

Extraordinary Trust Board in Public

Thursday 23 July 2026, 12:30 - 13:15

Teams

Members of the public are welcome to join the meeting via this link: https://teams.microsoft.com/l/meetup-join/19%3ameeting_NjU3ZmY0NDMtYjU2Ny00N2M2LTlhIN2YtZDdhN2EzM2UxY2Zh%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%222eddc43-0866-4a1c-8406-a8729f5f3b0d%22%7d

Agenda

12:30 - 12:31

1 min

1. Welcome and apologies (26/27.76)

Information Chair

To receive apologies for the meeting from members of the Board and those usually in attendance.

12:31 - 12:31

0 min

2. Declarations of Interest (26/27.77)

Information Chair

To receive any declarations of interest in regards matters on the agenda.

Section A: Matters for Discussion and Decision

12:31 - 12:49

18 min

3. Lord Mann Review: Trust Response and Action Plan (26/27.78)

Decision Dual Chief People Officer

- **Note** the publication of the Lord Mann Review and NHS England response.
- **Approve** the RCHT statement **noting** this aligns with Cornwall Partnership NHS Foundation Trust statement
- **Approve** to sign up to the NHS Race and Health Observation Seven Anti-Racism Principles, to confirm adoption of recognised definitions of antisemitism and anti-Muslim hostility and adopt the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism by 31 July 2026.
- **Note** the Trust action plan will be monitored by the RCHT Inclusive Wellbeing Group.

 03_Lord Mann RCHT_Final.pdf (11 pages)

12:49 - 13:07

18 min

4. Post Death Care Board Assurance Statement: Nottingham Maternity Review Report findings and key actions from Fuller Inquiry (26/27.79)

Decision Chief Medical Officer

- **Approve** the Board Assurance Statement on Mortuary Care, noting action being undertaken will ensure compliance ahead of submission to NHS England on 31 July 2026.

-  04.1_Mortuary Care Board Assurance Statement - 2026-07 Final MKKOK.pdf (7 pages)
-  04.2_Appendix 1 PRN02500 System letter on mortuary oversight 26 June 2026.pdf (10 pages)
-  04.3_Appendix 2 Board Assurance Statement of Mortuary Care - July 2026 Final KOK.pdf (3 pages)

13:07 - 13:09

2 min

5. Consideration of Risk and Celebration (26/27.80)

Discussion Company Secretary and Executive Director owners of risks

- To **identify** any risks raised during the meeting that may need to be escalated to the Board Assurance Framework or Corporate Risk Register and to articulate any matters for celebration

13:09 - 13:14 6. Questions from the Public (26/27.81)

5 min

Discussion

Chair

 06_Protocol for Questions from Members of the Public.pdf (2 pages)

13:14 - 13:15 7. Meeting effectiveness evaluation (26/27.82)

1 min

Discussion

Chair

- *What worked well?*
 - *Even better if?*
 - *Consideration of health inequalities ('triple aim'), equality, diversity and inclusion?*
 - *Consistency with board etiquette?*
 - *Contribution to patient safety?*
 - *Any matters to communicate with system partners?*
-

13:15 - 13:15 8. Date of next meeting and move to Board in Private (26/27.83)

0 min

Information

Chair

Date of next Board in Public: 3 September 2026

The Board will now move to its Board in Private meeting per the following resolution:

That, under the provision of Section 1, Sub-Section 2, of the Public Bodies Admission to Meetings Act, 1960, the public will be excluded from the meeting as the Trust is in Committee on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted. The issues to be discussed involve, for example, matters relating to individuals and patient confidentiality.

One of more the following criteria must be met to for a Trust Board in Committee discussion:

- *The document contains employee identifiable information;*
- *The document contains patient identifiable information;*
- *The document contains information relating to legal proceedings;*
- *The documentation is in draft format for future publication / remains in early stages of development;*
- *The document is commercially sensitive*

Neave Lynsey
21/07/2026 13:06:23

Meeting: Extraordinary Trust Board In Public

Date of Meeting: 23 July 2026

Item Number: 03

Title of Report: Lord Mann Report: Trust Response and Actions

Executive Director Lead: Alison Thorne-Henderson, Dual Chief People Officer

Author and Job Title: Alison Thorne-Henderson, Dual Chief People Officer

Email Address: alison.thorne-henderson1@nhs.net

Purpose of the Report:

Decision ☒ **Discussion** ☐ **Assurance** ☒ **Information** ☐

The report sets out the Trust's proposed response to the Lord Mann Review and the associated NHS England requirement to introduce national staff standards relating to experiences of racism, including a standard on tackling racism. It seeks Board approval of the organisational statement and provides assurance on the proposed 12-month action plan, governance and monitoring arrangements.

Consultation:

The Board were briefed on the Trust approach to the response in early July 2026. This paper draws on national guidance issued by NHS England following publication of the Lord Mann Review in June 2026, including the commitment to introduce staff standards relating to experiences of racism. The Trust's proposed response has therefore been reviewed to ensure it interlinks the Lord Mann recommendations, NHS England's immediate actions and local governance through the RCHT Inclusive Wellbeing Group and People and Culture Committee.

Key Risks (please tick one or more):

Clinical ☐ **Financial** ☐ **People** ☐
Reputational ☒ **Legal / Regulatory** ☒

Impact:

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?		X		No adverse impacts identified; however, the review highlights systemic inequalities requiring improvement.
Quality Impact Assessment completed?		X		Positive impact expected through improved patient and staff experience.
Data Protection Impact Assessment completed?		X		No data risks identified.

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	The review highlights ongoing experiences of racism and discrimination affecting both staff and patients, impacting wellbeing and psychological safety.
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	Variation in response to racism may affect quality and equity of care; improved consistency expected to enhance outcomes.
Sustainable and efficient use of NHS resources by RCHT	Standardised processes and improved reporting will support efficient use of organisational resources.

