Inspection report on compliance with HTA licensing standards
Inspection date: **12 December 2024**

York Hospital

HTA licensing number 12093

Licensed under the Human Tissue Act 2004

Licensed activities

The table below shows the activities this establishment is licensed for and the activities currently undertaken at the establishment.

Area	Making of a post-mortem examination	Removal from the body of a deceased person (otherwise than in the course of an anatomical examination or post-mortem examination) of relevant material of which the body consists or which it contains, for use for a scheduled purpose other than transplantation	Storage of the body of a deceased person or relevant material which has come from a human body for use for a scheduled purpose
Hub site **York Hospital**	Licensed	Licensed	Licensed
Mortuary	*Carried out*	*Carried out*	*Carried out*
Pathology Laboratory	-	-	*Carried out*
A&E	-	*Carried out*	-
Satellite site **Scarborough Hospital**	Not licensed	Licensed	Licensed
Mortuary	-	*Carried out*	*Carried out*

A&E	-	*Carried out*	-
Satellite site **Hull Royal Infirmary**	Not licensed	Licensed	Licensed
Pathology Laboratory	-	-	*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.

York Hospital ('the establishment') was found to have met all HTA standards. The HTA has assessed the establishment as suitable to be licensed for the activities specified.

Compliance with HTA standards
All applicable HTA standards have been assessed as fully met.

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

Number	Standard	Advice
1.	GQ1(a)	The DI is advised to update the security SOP with the following information: • Who can authorise access to the mortuaries and how. • How access is revoked, when required. • Visitor logs and key logs in the audit summary table.

2.	GQ3(a)	Although this standard was not specifically assessed during this inspection, the DI is advised to ensure that portering supervisors are regularly trained in mortuary activities as they do not regularly carry out routine portering duties. Training will enable superviors to have up to date knowledge of practices and be able to advise their team accordingly.
3.	PFE1(d)	The DI is advised to continue with the plans to install: • intruder alarms in both mortuaries; • swipe card access to relevant internal doors at both mortuaries; and • additional CCTV at Scarborough Hospital mortuary. These measures will help to strengthen existing access and security arrangements .
4.	PFE1(e)	The DI is advised to: • include the key logs for keys held centrally in the existing security audits. • test lone worker devices on a regular basis and record these tests.

Background

York Hospital has been licensed by the HTA since June 2007. This was the fourth inspection of the establishment; the most recent previous inspection took place in July 2023.

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
A decision to undertake an announced visit was made following a sector wide direction to all establishments to submit an Evidential Compliance Assessment (ECA) relating to security and access arrangements. The information provided by the establishment raised concerns relating security measures and processes. Accordingly, this inspection focused on the following standards: GQ1(a), GQ2(a), GQ6(a), GQ6(c), PFE1(d) and PFE1(e).

Review of governance documentation
The inspection team reviewed the establishment's ECA document provided by the DI ahead of inspection. Standard operating procedures, risk assessments and policies were reviewed. Audits relating to security and access were inspected as part of the review process.

Visual inspection
The inspection included a visual assessment of the mortuaries, viewing facilities and and the additional body storage areas at the hub and satellite site at Scarborough Hospital. Hull Royal Infirmary was not included in the site visit as this satellite site only stores PM tissue blocks and slides in the histopathology laboratory.

Audit of records
No audits were conducted during the inspection process.

Meetings with establishment staff
No audits were conducted during the inspection process.

Report sent to DI for factual accuracy: 10 January 2025

Report returned from DI: No factual accuracy or request for redaction comments were made by the DI

Final report issued: 28 January 2025

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.