The Leeds Teaching Hospitals NHS Trust

Care of the Deceased – Board Assurance and Improvement Update

Public Board
26 November 2026

Presented for:	Assurance
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Previous Committees:	NONE

Freedom of Information Act (FOIA) Exemption	☐**YES** (restricted from the FOIA) ☒**NO** (available to the public under the FOIA)

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. Significant progress has been made in delivering the Care of the Deceased Improvement Programme, with strengthened governance and operational controls and key actions completed. The next phase will focus on demonstrating that improvements are embedded, effective and sustained.	Assurance
2. The Trust continues to provide partial assurance. Ongoing audit, compliance monitoring, incident and complaints review, and family feedback will strengthen evidence of effectiveness and inform quarterly mortuary-to-Board reporting.	Assurance
3. The mortuary estate remains the most significant residual risk, with £1.5m–£2.2m investment required to achieve sustainable HTA compliance. Immediate improvements do not remove this longer-term risk, which requires continued executive and Board oversight.	Information

Risk Appetite Framework			
Level 1 Risk	**Level 2 Risks**	**(Risk Appetite Scale)**	**Impact**
Workforce Risk	Choose an item.	Choose an item	Choose an item.
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 our buildings and estates	Cautious	Operating outside
Clinical Risk	Choose an item.	Choose an item	Choose an item.
Financial Risk	Choose an item.	Choose an item	Choose an item.
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

1. Summary

The purpose of this report is to provide the Trust Board with an update on progress against the requirements set out in NHS England's letter of 26 June 2026 regarding mortuary oversight and post-death care, issued following the findings of the Nottingham maternity review, the Human Tissue Authority (HTA) report into Nottingham University Hospitals NHS Trust and the recommendations arising from the Fuller Inquiry.

The report provides an updated assessment of the Trust's governance, oversight and operational arrangements for the care of deceased people, including progress against the Care of the Deceased Improvement Programme, actions arising from the April 2026 HTA inspection and further improvements identified through internal review and Executive engagement.

Significant progress has been made in strengthening governance, security and operational controls. The improvement programme has delivered a number of actions, including the completion of the Premises Assurance Model submission and the HTA Incident Evidential Compliance Assessment. Further improvements are progressing in relation to out-of-hours viewing, temperature monitoring, electronic patient tracking and placental post-mortem reporting.

However, residual risks remain, most notably related to the mortuary estate, where substantial capital investment is required to achieve sustainable compliance with HTA standards. The Trust's constrained capital position presents a significant challenge to delivering these improvements and maintaining regulatory assurance.

The Board is asked to note progress, the residual risks and mitigations in place, and the ongoing requirement for oversight of the improvement programme, particularly the mortuary estate.

2. Findings

Following NHS England's letter of 26 June 2026, the Trust undertook a review of its arrangements for the care, dignity and security of deceased people, including compliance with the applicable Fuller Inquiry recommendations and findings from the April 2026 HTA inspection. A multidisciplinary Care of the Deceased Improvement Programme was

established to coordinate actions arising from national recommendations, regulatory findings and internal reviews.

The Care of the Deceased Improvement Programme has made substantial progress, with the latest assurance report identifying 30 actions completed and evidenced and 13 actions remaining open and on track across the wider programme. Detailed delivery progress continues to be monitored through the established programme governance arrangements.

Progress and current assurance position

Area	Progress achieved	Current assurance and what remains
Governance and oversight	Strengthened reporting arrangements, safeguarding processes and security incident escalation.	Improved assurance regarding governance arrangements. Quarterly mortuary-to-Board reporting has been established and is being finalised to provide ongoing oversight and evidence of effectiveness.
Security and identification	CCTV blind spots addressed, shared swipe cards replaced and security processes strengthened.	Controls have improved. Individual swipe cards have been issued with ongoing access audits demonstrating compliance, identification compliance checks and incident monitoring are scheduled to demonstrate sustained effectiveness. Electronic tracking remains outstanding but being scoped.
Out-of-hours arrangements	Revised viewing model agreed; temperature monitoring installed and escalation procedure approved.	Partial assurance pending implementation of the viewing model, operational testing and ongoing monitoring of compliance with revised procedures.
Placental post-mortem reporting	Risk-based triage established, with medium- and high-risk cases prioritised.	Interim controls are in place. Assurance is required regarding continued compliance with reporting timescales and delivery of the backlog recovery plan.
Mortuary estate	Estate review completed and phased investment requirements identified.	**Significant residual risk remains.** Capital investment of £1.5m–£2.2m is required. Funding is not agreed and sustainable compliance with HTA standards cannot yet be demonstrated.