Recommendation(s):

The Board is recommended to:

- **Note** the publication of the Lord Mann Review and NHS England response.
- **Approve** the RCHT statement **noting** this aligns with Cornwall Partnership NHS Foundation Trust statement
- **Approve** to sign up to the [NHS Race and Health Observation Seven Anti-Racism Principles](#) and confirm adoption of recognised [definitions of antisemitism and anti-Muslim hostility](#) by 31 July 2026 and **note** the [International Holocaust Remembrance Alliance \(IHRA\) working definition of antisemitism](#).
- **Note** the Trust action plan will be monitored by the RCHT Inclusive Wellbeing Group.

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Lord Mann Report; Trust Response

1. Situation / Executive Summary

NHS England wrote to all NHS leaders on 4 June 2026 following publication of the [Lord Mann Review](#) into antisemitism and wider racism across the NHS. NHS England accepted the recommendations directed to it in full and confirmed immediate actions, including adoption of the NHS Race and Health Observatory Seven Anti-Racism Principles, introduction of staff standards relating to experiences of racism, strengthened oversight through the NHS Oversight Framework, and anti-racism training for NHS boards and system leaders.

A national programme of improvement has been set out, with expectations placed on all NHS organisations to strengthen accountability, enhance culture, and improve systems for reporting and addressing racism.

The forthcoming NHS national staff standard on tackling racism should be treated as the operational mechanism through which the Trust demonstrates delivery of the Lord Mann Review locally. It should set minimum expectations for how racism is prevented, reported, responded to, investigated, learnt from and monitored, and should be embedded through leadership accountability, staff support, training, workforce data, patient and staff experience routes and regular Board assurance.

2. Background

The Lord Mann Review was commissioned in response to concerns about persistent racism, including antisemitism and Islamophobia, affecting both staff and patients.

The review recognises the NHS's commitment to compassion and respect but concludes that safe and inclusive environments are not being achieved consistently and that further, coordinated action is required.

3. Assessment

The review, ([Lord Mann review on antisemitism and other forms of racism in the NHS](#)), and accompanying NHS England letter identify key themes for improvement:

- (i) Leadership and accountability
 - Stronger board-level ownership of anti-racism work.
 - Clear expectations for leaders to drive change.
- (ii) Training and capability
 - Mandatory anti-racism training for staff and boards.
 - Development of targeted learning (e.g. complaints handling, faith awareness).

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(iii) Reporting and staff support

- Improved systems to support staff experiencing racism.
- Better use of data to understand and address inequalities.

(iv) Culture and inclusion

- Commitment to creating environments free from discrimination.
- Reinforcing NHS values of dignity, compassion, and respect.

Additionally and important to note that the NHS national staff standards have been published and the national staff standard on tackling racism is expected to provide a consistent framework for NHS organisations to prevent racism, respond effectively when it occurs, support affected staff and patients, and learn from incidents. The Trust is currently working through this standard to understand the impact.

Staff experience at RCHT is outlined within our Workforce Race Equality Report, our staff survey, through listening events and staff network feedback. Highlights are:

- Ethnic minority representation continues to rise.
- White candidates remain twice as likely to be appointed from shortlisting.
- Ethnic minority staff increasingly overrepresented in disciplinary processes.
- Training and CPD access broadly equitable.
- Bullying, harassment, and abuse has reduced and is closer to national levels.
- Discrimination at lowest level in 5 years, but still above national average.
- Confidence in career progression is below national benchmarks.
- Ethnic minority staff integration into living and working in Cornwall has been challenging due to the pace at which ethnicity has increased in the community following anchor institutions targeted global educated workforce recruitment over the past 5 years.

The Trust has established Board-level ownership of equality, diversity and inclusion through approved, co-created system EDI objectives, individual EDI objectives for all Board Directors, and visible Executive Director sponsorship of staff networks. These arrangements align with the Lord Mann Review and provide a clear leadership foundation for implementing the national staff standard on tackling racism.

Existing governance routes, including the People and Culture Committee and the RCHT Inclusive Wellbeing Group, provide a mechanism for monitoring progress against the Lord Mann recommendations and the national staff standard. This will include triangulation of staff experience, WRES, WDES, Freedom to Speak Up, Employment Relations casework, complaints and incident data, with escalation where there is evidence of inconsistent practice, low confidence in reporting, or disproportionate impact on particular staff groups.

Further assurance is provided through the Trust's Board Diversity Plan, annual Board development activity, recent bystander training for the Executive Leadership Team and Trust Board members, and the configuration of Datix to support reporting of hate crime. The Trust is committed to complete the new bitesize module co-created with faith leaders in the NHS when it becomes available and the Trust will ensure it monitors compliance.

Proposed approach for Lord Mann Review at RCHT incorporating National Staff Standards, Staff Survey, EDI objectives.

We have already set out priority actions for 2026/27 in relation to Equality Diversity and Inclusion at RCHT and progress will be monitored quarterly through an EDI Assurance report at the People and Culture Committee. In developing this proposed plan, we have been cognisant of the Trust staff survey key priority areas and EDI data requirements from recent reports (Pay Gap, WRES, WDES and EDS).

For RCHT, this means the local plan must go beyond statement of intent and provide measurable assurance across six areas: visible leadership, clear behavioural expectations, accessible reporting routes, timely and fair response and investigation, effective support and learning, and transparent data-led monitoring through WRES, staff survey, FTSU, ER casework, complaints and incident reporting routes.

To ensure that we have carefully considered the implications of the Lord Mann Review, the national staff standards and already agreed actions, the proposed plan of action and KPI's will be discussed and refined with key stakeholders such as staff networks and where appropriate align our plans with CFT.

NHS England has invited all NHS organisations to also sign up to the [NHS Race and Health Observation Seven Anti-Racism Principles](#), to confirm adoption of recognised [definitions of antisemitism and anti-Muslim hostility](#) and encouraged Boards to consider adopting the [International Holocaust Remembrance Alliance \(IHRA\) working definition of antisemitism](#) by 31 July 2026. Antisemitism and all forms of racism have no place at Royal Cornwall Hospitals NHS Trust. Patients, families and carers should feel safe, respected and confident when receiving care, and every member of staff should feel included, supported and welcome in their workplace. The Lord Mann Review provides an important opportunity for RCHT to strengthen our standards, expectations and accountability, and to ensure that our values of care, compassion and clinical excellence are reflected consistently in how we prevent, respond to and learn from racism and discrimination. Tackling structural discrimination is a shared leadership responsibility across the Trust, and we are committed to working with colleagues, staff networks, patients and partners to deliver the actions set out and to build a culture where everyone is treated with dignity and respect.

