

**CARE OF THE DECEASED: Assurance Update Following NHS England
Requirements on Mortuary Oversight and Post-Death Care
Public Board
Thursday 30th July 2026**

Presented for:	Assurance
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Previous Committees:	NONE

Freedom of Information Act (FOIA) Exemption	☒ NO
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Link to Strategic Objective	People – we make LTHT a brilliant place to work for everyone in order to deliver excellent, safe, and sustainable care for every patient, every time.
Link to Provider Capability Assessment	Quality of Care.
Link to CQC Well-led Statement	Governance, Management and Sustainability.
Regulatory Impact	Regulation 10: Dignity and Respect Regulation 12: Safe Care and Treatment Regulation 13: Safeguarding service users from abuse and improper treatment Regulation 15: Premises and Equipment

Key points	Purpose
1. This paper provides the Board with a summary of the assurance in response to NHS England's (NHSE) letter of 26 June 2026 on mortuary oversight and post death care, issued following the Nottingham maternity review, the Human Tissue Authority's report into Nottingham University Hospitals NHS Trust, and the recommendations of the Fuller Inquiry.	Information
2. Of the 20 Fuller Inquiry recommendations applicable to the Trust, 11 are assessed as fully compliant, seven as partially compliant and two as non-compliant. The detailed assessment is set out at Appendix 1 (attached).	Information
3. A Board Assurance Statement response to NHSE requirements (Appendix 2) has been prepared and seeks Board approval for submission by 31 July 2026. A Care of the Deceased Improvement Plan is in place to address identified gaps, overseen by a dedicated task and finish group.	Information Approval
4. A self-assessment against the NHS Premises Assurance Model (PAM) is on track for submission by 8 September 2026, and a retrospective review of historic incidents against current Human Tissue Authority reportable incident (HTARI) criteria is due for completion by the Designated Individual by 18 September 2026.	Assurance

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Operational Risk	Physical Assets Risk – We will optimise patient and workforce experience through the effective management of our medical equipment and devices, IT equipment, as well as around buildings and estates.	Cautious	Operating outside
External Risk	Regulatory Risk – we will comply with or exceed all regulations, retain its CQ registration and always operate within the law.	Averse	Operating within

1. Summary

NHSE wrote to all trusts on 26 June 2026 regarding mortuary oversight and post-death care. That letter was issued following Donna Ockenden's review of maternity services at Nottingham University Hospitals NHS Trust, the Human Tissue Authority's (HTA) associated report, and the recommendations arising from Phase 2 of the David Fuller Inquiry.

NHSE asked all provider Boards to assure themselves that appropriate arrangements are in place to ensure the dignity, care and security of deceased people, and to confirm this through a Board Assurance Statement to be submitted by 31 July 2026.

The Trust's governance and operational arrangements for mortuary services and post death care have been assessed for compliance against the Fuller Inquiry recommendations, and the associated Board Assurance Statement and improvement plan. This paper provides the Board with a summary of that assurance.

2. Background

On 26 June 2026, NHS England issued guidance requiring Boards to review local arrangements for post-death care, mortuary security, governance, safeguarding and organisational culture, and to assure themselves accordingly. The guidance also confirmed that the HTA will review historic HTA reportable incidents between 2015 and 2026, with a completed declaration required by 18 September 2026.

The Trust has assessed its current arrangements against these requirements. Overall, the Trust has evidenced partial assurance, with areas for improvement captured within a Care of the Deceased Improvement Plan.

3. Governance and Assurance Arrangements

Executive responsibility for post-death care and mortuary services sits with the Chief Nurse and Chief Medical Officer, with the Trust's Designated Individual providing oversight of activities undertaken under the Human Tissue Authority licence. Day-to-day operational management sits with the Mortuary Manager.

Assurance is provided through established governance structures, from the Cell Path Governance Forum and Human Tissue Act Group, through the Quality and Safety Assurance Group, to the Quality Assurance Committee and ultimately the Trust Board.

The Trust most recently underwent a HTA cross-site inspection of its mortuary and body storage facilities in April 2026. Governance and quality systems were found to be generally effective. A small number of findings relating principally to the condition of the mortuary estate and to operational procedures were identified; these have been incorporated into the

Care of the Deceased Improvement Plan, with the majority of associated actions due for completion by 31 July 2026. The Trust has also identified that significant capital investment in the mortuary estate will be required over time to achieve full compliance with HTA premises, facilities and equipment standards, and the scope, cost and funding options for this are being developed through the Trust's capital planning and governance processes.

The Trust continues to draw assurance on culture through Executive and senior leadership walk-rounds, staff engagement, Freedom to Speak Up arrangements, training compliance, and the review of incidents, complaints and associated learning, alongside the Trust's values.

4. Assessment Against Fuller Recommendations

The Trust has assessed its compliance against the 20 Fuller Inquiry recommendations applicable to the organisation. 11 are assessed as fully compliant, seven as partially compliant and two as non-compliant. The detailed assessment, including the evidence available and the actions required to achieve full compliance, is set out at Appendix 1, which is attached to this paper.

Delivery of the associated improvement actions is overseen by a dedicated, multidisciplinary task and finish group comprising representatives from Estates and Facilities, Pathology, Risk Management, Quality Governance, Bereavement Services and Safeguarding, with assurance provided to the Quality Assurance Committee. In line with recommendation 15 of the Fuller Inquiry, the Trust is also developing a formal mortuary-to-Board reporting process.

