Oxford University Hospitals
NHS Foundation Trust

# Cover Sheet

## Trust Board Meeting in Public: Wednesday 25 November 2026

## TB2026.101

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| **Title:** | **Action Plan: Nottingham maternity review findings on post-death care and key actions required following the Fuller Inquiry** |
| **Status:** | **For Information** |
| **History:** | **Trust Board, 29 July 2026 (TB2026.61)**<br>**Trust Management Executive, 13 August 2026 (TME2026.293)**<br>**Trust Management Executive, 1 October 2026 (TME2026.357)**<br>**Quality and Performance Committee, 28 October 2026 (QPC2026.09)** |

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| **Board Lead:** | **Chief Medical Officer** |
| **Author:** | **Toni Mackay, Interim DDO CSS** |
| **Confidential:** | **No** |
| **Key Purpose:** | **Assurance** |

## Executive Summary

1. On 26 June NHS England issued a system-wide directive following findings from the Nottingham Maternity Review and the David Fuller Inquiry, requiring all provider trusts to strengthen assurance arrangements for the care of deceased patients.
2. Trust Boards are required to review compliance with relevant Fuller Inquiry recommendations and to confirm governance and safeguarding arrangements relating to mortuary services.
3. The board assurance statement submitted to Trust Board on 29 July 2026 documented a review of existing arrangements across pathology, mortuary, estates, and safeguarding services. The David Fuller Inquiry Phase 2 NHS Trust Recommendation self-checklist has also been completed and an action plan developed, which is provided in this paper.
4. Compliance has been demonstrated against 24 of the 27 recommendations relevant to OUH. Further work is required for full assurance against 2 recommendations. Once these actions are completed, the Trust Board will have full assurance that all the Fuller Inquiry recommendations have been implemented, fulfilling the requirement of the final recommendation.

## Recommendations

5. The Trust Board is asked to:
    - Note the current status and action plan in relation to the 29 Fuller Report recommendations provided in section 3.

# Action Plan: Nottingham maternity review findings on post-death care and key actions required following the Fuller Inquiry

## 1. Purpose

1.1. The purpose of this paper is to provide assurance on the current status and actions being taken in relation to the 29 Fuller Inquiry Report recommendations outlined in the NHS Trust Recommended checklist, which can be seen in section 3.

## 2. Background

2.1 On 26 June 2026 OUH received a letter from NHSE requesting Board assurance confirming governance and safeguarding arrangements relating to mortuary services, following the Nottingham maternity review findings on post-death care and the key actions required following the Fuller Inquiry.

2.2 The Board Assurance Statement presented to the Trust Board on 29 July 2026 confirmed that a review of progress against the 29 NHS recommendations of the Fuller Inquiry had been completed; and that a detailed action plan had been developed to address assurance gaps.

2.3 An earlier version of this progress report was presented to the Trust Quality and Performance Committee.

2.4 Delivery of this action plan has been overseen through a fortnightly task and finish group.

2.5 This paper presents an updated status report and outlines ongoing actions to achieve full compliance.

## 3. Fuller Inquiry self-assessment action plan

3.1. Current compliance against each of the Fuller Inquiry recommendations is summarised in the table below. Of the 29 recommendations, two recommendations (relating to anatomical training) are not relevant to OUH, and compliance against 24 of the remaining 27 recommendations has been confirmed.

3.2. Further work is required for full assurance against 2 recommendations:

- Recommendation 10 – a review has been completed of the time available to the Designated Individual to fulfil their responsibilities

- Recommendation 14 – A review has been completed of mortuary resource in the light of Ockenden recommendations

3.3. Recommendations 10 and 14 have been combined into a Mortuary workforce plan that was submitted to the Trust Business Planning Group (BPG) on 26 October and presented on 12 November. BPG have requested further clarification on the funding and cost of the service, including any unfunded/non-mandatory provision, and the resources needed for essential compliance requirements. An updated proposal addressing will be presented to BPG on 10 December.

3.4. Once these actions are completed, the Trust Board will have full assurance that all the Fuller Inquiry recommendations have been implemented (Recommendation 16).