The Trust has adopted the [Violence Prevention and Reduction Standard](#) and developed a Violence Prevention and Reduction Strategy which is currently under review.

With regard to communications and engagement, the Trust will ensure colleagues, staff representatives, patients and communities are aware of the Trust actions and commitments through internal and external communications and we will promote our

statement in response to Lord Mann on our website. The Trust will continue to engage locally through our EDI networks

Action Plan

Proposed Action	Lead	Deadline	Dependencies	Potential KPI
Once available rollout the new bitesize module co-created with faith leaders in the NHS when it becomes available and the Trust will ensure it monitors compliance.	Learning and Development, Comms	Not known at this time	Launch date not known at this stage	Once available, the Trusts will monitor compliance across the Trust and provide regular reporting.
Increase confidence and completeness of disability and ethnicity declaration through targeted ESR refresh campaigns, senior role-modelling and clear communication on data use.	People and Organisational Development (POD) and Communications, linking with staff networks	Q2 2026/27	Senior leader engagement: Communications support; Staff network encouraging the workforce	10% Reduction in unknown disability and ethnicity data overall and at senior levels
Strengthen inclusive recruitment decision-making including refreshed training, panel diversity, and reinforced governance.	Resourcing Lead	Q2 2026/27	Recruitment team capacity. Panel availability OD support Operational pressures impact on release of staff for training	Year 1 all senior leaders have completed refreshed training Year-on-year reduction in WDES and WRES
Reduce disproportionality	Associate Director of	Q3 2026/27	Strategic Workforce	10% reduction of disabled staff and

in capability and disciplinary processes by embedding a restorative and just approach.	People Experience		Partner capability; Policy alignment; Development of senior leaders and Managers	BME staff into formal performance management processes disciplinary processes
Improve manager capability in inclusive people management through targeted development.	POD	Q4 2026/27	OD Training capacity; Manager release	70% of people Managers trained in safe and inclusive leadership
Improve data collection and use appropriate data to identify areas of targeted intervention	Associate Director of People Experience / FTSU Guardian	Q3 2026/27	Data integration; Local leadership response	National staff standard on tackling racism, harassment will support the impact Staff survey results in key WRES/DES data have a sustained improvement of at least 1%
Strengthen confidence in speak-up and reporting routes with timely and consistent responses.	Associate Director of People Experience / FTSU Guardian, Communications colleagues to regularly	Ongoing (review Q4)	Case management systems; Leadership behaviour	Improved speak-up confidence indicators
Implement a local assurance framework for the NHS national staff standard on tackling racism, mapped to the Lord Mann Review themes and existing Trust governance.	Chief People Officer / Associate Director of People Services, with Inclusive Wellbeing Group	Q4 2026/27	Publication of final national staff standard; access to workforce, FTSU, ER, complaints and incident data; staff network engagement	Quarterly assurance report to PCC showing progress against each element of the standard, with exception reporting and agreed corrective actions.

Ensure all staff have completed the NHS Core Skills Framework module on Equality, Diversity and Human Rights (EDHR), which includes content on antisemitism and Islamophobia.	Chief People Officer / Associate Director of People Services, with Inclusive Wellbeing Group	2026/27	NHS England release date of revised modules TBC	Compliance will be monitored through ESR data reporting. Targeted interventions with Divisions/departments will be considered where compliance is low.
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Proposed Royal Cornwall Hospitals Trust Organisational Statement in response to Lord Mann report

At Royal Cornwall Hospitals Trust, we believe that everyone has the right to be their true selves at work. We are committed to taking an anti-discrimination and anti-racism approach in every aspect of our work, ensuring that all colleagues and patients feel a genuine sense of belonging, and are safe and protected from harm caused by racism, antisemitism, homophobia, biphobia, transphobia, misogyny, or any other form of discrimination.

We are clear that hate incidents, discrimination and unacceptable behaviour should not be tolerated and will be challenged. All staff are actively encouraged and supported to speak up and report concerns, knowing they will be listened to, with confidence that reports will be treated seriously, handled fairly, and used to drive meaningful learning, continuous improvement and lasting change.

The Trust is committed to learning from the lived experience of colleagues, patients and communities to strengthen prevention, improve responses and build trust.

The insights and actions from the group are reported through our governance structures, including the People and Culture Committee, ensuring accountability at the highest levels. Executives and Non-Executive Directors play a visible role in reinforcing this message, modelling expectations, and embedding a culture of psychological safety across the organisation.

This commitment will be consistently embedded from the outset of employment. All inductions will clearly communicate our expectations, reporting processes, and zero-tolerance ambition, ensuring that every member of staff understands their role in creating and sustaining an inclusive, respectful workplace.

Together, we are building a culture where everyone feels safe, empowered to speak up, and confident that their voice will be heard, respected and acted upon.

Royal Cornwall Hospitals Trust

4. Risk

Failure to act on the review presents risks including:

- Continued staff dissatisfaction and reduced wellbeing resulting in poor WRES outcomes, staff absence and staff turnover.
- Reputational damage if discrimination is not addressed resulting in costly employee relation cases and ET.
- Regulatory scrutiny and potential non-compliance
- Impact on quality and safety of patient care – discrimination affects morale leading to poor patient care.

There are also risks associated with inconsistent application of guidance across organisations.

5. Accountability

Trust Boards are expected to demonstrate visible leadership and assurance that the Lord Mann Review recommendations and the national staff standard on tackling racism are being implemented. This includes:

- Monitor staff survey data relating to experiences of racism.
- Ensure compliance with national training and standards.
- Demonstrate clear leadership commitment.
- Engage with staff, patients, and communities.
- Receive regular assurance on prevention, reporting, response, support, learning and measurable improvement against the national staff standard on tackling racism.

