

State Pathologist's Department

A FOLLOW-UP REVIEW OF THE
INSPECTION RECOMMENDATIONS

October 2006





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inspection recommendations

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Criminal Justice Inspection
Northern Ireland
a better justice system for all







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List of abbreviations

CJI	Criminal Justice Inspection
DHSSPS	Department of Health, Social Services and Public Safety
FSNI	Forensic Science Northern Ireland
IT	Information Technology
MoU	Memorandum of Understanding
NHS	National Health Service
NIO	Northern Ireland Office
PSNI	Police Service of Northern Ireland
QUB	Queen's University of Belfast
RGHT	Royal Group of Hospitals Trust
RVH	Royal Victoria Hospital
SLA	Service Level Agreement
SPD	State Pathologist's Department
UK	United Kingdom



Chief Inspector's Foreword

This review reports on progress in implementing the recommendations made by Criminal Justice Inspection (CJI) following the inspection of the State Pathologist's Department (SPD) in early 2005. This review was guided by the joint action plan agreed with the SPD and the Northern Ireland Office (NIO), which was published as an appendix to the inspection report in June 2005.

The follow-up review confirms that the overall quality of the forensic pathology service is good and the Department continues to complete most post mortem examinations within 24 hours of death or notification.

It is disappointing that just half of the recommendations have been achieved, though some progress is evident in relation to most of the agreed actions. There is an ongoing need to implement changes to the governance and accountability of SPD, including the appointment of a new Business Manager with an enhanced role. More progress is required in relation to staffing reviews, consultants' contracts and day to day management (e.g. performance management and training) of the Department. The main problem continues to be the delay associated with the completion of many post mortem reports.

I am confident that significant progress can be made in relation to the outstanding recommendations. I would expect that the SPD and the NIO should now prepare a revised action plan for those recommendations that have not been implemented. CJI intends to conduct a further follow-up review in 12 months.

The Inspection Team appreciated the co-operation it received from the State Pathologist, the staff of SPD and from the NIO.



Kit Chivers

Chief Inspector of Criminal Justice in Northern Ireland







Follow-Up Review



CHAPTER 1:



Introduction

The State Pathologist's Department (SPD) was inspected by Criminal Justice Inspection in early 2005 with a report published in June 2005. The report contained 30 recommendations. A joint action plan (prepared by the NIO and SPD) set out tasks, lead responsibility and a timeframe for each of the recommendations and was published as an appendix to the report. It was agreed that a review of progress against each of the recommendations and agreed tasks would be undertaken by CJI after 12 months from the report's publication.

All recommendations are graded as either 'achieved' or 'not achieved' based on progress in implementing the agreed tasks and taking account of the published timeframe.



CHAPTER 2:

Progress on Recommendations



Recommendation 1

The NIO should consult and develop options for the future status and structure of the State Pathologist's Department.

Action:

The NIO will complete an exercise exploring options for the future status of the State Pathologist's Department and arrive at a conclusion by May 2006 (NIO).

Status: Achieved

A Review of the Status of the State Pathologist's Department was completed in April 2006 by external consultants commissioned by the NIO. It identified seven options for SPD status. The preferred option is that SPD remains within the NIO and has additional support features. The benefits of this option were outlined as minimum disruption and cost; continuity; maintains existing relationships; performance; policy link with criminal justice; operational improvement; secure budget; independence (from health service). Areas for consideration (concern) were clinical governance risk and the additional resource requirement. The additional support features are an Advisory Board, Department Manager¹ and Business Plan and Annual Report.

No formal decision has been taken as yet on acceptance of all or part of the proposed recommendations from this review. CJI would hope to see concrete progress in progressing these key recommendations.

Recommendation 2

A cost benefit analysis of all external work conducted by pathologists should be undertaken by the NIO.

Action:

The NIO will appoint an independent person to take forward the cost benefit analysis of all external work conducted by pathologists and analysis to be completed by February 2006 (NIO).

Status: Not Achieved

The NIO have considered the recommendation and suggested two 'independent' persons who were not acceptable to the State Pathologist on the grounds of professional expertise. An alternative person is now under consideration by the NIO and the State Pathologist. There is scope to include this action under a wider review being considered by the NIO.

¹ This is an alternative title to the CJI recommendation for an enhanced Business Manager role in CJI



Recommendation 3

The role of Business Manager should be enhanced to include responsibility for the budget and specified day to day management of the Department. A detailed job description should be prepared by the State Pathologist and NIO.

Action:

A job description will be developed for the enhanced business manager position and a suitable person appointed by March 2006 (NIO/SPD).

Status: Not Achieved

The role of the Business Manager is evolving and the current post holder has taken on greater responsibilities in a number of areas (e.g. line management).