While the improvement programme demonstrates significant progress in completing and evidencing actions, the Trust recognises that action closure alone does not provide assurance that improvements are embedded, effective and sustained.

The next phase will therefore focus on validating effectiveness through ongoing audit, compliance monitoring, review of incidents, PALS contacts and complaints, and feedback from bereaved families where available. This evidence will be reviewed through established governance arrangements and incorporated into quarterly mortuary-to-Board reporting, providing assurance that improvements are embedded and sustained, identifying where further action is required and supporting escalation where controls are not operating effectively.

3. Current Trust Arrangements

Governance and accountability

The Trust has established governance and accountability arrangements for the care, dignity and security of deceased people, with executive responsibility held by the Chief Nurse and Chief Medical Officer.

Oversight of activities undertaken under the HTA licence is provided by the Designated Individual, supported by the Mortuary Manager and established operational and governance arrangements.

Business-as-usual governance and assurance is provided through the Cellular Pathology Governance Forum, Pathology Quality Assurance Group and Human Tissue Act Group, with escalation through the Patient Safety and Quality Sub-Committee to the Quality Assurance Committee and Trust Board. These arrangements provide ongoing oversight of mortuary services, regulatory compliance and the effectiveness of operational controls.

Oversight of the Care of the Deceased Improvement Programme is provided through a multidisciplinary Care of the Deceased Oversight Group, which receives progress updates and assurance from two task and finish groups covering operational arrangements and Estates and Facilities. The Oversight Group reports to the Patient Safety and Quality Sub-Committee, providing executive oversight of improvement delivery, outstanding actions and residual risks.

A weekly assurance report has also been introduced to provide a structured overview of progress against improvement actions, including delivery status, supporting evidence, outstanding requirements and risks to completion. This is shared with members of the Care of the Deceased Oversight Group and the executive leads, strengthening visibility, accountability and escalation of outstanding actions.

A formal mortuary-to-Board assurance report is being finalised, with implementation planned by 30 November 2026. This will establish quarterly reporting to provide systematic assurance regarding patient safety and quality, operational performance, regulatory compliance, workforce, estate and equipment, and the experience of bereaved families. Reporting will also draw on audit, compliance monitoring, incidents, complaints and family feedback, where available, to demonstrate whether improvements are embedded, effective and sustained.

The improvement programme has also strengthened business-as-usual governance through changes to Pathology Quality Assurance Group reporting, safeguarding policy and training, and security incident escalation arrangements.

Operational oversight

The Trust operates mortuary and body storage facilities at St James's University Hospital and Leeds General Infirmary, with established procedures governing the admission, identification, storage, transfer and release of deceased people.

The April 2026 HTA inspection identified three major findings relating to patient identification and traceability, the condition of the mortuary estate, and out-of-hours temperature breach

escalation, together with a minor finding relating to a need to install a cage around an external condenser units for a fridge bank, to mitigate the risk of patient condition becoming compromised.

Actions to address these findings have been incorporated into the Care of the Deceased Improvement Programme. The HTA inspection workstream is now focused on strengthening assurance beyond the initial regulatory action closure.

Out-of-hours viewing

Following a risk assessment and options appraisal, the preferred model for out-of-hours viewing was presented to Corporate Operations on 3 November 2026. The proposal, supported alongside transitional arrangements, is to provide viewing during weekday core hours, with scheduled weekend appointments.

Implementation requires a three-month consultation with the affected mortuary staff group. Transitional arrangements include restricting viewing to agreed hours on an appointment basis, refresher training for portering supervisors, improvements to panic alarm arrangements and updated communications for families.
Implementation is scheduled for completion by 28 February 2027.

Out-of-hours temperature monitoring

A business continuity action card setting out escalation arrangements for temperature breaches has been approved by relevant operational stakeholders.

Installation of the enabling monitoring system was completed during the week commencing 9 November 2026, covering the mortuary, maternity wards and Facilities Hub. A desktop exercise involving key stakeholders was completed on 8 November without issues being identified. A post-installation exercise to verify intended functionality and familiarise with basic system operation steps will take place. The Trust EPRR team have been briefed on the associated requirements and have agreed to support delivery of this final exercise

The revised process is scheduled to become operational on 23 November 2026, following final implementation and testing.

Security and access controls

Improvements have been made to mortuary security, including addressing CCTV blind spots, replacing shared electronic swipe cards at LGI and strengthening security incident review and escalation arrangements.

