 – There is a documented system of audit.** |
| a) There is a documented schedule of audits. ☐ Not applicable  ☐ Not met  ☐ Met |
| Please provide examples: |
| b) Audit findings document who is responsible for ☐ Not applicable  follow-up actions and the timeframe for completing ☐ Not met  these. ☐ Met |
| Please provide examples: |
| c) Regular audits are carried out of tissue being ☐ Not applicable  stored so that staff are fully aware of what is held ☐ Not met  and why and to enable timely disposal of tissue ☐ Met  where consent has not been given for continued  retention. |
| Please provide examples: |

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| **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 ☐ Not applicable  are appropriately trained/qualified or supervised. ☐ Not met  ☐ Met |
| Please provide examples: |
| b) There are clear reporting lines and accountability. ☐ Not applicable  ☐ Not met  ☐ Met |
| Please provide examples: |
| c) Staff are assessed as competent for the tasks ☐ Not applicable  they perform. ☐ Not met  ☐ Met |
| Please provide examples: |

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| d) Staff have annual appraisals and personal ☐ Not applicable  development plans. ☐ Not met  ☐ Met |
| Please provide examples: |
| e) Staff are given opportunities to attend training ☐ Not applicable  courses, either internally or externally. ☐ Not met  ☐ Met |
| Please provide examples: |
| f) There is a documented induction and training ☐ Not applicable  programme for new mortuary staff. ☐ Not met  ☐ Met |
| Please provide examples: |
| g) Visiting / external staff are appropriately trained ☐ Not applicable  and receive an induction which includes the ☐ Not met  establishment’s policies and procedures. ☐ Met |
| Please provide examples: |

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| **GQ4 – There is a systematic and planned approach to the management of records.** |
| a) There is a system for managing records which ☐ Not applicable  includes which records must be maintained, how ☐ Not met  they are backed up, where records are kept, how ☐ Met  long each type of record is retained and who has  access to each type of record. |
| Please provide examples: |
| b) There are documented SOPs for record ☐ Not applicable  management which include how errors in written ☐ Not met  records should be corrected. ☐ Met |
| Please provide examples: |
| c) Systems ensure data protection, confidentiality ☐ Not applicable  and public disclosure (whistle-blowing). ☐ Not met  ☐ Met |
| Please provide examples: |

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| **GQ5 – There are systems to ensure that all untoward incidents are investigated promptly.** |
| a) Staff know how to identify and report incidents, ☐ Not applicable  including those that must be reported to the HTA. ☐ Not met  ☐ Met |
| Please provide examples: |
| b) The incident reporting system clearly outlines ☐ Not applicable  responsibilities for reporting, investigating and ☐ Not met  follow up for incidents. ☐ Met |
| Please provide examples: |
| c) The incident reporting system ensures that ☐ Not applicable  follow up actions are identified (i.e. corrective ☐ Not met  and preventative actions) and completed. ☐ Met |
| Please provide examples: |
| d) Information about incidents is shared with all ☐ Not applicable  staff to avoid repeat errors. ☐ Not met  ☐ Met |
| Please provide examples: |
| e) The establishment adopts a policy of candour ☐ Not applicable  when dealing with serious incidents. ☐ Not met  ☐ Met |
| Please provide examples: |

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| **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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| b) | 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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| c) | Significant risks, for example to the establishment’s ability to deliver post-mortem services, are incorporated into the Trust’s organisational risk register. | Not applicable  Not met  Met |
| Please provide examples: | | |

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| **Traceability** | | |
| **T1 – A coding and records system facilitates traceability of bodies and human tissue, ensuring a robust audit trail.** | | |
| a) | Bodies are tagged/labelled upon arrival at the mortuary. | Not applicable  Not met  Met |
| Please provide examples: | | |
| b) | There is a system to track each body from admission to the mortuary to release for burial or cremation (for example mortuary register, patient file, transport records). | Not applicable  Not met  Met |
| Please provide examples: | | |
| 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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| d) | There is system for flagging up same or similar names of the deceased. | Not applicable  Not met  Met |
| Please provide examples: | | |
| e) | Identity checks take place each time a body is moved whether inside the mortuary or from the mortuary to other premises. | Not applicable  Not met  Met |
| Please provide examples: | | |
| f) | There are procedures for releasing a body that has been in long term storage and is therefore not in the current register. | Not applicable  Not met  Met |
| Please provide examples: | | |

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| g) | Organs or tissue taken during post-mortem examination are fully traceable, including blocks and slides (including police holdings). The traceability system ensures that the  following details are recorded:   1. material sent for analysis on or off-site, including confirmation of arrival 2. receipt upon return to the laboratory or mortuary 3. the number of blocks and slides made 4. repatriation with the body 5. return for burial or cremation 6. disposal or retention for future use. | Not applicable  Not met  Met |
| Please provide examples: | | |
| h) | There are documented procedures for transportation of bodies and tissue anywhere outside the mortuary, (such as to the lab or another establishment), including recordkeeping requirements. | Not applicable  Not met  Met |
| Please provide examples: | | |

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| **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 ☐ Not applicable  possible once it is no longer needed, such as ☐ Not met  when the coroner’s or police authority over its ☐ Met  retention ends or the consented post-mortem  examination process is complete. |
| Please provide examples: |
| b) There are effective systems for communicating ☐ Not applicable  with the Coroner’s Office, which ensure tissue is ☐ Not met  not kept for longer than necessary. ☐ Met |
| Please provide examples: |
| c) Disposal is in line with the wishes of the ☐ Not applicable  deceased’s family. ☐ Not met  ☐ Met |
| Please provide examples: |
| d) The method and date of disposal are recorded. ☐ Not applicable  ☐ Not met  ☐ Met |
| Please provide examples: |