Additional Resources

Please find links below:

- Written Ministerial Statement - [Written statements - Written questions, answers and statements - UK Parliament](#)
- Lord Mann review report - [Lord Mann review on antisemitism and other forms of racism in the NHS - GOV.UK](#)
- Government response - [Government response to the Lord Mann review on antisemitism and other forms of racism in the NHS](#)

In addition, NHS Employers has prepared a response – [NHS Employers responds to Lord Mann's review of antisemitism and other forms of racism in the NHS | NHS Employers](#)

6. Recommendations

- **Note** the publication of the Lord Mann Review and NHS England response.
- **Approve** the RCHT statement **noting** this aligns with Cornwall Partnership NHS Foundation Trust statement
- **Approve** to sign up to the [NHS Race and Health Observation Seven Anti-Racism Principles](#) and confirm adoption of recognised [definitions of antisemitism and anti-Muslim hostility](#) by 31 July 2026 and **note** the [International Holocaust Remembrance Alliance \(IHRA\) working definition of antisemitism](#).
- **Note** the Trust action plan will be monitored by the RCHT Inclusive Wellbeing Group.

Neave Lynsey
21/07/2026 13:06:23

Meeting: Extraordinary Trust Board in Public

Date of Meeting: 23 July 2026

Item Number: 04

Title of Report: Post Death Care Board Assurance Statement: Nottingham Maternity Review Report findings and key actions from Fuller Inquiry

Executive Director Lead: Meridith Kane, Chief Medical Officer

Author and Job Title: Stephen Davison, Head Biomedical Scientist and Human Tissue Authority (HTA) Designated Individual

Email Address: sdavison1@nhs.net

Purpose of the Report:

Decision ☐ **Discussion** ☐ **Assurance** ☒ **Information** ☐

This paper provides the Trust Board in Public with the Board Assurance Statement on Mortuary Care for approval prior to submission to NHS England by 31 July 2026.

Consultation:

The Board Assurance Statement was completed by the Pathology, Safeguarding, and Estates teams and is scheduled to be considered, alongside the Trust routine reporting relating to the Fuller Inquiry to the 28 July Quality Assurance Committee.

This report was approved by the Chief Medical Officer and the Acting Chief Nursing Officer on the 16 July 2026.

Key Risks (please tick one or more):

Clinical ☐ **Financial** ☐ **People** ☐
Reputational ☒ **Legal / Regulatory** ☒

Impact:

Chair: David Allen OBE
Acting Chief Executive: Kim O'Keeffe BEM



Outstanding
Care for One+All

Assessment	Yes	No	N/A	Summarise any adverse impacts identified
Equality Impact Assessment completed?			x	
Quality Impact Assessment completed?			x	
Data Protection Impact Assessment completed?			x	

Health Inequalities, Health Outcomes and Sustainability ('triple aim') – or reports requesting decisions only:

As an NHS Provider, under the Health and Care Act 2022, the Trust has a duty to ensure that it considers the effects of its **decisions** on the health and wellbeing of the population, quality of care and sustainable use of NHS resources. If your report is proposing a policy, strategy, business case or other matter for decision, please complete the boxes below to set out considerations in regards one or more of those three areas (known as the 'triple aim').

Considerations	Summary of considerations (if one or more does not apply state 'not applicable')
Health and wellbeing of the population, including inequalities and wellbeing	Not applicable.
Quality of services provided or arranged by RCHT, including inequalities in benefits from those services	Not applicable.
Sustainable and efficient use of NHS resources by RCHT	Not applicable.

Recommendation(s):

The Board is recommended to:

- **Approve** the Board Assurance Statement on Mortuary Care, noting action being undertaken will ensure compliance ahead of submission to NHS England on 31 July 2026.

Neave Lynsey
21/07/2026 13:06:23

Mortuary Care – Board Assurance Statement

1. Situation

On 26 June 2026 NHS England wrote to all NHS trusts and Integrated Care Boards to set out the Nottingham maternity review findings on post-death care and key actions required following the Fuller Inquiry – see **Appendix 1 System letter on mortuary oversight 26 June 2026**.

The letter states that *“Every Board should continue to review its local position and assure itself that all deceased people cared for in NHS settings are treated with the respect, dignity, security and compassion they deserve.”*

The letter included a requirement that all NHS provider trusts that have a mortuary, related storage area for the deceased, or routinely care for people after death, complete and return a Board Assurance Statement to NHS England **by 31 July 2026**.

2. Background

In October 2021 the Secretary of State for Health and Social Care announced an independent inquiry into the issues raised by the actions of David Fuller and the unlawful actions he committed in the mortuaries at Kent and Sussex hospital and Tunbridge Wells hospital between 2005 and 2020.

Phase 1 of the Inquiry, on matters relating to Maidstone and Tunbridge Wells NHS Trust, concluded in November 2023 with the publication of the Phase 1 report which included 17 recommendations.

Phase 2 of the Inquiry commenced in July 2023 looking at the national picture to consider procedures and practices in other hospital and non-hospital settings where deceased people are kept. The Phase 2 report was published in July 2025.

In February 2024 the Chair of the Inquiry sent a questionnaire to all NHS Trusts in England in relation to Phase 2. The Royal Cornwall Hospital NHS Trust (RCHT) responded to this questionnaire on 14 March 2024.

3. Board Assurance Statement - Mortuary Care

All NHS providers involved in caring for people after they die need to be assured that they have robustly tested their position using the Board Assurance Statement template from NHS England.

The RCHT Pathology, Safeguarding, and Estates teams have considered the five assurance statements see **Appendix 2 Board Assurance Statement of Mortuary Care - July 2026**.

The assessment of the five statements is summarised below:

1. Roles and responsibilities between the relevant teams responsible for mortuary care are clear and regularly tested.

Assurance statement response – Yes - noting that the action being undertaken will ensure we are compliant by the 31 July 2026.

Reporting mechanism in place from Division to Quality Assurance Committee.

However, the overarching Trust wide policy requires updating with an organogram that reflects all the roles and responsibilities between the relevant teams for mortuary care needs, as an appendix.

Trust Action: The overarching Trust wide policy is currently being updated with an organogram that reflects all the roles and responsibilities between the relevant teams for mortuary care, by the HTA Designated Individual. This will be completed by the 27 July 2026, which will then ensure we are compliant with this assurance statement by the deadline of the 31 July 2026.

