



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	David Fuller Independent Inquiry – Phase 2 Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs – Executive Director of Allied Health Professionals & Health Sciences, Hywel Dda University Health Bord
SWYDDOG ADRODD: REPORTING OFFICER:	Craig Baker – Cellular Pathology & Mortuary Service Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

On 15 July 2025, The Independent Inquiry into the issues raised by the David Fuller case published its concluding (Phase 2) report and articulated that current arrangements for safeguarding the security and dignity of the deceased across all sectors in England are insufficient to prevent abuse and or neglect.

The report makes a total of 75 recommendations which cover sectors such as NHS Hospitals, independent hospitals, medical education and training, hospices, Ambulance services, local authorities, care homes, faith organisations and the funeral sector. While these recommendations target the NHS in England, on 3 October 2025, the Welsh Government Chief Medical Officer (CMO) sent a letter to all NHS Wales Chief Executives requesting action.

“We request that HTA Corporate License Holders work with your Designated Individuals to consider the recommendations of the Inquiry that relate to NHS provided services, and deliver a report to their executive board on the findings, setting out any risks to dignity of the deceased caused by non-concordance of local arrangements with the relevant recommendations set out in the report, reflecting any appropriate risks in your corporate risk register”

Welsh Government will seek assurance on the Board’s review of recommendations at the Integrated Quality, Planning and Delivery meeting in September 2026.

The Mortuary Management Team has focused on evaluating its services according to relevant recommendations contained in Chapter 1 – NHS Hospitals. This approach was reported to Quality and Safety Intelligence Group (QSIG) on 13 November 2025, and Strategic Safeguarding Steering Group (SSSG) on 20 November 2025.

A number of recommendations relate to organisational areas sitting outside of the mortuary service, these have not been assessed within the remit of this work. However, meetings were

held on the 27 March 2026 to gain insight and information from colleagues in other care groups in order to address these recommendations.

Cefndir / Background

The Independent Inquiry into the issues raised by the David Fuller case was established to investigate how David Fuller was able to carry out unlawful actions in the mortuaries at Maidstone and Tunbridge Wells NHS Trust and why they went undetected.

Phase 1 of the inquiry, concluded in November 2023.

After receiving the Phase 1 report, the Hywel Dda University Health Board (HDdUHB) Mortuary Management Team promptly implemented all recommendations to achieve full compliance.

Phase 2 of the Inquiry expanded to assess national procedures across sectors handling deceased individuals, also reviewing relevant regulators and legislative frameworks.

Based on the Phase 2 report, a gap analysis was conducted focusing on recommendations related to HDdUHB's mortuary and an action plan developed to address identified gaps.

Asesiad / Assessment

After the Phase 1 report, the HDdUHB Mortuary Management Team completed actions that already meet the mortuary recommendations found in the Phase 2 report.

Examples of implemented actions include:

- Strengthened assurance through both internal and regionally aligned Human Tissue Authority (HTA) governance and reporting structures – providing clear lines of accountability and reporting
- Enhanced mortuary security access control systems including complete review, audit and restriction of mortuary access
- Implementation of routine mortuary security (security access systems & Close Circuit Television (CCTV) audits at all mortuary sites
- Enhanced Mortuary CCTV coverage implemented providing comprehensive monitoring of all key areas involved with the management of deceased patients
- Revised swipe card access protocols – mortuary management control and oversight
- Review of contractor access arrangements and policies
- Regional HTA Designated Individual appointed
- Technically trained Regional Mortuary Manager appointed
- Two Regional Lead Anatomical Pathology Technologists appointed
- Ongoing regular review of mortuary risks and mitigation measures
- Reinforced principle of deceased to be treated with same respect and care as living patients – standardisation of procedures across all sites with implementation of equitable porter training at all unlicensed sites.

The gap analysis of mortuary recommendations identified that one recommendation has not achieved full compliance: *“All NHS trusts should consider the installation of ‘swipe to exit’ for mortuary facilities. This would allow trusts to monitor and audit entry and exit, as well as time spent in the mortuary.”*

While HDdUHB's four mortuary sites have swipe-to-enter security systems, swipe-to-exit has not been installed, as it was not required for the HTA licence. Quotations for installing swipe-to-

exit devices have been obtained and a risk assessment conducted, yielding a low-risk score of 3 (Risk id: RAMOR611), due to current controls like personalised access cards, porter log-in books, CCTV, and regular audits.

Due to the low-risk score, mortuary services advise no further action required currently. Further steps depend on guidance from the Welsh Government regarding acceptance of the Phase 2 report recommendations. To date there has been no update from Welsh Government regarding their position on the 75 recommendations outlined in the phase 2 report.

Subject to Welsh Government acceptance and mandate of the recommendation, the service will seek funding to install swipe-to-exit devices across all HDdUHB mortuaries.

The mortuary service gap analysis has identified several recommendations relevant to NHS organisations that extend beyond the scope of the mortuary service. Assurance of actions in relation to these is required from nursing, medical and corporate colleagues, to inform the report to Board that the CMO has requested.