5. Board Assurance Statement

The Board Assurance Statement (Appendix 2) requested by NHS England is for approval by the Board on 30 July 2026 and will then be submitted to NHS England ahead of the 31 July 2026 deadline. The statement confirms that roles and responsibilities for post-death care are clear and tested; that time-limited action plans are in place to address gaps against the Fuller recommendations; that safeguarding oversight has been reviewed against the updated Safeguarding Accountability and Assurance Framework; that effective governance structures are in place for mortuary services; and that an agreed timeline is in place for the Premises Assurance Model self-assessment.

6. Care of the Deceased Improvement Plan

Actions arising from the Fuller Inquiry, the Ockenden Review, the April 2026 HTA inspection and the PwC Internal Audit carried out in 2025, have been brought together into a single Care of the Deceased Improvement Plan. Delivery is overseen by the Quality and Safety Assurance Group, with accountability and assurance provided to the Quality Assurance Committee, and progress monitored through weekly task and finish group meetings.

7. HTA Reportable Incidents Review and Premises Assurance Model

The Trust has commenced a retrospective review, led by the Designated Individual, of incidents reported between 1 April 2015 and 30 June 2026, against current HTA reportable incident criteria, with a completed declaration due to the HTA by 18 September 2026. The Trust expects to complete its review by 23 July 2026 and there are no concerns regarding delivery within the required timescale.

The Trust is also on track to complete its self-assessment against the NHS Premises Assurance Model, with an internal deadline of 31 August 2026 ahead of submission to NHS

England by 8 September 2026. Both pieces of work are overseen by the Quality and Safety Assurance Group, with assurance provided to the Quality Assurance Committee.

8. Quality and Performance Implications

Areas requiring further improvement have been incorporated into the Care of the Deceased Improvement Plan. While no formal Quality Impact Assessment has been undertaken specifically for this paper, the actions in train are expected to have a positive impact on quality and safety by strengthening governance, oversight and compassionate, trauma informed care for bereaved families. There are no anticipated adverse impacts on service delivery or performance.

9. Financial Implications

This paper does not seek approval for additional expenditure and there are no immediate financial implications arising from it. No service changes or cost improvement programmes are proposed, and no quality impact assessment has therefore been undertaken in relation to financial benefits or efficiencies.

The Trust has identified that capital investment in the mortuary estate will be required over time to achieve full compliance with relevant HTA premises, facilities and equipment standards. The scope, cost and funding options are being assessed and will be developed through the Trust's capital planning and governance processes. No funding source is being requested or committed through this paper, and no conflicts of interest have been identified.

10. Risk

There is no change to the Trust's risk appetite in relation to regulatory risk arising from this paper. The condition of elements of the mortuary estate is recognised as a risk, reflected on the Corporate Risk Register, with mitigations in place including enhanced oversight through weekly task and finish groups led by Estates and Facilities and Pathology colleagues. The mortuary is currently operating in compliance with applicable HTA standards, subject to delivery of the agreed improvement actions, and the governance arrangements outlined in this paper are intended to ensure these risks continue to be effectively managed and reduced over time.

11. Communication and Involvement

Pathology and Estates colleagues continue to work collaboratively, through weekly task and finish group meetings, to achieve full compliance with the Fuller Inquiry recommendations. This multidisciplinary forum includes representation from Quality Governance, Risk Management, Bereavement Services and Safeguarding, and is supported by the Deputy Head of Communications.

Future updates on progress against the Care of the Deceased Improvement Plan will be provided through the Trust's governance arrangements, including the Quality and Safety Assurance Group and the Quality Assurance Committee, with periodic assurance to the Board.

12. Impact on Equality & Health Inequalities

An Equality and Health Inequalities Impact Assessment (EHIIA) has not been undertaken for this paper, as it relates to governance and assurance arrangements rather than a new

service or a substantive change to an existing service. The recommendations arising from the Fuller Inquiry and the Ockenden Review, and NHS England's guidance, seek to ensure that all deceased people and their families are treated with dignity, compassion and respect, recognising individual cultural, religious and communication needs. The Care of the Deceased Improvement Plan includes actions to strengthen oversight and promote equitable, trauma-informed support for bereaved families. Should any future service changes arise from the improvement plan, an EHIA will be completed as appropriate.

13. Publication Under Freedom of Information Act

This paper is presented to the Board is suitable for publication under the Freedom of Information Act 2000.

14. Recommendation

The Board is asked to:

- Receive assurance regarding the Trust's compliance with the Fuller Inquiry recommendations, as set out in Appendix 1.
- Approve the Board Assurance Statement for submission to NHS England (Appendix 2).
- Receive assurance that identified gaps will be managed through the Care of the Deceased Improvement Plan, that will be reported through the Quality Assurance Committee.
- Receive assurance regarding the ongoing work to complete the Premises Assurance Model self-assessment and the HTA reportable incident review, with further assurance to be provided through the Quality Assurance Committee.

15. Supporting Information

- Appendix 1: Detailed assessment against the Fuller recommendations relevant to Leeds Teaching Hospitals NHS Trust.
- Appendix 2: Board Assurance Statement, to be submitted to NHSE 31 July 2026.