2. A review of progress against the 29 recommendations made by the Fuller Inquiry has been completed and actions agreed where required.

Assurance statement response - Yes

Only 21 of the 29 recommendations are relevant to NHS hospitals that do not provide anatomical education using donors. All actions are complete.

The Trust has assured itself against most recommendations via the Fuller Public Inquiry Phase 2 self-assessed questionnaire and created an action plan to address identified gaps. The action plan is monitored through the External Visits Scrutiny Group, reporting to the Quality Assurance Committee.

3. NHS Safeguarding Accountability and Assurance Framework, executive leadership has been reviewed with clear oversight for the safeguarding of mortuary care.

Assurance statement response - Yes

In line with the NHS England Safeguarding Accountability and Assurance Framework (2026), executive oversight now explicitly includes arrangements relating to the safeguarding of people after death. The Trust has reviewed its governance arrangements to ensure appropriate oversight of deaths where abuse, neglect or exploitation may be a contributory factor, effective liaison with coronial and safeguarding review processes, organisational learning from reviews and inquiries, and assurance regarding the dignity and respectful care of deceased people.

4. There is effective oversight and governance arrangement of matters relating to mortuary care, with actions agreed where required.

Assurance statement response - Yes

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Assurance is provided to the Board through the Designated Individual (DI) for HTA biannual Mortuary report to the Quality Assurance Committee. The last report was submitted in February 2026. The HTA DI only highlighted the outstanding work to upgrade the mortuary security arrangements as an area for concern. Since the February 2026 report most points have been addressed, apart from the exit card readers at the RCH site. This system requires an upgrade to incorporate this recommendation and this is being pursued. This is recorded on the risk register - 'Compliance with Fuller Recommendations' (Risk ID 10066, risk score 8).

5. A self-assessment of the NHS Premises Assurance Model has been completed.

Assurance statement response - Yes

The Premises Assurance Model (PAM) is under development for this financial year following the release of the new version in May 2026. This sees a change in how compliance is recorded for PAM. The timeline has been established to ensure this is with the Trust Board on the 3 September leaving sufficient time for submission on the 8 September 2026. This includes validation and interim reports to the Executive Leadership Team and the Finance and Performance Committee during August 2026.

Once approved by the Trust Board, the Board Assurance statement will be submitted to NHS England no later than **31 July 2026**.

4. Risk

There are two risks related to mortuary care on the risk register:

Risk ID	Risk Score	Details
10066	8	Compliance with Fuller Inquiry Recommendations The Trust is not compliant with all the recommendations set out in the Fuller Inquiry report regarding security arrangements in the RCHT mortuaries, particularly the mortuary at the WCH site. This poses a security risk. We also risk reputational damage should an incident occur as a direct result of not implementing the recommendations. In the Fuller Inquiry report the Chair recommended all doors and access points were covered by CCTV and all NHS trusts consider the installation of 'swipe to exit' for mortuaries. The latter would allow trusts to monitor and audit entry and exit, as well as time spent in the mortuary. In the conclusion of the Inquiry report, Section 1.4 'Security arrangements in NHS Hospitals' notes: <i>'Based on the evidence provided to the Inquiry, there is a need for the recommendations in this Report to be implemented as soon</i>

Risk ID	Risk Score	Details
		<i>as possible to ensure the security and dignity of deceased people in the care of NHS hospitals.'</i> The risk score was amended from 12 to 8 following a review by Trust's HTA DI on 9 July 2026, noting the work that has already been completed.
9150	12	Mortuary Capacity The mortuary facility at the RCH site has the capacity to store 79 deceased patients and over the past 12 months has had activate contingency plans to accommodate both an increase in the number deaths and an increase in the length of stay. There is a risk that during periods of increased activity the mortuary will not have the capacity to store all the deceased from both RCH and the community, even when our contingency measures have been activated. If the mortuary is unable to provide adequate storage this could lead to the loss of our HTA license and would mean all mortuary related activity (including storage) would have to cease across RCHT. This would lead to significant publicity and reputational damage to the Trust. Current mitigations include the using: - Continual daily monitoring and implement corrective actions to manage capacity. - Liaising with the Medical Examiner's office, RCHT clinical teams and Coroner's office to improve the patient flow through the mortuary, to reduce the length of stay. - Cornwall Funeral Services (CFS) to retain / store deceased from the community when of the body store at RCH is nearing capacity. - Transfer of deceased from the RCH mortuary to the WCH mortuary. - Deployment of the 4 Nutwell temporary storage units.

5. Accountability

Accountability for licensed mortuary activities, including the primary (legal) obligation responsibility under Regulation 12 of the Q&S Regulations sits with the Trusts Designated Individual.

The Deputy Chief Medical Officer is the Licence Holder for HTA for the Trust.

6. Recommendations

The Trust Board is recommended to:

- **Approve** the Board Assurance Statement on Mortuary Care, noting action being undertaken will ensure compliance ahead of submission to NHS England on 31 July 2026.

Neave Lynsey
21/07/2026 13:06:23

To: NHS trusts and integrated care boards:

- chief executives
- chief operating officers
- chief nursing officers
- chairs
- medical directors
- clinical directors
- estates and facilities leads

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 June 2026

cc. NHSE regional teams:

- regional directors
- chief nursing officers
- medical directors
- estates and facilities leads
- communications leads

Dear colleagues,

Nottingham maternity review findings on post-death care and key actions required following the Fuller inquiry

The NHS holds a special responsibility for the care of patients from birth, throughout their lives and in death. At every stage, we must deliver care with dignity, respect and compassion.

When dignity after death is not preserved, the NHS betrays the trust that is placed in it and not only fails those that have died, but also their loved ones, adding to their grief and harm. As leaders, we must ensure this never happens by putting in place the right support and oversight, so that all staff working in the NHS consistently uphold dignity and care.