Further work to introduce swipe-card exit controls is progressing, with the external contractor actively working through installations, with completion anticipated by the end of November 2026.

Additional improvements identified through Executive walk-rounds include reviewing access to viewing rooms, door security, communication between body storage areas and mortuary facilities, and lone-working arrangements.

These actions have been assigned to the relevant task and finish groups, with completion dates during November and December 2026.

Electronic patient identification and tracking

The Trust remains reliant on paper-based patient identification and tracking processes, with associated risks arising from the manual transcription of information between records.

Paper-based identification checks and compliance audits remain in place as interim controls. The HTA judged existing patient ID check processes to be operating effectively during the April 26 inspection but advised that digitisation should be pursued as a priority to further reduce the risk of incorrect viewings and releases

A user requirements specification has been developed, and work is progressing with Digital Information Technology (DIT) to identify a suitable electronic solution. The existing laboratory information management system does not currently provide the required functionality and the system due to replace this which has already been implemented in other areas of the Pathology service ('winpath') does not currently provide mortuary module functionality that meets the requirements of the user requirements specification.

The Scan for Safety team will develop a business case for consideration, with DIT supporting implementation subject to approval. A project working group is being established to progress the proposed solution, including consideration of changes to PAS and PPM+ to support recording the receipt of patients within the mortuary facilities. Currently this does not consistently take place in real-time, with a reliance on manual receipting and daily occupancy check processes.

An initial scoping exercise and project plan are expected by 4 December 2026.

Placental post-mortem reporting

A backlog of approximately 472 lower-risk placental cases remains awaiting microscopic review and reporting.

A stringent risk-based triage process, aligned to Royal College of Pathologists criteria, is in place to prioritise cases according to clinical risk. All medium- and high-risk placentas are reviewed within 12 weeks and are excluded from the backlog. Lower-risk cases are indexed, with expedited review where the risk classification increases.

An options appraisal recommending an interim risk-based reporting model has been supported by NHS England's Head of Pathology and shared with the Chief Medical Officer and Clinical Director for Women's CSU for consideration.

This approach seeks to maintain timely reporting for higher-risk cases while developing a proportionate solution to the outstanding backlog. A delivery timescale will be confirmed following consideration of the recommendation.

Mortuary estate and facilities

The condition of the mortuary estate remains the most significant unresolved risk within the improvement programme.

The April 2026 HTA inspection identified major concerns regarding the condition of the estate, particularly at LGI, including ageing infrastructure, equipment and facilities requiring modernisation.

The HTA verbally advised that, without significant improvement, there is a risk of a critical shortfall being identified at a future unannounced inspection, potentially placing the Trust's HTA licence at risk.

Estates and Facilities reviews and site workshops concluded on 5 November 2026 and identified a phased, risk-based programme of investment in the existing estate.

The estimated investment required is £1.5 million to £2.2 million, including improvements to LGI post-mortem facilities and replacement of ageing refrigeration, freezer and other equipment.

Although a new mortuary remains within the New Hospital Programme, the new hospital is not expected until 2037. Interim investment in existing facilities is therefore essential.

The Trust may be able to replace priority refrigeration and freezer equipment during the current financial year, subject to funding approval. However, capital funding for the wider modernisation programme has not been agreed.

Given the Trust's constrained capital position, most substantive improvements may not be deliverable until 2029 at the earliest without an additional funding source.

This presents a significant risk to the Trust's ability to demonstrate the improvements required by the HTA and achieve sustainable regulatory compliance.

The funding position was escalated to the Patient Safety and Quality Sub-Committee on 12 November 2026. Further consideration is required through the Trust's capital planning and risk management arrangements.

Culture and speaking up

The Trust recognises the importance of understanding the culture within services responsible for the care of deceased people, alongside providing assurance through formal governance and operational controls.

Executive and senior leadership walk-rounds continue to provide opportunities to engage with colleagues, observe practice and identify areas for improvement.

Recent Executive engagement has identified additional actions relating to security, environmental standards, communication between facilities and lone-working arrangements. These have been incorporated into the improvement programme, with named owners and completion dates.

Alongside established Freedom to Speak Up arrangements, staff engagement, incident reporting and complaints processes, these activities support the Trust in identifying concerns, strengthening accountability and promoting a culture consistent with the Leeds Way values.

The developing quarterly mortuary assurance report will provide a further opportunity to triangulate operational, regulatory and cultural intelligence and strengthen assurance regarding the experience of both colleagues and bereaved families.

