

Appendix 1: Detailed assessment against the Fuller recommendations relevant to Leeds Teaching Hospital Trust

Table of recommendations from the Phase 2 Report of the Independent Inquiry into the issues raised by the David Fuller case					
Rec no	Recommendation	Executive Lead	Compliance	Evidence of assurance	Action plan ref (if required)
1	All NHS trusts with mortuaries and/or body stores should commission a specialist strategic review of the systems in place to protect deceased people, which should include a detailed risk assessment of the potential breaches of security that could occur. The review should include an assessment of: - the systems in place to identify any unauthorised access to the facility; - the strength and effectiveness of barriers to prevent unauthorised access to the facilities; - the systems in place to identify any access to deceased people for unauthorised purposes; and - how CCTV is used, including its monitoring and any audits undertaken.	Director of Estates and Facilities	Compliant	PWC internal audit completed August 2025, commissioned to provide independent scrutiny of conformity with the fuller report recommendations. Evidence of improvement actions completed to findings and approval of completion by PWC. HTA Inspection report of unannounced HTA inspections of both mortuary facilities in April 26. Although specific access processes were not reviewed, the strength and effectiveness of barriers preventing unauthorised access was inspected with one minor shortfall identified in relation to incomplete installation of protective cages and locks on two condenser units. The inspection did not raise any issues relating to CCTV coverage/review, monitoring arrangements, audit processes or effectiveness. Estates and Facilities and Cellular Pathology leadership teams reviewed CCTV coverage, which identified a single blind spot which is due to be fully addressed by 31st July.	Improvement plan action 2.1.
2	All NHS trusts should install CCTV inside the mortuary, with cameras facing all doors and access points, the reception area and the doors of body fridges, while maintaining the security and dignity of deceased people	Director of Estates and Facilities	Compliant	Monthly CCTV audits – Regular review of CCTV footage, with compliance and any required actions evidenced through monthly audit reports	Improvement plan action 2.1

	by implementing the appropriate safeguards. Where double-ended fridges also open into the post-mortem room, NHS trusts should install CCTV cameras inside the post-mortem room that focus on the doors to the fridges.				
3	All NHS trusts should routinely audit the access data of all facilities used to store deceased people.	Director of Estates and Facilities	Compliant	Access data audits – Recently completed access audit reports, findings and records of any actions taken	Not required.
4	The practice of using shared electronic swipe cards for specific staff groups should cease immediately.	Director of Estates and Facilities	Partially compliant	Access data audits – Compliant at SJUH. At LGI, access is managed via a tracker cabinet using a shared card, with a log maintained of card use. The risk of inappropriate access is mitigated through CCTV coverage of the cabinet however, the Fuller report requirement is to not use shared cards, hence the LGI site remains non-compliant.	Improvement plan action 2.2.
5	All NHS trusts should consider putting in place systemic operational barriers that prevent the security and dignity of deceased people being compromised. An example of this would be implementation of a rule that prevents electronic devices such as phones or cameras being taken into a mortuary, other than for approved reasons.	Director of Estates and Facilities	Non-compliant	Not currently in place.	Improvement plan action 4.1.
6	All NHS trusts should take every breach of security in a mortuary or body store extremely seriously. Each security incident should be reviewed by a security expert who is able to identify any systemic security issues associated with the incident. A detailed action plan should be developed for each security breach, no matter how minor trusts regard such breaches to be. All security breaches occurring in mortuaries should be incorporated into security reports provided to trust boards or relevant subcommittees, in line with security breaches in other vulnerable areas.	Director of Estates and Facilities	Partially compliant	Cellular Pathology incident reporting policy and SOP updated to integrate consistent review of security breach incidents (routinely reported as a DATIX) by a security expert. Actions to ensure it is fully understood and consistently implemented. Align Estates and Facilities policies and procedures to Cellular Pathology processes Actions to ensure it is fully understood and consistently implemented. Include security incident review summaries within the assurance reporting process	Improvement plan action 4.2. Improvement plan action 4.3. Improvement plan action 1.1.