The further instances of unacceptable care of the deceased, amongst the many distressing findings of Donna Ockenden's [Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust \(NUH\)](#), are shocking. We must

remember that this is not the first time that unacceptable care and poor oversight of mortuaries have been uncovered, and there is already a clear set of actions to strengthen and improve this area of care. The findings of Donna Ockenden's report should be considered alongside the Phase 2 report of the independent inquiry into the heinous crimes of David Fuller, [published in July 2025](#). The report made 75 recommendations to strengthen the protection, security and dignity of people after death, including 29 that are immediately relevant to the NHS.

In response to Donna Ockenden's review and the Human Tissue Authority's (HTA) recent report on NUH, the Government has announced that the HTA is taking immediate action with a new requirement for mortuaries to review HTA reportable incident (HTARI) internal records from 2015-2026. This audit will ensure that all reportable incidents during this period have been logged with the HTA, and that any missing incidents are reported retrospectively. A Regulatory update will be issued by the HTA in July setting out the parameters, timeframe, process and deadlines for the evidential compliance audit. The HTA will report findings to the Secretary of State in October.

We know that the NHS has been working hard to meet the recommendations following the independent inquiry into the actions of David Fuller. However, in light of these further terrible findings, we are asking you not only to ensure compliance, but that you are rigorously reviewing your mortuary departments on a regular basis. To do this, ask yourselves the question 'what do you really know about the culture of your services, and the values and behaviours of your staff?'.

No system or process can totally mitigate malign or malicious intent. However, every Board member and senior leader involved in the care of the deceased should read these reports and ask themselves if this could be happening in their organisation. They should explore this by visiting services, listening to staff, encouraging concerns to be raised and acted on, and asking themselves whether the care provided would be good enough for their own loved ones. Boards are responsible for maintaining clear oversight of mortuaries, related storage areas and any other areas where people who have died are cared for, and for ensuring dignity, security and post-death care are central to local planning, governance and delivery.

To support this oversight, **Annex 1** summarises the guidance and support NHS boards should consider, and **Annex 2** maps the NHS-focused Fuller Inquiry recommendations to this guidance.

Trusts are asked to cascade this letter to relevant teams, including estates, safeguarding, pathology, bereavement, mortuary, corporate services, and your Freedom to Speak Up Guardians. Issues requiring support or escalation should be raised through regional teams.

Every Board should continue to review its local position and assure itself that all deceased people cared for in NHS settings are treated with the respect, dignity, security and compassion they deserve. This goes beyond compliance; it is fundamental to compassionate care.

On the basis that all NHS providers may be involved in caring for people after they die, we need assurance that each Board has robustly tested its position. **All NHS Provider Trusts that have a mortuary, related storage area for the deceased, or routinely care for people after death, are asked to complete and return the Board Assurance Statement provided at Annex 3 by 31 July 2026.**

For NHS trust chief executives, medical directors and chief nurses, there will be a chance to discuss this and broader issues in maternity and neonatal care when we come together in London on Tuesday 30 June.

Thank you for all you have already done in response to the Fuller recommendations to date. However, there is still more work to do. We owe it to those who have died, and to their families and loved ones to ensure the findings of the Donna Ockenden review, the HTA report on NUH, and the Fuller Inquiry recommendations lead to meaningful and lasting change.

Yours sincerely,



Duncan Burton

Chief Nursing Officer for England



Sarah-Jane Marsh

NHS England Chief Operating Officer

Neave Lynsey
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Annex 1 - Summary of national updates made or planned in response to the Fuller Inquiry

1. NHS Premises Assurance Model (PAM) (15 April 2026)

[The NHS Premises Assurance Model \(PAM\)](#) supports boards, directors of finance and estates and clinical leaders to make more informed decisions about the development of their estates and facilities services and provides assurances that the estate is safe, efficient, effective and of high quality. The NHS Standard Contract requires providers to comply with the PAM. A new set of high-level self-assessment questions reflecting relevant recommendations made by the Fuller Inquiry has now been incorporated into the latest version of the PAM. The submission window for the NHS runs from 8 May 2026 to 8 September 2026.

For assurance by trust boards: Trusts should assure themselves against the latest version of the PAM self-assessment questions.

2. Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services (May 2023)

Health building notes (HBNs) give best practice guidance on the design and planning of new healthcare buildings and on the adaptation or extension of existing facilities.

[Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services](#) was updated in 2023, to enhance levels of security, access and CCTV, however we will be providing further update during 2026 to provide additional guidance to NHS trusts on recommendations raised by the Fuller Inquiry.

For assurance by trust boards: Trusts should consider best practice guidance set out in the HBN for ongoing planning.

3. Insightful provider board guide (November 2024)

Trusts are reminded that the [insightful provider board guide](#) is intended to help boards to identify the information they need and the cultures, behaviours and governance required to ensure that information is used effectively. This guidance already references mortuary practices but will be updated later in 2026 and will incorporate relevant content to reflect Fuller findings and recommendations. It should be read alongside the [Code of governance for NHS provider trusts](#) (March 2026) and [Guidance on good governance and collaboration](#) (April 2023).

For assurance by trust boards: Trust boards should use the guidance provided to reflect and consider whether the leadership, culture, systems and processes they have in place are using information in the best way to lead their organisations effectively in respect of matters relating to mortuaries and body stores.

4. Assessing provider capability: guidance for NHS Trust Boards (August 2025)

[Assessing provider capability: guidance for NHS trust boards](#) provides a self-assessment framework to strengthen boards' governance and assurance. These self-assessments are used by regional oversight teams along with their own views and information held by 3rd-party bodies (including the Human Tissue Authority) to take a view of management, governance and grip. This guidance is also due to be updated later in 2026.

For assurance by trust boards: As per [Insightful provider board guide](#) (see entry 3).

5. Advanced Foundation Trust Programme (12 November 2025)

For existing NHS foundation trusts and NHS trusts who wish to become advanced foundation trusts, the [Advanced Foundation Trust Programme](#) requires evidence that trusts applying for advanced foundation trust status have considered relevant insights and learning from inquiry recommendations and have implemented them or are in the process of implementing them (question 2, advanced foundation trust criteria – quality governance arrangements are effective in practice).

For assurance by trust boards: As per [Insightful provider board guide](#) (see entry 3).