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| **Premises, Facilities and Equipment** | | |
| **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. | Not applicable  Not met  Met |
| Please provide examples: | | |
| b) | There is demarcation of clean, dirty and transitional areas of the mortuary, which is observed by staff and visitors. | Not applicable  Not met  Met |
| Please provide examples: | | |
| c) | There are documented cleaning and decontamination procedures and a schedule of cleaning. | Not applicable  Not met  Met |
| Please provide examples: | | |
| 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). | Not applicable  Not met  Met |
| Please provide examples: | | |
| e) | Security arrangements protect against unauthorized access and ensure oversight of visitors and contractors who have a legitimate right of access. | Not applicable  Not met  Met |
| Please provide examples: | | |

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| **PFE2 – There are appropriate facilities for the storage of bodies and human tissue.** |
| a) Storage arrangements ensure the dignity of the ☐ Not applicable  deceased. ☐ Not met  ☐ Met |
| Please provide examples: |
| b) There is sufficient capacity for storage of bodies, ☐ Not applicable  organs and tissue samples, which takes into ☐ Not met  account predicated peaks of activity. ☐ Met |
| Please provide examples: |
| c) Storage for long-term storage of bodies and ☐ Not applicable  bariatric bodies is sufficient to meet needs. ☐ Not met  ☐ Met |
| Please provide examples: |
| d) Fridge and freezer units are in good working ☐ Not applicable  condition and well maintained. ☐ Not met  ☐ Met |
| Please provide examples: |
| e) Fridge and freezer units are alarmed and the ☐ Not applicable  alarms are tested regularly to ensure that they ☐ Not met  trigger when temperatures go out of upper or ☐ Met  lower set range. |
| Please provide examples: |
| f) Temperatures of fridges and freezers are ☐ Not applicable  monitored on a regular basis. ☐ Not met  ☐ Met |
| Please provide examples: |

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| g) Bodies are shrouded or in body bags whilst in ☐ Not applicable  storage. ☐ Not met  ☐ Met |
| Please provide examples: |
| h) There is separate storage for infants and babies. ☐ Not applicable  If not, special measures are taken for the bodies ☐ Not met  of infants and babies. ☐Met |
| Please provide examples: |
| i) There are documented contingency plans in ☐ Not applicable  place should there be a power failure or insufficient ☐ Not met  numbers of refrigerated storage spaces during ☐ Met  peak periods. |
| Please provide examples: |

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| **PFE3 – Equipment is appropriate for use, maintained, validated and where**  **appropriate monitored.** |
| a) Items of equipment in the mortuary are in a ☐ Not applicable  good condition and appropriate for use: ☐ Not met  ☐ Met  i. fridges / freezers  ii. hydraulic trolleys  iii. post mortem tables  iv. hoists  v. saws (manual and/or oscillating) |
| Please provide examples: |
| b) Equipment is appropriate for the management ☐ Not applicable  of bariatric bodies. ☐ Not met  ☐ Met |
| Please provide examples: |
| c) The ventilation system provides the necessary ☐ Not applicable  ten air changes per hour and is checked and ☐ Not met  maintained at least annually. ☐ Met |
| Please provide examples: |

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| d) Staff have access to necessary PPE. ☐ Not applicable  ☐ Not met  ☐ Met |
| Please provide examples: |
| e) Where chemicals are used for preservation ☐ Not applicable  of tissue samples, there is adequate ventilation. ☐ Not met  ☐ Met |
| Please provide examples: |
| f) Key items of equipment, including fridges/freezers, ☐ Not applicable  trolleys and post mortem tables (if downdraught) ☐ Not met  are subject to regular maintenance and records ☐ Met  are kept. |
| Please provide examples: |

**Please submit the following documents as part of your application:**

Please note that your application will not be processed unless you submit all of the above documents. If you are unable to provide any of the documents, please explain why below.

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| **Application Checklist – Mandatory documents** | |
| **General** | |
|  | Inspection report from CQC |
| **Consent** | |
| **☐** | Post mortem consent SOP and consent form |
| **Governance and Quality Systems** | |
|  | Organisational chart relevant to the mortuary and all other departments where activities take place under the licence (e.g. maternity, A&E, pathology departments) |
|  | Quality manual |
|  | List of SOPs of licensable activities (please note that these must be developed in line with guidance provided for standard GQ1) |
|  | A copy of the SOP for storage of bodies including long-term storage and bodies moved into frozen storage |
|  | A copy of the SOP for post mortem examination, evisceration and reconstruction |
|  | SOP for receipt and release of bodies |
|  | HTARI SOP |
|  | A copy of all risk assessments relevant to licensable activities (please note that these must be developed in line with the guidance provided in relation to standard GQ6) |

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| **Traceability** | |
|  | A copy of the SOP for labelling and identification of bodies (if separate from the release SOP) |
|  | A copy of the SOP for traceability of samples removed for other purposes e.g. pathology, toxicology analysis |
|  | A copy of the disposal SOP (if applicable) |
| **Premises, Facilities and Equipment** | |
|  | Risk assessment of premises |
|  | Site plan, indicating where storage of relevant material will take place |
|  | Contingency plan for power failure in storage area, body overflow |
|  | A copy of the SOPs for monitoring and testing of storage conditions |

Further information on documentation

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