For example, NHS trust boards should ensure that safeguarding training and policies explicitly address the security and dignity of deceased people,, and that clear executive accountability is established for safeguarding the security and dignity of deceased people within NHS mortuaries and body stores. Further details are contained within Appendix 1.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are asked to receive assurance that Hywel Dda University Health Board has proactively addressed recommendations from both Phase 1 and 2 reports.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	NA
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 6. Person-Centred 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Striving teams 3. Great care 4. Positive futures

Amcanion Cynllunio Planning Objectives	4 Planned care, diagnostics and cancer Recovery
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within Appendix 1
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Quality and Safety, Intelligence Group (QSIG) Formal Executive Team (FET) HTA Assurance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report
Gweithlu: Workforce:	Not Applicable
Risg: Risk:	Contained within the report
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Contained within the report
Gyfrinachedd: Privacy:	Contained within the report
Cydraddoldeb: Equality:	Not Applicable

ACTION PLAN / DEVELOPMENT OF MANAGEMENT RESPONSES

Process

Within one month of receipt of report, please complete the table below to confirm:

- 1) If the recommendation is accepted or not (justification must be documented if not accepted);
- 2) A management response to the accepted recommendations detailing:
 - a) how it will be implemented, i.e., the actions that will be undertaken to fully implement the recommendation. Consideration must be given to what is within the means and capacity of the service in order to deliver, with any barriers to its implementation, or additional resource requirements clearly documented
 - b) who will own this recommendation (if the recommendation owner sits outside of your service, you **must** consult with them to agree the management response)?
- 3) A realistic and achievable completion date, taking into account your capacity and resource availability;
- 4) The evidence/documentation that will demonstrate the recommendation has been fully implemented as this will need to be uploaded to AMAT before it will be fully approved as complete by the relevant authoriser (e.g., Internal Audit, QAST, Assurance and Risk Team); and
- 5) Any recommendation that cannot be fully implemented **must be escalated through the relevant management structure** and action plans must be signed off by the relevant Clinical Care Group.
- 6) Management responses to recommendations in these reports should be **SMART (Specific, Measurable, Achievable, Realistic/Relevant and Time-Bound)**.

S	Specific	What is the recommendation – is it achievable? Your response should be clear and well defined to ensure that you able to achieve the outcome set out in the recommendation.
M	Measurable	What documentation can you provide to evidence that the recommendation has been completed to a satisfactory standard? Do you need to create/amend policies, processes etc?
A	Achievable	Can we as a Health Board achieve the outcome needed – are there any factors (internal and external) that need to be taken into account to be able to achieve the outcome i.e., financial implications, workforce capacity, specific equipment etc?

R	Realistic/Relevant	Are you able to complete the action - Do you have the correct resources? Do you have enough workforce capacity to complete the action?
T	Time-bound	Ensure that you set yourself realistic and achievable completion dates. Give yourselves enough time to be able to complete the action – and maybe add some extra time such as a month or so on top of that in case of any unforeseen circumstances which may cause delays.

After sign off by Clinical Care Group/Director, action plans must be reviewed by IQFPDG prior to onward submission to Formal Executive Team for approval should there be any recommendations which are not accepted, unable to be implemented, or require additional resources.

Once approved, action plans should be sent to the Head of Assurance and Risk for initial upload to AMaT.

The report and action plans will then be presented to the relevant Board level Committee at its next meeting to provide assurance that the management response are addressing the areas of concern/improvement detailed in the report, and progressing in line with expected timescales.

Progress against recommendations must be regularly provided on AMaT by the relevant recommendation owners, with monitoring of their delivery undertaken by the relevant Clinical Service Group, with oversight from the Clinical Care Group. Any exceptions to the implementation of recommendations are required to be reported to IQFPD.

Non-compliance of implementing recommendations within agreed timescales is one of the criteria considered within the Governance domain within the Health Board's Improving Together Framework.

Report: Fuller Inquiry - Phase 2 Report

Issued On: 3rd October 2025

Lead CCG / Officer: Operational Allied Health Professions and Health Sciences CCG / Cellular Pathology & Mortuary Service Manager

Suggested Overseeing Committee: QSEC

Recommendation	Management Response	Recommendation Owner (name, job title and CCG)	Completion Date - Please enter a specific implementation date for your action. For recommendations that are reliant on factors external to the Health Board, please note as "External"	Expected Evidence of Implementation
Chapter 1: NHS Hospitals				
<p>R1. All NHS trusts with mortuaries and/or body stores should commission a specialist strategic review of the systems in place to protect deceased people, which should include a detailed risk assessment of the potential breaches of security that could occur. The review should include an assessment of:</p> <ul style="list-style-type: none"> • the systems in place to identify any unauthorised access to the facility; • the strength and effectiveness of barriers to prevent unauthorised access to the facilities; • the systems in place to identify any access to deceased people for unauthorised purposes; and • how CCTV is used, including its monitoring and any audits undertaken. 	<p>GGH (HTA Licenced):</p> <ol style="list-style-type: none"> 1. CCTV – Standalone PC to allow review via Hikvision software. 2. Dual/layered entry system in place should breach of primary entrance occur. 3. Monthly Security audits incorporating: <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 4. CCTV Monitoring – Randomised audits of access entries (x5 pcm) 5. Installation of SALTO security access system – controlled and managed via mortuary management <p>BGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review 	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>01/01/2026</p>	<p>AUD7788 – GGH</p> <p>AUD7787 – BGH</p> <p>AUD7790 – WGH</p> <p>AUD7789 – PPH</p>