Progress on a proposed enhanced Business Manager role is slow and is now dependent on the recommendations and resulting decisions from a number of reviews. A recent review of the SPD proposed the recruitment of a 'Department Manager', which is essentially the same role as recommended by CJI. A Review of the SPD laboratory and a proposed review of the administrative function may also have implications for this role. Partly as a result, no job description has been developed for the proposed position and there are no plans to recruit at present.

Recommendation 4

Job plans should be introduced for all pathologists.

Action:

Job plans to be in place for all pathologists by October 2005 (NIO/SPD).

Status: Not Achieved

No progress can be reported in terms of the introduction of job plans. Job plans for consultants were introduced by the Department of Health, Social Services and Public Safety (DHSSPS) in 2001, but never applied in the SPD. Progress on job plans has now been linked with the introduction of the new consultant contracts – negotiations on new consultant contracts are on-going but with little agreement to date between the NIO and consultant forensic pathologists. If agreement can not be achieved, job plans should be separately introduced for all pathologists.



Recommendation 5

The NIO should consider a means to reward staff for exceptional performance. SPD should ensure that pathologists with teaching responsibilities should be considered for an honorary university title.

Action:

Two of the three consultant pathologists now have an honorary university title. Two of these appointments have been bestowed following the Criminal Justice Inspection. Steps have been taken to make a case for a third consultant.

Status: Achieved

Following a review, the Deputy State Pathologist has been awarded a salary increase due to an award of 1 discretionary point from April 2006.

Two of the pathologists have received an honorary university title from The Queens University of Belfast (QUB). The remaining consultant pathologist has been put forward for a similar title.

Ongoing discussions on wider remuneration issues are ongoing between the NIO and the SPD.

Recommendation 6

The on-call retention allowance should be modified in line with the new NHS Consultant Contracts and allocated on the basis of actual time on call by each pathologist.

Action:

The on-call allowance will be addressed as part of the implementation of new Consultant Contracts by November 2005 (NIO).

Status: Not Achieved

Progress on modifying the on-call arrangements is linked with the introduction of the new Consultant Contracts. Just one consultant is currently on the new contract. With the introduction of the new consultant contracts, the on-call allowance will be replaced by an 'on-call availability supplement'. If some consultants do not move to new contracts, then progress is likely to be limited on this recommendation.



Recommendation 7

Introduce an independent appraisal system for staff which feeds into personal development and training plans.

Action:

Actions on new appraisal systems will take account of the appropriate government system for each member of staff by December 2005 (SPD/NIO).

Status: Not Achieved

The State Pathologist, the Deputy State Pathologist and one of the consultant pathologists are not appraised. It is the view of the State Pathologist that the appraisal of consultant pathologists cannot be progressed until an agreed appraisal mechanism is introduced for Home Office pathologists in England and Wales. The exception is the specialist registrar (SPR - new consultant pathologist) who is appraised by an independent peer review panel. Appraisal of scientific staff in the SPD laboratory has not changed since the inspection was undertaken (i.e. no independent peer review process has been put in place). There is no current performance management system in place for secretarial staff, although an evaluation of the administrative grades is likely to recommend a suitable manager. The Mortuary Technicians at Forster Green have job descriptions together with performance management. There is a line management role for the Business Manager in conjunction with the pathologists. This recommendation will not be implemented until all staff have regular appraisal and performance management systems in place, with independent peer review where appropriate.

Recommendation 8

Training and supervision of the trainee pathologist should be shared among the three pathologists.

Action:

Training and supervision of the trainee consultant pathologist is shared among the three consultant pathologists (SPD).

Status: Achieved

The new arrangements were in place at the time of report publication.

Recommendation 9

A training plan should be produced for all SPD staff and the department should consider introducing the Investor in People model.

Action:

A Departmental Training Plan for all SPD staff will be developed as part of the business planning process. It is not viable to consider introducing Investors in People until the new Business Manager is appointed. To be completed by November 2005 (NIO/SPD).

Status: Not Achieved

The absence of progress on introducing staff appraisal means that little has happened in relation to a training plan for all SPD staff. In the interim period, Departmental training is available as part of a rolling programme, including a training budget. The head of each section of SPD encourages staff to apply for courses as the opportunity arises. An example of recent training relates to the operation of the new Case Management System. The Business



Manager is working in conjunction with the Royal Victoria Hospital (RVH) to ensure that mortuary technicians receive appropriate training. It is also encouraging to note that Investor in People is scheduled to visit the SPD later in 2006. The recommendation will not be considered achieved until further progress is made in relation to staff appraisal and then linked to a training plan.