3.5. The table below summarises the current status, actions, responsibilities and timelines for each of the 29 recommendations.

| Theme | No. | Recommendation / requirement | Compliant Yes / No | Outstanding actions | Notes including Action Owner and Deadline | Status |
|---|---|---|---|---|---|---|
| Security of Mortuaries and Body Stores | 1 | Has a specialist strategic review of systems protecting deceased people, including a security risk assessment, been completed? | Yes | | Full review complete. | Complete |
| Security of Mortuaries and Body Stores | 2 | Is CCTV installed within mortuaries covering entrances, exits, reception areas and body fridge doors, with appropriate safeguards for dignity? | Yes | | CCTV is reviewed weekly. Any incidents are raised through Ulysses and report reviewed at Human Tissue Group (HTG) reporting to Clinical Improvement Committee CIC | Complete |
| Security of Mortuaries and Body Stores | 3 | Are access records routinely audited for all mortuary and body-store facilities? | Yes | | 6 monthly reporting, last done in Sep 2026, next scheduled March 2027. | Complete |
| Security of Mortuaries and Body Stores | 4 | Has the use of shared electronic swipe cards ended? | Yes | | Joint access cards not assigned to a person have been removed in parallel with the annual audit | Complete |
| Security of Mortuaries and Body Stores | 5 | Have systemic operational barriers been considered or put in place, for example, restrictions on phones or cameras in mortuaries? | Yes | All phones must currently be stored in a designated phone storage area. Lockers for phones are being sourced as a long term solution. | Mortuary manager 31/8/26 | Action partially complete but fully compliant |

| Theme | No. | Recommendation / requirement | Compliant Yes / No | Outstanding actions | Notes including Action Owner and Deadline | | Status |
|---|---|---|---|---|---|---|---|
| Security of Mortuaries and Body Stores | 6 | Is every security breach treated seriously, investigated for system causes, and reported to the Board or relevant subcommittee? | Yes | | SOPs in place for Incident reporting, escalations & HTARI reporting. These are reported to the Human Tissue Group which reports through the Clinical Improvement Committee to the Clinical Governance Committee and Trust Management Executive. | | Complete |
| Security of Mortuaries and Body Stores | 7 | Are Human Tissue Authority-equivalent security standards applied to body stores? | Yes | | HTA security standards are applied to all body stores, inspected externally by HTA every 2 years | | Complete |
| Security of Mortuaries and Body Stores | 8 | Has a swipe-to-exit system, or equivalent means of monitoring entry, exit and time spent in mortuaries, been considered? | Yes | | CCTV and electronic swipe access are in place for monitoring. HTG governance committee considered swipe-to-exit and concluded CCTV to be more effective and in place, as also shows activity in the areas. | | Complete |
| Security of Mortuaries and Body Stores | 9 | Is the number of staff with access to mortuaries or body stores monitored and regularly reviewed? | Yes | . | Last audited 03/09/26. Swipe access log to be reviewed annually and reported to Human Tissue Group (HTG). | | Complete |
| Management and Governance | 10 | Do Designated Individuals have sufficient time, training, and resources to fulfil their responsibilities? | Yes | Review of DI support completed as part of the mortuary workforce review (action 14); circa 2-3 additional hours per week estimated. Mortuary Workforce Plan developed. BPG has requested further review of essential staffing which is under way. | Mortuary Manager / Interim DM Pathology | 12/11/26 | Partially Complete |
| Management and Governance | 11 | Do senior leaders, including the Chief Executive, understand the Designated Individual role, accountability, and legal responsibilities? | Yes | | As the lead executive on the board and HTA licence holder, the Chief Medical Officer has full understanding of the DI role, as does the CEO. | | Complete |
| Management and Governance | 12 | Do Designated Individuals attend appropriate governance forums? | Yes | | The DI chairs the 3-monthly Human Tissue Group which is attended by all Persons Designated for the HTA licence. | | Complete |