	<ul style="list-style-type: none"> • Access card entries • Sign in sheet review • Access denied scrutiny <ol style="list-style-type: none"> 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management <p>WGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV in place 2. Installation of SALTO security access system – controlled and managed via mortuary management <p>PPH:</p> <ol style="list-style-type: none"> 1. Networked CCTV in place 2. Dual/layered entry system in place should breach of primary entrance occur. 3. Installation of SALTO security access system – controlled and managed via mortuary management 			
<p>R2. All NHS trusts should install CCTV inside the mortuary, with cameras facing all doors and access points, the reception area and the doors of body fridges, while maintaining the security and dignity of deceased people by implementing the appropriate safeguards. Where double-ended fridges also open into the post-mortem room, NHS trusts should install CCTV cameras inside</p>	<p>GGH (HTA Licenced): CCTV upgraded to include PM Room fridge doors.</p> <p>BGH: Networked CCTV in place</p> <p>WGH: Security upgrades installed. Salto security access system and additional networked CCTV cameras.</p> <p>PPH: Security upgrades installed.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>01/01/2026</p>	

<p>the post-mortem room that focus on the doors to the fridges</p>	<p>Salto security access system and additional networked CCTV cameras.</p>			
<p>R3. All NHS trusts should routinely audit the access data of all facilities used to store deceased people.</p>	<p>GGH (HTA Licenced):</p> <ol style="list-style-type: none"> 1. CCTV – Standalone PC to allow review via Hikvision software. 2. Dual/layered entry system in place should breach of primary entrance occur. 3. Monthly Security audits incorporating: <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 4. CCTV Monitoring – Randomised audits of access entries (x5 pcm) 5. Installation of SALTO security access system – controlled and managed via mortuary management <p>BGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management 	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>01/01/2026</p>	<p>AUD7788 – GGH</p> <p>AUD7787 – BGH</p> <p>AUD7790 – WGH</p> <p>AUD7789 – PPH</p>

	<p>WGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management <p>PPH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management 			
<p>R4. The practice of using shared electronic swipe cards for specific staff groups should cease immediately.</p>	<p>GGH (HTA Licenced): Individual staff access cards issued to Health Board staff who require access to Mortuary.</p> <p>BGH: Individual staff access cards issued to Health Board staff who require access to Mortuary.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p>	<p>01/01/2026</p>	

	<p>WGH: Individual staff access cards issued to Health Board staff who require access to Mortuary.</p> <p>PPH: Individual staff access cards issued to Health Board staff who require access to Mortuary.</p>	AHP & HCS CCG		
R5. All NHS trusts should consider putting in place systemic operational barriers that prevent the security and dignity of deceased people being compromised. An example of this would be implementation of a rule that prevents electronic devices such as phones or cameras being taken into a mortuary, other than for approved reasons.	<p>Signage present in all Mortuary Body Stores and Family viewing areas prohibiting the use of cameras/mobile phones.</p> <p>Additional Health Board Action</p> <ul style="list-style-type: none"> Care After Death Manager to review and update Care after Death Policy to ensure it includes guidance regarding the management, security and dignity of deceased (adults, Paediatric and neonatal) resting outside of mortuary. 	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p> <p>Care After Death Manager</p>	29/05/2026	
R6. All NHS trusts should take every breach of security in a mortuary or body store extremely seriously. Each security incident should be reviewed by a security expert who is able to identify any systemic security issues associated with the incident. A detailed action plan should be developed for each security breach, no matter how minor trusts regard such breaches to be. All security breaches occurring in mortuaries	<p>Health Board wide Security Advisor in Place</p> <p>DATIX Incident reporting system in place</p> <p>Security access system audits to assess for identification of possible anomalies.</p> <p>CCTV review of all potential security anomalies/unusual activity.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	01/01/2026	

<p>should be incorporated into security reports provided to trust boards or relevant subcommittees, in line with security breaches in other vulnerable areas.</p>	<p>Any anomalies are reported via internal HTA Governance Structures and corporate governance structures.</p>			
<p>R7. The NHS should ensure that the security standards required for body stores are the same as those required for facilities licensed by the Human Tissue Authority.</p>	<p>At request of Welsh Government - HTA Advisory inspections undertaken at all unlicensed HB sites April 2024. All findings uploaded to AMAT.</p> <p>Updates:</p> <ul style="list-style-type: none"> • Alignment of Security access systems and CCTV across all sites. • Alignment of Porter Training across all sites. • Alignment of Deceased patient transfer procedures across all sites. 	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>01/01/2026</p>	<ul style="list-style-type: none"> • LPMOR615 - Security & CCTV Compliance • MFMOR610 CCTV Compliance - Equipment on Mortuary site • MFMOR611 CCTV Compliance – Annual service Checklist • MFMOR612 Access log of security camera records • MFMOR609 CCTV Compliance – Site Incident Log • MFMOR606 Detailed

				<p>Security Checklist</p> <ul style="list-style-type: none"> • MFMOR614 Mortuary Security Access List for Staff • MFMOR608 CCTV compliance - General site information on the site CCTV • MFMOR613 Active Fob List for the Mortuary Security Alarm System • EXMOR725 HIK Vision Network Digital Video Recorder Manual
<p>R8. All NHS trusts should consider the installation of 'swipe to exit' for mortuary facilities. This would allow trusts to monitor and audit entry and exit, as well as time spent in the mortuary.</p>	<p>As part of security upgrades at each site, additional quotations received from Greens Security Property Services – under review by Service Manager.</p> <p>GGH (HTA Licenced): No 'swipe to exit' in situ</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p>	<p>Click or tap to enter a date.</p>	