4. Assessment Against Fuller Recommendations

The Trust's initial assessment identified 20 Fuller Inquiry recommendations applicable to the organisation, of which 11 were assessed as fully compliant, seven partially compliant and two non-compliant.

The Care of the Deceased Improvement Programme was established to address the outstanding requirements, incorporating actions arising from the Fuller Inquiry, Ockenden Review, April 2026 HTA inspection and previous internal audit findings.

The latest assurance report demonstrates progress in strengthening governance, safeguarding, security and operational arrangements.

Actions completed and evidenced include improvements to CCTV coverage, electronic access controls, security incident escalation arrangements and the inclusion of mortuary assurance within Pathology governance reporting.

Further work is underway to ensure all applicable Fuller recommendations are reflected within the Trust's audit programme. The gap analysis has been completed, additional audits agreed and incorporation into the programme is scheduled for completion by 30 November 2026.

The formal mortuary-to-Board assurance reporting process is also being finalised, with quarterly reporting intended to provide a consistent assessment of compliance, residual risks and the effectiveness of improvement actions.

While significant progress has been made, full compliance and assurance cannot yet be demonstrated, particularly in relation to the mortuary estate and completion of outstanding operational improvements.

The Quality Assurance Committee will continue to receive assurance regarding delivery of the improvement programme, with escalation to the Board of significant risks and matters requiring executive intervention.

5. HTA Reportable Incidents Review

Following the requirements set out by NHS England and the HTA, the Trust undertook a retrospective review of incidents across the ten-year review period to assess compliance with HTA reportable incident requirements.

The review was led by the Designated Individual and covered activities undertaken under the Trust's post-mortem licence.

The latest Care of the Deceased Assurance Report confirms that th**e** HTA Incident Evidential Compliance Assessment has been completed and evidenced**.**

This action is therefore closed within the improvement programme.

Ongoing compliance with HTA incident reporting requirements will continue to be monitored through established governance arrangements, including oversight by the Designated Individual and reporting through the Human Tissue Act Group.

6. Premises Assurance Model (PAM)

The Trust has completed its Premises Assurance Model (PAM) self-assessment.

The PAM return was signed off by the Director of Estates and Facilities on 25 September 2026 and submitted to NHS England on 28 September 2026.

The assessment has informed the Trust's understanding of the condition of its mortuary estate and the development of a phased, risk-based approach to improvement.

Estates and Facilities reviews have subsequently identified an estimated investment requirement of £1.5 million to £2.2 million to address priority infrastructure and equipment concerns.

Although the PAM submission is complete, the underlying estate risks remain unresolved and will require ongoing oversight through the Trust's estate strategy, capital planning and risk management arrangements.

7. Board Assurance Statement

The Trust has made significant progress in responding to the national recommendations and regulatory findings relating to the care of deceased people. Governance and operational controls have strengthened, with a number of improvement actions completed and evidenced, providing increased assurance compared with the initial assessment.

However, the Trust recognises the distinction between completion of improvement actions and assurance that changes are embedded, effective and sustained. The next phase of the programme will focus on demonstrating effectiveness through audit, compliance monitoring, review of incidents and complaints, and feedback from bereaved families where available. This will be incorporated into routine mortuary-to-Board reporting to provide ongoing assurance and identify where further improvement is required.

Overall, the Trust can provide partial assurance, with evidence of progress but further work required to demonstrate sustained effectiveness and achieve full compliance. The condition of the mortuary estate remains the most significant residual risk. While immediate improvements and mitigations are progressing, these do not remove the requirement for longer-term capital investment, estimated at £1.5m–£2.2m, to achieve sustainable compliance with HTA standards.

Full assurance will require both evidence that operational improvements are effective and sustained, and demonstrable progress in mitigating the outstanding estate risks through an agreed and deliverable investment programme.

8. Quality and Performance Implications

The Care of the Deceased Improvement Programme has strengthened governance, security and operational controls, supporting the safe, dignified and compassionate care of deceased people and their families.

Progress has been made in addressing regulatory findings, with interim mitigations in place where improvements remain outstanding. These include paper-based patient identification checks and audits, risk-based triage of placental post-mortem cases and established escalation arrangements for operational risks.

However, residual risks remain in relation to the mortuary estate, out-of-hours arrangements, electronic patient tracking and delayed reporting of lower-risk placental post-mortem cases.

Failure to deliver the outstanding improvements could affect the Trust's ability to maintain regulatory compliance, provide timely information to bereaved families and demonstrate effective oversight of mortuary services.