Recommendation 10

An audit of the administrative function of SPD should be conducted by the NIO with the result that tasks are more evenly distributed and cover is provided in the absence of staff.

Action:
An audit of the Administrative Function within SPD will be taken forward by the NIO and recommendations considered by November 2005 (NIO/SPD).

Status: Not Achieved

The allocation of administrative tasks, as well as the provision of cover during staff leave, remains problematic. It was hoped that an audit of the administrative function would have provided an opportunity to address these issues. It is essential that a review of the overall administrative function is undertaken as soon as possible so that overall workload is evenly distributed and appropriate cover is provided during periods of absence.

Recommendation 11

A common departmental diary should be adopted – an electronic diary is considered most appropriate in the context of the forthcoming IT upgrade.

Action:
A common departmental diary should be adopted – an electronic diary is considered most appropriate in the context of the forthcoming IT upgrade. This will be considered as part of the overall IT requirements by March 2006 (SPD).

Status: Achieved

The introduction of a new IT system has been a success for the NIO and SPD. As this was taking place prior to the CJI inspection, inspectors were keen to ensure that certain business benefits would accrue from this investment. All members of staff now have access to e-mail, internet and to the case management system. An electronic diary system is currently in use, though its use should be improved (e.g. more up to date and accurate recording of activities to aid overall business planning).





Recommendation 12

The Business Manager should be the line manager for the administrative staff and the audio-visual technician.

Action:

On appointment the new Business Manager will take on the Line Manager's role for the administrative staff (secretarial staff). The reporting arrangements for the Audio Visual Technician who is partly funded by QUB will be explored separately by Summer 2006 (SPD).

Status: Not Achieved

The new post of enhanced Business Manager has not been created as yet. In the interim period, the current Business Manager, in conjunction with the pathologists, has a reporting role for the mortuary staff that transferred to SPD.

Recommendation 13

The NIO and SPD should address the concerns of Forster Green mortuary staff in the context of their transfer to SPD.

Action:

The process for the transfer of Mortuary staff at Forster Green from Belfast City Council to SPD is ongoing. Any concerns to be addressed by March 2006 (NIO).

Status: Achieved

The process of transferring mortuary staff from Forster Green to SPD was more complex than originally envisaged, partly reflecting the ambiguous status of SPD. Following negotiations concerning employment, it was jointly agreed that mortuary staff would not be employed by the NIO but would be employees of the Royal Group of Hospitals Trust (RGHT), providing a service to the State Pathologist's Department but reporting ultimately to the RGHT.



Recommendation 14

More formal internal communication processes should be introduced starting with the convening of all-staff general meetings.

Action:

The State Pathologist will consult all SPD staff and agree the frequency, duration and general content of staff meetings by September 2005 (SPD).

Status: Achieved

More formal internal communication processes have been introduced, though all-staff general meetings are infrequent. Meetings with staff found that most are adequately informed of developments within SPD. Regular communication, particularly through all staff e-mails, is undertaken primarily by the Business Manager.

Recommendation 15

SPD should be more active in promoting equality and human rights issues to address under-representation of Catholics in SPD and women in the forensic pathology and laboratory functions.

Action:

Job share and part time arrangements will be considered for all future recruitment competitions. Applications will be welcomed from all sections of the community (NIO).

Status: Achieved

Job share and part time arrangements were not included in the previous recruitment competition for a pathologist (started before the report was published). It was subject to equal opportunities and fair employment legislation. No suitable candidate was identified and the position remains vacant. Future recruitment exercises (i.e. pathologist and secretary) should aim to encourage wider diversity and equality within the organisation). Job share and part time arrangements are included in the current advert and job specification for a consultant pathologist.



Recommendation 16

The current decision to recruit a new pathologist is appropriate and should be expedited. Failure to recruit a suitable applicant should be followed by a new recruitment process which places a greater emphasis on flexible working conditions.

Action:

A new competition will take place to recruit a Consultant Forensic Pathologist. Consideration will be given to job share and part time arrangements. By October 2005 (NIO).

Status: Achieved

A recruitment process to appoint a new pathologist was conducted but was unsuccessful in appointing a new pathologist. Progress in organising a new recruitment exercise has been slow due to ongoing discussions between the NIO and the State Pathologist. In the interim period, a locum consultant forensic pathologist is funded by the NIO to maintain the level of service. There is a possibility that a pathologist from New Zealand could spend a year in the Department, though this is becoming more unlikely. Such a development would be welcome and would help to ease the overall workload of the Department. The opportunity to appoint a new trainee pathologist is a contingency being jointly considered by the NIO and SPD, though it would entail considerable mentoring and assistance from existing staff in the short term. In view of the workload of the Department, the need to recruit a new consultant pathologist remains paramount.