	<p>WGH: No 'swipe to exit' in situ BGH: No 'swipe to exit' in situ PPH: No 'swipe to exit' in situ</p> <p>Having no swipe out system at this moment in time has been risk assessed, with a low-risk score identified. Action will to be await further guidance from Welsh Government as to whether this recommendation will be mandated.</p>	AHP & HCS CCG		
R9. All NHS trusts should monitor the number of staff with access to the mortuary or body store and keep this under routine review	<p>All security access systems are controlled by Mortuary Management.</p> <p>GGH (HTA Licenced) PPH, WGH & BGH:</p> <ol style="list-style-type: none"> 1. Monthly Security audits incorporating: <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	01/01/2026	
R10. NHS trusts should ensure that Designated Individuals have enough time and resource to fulfil their responsibilities, including time for learning and development.	<p>Regional HTA Designated Individual for HDUHB & SBUHB – Part of Consultant Pathologist (DI) job plan which is reviewed. Currently the DI has two sessions assigned per week.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	01/01/2026	
R11. NHS trusts should ensure that senior managers, including the Chief Executive, have a clear understanding of the role of the Designated Individual, their lines of	<p>Document created articulating to roles and responsibilities of the Designated Individual (DI), Corporate Licence Holder (CLH) and Persons Designate (PD) relating</p>	<p>Cellular Pathology & Mortuary Service Manager</p>	01/01/2026	

accountability, and the individual legal responsibility associated with being a Designated Individual.	to the HTA/ legal standards is to be added as an appendix to the HTA Operational Group and HTA Assurance Group Terms of Reference. This will be reviewed in line with the annual review of TORs.	Regional Mortuary Manager AHP & HCS CCG		
R12. NHS trusts should ensure that Designated Individuals attend the correct governance forums. This would allow them to escalate issues and risks, as well as reporting upwards when required.	Mortuary HTA Governance Structure in place: (HTA DI will attend all below) <ul style="list-style-type: none"> • Regional HTA DI Meeting • HTA Operational Group • HTA Assurance Group • Regional HTA Assurance Group 	Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG	01/01/2026	
R13. A professional background in the field of mortuary services should be made a prerequisite for the post of Mortuary Manager	1x Regional Mortuary Manager in place who is an APT by profession. 2x Regional Lead APT's in place	Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG	01/01/2026	
R14. NHS trusts should assure themselves that the Mortuary Manager has adequate resources and support to perform their role effectively, including meeting any reporting requirements.	Mortuary Manager provided with adequate resources and support to perform role; however, additional administrative support would be beneficial.	Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG	01/01/2026	
R15. All NHS trusts should establish a routine reporting system for matters relating to mortuaries and body stores. This reporting	Mortuary HTA Governance Structure in place:-	Cellular Pathology & Mortuary Service Manager	01/01/2026	

<p>system should include the presentation of a formal report, by the accountable executive director, to the trust board on a routine basis. The accountable executive director should prepare and present to the trust board a formal annual report, similar to the annual safeguarding report. The report should include:</p> <ul style="list-style-type: none"> • staffing matters; • security incidents; • all serious incidents; • Human Tissue Authority reports (where applicable); and • all security audits, including audits of access and any access breaches. 	<ul style="list-style-type: none"> • Regional HTA DI Meeting • HTA Operational Group • HTA Assurance Group • Regional HTA Assurance Group • Relevant committee (QSIG, QSEC, IQFPD, FET, Board) 	<p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>		
<p>R16. Trust boards should assure themselves that the recommendations in this Report have been implemented</p>	<p>Gap analysis undertaken, paper presented at CCG (Q&S), FET, QSEC (February 2026)</p> <p>Board level oversight of recommendations and progress through Public Board via QSEC on date 9th April 2026</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>Click or tap to enter a date.</p>	
<p>R17. Trust boards should ensure that these recommendations and governance arrangements are applied to any temporary facilities used by trusts for the storage and care of deceased people</p>	<p>No temporary body storage facilities exist within Hywel Dda UHB that are situated externally to the acute hospital mortuaries and body stores.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p>	<p>01/01/2026</p>	

<p>R18. Trust boards should take note of the fact that mortuary services are subject to statutory regulation and should be treated with equivalent regard to other regulated activities within trust governance arrangements.</p>	<p>There are governance arrangements in place to ensure oversight of licenced activities within the Health Board, from mortuary service to Board.</p>	<p>Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG</p>	<p>01/01/2026</p>	
<p>R19. NHS trust boards should ensure that the security and dignity of deceased people are included in safeguarding training, policies and assurance.</p>	<p>Charlotte Westacott (Head of Safeguarding) – reviewing safeguarding training and its provision. If not already included the safeguarding of deceased needs to be included as part of the review.</p>	<p>Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG Head of Safeguarding</p>	<p>29/05/2026</p>	
<p>R20. The remit of the Chief Nurse in NHS trusts should explicitly include executive responsibility for safeguarding the security and dignity of deceased people in NHS mortuaries and body stores</p>	<p>Executive Director of Nursing Quality Safety and Patient Experience is responsible for overall safeguarding of dignity of people. Executive Director of Allied Health Professions and Health Science is responsible for safeguarding of dignity of deceased people inside of mortuary facilities.</p>	<p>Cellular Pathology & Mortuary Service Manager Regional Mortuary Manager AHP & HCS CCG</p>	<p>01/01/2026</p>	