6. NHS Safeguarding accountability and assurance framework (April 2026)

The [NHS Safeguarding Accountability and Assurance Framework](#) (SAAF) sets out the safeguarding roles and responsibilities of all individuals working in providers of NHS-funded care settings and NHS commissioning organisations. This includes requirements for an executive lead for safeguarding. In April 2026, the SAAF was updated to include reference to the deceased. Trusts should also note this addition will require a supporting reference to be made in the annual report about

safeguarding children, adults and children in care. This must be submitted to the trust board.

NHS England is also updating related training to include reference to the deceased. These updates will be made during 2026.

For assurance by trust boards: Providers must demonstrate that these updates to safeguarding are embedded at every level in their organisation, with effective governance processes evident. Providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working.

In line with updates to the SAAF, executive leadership should now include oversight of arrangements for the deceased. Trust boards are encouraged to consider their local arrangements accordingly. Executive leadership for safeguarding, estates and related security matters may vary according to local arrangements (for example, operating via a dual accountability between the executive lead for statutory safeguarding and the executive lead for estates) and trust boards should ensure this is clearly articulated.

Local take-up of safeguarding training and resources requires ongoing assurance by trusts.

7. Related Third Party Guidance

HTA Guidance

The Human Tissue Authority (HTA) [Codes of Practice](#) provide practical guidance to professionals carrying out activities within the scope of the HTA's remit, which includes licensed mortuary facilities in the NHS estate. This includes detail on the required appointment of a Designated Individual. The Human Tissue Authority have additionally published [good practice guidance for those responsible for the dignity and care of the deceased](#). This is voluntary guidance and applicable to all settings, including unlicensed body stores.

Hospice UK Guidance

[Hospice UK](#) have several resources to support clinical and non-clinical staff in a hospice role. Their [Care After Death](#) guidance provides a comprehensive guide for all staff who are responsible for the care of a deceased adult.

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Annex 2 – NHS specific Fuller Inquiry report recommendations and supporting guidance. Please refer to annex 1 for additional context on supporting guidance.

Recommendations 1 to 9 (relevant to security, CCTV, access and audit)

The full text of these recommendations can be found in the [Phase 2 Report](#) (pp.264-265).

Supporting guidance

NHS Premises Assurance Model (see entry 1 in Annex 1).

Health Building Note 16-01: Facilities for mortuaries, including body stores and post-mortem services (see entry 2 in Annex 1).

Other third-party guidance: Human Tissue Authority code of practice and Human Tissue Authority voluntary guidance (see entry 7 in Annex 1).

Recommendations 10, 11, and 12 (relevant to the role of the Designated Individual)

The full text of these recommendations can be found in the [Phase 2 Report](#) (p.265).

Supporting guidance

Third party guidance: Human Tissue Authority guidance, including the role of the Designated Individual (see entry 7 in Annex 1).

Recommendations 13 and 14 (relevant to the role of the Mortuary Manager)

The full text of these recommendations can be found in the [Phase 2 Report](#) (pp.265-266).

Supporting guidance

Local HR policies and resource allocations.

Recommendations 15, 16, 17 and 18 (relevant to the board assurance and reporting)

The full text of these recommendations can be found in the [Phase 2 Report](#) (pp.265-266).

Supporting guidance

The Insightful provider board guide (see entry 3 in Annex 1).

Assessing provider capability: guidance for NHS trust boards and third-party information (see entry 4 in Annex 1).

Advanced Foundation Trust Programme (see entry 5 in Annex 1).

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Recommendations 19, 20 and 21 (relevant to safeguarding)

The full text of these recommendations can be found in the [Phase 2 Report](#) (pp.266-267).

Supporting guidance

NHS Safeguarding Accountability and Assurance Framework (see entry 6 in Annex 1).

Recommendations 24 and 25 (relevant to medical education settings)

The full text of these recommendations can be found in the [Phase 2 Report](#) (pp.267-268).

Supporting guidance

Where relevant to the NHS, these actions have been reflected in the NHS Premises Assurance Model (see entry 1 in Annex 1)

Recommendation 27 (relevant to hospice settings)

The full text of this recommendation can be found in the [Phase 2 Report](#) (p.268).

Supporting guidance

NHS trusts directly providing a hospice service that includes provision for either a mortuary or body store should be aware of wider updates, as set out in **annex 1**. Other related third-party guidance has also been updated in line with inquiry findings: Hospice UK guidance (Care After Death) and Best practice guidance from the Human Tissue Authority (see entry 7 in Annex 1).

Recommendations 30 to 33 (relevant to ambulance policies and data)

The full text of these recommendations can be found in the [Phase 2 Report](#) (p.269).

Supporting guidance

The government's interim update sets out what action should be taken. A further update is expected in summer 2026.

In addition to the Government's interim update, ambulance trusts are individually responsible for introducing operational policies as described in the recommendation, and for ongoing monitoring of their use. Boards should assess compliance against these recommendations.

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Annex 3 – Board Assurance Statement for NHS Provider Trusts. Please return this assurance statement to the NHS England Inquiry Team by **31 July 2026** to: england.nhsinquiryteam@nhs.net

Assurance statement	Confirmed (yes/no)	Additional comments or qualifications (optional)
The roles and responsibilities between the relevant teams responsible for mortuary care, including estates, safeguarding, pathology, bereavement, mortuary and corporate services, are clear, understood and are tested on a regular basis. The Board has undertaken a review of progress against the 29 recommendations immediately relevant to the NHS as made by the Fuller Inquiry. Where the Trust is not fully meeting a specific recommendation, a time-limited action plan is in place to close any gaps. In line with updates to the NHS Safeguarding Accountability and Assurance Framework, executive leadership has been reviewed with clear oversight of arrangements for the safeguarding of people after they die.		

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Assurance statement	Confirmed (yes/no)	Additional comments or qualifications (optional)
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The Board can assure itself the organisation has a plan in place to ensure the effective oversight of matters relating to mortuaries, related storage areas (or wider facilities) where the deceased are cared for, including the correct information and governance arrangements. If it cannot, it has identified the actions necessary to address this and a plan is in place to implement them as a matter of urgency.

For all issues related to estates, there is an agreed timeline in place to undertake a self-assessment against the latest version of the NHS Premises Assurance Model and submit data within the current window (closing 8 September 2026), ensuring that your plan includes PAM sign-off from your Board prior to submission.