8	All NHS trusts should consider the installation of 'swipe to exit' for mortuary facilities. This would allow trusts to monitor and audit entry and exit, as well as time spent in the mortuary.	Director of Estates and Facilities	Not Compliant	Complete a multidisciplinary scoping exercise and implementation plan for swipe-to-exit arrangements across mortuary facilities (in place for LGI site but push button exiting mechanism at SJUH).	Improvement plan action 2.3.
9	All NHS trusts should monitor the number of staff with access to the mortuary or body store and keep this under routine review.	Director of Estates and Facilities	Compliant	Mortuary access audits – Recent audit findings demonstrate that only authorised personnel have access to mortuary facilities. Responsibility for granting access is restricted to the Mortuary Manager.	Not required
10	NHS trusts should ensure that Designated Individuals have enough time and resource to fulfil their responsibilities, including time for learning and development.	Chief Medical Officer	Compliant	Designated Individual job description. Regular one to one meetings with the Cellular Pathology Service Manager. Escalation processes to the Pathology Senior Leadership team.	Not required
11	NHS trusts should ensure that senior managers, including the Chief Executive, have a clear understanding of the role of the Designated Individual, their lines of accountability, and the individual legal responsibility associated with being a Designated Individual.	Chief Medical Officer Chief Nurse	Compliant	Section 3 of the report to Board regarding Care of the deceased Board Assurance Statement details the DIs role, responsibilities and reporting lines. This will be enhanced through the board reporting system under development to achieve recommendation 15.	Improvement plan action 1.2, 1.3, 1.4.
12	NHS trusts should ensure that Designated Individuals attend the correct governance forums. This would allow them to escalate issues and risks, as well as reporting upwards when required.	Chief Medical Officer	Compliant	Minutes of cell path quality assurance group meeting and CSU QAG meeting confirming attendance of the Designated individual. Flow chart showing quality forum escalation pathways, confirming how issues escalated by the DI pass through the Trust Quality Governance communication and escalation pathways to board level.	Not required.
13	A professional background in the field of mortuary services should be made a prerequisite for the post of Mortuary Manager.	Chief Medical Officer Chief Nurse	Compliant		Not required.
14	NHS trusts should assure themselves that the Mortuary Manager has adequate	Chief Medical Officer	Compliant	Mortuary Manager Job Description confirming dedicated, full time role. .	

	resources and support to perform their role effectively, including meeting any reporting requirements.	Chief Nurse		Ongoing capacity is reviewed in monthly 1-1 meetings with ops lead line manager. Standard mortuary manager report, inclusive of individual and team-based capacity escalations, to be developed and implemented.	Improvement plan action 1.3.
15	All NHS trusts should establish a routine reporting system for matters relating to mortuaries and body stores. This reporting system should include the presentation of a formal report, by the accountable executive director, to the trust board on a routine basis. The accountable executive director should prepare and present to the trust board a formal annual report, similar to the annual safeguarding report. The report should include: staffing matters; security incidents; all serious incidents; Human Tissue Authority reports (where applicable); and all security audits, including audits of access and any access breaches.	Chief Medical Officer Chief Nurse Director of Estates and Facilities	Partially Compliant	Trust standardised quality governance escalation pathway. For HTA-reportable incidents, the HTA provide formal feedback to the designated license holder. Reporting and escalation to be strengthened (introduce periodic reporting inclusive of the specific requirements detailed under recommendation 15.	Improvement plan action 1.2, 1.3 and 1.4.
16	Trust boards should assure themselves that the recommendations in this Report have been implemented	Chief Executive Officer Chair	Compliant	Private Board assurance report on Response to NHS England Letter on Mortuary Oversight and Post-Death Care presented to Private Board 30 July 2026. Authority delegated to Quality Assurance Committee to receive assurance and oversight of recommendations from the Fuller Report and subsequent reports related to care after death.	Not required.
17	Trust boards should ensure that these recommendations and governance arrangements are applied to any temporary facilities used by trusts for the storage and care of deceased people.	Chief Executive Officer Chair	Partially Compliant	All current storage locations are permanent in nature. However, the business continuity procedures will be developed to describe actions to take should a need to setup temporary facilities arise, ensuring that governance arrangements as used for permanent facilities are applied.	Improvement plan action 4.4.
18	Trust boards should take note of the fact that mortuary services are subject to statutory regulation and should be treated with	Chief Executive Officer Chair	Compliant	Quality Assurance Committee terms of reference provide oversight and assurance against regulatory matters.	Not required.

	equivalent regard to other regulated activities within trust governance arrangements.				
19	NHS trust boards should ensure that the security and dignity of deceased people are included in safeguarding training, policies and assurance.	Chief Executive Officer Chair	Partially Compliant	Safeguarding Adults Policy Safeguarding Children Policy	Improvement plan action 3.2 and 3.3.
20	The remit of the Chief Nurse in NHS trusts should explicitly include executive responsibility for safeguarding the security and dignity of deceased people in NHS mortuaries and body stores.	Chief Executive Officer Chair	Compliant	Updated Chief Nurse job description and Executive Portfolio	Not required
69	Where organisations work together to care for people after death, the arrangements should be formalised through contracts or service level agreements. This should include joint Standard Operating Procedures. The parties to the contracts or service level agreements should ensure that the contracts or agreements are managed effectively, and that they seek assurance that the arrangements protect the security and dignity of people after death.	Chief Operating Officer	Partially Compliant	SLA's in place: coop funeral directors (held by bereavement team); coroner's contract; Mid Yorks mutual aid for capacity, Doncaster mutual aid (bariatric freezer capacity). Associated joint standard operating protocols in place but will be updated to cover obtaining assurance from external organisations regarding the arrangements in place to protect the security and dignity of the deceased.	Improvement plan action 4.5.

***Extract taken from Table 31 of recommendations from the Phase 2 Report of the Independent Inquiry into the issues raised by the David Fuller case**