<p>R21. NHS England should formally incorporate the safeguarding of deceased people into its safeguarding framework for NHS trusts.</p>	<p>There is a Welsh Government All Wales safeguarding procedure and policy in place. However, we will further consider this via internal health board Care After Death policy.</p>	<p>Cellular Pathology & Mortuary Service Manager</p> <p>Regional Mortuary Manager</p> <p>AHP & HCS CCG</p> <p>Care After Death Manager</p>	<p>01/01/2026</p>	
<p>Chapter 2: Independent hospitals</p>				
<p>R22. Independent sector healthcare providers should ensure that there are Standard Operating Procedures and policies in place to protect the security and dignity of any patients that die under their care. Wherever possible, deceased patients' rooms should be kept locked. Providers should also ensure that staff are aware of the need to protect the security and dignity of deceased patients and are able to assess and mitigate risks to this.</p>			<p>Click or tap to enter a date.</p>	
<p>R23. Independent sector healthcare providers should ensure that only people who have a legitimate reason to access a room that contains a deceased patient do so, even if they are staff members, and that they are always accompanied.</p>			<p>Click or tap to enter a date.</p>	
<p>Chapter 3: Medical education and training</p>				
<p>R24. All organisations providing anatomical education and training using donors should make sure that policies and procedures are</p>	<p>Not applicable – Anatomy Schools, etc.</p>		<p>Click or tap to enter a date.</p>	

<p>in place to ensure the security and dignity of donors. These should include:</p> <ul style="list-style-type: none"> • security and access policies and the auditing of security and access measures such as swipe card access, CCTV and access to the locations where donors are kept; • governance arrangements to ensure effective oversight of and accountability for the security and dignity of donors; • a review of contracts or agreements with external organisations for the transfer of donors to or between facilities; and • policies and processes on incident reporting, both within the organisation and to the Human Tissue Authority, that are clear and accessible to all students and staff. 				
<p>R25. Postgraduate training providers using donors should ensure clarity in their governance and information-sharing, in particular where the providers are linked to both university and NHS settings. This clarity should include formal agreements, where relevant, including management, governance and Human Tissue Authority licensing arrangements for the organisations involved</p>	<p>Not applicable</p>		<p>Click or tap to enter a date.</p>	
<p>R26. The Human Tissue Authority should change its guidance to require that relevant adverse incidents in the anatomy sector are</p>	<p>Not applicable – External Governance – Human Tissue Authority</p>		<p>Click or tap to enter a date.</p>	

formally reported as Human Tissue Authority Reportable Incidents (HTARIs).				
Chapter 4: Hospices				
<p>R27. Hospices that care for deceased people on their premises should:</p> <ul style="list-style-type: none"> • introduce auditable access control of the area where deceased people are kept; • have Standard Operating Procedures regarding the care of deceased people, including security of and access to the areas where deceased people are kept; and • minimise unaccompanied access to areas where deceased people are cared for, wherever possible. 			Click or tap to enter a date.	
R28. To avoid confusion over its remit, the Care Quality Commission should issue clear guidance to inspectors (and others) that hospice inspections should not include areas where deceased people are kept, other than to focus on the needs of bereaved relatives.			Click or tap to enter a date.	
R29. Hospices should be considered in scope for the regulatory measures recommended in Chapter 11.			Click or tap to enter a date.	
Chapter 5: Ambulance services				
R30. Data on how often deceased patients are conveyed in ambulances, and the	Not applicable- Ambulance Service		Click or tap to enter a date.	

reasons for this, should be routinely collected and reported to NHS England, and monitored to assess risk.				
R31. Every NHS ambulance service should have a policy setting out where ambulance crew members should sit when conveying deceased patients. This should include reference to the risk of abuse of deceased patients, as well as training requirements.	Not applicable- Ambulance Service		Click or tap to enter a date.	
R32. NHS ambulance services should also have policies regarding the security and dignity of the deceased, including when the deceased should be covered and/or secured. NHS England should monitor that such policies are in place.	Not applicable- Ambulance Service		Click or tap to enter a date.	
R33. Every NHS ambulance service must put policies in place regarding taking photographs of deceased patients, including any circumstances in which this may be required, and ensure that ambulance staff are aware of these and comply with them.	Not applicable- Ambulance Service		Click or tap to enter a date.	
R34. The Inquiry has focused its investigations into ambulance services on NHS ambulance services. However, the Inquiry considers that these recommendations could also be applied to independent ambulance services, including private ambulances.	Not applicable- Ambulance Service		Click or tap to enter a date.	
Chapter 6: Local authorities				

R35. There should be a process to routinely review who is permitted to access the mortuary unsupervised.	Not applicable – Local Authority		Click or tap to enter a date.	
R36. Where unsupervised access is permitted for a legitimate and unavoidable purpose, there should be individualised electronic access controls to enter the mortuary and restrict access to specific areas of the mortuary, such as the post-mortem room. There should be a requirement to ‘swipe to exit’ to ensure that all activity is auditable. There should be no shared electronic access controls.	Not applicable – Local Authority		Click or tap to enter a date.	
<p>R37. Where people other than mortuary staff are visiting the mortuary during working hours, for example contractors, cleaners and other visitors:</p> <ul style="list-style-type: none"> • Access must be limited to specific areas required for the purposes of their work or visit. • They must be supervised when working in areas where there is access to deceased people, for example in the fridge or post-mortem rooms. • Their attendance must be recorded and audited. 	<p>Despite this recommendation being under the Local Authority chapter, this also is applicable to NHS Mortuaries and has been implemented as per HTA licencing standards.</p> <ul style="list-style-type: none"> • Restricted access in place. • Supervision in place by Mortuary staff. • Cleaning during working hours only • All Porter/External contractors advised to attend in pairs. • Attendance recorded on visitor sign-in sheets – No out of hours access permitted with exception of Porter Staff undertaking transfers/admissions. 		01/01/2026	
R38. Where mortuary staff are permitted to work alone in the mortuary, there should be	GGH (HTA Licenced):		01/01/2026	AUD7788 – GGH