Trust Name	Trust CEO/AO name	Date	Trust Chair name	Date
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Annex 3 – Board Assurance Statement for NHS Provider Trusts. Please return this assurance statement to the NHS England Inquiry Team by **31 July 2026** to: england.nhsinquiryteam@nhs.net

Ref	Assurance Statement	Confirmed Yes/No	Additional comments or qualifications (optional)
1	The roles and responsibilities between the relevant teams responsible for mortuary care, including estates, safeguarding, pathology, bereavement, mortuary and corporate services, are clear, understood and are tested on a regular basis.	Yes – noting that the action being undertaken will ensure we are compliant by the 31 July 2026.	Reporting mechanism in place from Division to Quality Assurance Committee. However, the overarching Trust wide policy requires updating with an organogram that reflects all the roles and responsibilities between the relevant teams for mortuary care needs, as an appendix. Action: The overarching Trust wide policy is currently being updated with an organogram that reflects all the roles and responsibilities between the relevant teams for mortuary care, by the HTA Designated Individual. This will be completed by the 27 July 2026, which will then ensure we are compliant with this assurance statement by the deadline of the 31 July 2026.
2	The Board has undertaken a review of progress against the 29 recommendations immediately relevant to the NHS as made by the Fuller Inquiry. Where the Trust is not fully meeting a specific recommendation, a time-limited action plan is in place to close any gaps.	Yes	Only 21 of the 29 recommendations are relevant to NHS hospitals that do not provide anatomical education using donors. The Trust has assured itself against most recommendations via the Fuller Public Inquiry Phase 2

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Ref	Assurance Statement	Confirmed Yes/No	Additional comments or qualifications (optional)
			self-assessed questionnaire and created an action plan to address identified gaps. The action plan is monitored through the External Visits Scrutiny Group, reporting to the Quality Assurance Committee. All actions are complete.
3	In line with updates to the NHS Safeguarding Accountability and Assurance Framework, executive leadership has been reviewed with clear oversight of arrangements for the safeguarding of people after they die.	Yes	In line with the NHS England Safeguarding Accountability and Assurance Framework (2026), executive oversight now explicitly includes arrangements relating to the safeguarding of people after death. The Trust has reviewed its governance arrangements to ensure appropriate oversight of deaths where abuse, neglect or exploitation may be a contributory factor, effective liaison with coronial and safeguarding review processes, organisational learning from reviews and inquiries, and assurance regarding the dignity and respectful care of deceased people.
4	The Board can assure itself the organisation has a plan in place to ensure the effective oversight of matters relating to mortuaries, related storage areas (or wider facilities) where the deceased are cared for, including the correct information and governance arrangements. If it cannot, it has identified the actions necessary to address	Yes	Assurance is provided to the Board through the Designated Individual (DI) for HTA biannual Mortuary report which is submitted to the Quality Assurance Committee. The last report was submitted in February 2026. The HTA DI only highlighted the outstanding work to upgrade the mortuary security arrangements as an area for concern,

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Ref	Assurance Statement	Confirmed Yes/No	Additional comments or qualifications (optional)
	this and a plan is in place to implement them as a matter of urgency.		since this report most points have been addressed, apart from the exit card readers at the RCH site. This system requires an upgrade to incorporate this recommendation. This is recorded on the risk register - 'Compliance with Fuller Recommendations' (Risk ID 10066, risk score 8)
5	For all issues related to estates, there is an agreed timeline in place to undertake a self-assessment against the latest version of the NHS Premises Assurance Model and submit data within the current window (closing 8 September 2026), ensuring that your plan includes PAM sign-off from your Board prior to submission.	Yes	The Premises Assurance Model is under development for this financial year following the release of the new version in May 2026. This sees a change in how compliance is recorded for PAM. The timeline has been established to ensure this is with the Trust Board on the 3 September 2026 leaving sufficient time for submission on the 8 September 2026. This includes validation and interim reports to the Executive Leadership Team and Finance and Performance Committee during August 2026.

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Protocol for Questions from Members of the Public

When the Trust is using Teams Live to live stream the meeting the following Protocol applies to questions from members of the public:

- Members of the public are invited to join the Trust's Board in Public meetings via the live stream using MS Teams. A link for each meeting is available on the agenda or on the Trust's website.
- Members of the public are welcome to log questions throughout the meeting via the Q&A function and, subject to meeting the requirements below, will be taken at the end of the meeting at item 4. The functionality to raise a question will not be available from item 6. A maximum of 5 minutes is allocated for questions from the public.
- The Trust's Company Secretary will read the questions submitted by members of the public on their behalf.
- Members of the public are welcome to provide their name to the question they wish to ask.
- Questions at the meeting must relate to papers being presented on the day and must relate to the role and remit of Royal Cornwall Hospitals NHS Trust.
- No supplementary questions are allowed.
- Questions should be kept brief and to the point.
- Questions may be submitted in advance or via the Q&A function on MS Teams Live during the meeting. If a question is logged during the meeting it may mean that it is not always possible to provide an answer at the meeting. In that case, the questioner's contact details will be requested for response.
- Questions will be taken in rotation, to ensure those wishing to raise questions have equal opportunity, within the limited time available – if a member of the public asks more than one question their first question will be asked and then their remaining question/questions returned to if no other members of the public wish to raise one and if it is within the time allocated for the item.
- We will endeavour to provide a response at the meeting which will be offered by a member of the Board to the Chair.
- An answer to an oral question under this procedure will take the form of either:
 - A direct oral answer; or
 - If the information required is not easily available a written answer will be sent

to the questioner, circulated to all members of the Trust Board and included in the minutes of the meeting.

- Questions and answers will be reflected in the minutes of the meeting.
- Questions need not be answered if the Chair considers that they:
 - Are not on any matter that is within the powers and duties of the Trust.
 - Are defamatory, frivolous or offensive.
 - Are substantially the same as a question that has been put to a meeting of the Trust Board in the past six months.
 - Would require the disclosure of confidential or exempt information.
- The Chair's determination on whether or not to accept a question is final.

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