| Theme | No. | Recommendation / requirement | Compliant Yes / No | Outstanding actions | Notes including Action Owner and Deadline | | Status |
|---|---|---|---|---|---|---|---|
| Management and Governance | 13 | Is a professional mortuary-services background a prerequisite for Mortuary Manager posts? | Yes | | All Mortuary managers need to be a Qualified APT as a minimum, and with a management qualification | | Complete |
| Management and Governance | 14 | Do Mortuary Managers have adequate resources and support to fulfil their role? | No | Workforce review completed in the light of Ockenden recommendations (see also action 10 above). Mortuary Workforce Plan developed. BPG has requested further review on essential staffing which is underway. | Mortuary Manager / Interim DM Pathology | 12/11/26 | Partially Complete |
| Executive Accountability and Board Oversight | 15 | Is there routine reporting by the Accountable Officer to the Trust Board on mortuary and body-store matters, including an annual formal report? | Yes | | All matters are reported to the Human Tissue Group which reports through the Clinical Improvement Committee to the Clinical Governance Committee and Trust Management Executive from where issues are reported by exception to the Board.<br>The DI also meets regularly with the CMO to whom all HTARIs and other issues are reported in parallel. | | Complete |
| Executive Accountability and Board Oversight | 16 | Has the Trust Board assured itself that the Inquiry recommendations have been implemented? | No | Further updates against the outstanding actions will be presented to the Trust Board via the Trust Quality & Performance Committee. | A Board Assurance Statement was presented to the Trust Board on 29/07/26. This and future updates will be presented to the Trust Quality & Performance Committee. | | Partially Complete |
| Executive Accountability and Board Oversight | 17 | Are the recommendations and governance arrangements applied to any temporary storage facilities? | Yes | | Yes, all temporary storage is included in governance arrangements and follows recommendations made by the HTA | | Complete |
| Executive Accountability and Board Oversight | 18 | Are mortuary services subject to the same governance attention as other statutorily regulated services? | Yes | | OUH have internal policies and procedures which are also applicable to all regulatory bodies | | Complete |
| Safeguarding | 19 | Are the security and dignity of deceased people included in safeguarding training, policies, and assurance processes? | Yes | | Now included in training documentation | | Complete |

| Theme | No. | Recommendation / requirement | Compliant Yes / No | Outstanding actions | Notes including Action Owner and Deadline | | Status |
|---|---|---|---|---|---|---|---|
| Safeguarding | 20 | Is the Chief Nurse explicitly responsible for safeguarding the security and dignity of deceased people in mortuaries and body stores? | Yes | | | | Complete |
| Safeguarding | 21 | Has safeguarding of deceased people been incorporated into the organisation's safeguarding framework and arrangements? | Yes | | Documented in all training and the policy provided to the duty managers resource folder. | | Complete |
| Education Providers Using Donors | 22 | Where donors are used in anatomical education and training, are policies and procedures in place to ensure their security and dignity? | NA | | OUH do not carry out anatomical training | | N/A |
| Education Providers Using Donors | 23 | Where postgraduate training involves university and NHS settings, are governance, information-sharing, HTA licensing and management arrangements clearly documented through formal agreements where relevant? | NA | | OUH do not carry out anatomical training | | N/A |
| Hospices | 24 | Is auditable access control in place for areas where deceased people are kept? | Yes | | Added to the audit schedule in section 1 | | Complete |
| Hospices | 25 | Are there Standard Operating Procedures covering the care of deceased people, including security of and access to the areas where they are kept? | Yes | | | | Complete |
| Hospices | 26 | Is unaccompanied access to areas where deceased people are cared for minimised wherever possible? | Yes | | | | Complete |
| Partnership and Contractual Arrangements | 27 | Where organisations work together to care for people after death, are arrangements formalised through contracts or service level agreements? | Yes | 1. Review & sign off updated Bucks Healthcare Service Level Agreement for contingency capacity for OUH Mortuary – Signed.<br>2. Sign off Oxford Council Contract for community mortuary services – with OUH Solicitors for finalisation | Cell path Manager/ Head of patient experience/ CSS procurement | 31/10/26 | complete |

| Theme | No. | Recommendation / requirement | Compliant Yes / No | Outstanding actions | Notes including Action Owner and Deadline | Status |
|---|---|---|---|---|---|---|
| Partnership and Contractual Arrangements | 28 | Do contracts or service level agreements include joint Standard Operating Procedures? | NA | | The funeral director has agreed standards to work to in line with the OUH contract | Complete |
| Partnership and Contractual Arrangements | 29 | Are contracts or service level agreements managed effectively, with assurance sought that arrangements protect the security and dignity of people after death? | Yes | . | Estates managed items are managed wit procurement (fridges etc). Contractors are not allowed to enter the mortuary without approved access. | Complete |

## 4. Recommendations

4.1. The Trust Board is asked to:

- Note the current status and action plan in relation to the 29 Fuller report recommendations relevant to the NHS.