<p>a review of lone working policies, including consideration of activities involving direct handling of the deceased, alongside mitigations that can be put in place to safeguard the security and dignity of the deceased, such as CCTV.</p>	<ol style="list-style-type: none"> 1. CCTV – Standalone PC to allow review via Hikvision software. 2. Dual/layered entry system in place should breach of primary entrance occur. 3. Monthly Security audits incorporating: <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 4. CCTV Monitoring – Randomised audits of access entries (x5 pcm) 5. Installation of SALTO security access system – controlled and managed via mortuary management <p>BGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management <p>WGH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review 			<p>AUD7787 – BGH</p> <p>AUD7790 – WGH</p> <p>AUD7789 – PPH</p>
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	<ul style="list-style-type: none"> • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management <p>PPH:</p> <ol style="list-style-type: none"> 1. Networked CCTV 2. Monthly Security audits <ul style="list-style-type: none"> • Authorised user review • Access card entries • Sign in sheet review • Access denied scrutiny 3. CCTV Monitoring – selected audits of access entries aligned with audit findings (x5 pcm) 4. SALTO security access system – controlled and managed via mortuary management 			
<p>R39. Routine and regular audits of security must be conducted, encompassing both access to and exit from the mortuary and movement within it, including the post-mortem room. Access data must be reconciled against CCTV footage. Audits must be reported to the Designated Individual and head of service or equivalent.</p>	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		01/01/2026	
<p>R40. Immediate steps must be taken to commission a specialist strategic review of</p>	<p>Not applicable – Local Authority</p>		01/01/2026	

<p>the systems in place to protect the deceased, which should include a detailed risk assessment of the potential breaches of security that could occur. The review should include an assessment of:</p> <ul style="list-style-type: none"> • the systems in place to identify unauthorised access to the facility; • the strength and effectiveness of barriers to prevent unauthorised access to the facility; • the systems in place to identify any inappropriate access to the deceased; and • how CCTV is used, including its monitoring and any audits undertaken. 	<p>This recommendation is covered in Chapter 1: NHS Hospitals</p>			
<p>R41. There must be no reliance on keys and keypad codes alone to secure access to the mortuary.</p>	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		<p>01/01/2026</p>	
<p>R42. Fridges and freezers containing deceased people must be locked at all times, with appropriate key security in place.</p>	<p>Not applicable – Local Authority</p> <p>All fridges and freezers are located within a locked and secure access facility strictly controlled by Mortuary Management.</p> <p>There is the ability to secure individual fridges if required.</p>		<p>01/01/2026</p>	
<p>R43. CCTV must be installed inside the mortuary facing all doors and access points, the reception area and the doors of all</p>	<p>Not applicable – Local Authority</p>		<p>01/01/2026</p>	

<p>fridges containing deceased people, including where these are accessible from within the post-mortem room. Local authorities must put appropriate safeguards in place to maintain the security and dignity of the deceased in relation to the monitoring of CCTV. CCTV footage should be regularly reviewed. This should be done by mortuary staff where it is of a sensitive nature.</p>	<p>This recommendation is covered in Chapter 1: NHS Hospitals</p>			
<p>R44. Arrangements for responding to incidents of unauthorised access must be reviewed and incorporated into Standard Operating Procedures.</p>	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		<p>01/01/2026</p>	
<p>R45. All policies and procedures in relation to the security of the mortuary must be accurately and comprehensively reflected in a single security Standard Operating Procedure.</p>	<p>Not applicable – Local Authority</p> <p>Mortuary Security & CCTV Compliance Policy in place as per Recommendation 7.</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		<p>01/01/2026</p>	<ul style="list-style-type: none"> • LPMOR615 - Security & CCTV Compliance • MFMOR610 CCTV Compliance - Equipment on Mortuary site • MFMOR611 CCTV Compliance – Annual service Checklist

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- MFMOR612
Access log of security camera records
- MFMOR609
CCTV Compliance – Site Incident Log
- MFMOR606
Detailed Security Checklist
- MFMOR614
Mortuary Security Access List for Staff
- MFMOR608
CCTV compliance - General site information on the site
- MFMOR613
CCTV Active Fob List for the Mortuary Security Alarm System

				<ul style="list-style-type: none"> EXMOR725 HIK Vision Network Digital Video Recorder Manual
R46. There must be a process to ensure that, where there is a requirement for funding to strengthen mortuary security, it is expedited and considered at the highest levels within the local authority.	<p>Not applicable – Local Authority</p> <p>Despite this recommendation referring to Local Authority Mortuaries, there has been significant capital investment into the security of all four acute mortuary sites within Hywel Dda UHB.</p> <p>If capital investment is required, risk assessments are undertaken and both risk assessment and capitals bids are escalated up through Corporate Governance structure.</p>		01/01/2026	
R47. There must be an investigation into the root cause of each security breach. Each incident, the investigation and action plan must be reported to director level within the local authority as a minimum. Serious security breaches must also be reported to the relevant cabinet member and/or committee of elected members.	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		01/01/2026	
R48. There must be audits of the mortuary Standard Operating Procedures and compliance with Human Tissue Authority requirements, undertaken annually as a minimum, with a clear record of	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		01/01/2026	

