



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	28 May 2026
Title:	Fuller Report - Phase 2 Mortuary Security and Management DL (2026) 05
Responsible Executive/Non-Executive:	Anne Marie Cavanagh Executive Nurse Director
Report Author:	Kate Robb, Head of Nursing HLD

1 Purpose

This is presented to NHS Golden Jubilee Board for:

- Awareness

This report relates to a:

- Legal requirement

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

This aligns to the following NHSGJ Corporate Objectives:

- Leadership, Strategy and Risk

2 Report summary

2.1 Situation

This paper provides an update on NHS Golden Jubilee's progress against the security-related recommendations from the David Fuller Inquiry Phase 2 Report. Further actions have been completed and assurance arrangements strengthened to support ongoing compliance and good practice in mortuary security and management.

The paper is presented to provide assurance on current position, highlight any remaining risks, and confirm arrangements for continued oversight. It sits within the organisation's wider commitment to dignity, public trust and national standards

2.2 Background

The Fuller Report refers to the independent inquiry into the David Fuller case, published in July 2025. The inquiry examined serious failures in the arrangements for the care of the deceased and made 75 recommendations aimed at improving security, dignity and oversight across all settings. Phase 1 of the Inquiry focused on Maidstone and Tunbridge Wells NHS Trust and concluded in November 2023. Phase 2 considered whether systems and practices across health and other sectors in England adequately safeguard the deceased and represents the final phase of the Inquiry.

While the Inquiry relates to NHS England, the recommendations are recognised as best practice and are relevant across the wider NHS. The recommendations are grouped by organisation type, including hospitals, ambulance services, local authorities and the funeral sector. There are several recommendations within the Fuller report, this paper is focussed on the recommendations decided by the Scottish Government that should be implemented across NHS Scotland.

2.3 Assessment

For the purposes of this paper a template that focusses on the Scottish Government recommendations and NHS GJ response has been created and shared in **Appendix 1**, accompanying this paper.

The DL and whole report is available as Appendix 2.

2.3.1 Quality/ Patient Care

Ensuring we deliver safe patient care in all aspects including the deceased.

2.3.2 Workforce

Ensure we provide staff with a safe working environment in accordance with NHS staff governance standards

2.3.3 Financial

Upgrades and plan of works being done within existing resources.

2.3.4 Risk Assessment/Management

Risks and mitigations associated with this work stream have been assessed by H&S, Security and senior nursing team.

2.3.5 Equality and Diversity, including health inequalities

No negative impact from the management of the service.

2.3.6 Other impacts

Not applicable

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

The purpose of this report is for awareness.

2.3.8 Route to the Meeting

Presented to Executive Leadership Team 27 April 2026 and Clinical Governance Committee on 12 May 2026.

2.4 Recommendation

Awareness & Discussion – For information only.

3 List of appendices

Appendix 1 - NHS GJ Response to DL 2026(05) Mortuary Security & Management

Appendix 2 - DL 2026(05) Mortuary Security & Management