The condition of the mortuary estate presents the most significant risk, with the potential for further regulatory action and disruption to services if the required improvements cannot be delivered.

The programme will continue to monitor delivery and the effectiveness of actions, with assurance provided through established governance arrangements and escalation of significant risks to the Quality Assurance Committee and Trust Board.

9. Financial Implications

The Care of the Deceased Improvement Programme has identified a significant requirement for capital investment to modernise the Trust's mortuary estate and address concerns raised by the HTA.

Following Estates and Facilities reviews completed in November 2026, the estimated investment required is £1.5 million to £2.2 million, including improvements to LGI post-mortem facilities and replacement of ageing refrigeration, freezer and other equipment.

A phased, risk-based approach to investment has been developed. Replacement of priority refrigeration and freezer equipment may be achievable within the current financial year, subject to funding approval.

However, capital funding for the wider programme has not been agreed, and the Trust's constrained capital position means that substantive improvements may not be deliverable until 2029 at the earliest without additional funding.

This presents a significant challenge to achieving sustainable compliance with HTA standards and mitigating the associated regulatory risks.

The funding position has been escalated through the Patient Safety and Quality Sub-Committee and will require further consideration through the Trust's capital planning and governance arrangements.

No financial approval is sought through this paper**,** although the Board is asked to recognise the scale of investment required and the implications of continued funding constraints for regulatory compliance and the safe operation of mortuary facilities.

10. Risk

The Trust has made progress in addressing risks identified through the Fuller Inquiry, Ockenden Review and HTA inspection. However, a number of residual risks remain and continue to be managed through the Care of the Deceased Improvement Programme.

The most significant risk relates to the condition of the mortuary estate, particularly at LGI, where substantial investment is required to address ageing infrastructure and equipment.

The HTA has previously advised that failure to demonstrate significant improvement could result in a critical shortfall at a future inspection, potentially placing the Trust's HTA licence at risk.

The Trust's constrained capital position presents a significant barrier to mitigating this risk within an acceptable timescale. The wider organisational risk relating to insufficient capital allocation is currently scored at 20.

Additional operational risks remain in relation to out-of-hours viewing arrangements, temperature monitoring, electronic patient identification and tracking, and the backlog of lower-risk placental post-mortem reports. Interim controls and improvement plans are in place, with progress monitored through established governance arrangements.

The Trust remains outside its risk tolerance for physical assets, and further executive oversight and consideration of funding options are required to address the outstanding estate risks and support sustainable regulatory compliance.

11. Communication and Involvement

Pathology and Estates colleagues have been working collaboratively to achieve full compliance with the recommendations arising from the Fuller Phase 2 report, supported by weekly task and finish group meetings, as outlined above. 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.

In line with recommendation 15 of the Fuller Inquiry, the Trust is also developing a formal mortuary-to-Board reporting process to strengthen communication, oversight and assurance in relation to post-death care, mortuary services and compliance with relevant regulatory requirements.

12. Impact on Equality & Health Inequalities

An Equality and Health Inequalities Impact Assessment (E&HIIA) has not been undertaken for this report, as it relates to governance, assurance and compliance arrangements associated with mortuary services and the care of deceased people, rather than the introduction of a new service or a substantive change to existing services.

Notwithstanding this, the recommendations arising from the Fuller Inquiry, the Ockenden Review and NHS England guidance seek to ensure that all deceased people and their families are treated with dignity, compassion and respect, recognising the importance of

responding appropriately to 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 implementation of the improvement plan, an Equality and Health Inequalities Impact Assessment will be completed as appropriate.

13. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000.

14. Recommendation

The Trust Board is asked to:

- Note the progress made in delivering the Care of the Deceased Improvement Programme, including completion of key regulatory actions and improvements to governance, security and operational arrangements.
- Recognise that, while assurance has strengthened, residual risks remain and full compliance cannot yet be demonstrated across all areas.
- Note the significant risks associated with the condition of the mortuary estate, the estimated investment requirement of £1.5 million to £2.2 million and the implications of the Trust's constrained capital position for achieving sustainable HTA compliance.
- Support continued executive consideration of the mortuary estate investment requirements, including the prioritisation of risk-based improvements and identification of potential funding options.
- Endorse ongoing oversight through the Quality Assurance Committee, with quarterly mortuary-to-Board reporting providing assurance regarding the delivery, effectiveness and sustainability of improvements, alongside continued monitoring and escalation of residual risks.

15. Supporting Information

None.