<p>authorisation by the Designated Individual, head of service or equivalent. Audits of staff compliance with the Standard Operating Procedures must be undertaken at least annually, with the results of the audits reported to the Designated Individual and head of service or equivalent.</p>				
<p>R49. There must be a review of the management and oversight arrangements for the mortuary service, taking into consideration who is appointed as the Designated Individual, their direct contact with the mortuary, level of influence within the local authority, and attendance at governance forums. In particular:</p> <ul style="list-style-type: none"> • Local authorities must ensure that the Designated Individual has enough time and resource to fulfil their statutory responsibilities, including time for learning and development. • The Designated Individual must have access to director-level officers in the local authority. The Designated Individual must also be able to directly raise issues in relation to the mortuary at the highest level within the local authority if they deem it is necessary. • Where the Designated Individual is non-technically trained, a senior anatomical pathology technologist must fulfil the Mortuary Manager 	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		<p>01/01/2026</p>	

<p>role to ensure that there is sufficient technical experience within the mortuary.</p> <ul style="list-style-type: none"> • The Designated Individual must attend regular, documented meetings at mortuary level. The Designated Individual must also attend governance forums where the mortuary is discussed and scrutinised. • In line with Human Tissue Authority guidance, the named Licence Holder must be at a more senior level than the Designated Individual (e.g. director level or higher) and have a clear understanding of the Human Tissue Authority’s statutory requirements and the role of the Designated Individual. 				
<p>R50. The mortuary service must be treated in the same way as other regulatory services within local authority reporting structures:</p> <ul style="list-style-type: none"> • The mortuary must be visible to scrutiny at the relevant statutory committee, with regular reporting. • Key performance indicators must be identified and must include the results of audits of compliance with Human Tissue Authority requirements. • Inspections by the Human Tissue Authority and Human Tissue Authority Reportable Incidents 	<p>Not applicable – Local Authority</p> <p>This recommendation is covered in Chapter 1: NHS Hospitals</p>		01/01/2026	

(HTARIs) must be reported to the relevant statutory committee, and actions to achieve compliance monitored.				
R51. The mortuary service must be reviewed by professional auditors at least biennially, with the results of the audit reported to a formal committee regardless of the level of assurance. Local authorities must arrange a peer review of the mortuary service at least every three years.	Not applicable – Local Authority		Click or tap to enter a date.	
R52. All relevant reports and incidents concerning the mortuary must be made known to the lead local authority manager for the coroner service (and the Senior Coroner if they wish to see these reports). Local authorities that are not the lead authority for the coroner service must also share these reports and incidents with the coroner service lead in that coroner area.	Not applicable – Local Authority All relevant reports concerning the mortuary are reported via DATIX and HTA Incident reporting pathways (HTARI). These are also reported internally via HTA Governance structures.		01/01/2026	
R53. The implementation of these recommendations must be reported to the relevant statutory committee.	Not applicable – Local Authority This recommendation is covered in Chapter 1: NHS Hospitals		01/01/2026	
R54. Local authorities providing a coroner service must review plans for the provision and operation of contingent body storage, in collaboration with local organisations providing mortuary services.	Not applicable – Local Authority		Click or tap to enter a date.	
R55. Local authorities providing an unlicensed body store must be prepared to comply with the Human Tissue Authority's	Not applicable – Local Authority		01/01/2026	

standards and guidance where applicable, in the event that a Human Tissue Authority licence is required to enable activities outside Human Tissue Authority licensing exemptions.	This recommendation is covered in Chapter 1: NHS Hospitals			
R56. Where local authorities provide an unlicensed body store, they should do so in line with this Report's recommendations to local authority providers of licensed mortuaries.	Not applicable – Local Authority		Click or tap to enter a date.	
R57. Local authorities must review all contractual arrangements and agreements with third-party providers of services that care for and transport the deceased. This must include consideration of assurance mechanisms, such as key performance indicators, regular reporting, formal contract review meetings, site visits and stakeholder feedback.	Not applicable – Local Authority This recommendation is covered in Chapter 1: NHS Hospitals		01/01/2026	
R58. There must be a contractual requirement to formally notify the contract manager and senior local authority officers of any incidents involving the deceased, as well as the outcome of inspections or other action by the Human Tissue Authority or others with an oversight role, such as the Health and Safety Executive.	Not applicable – Local Authority		Click or tap to enter a date.	
R59. Local authorities must ensure that the providers they contract or enter into agreements with have robust governance processes in place to oversee the services they provide. This should include Standard Operating Procedures that protect the	Not applicable – Local Authority This recommendation is covered in Chapter 1: NHS Hospitals		01/01/2026	

security and dignity of the deceased and audits to ensure staff compliance with them, as well as the reporting of incidents.				
Chapter 7: Care homes				
R60. The regulatory measures recommended in Chapter 11 should apply to care homes in England. Regulation should cover both systems and professionals where staff are providing care to deceased people in care homes	Not applicable – Care Homes		Click or tap to enter a date.	
Chapter 8: Funeral sector				
R61. The UK government should establish an independent statutory regulatory regime for funeral directors in England as a matter of urgency in order to safeguard the security and dignity of the deceased. This regime should include a licensing scheme, mandatory standards against which funeral directors should be inspected regularly, and enforcement powers.	Not applicable – Funeral Sector		Click or tap to enter a date.	
R62. These regulations and standards should be considered within the overall care and journey of the deceased rather than applying in isolation to funeral directors.	Not applicable – Funeral Sector		Click or tap to enter a date.	
R63. The standards should include details of mandatory information to be given to customers by funeral directors to provide transparency about the care of the deceased, including information on measures to protect their security and dignity, and what should be expected of funeral directors' services.	Not applicable – Funeral Sector		Click or tap to enter a date.	

R64. Direct cremation businesses should also be considered in this context, and mandatory standards to protect the security and dignity of the deceased should be applied to these businesses and to any emerging new models of delivery of care for the deceased.	Not applicable – Funeral Sector		Click or tap to enter a date.	
R65. While the introduction of a proportionate statutory regulation and inspection regime may require significant adjustment by funeral director organisations, it is the view of the Inquiry that the benefit to customers and the need for public confidence outweigh the difficulties that may be experienced by some businesses.	Not applicable – Funeral Sector		Click or tap to enter a date.	
R66. The funeral sector in England should be considered in scope for the broader regulatory measures recommended in Chapter 11.	Not applicable – Funeral Sector		Click or tap to enter a date.	
Chapter 9: Faith organisations				
R67. All faith organisations should consider how to support their members to deliver high standards of care for the deceased, with a focus on the security and dignity of the deceased – for example, by sharing guidance	Not applicable – Faith Organisations		Click or tap to enter a date.	
R68. Where deceased people are in a religious building overnight, measures should be taken to ensure that the building is secure, including, for example, CCTV and secure access control for the area in which they are kept.	Not applicable – Faith/Funeral Sector		Click or tap to enter a date.	
Chapter 10: Locality visits				

<p>R69. Where organisations work together to care for people after death, the arrangements should be formalised through contracts or service level agreements. This should include joint Standard Operating Procedures. The parties to the contracts or service level agreements should ensure that the contracts or agreements are managed effectively, and that they seek assurance that the arrangements protect the security and dignity of people after death</p>	<p>Formal contracts in place via Procurement</p> <p>Visits to Contracted Funeral Directors: -</p> <p>Co-operative Funeral Care – 23.07.2025 Arthur Cambrey, Llanelli – 04.11.2025 F.G. Rees, Haverfordwest - TBA D.G. Evans, Aberystwyth - TBA</p>		<p>Click or tap to enter a date.</p>	
<p>Chapter 11: Regulation and oversight</p>				
<p>R70. The Chief Coroner should review the difference in practice between coronial areas as soon as possible to ensure that:</p> <ul style="list-style-type: none"> • All coroners are informed of the findings of this Inquiry. • All coroners are aware of the prevalence of offending by David Fuller against deceased people who were formally under the control of the coroner. • All coroners understand the importance of a consistent approach to ensuring the security and dignity of deceased people who are under their control. <p>This is likely to require guidance from the Chief Coroner to ensure that there is a consistent approach nationally, and it should be considered an area for further training for all coroners and their staff.</p>	<p>Not applicable – External Governance – HM Coroner</p>		<p>Click or tap to enter a date.</p>	

<p>R71. The UK government should establish an independent statutory regulatory regime, headed by a Chief Inspector, for those who store and care for deceased people. The purpose of the regulatory regime should be to ensure that the security and dignity of deceased people are protected, in whichever institutions or locations they are cared for, examined or stored. The government should ensure that this role is adequately resourced to discharge its responsibilities and should provide it with powers to require information and enter premises and to take appropriate enforcement action (including against office holders in any organisation). Either the Human Tissue Authority should be required to work under the auspices of this new regime, or its remit should be formally expanded to comply with the statutory regime's requirements.</p>	<p>Not applicable – External Governance – UK Government</p>		<p>Click or tap to enter a date.</p>	
<p>R72. In the interim, the government should immediately appoint a Commissioner for the Dignity of the Deceased who should immediately issue universal guidance that applies to all those who store and care for deceased people. This guidance should set out expectations for the security and dignity of deceased people</p>	<p>Not applicable – External Governance – UK Government</p>		<p>Click or tap to enter a date.</p>	
<p>R73. The government should amend the Human Tissue Act 2004 so that the organisation holding the licence has primary legal responsibility to ensure that:</p>	<p>Not applicable – External Governance – UK Government</p>		<p>Click or tap to enter a date.</p>	

<ul style="list-style-type: none"> • There is a suitable Designated Individual in place at their establishment. • Suitable premises are provided and maintained • Suitable individuals are employed • All relevant legal and regulatory duties pertaining to the licence are met. 				
<p>R74. The Human Tissue Authority, and/or the new Inspectorate, should require the organisations it licenses to ensure that any individual who provides care to deceased people is suitably qualified, experienced and supervised. The regulatory regime should set minimum standards on the qualifications likely to be considered sufficient to demonstrate 'suitability' for particular roles or levels of responsibility. Failure to ensure that suitable individuals are employed would be subject to regulatory enforcement.</p>	<p>Not applicable – External Governance – Human Tissue Authority/New Inspectorate</p>		<p>Click or tap to enter a date.</p>	
<p>Chapter 12: Chair's conclusions and recommendations</p>				
<p>R75. The government should take responsibility for the implementation of all the recommendations we make in this Report, regardless of the primary organisation they are directed at, and make arrangements to monitor the progress of their implementation</p>	<p>Not applicable – External Governance – UK Government then devolved.</p>		<p>Click or tap to enter a date.</p>	

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