Recommendation 17

Continue to make best use of a locum pathologist.

Action:

Arrangements have been made to retain the services of a Locum Pathologist on a regular basis (NIO).

Status: Achieved

The locum consultant forensic pathologist continues to be engaged and funded by the NIO and is extensively used by SPD. In the period January to June 2006, he conducted 171 post mortem examinations which represent 22% of all cases during this period. The locum is unable to undertake any on-call or out of hours work or to do any suspicious deaths. All of these post mortems were conducted during week days and relatively few cases are outstanding (i.e. awaiting final report from pathologist) as most are cleared within one month of the post mortem examination.



Recommendation 18

The benefits of new IT system, once implemented, should be realised to track and monitor all cases and expedite post mortem reports.

Action:

A new IT case management system will be operational by the end of 2005 and this will include a suitable case tracking programme (NIO/SPD).

Status: Achieved

The introduction of a new IT system provides functionality to track and monitor all cases. Improved management information is currently available. Some staff have reported that the preparation of post mortem reports has been slowed due to the introduction of this new system. This is likely to be due to the greater level of detail that is stored electronically on the new system which has resulted in a slightly slower preparation period of post mortem reports. It can be expected that this delay will disappear as users become more proficient with the system.

Recommendation 19

The recently signed SLA with FSNI should be used to ensure a high quality and timely service for all samples submitted.

Action:

SPD will monitor FSNI's performance in relation to the targets specified in the SLA. Consideration will be given to the application of financial penalties.

Status: Achieved

The current draft SLA with FSNI has not been signed by the SPD, though discussions are ongoing with FSNI. FSNI performance has improved over the past year and a better quality and more timely service for alcohol and toxicology samples has been achieved. Further improvement against targets is still required.



Recommendation 20

An SLA with the Royal Group of Hospitals (RGHT) should be concluded which agrees appropriate remuneration for hospital based pathologists in return for clearly defined performance and timeliness targets.

Action:

The development of an SLA between SPD and Royal Group Hospitals is underway. To be in place by October 2005 (SPD).

Status: Achieved

An SLA with the Royal Group of Hospitals Trust (RGHT) was put in place in June this year. It incorporates the services the NIO and SPD receive from RGHT (i.e. neuropathology, odontology) and services that would be beneficial (i.e. paediatric pathologists). Inspectors have been assured that the SLA is being refined and will be signed after the RGHT respond to some Human Resources (HR) questions. The recommendation will therefore be considered as achieved.

Recommendation 21

SPD should continue to liaise with HM Coroners in regard to dealing with enquiries regarding the retention and disposal of human organs.

Action:

SPD are continuing to liaise with HM Coroners in regard to enquiries on the retention and disposal of human organs (SPD/NIO).

Status: Achieved

The SPD continues to liaise with HM Coroners in regard to dealing with enquiries regarding the retention and disposal of human organs. The State Pathologist has met with two coroner liaison officers and is planning a meeting with the coroners in the near future. The current Business Manager maintains a close working relationship with the Coroners Service. The SPD's explanatory post mortem letter has been updated via an interagency working group and was published in June of this year. It includes an update on organ/tissue retention. It is expected that a considerable amount of additional work will be generated following the introduction of the Human Tissue Act and the requirement for licensing of mortuary facilities.



Recommendation 22

SPD should introduce a peer review system after considering all the options available.

Action:

SPD will research the options available, including external validation, and put a peer review system in place no later than March 2006.

Status: Not Achieved

No external peer review system has been considered. The external peer review is being considered under wider governance arrangements for SPD. Draft terms of reference have been developed by the NIO.

Instead all pathologists engage in internal and external quality assurance schemes and the State Pathologist has participated in Home Office audit programmes. An recent peer review (audit) of autopsy reports produced for coroners in England, Wales and Northern Ireland found that one in four autopsy reports was judged as poor or unacceptable. It went on to recommend that there 'should be regular (independent) peer review of coronial autopsy reports and processes to maintain consistency of agreed standards and accountability, and all pathologists and coroners – in training and as continuing professional development – should review the autopsy reports and related documents of their peers.'²

Recommendation 23

A review of the laboratory should focus on staffing and its wider strategic development. The SPD objective to seek Clinical Pathology Accreditation is a positive development.

Action:

*(i) A review of laboratory staffing levels and wider strategic development is due to commence in June 2005. Recommendations will be considered and implemented as agreed.
(ii) The State Pathologist will consider the cost benefit of accreditation.*

**Status: (i) Achieved
(ii) Not Achieved**

A review of the laboratory was undertaken and a final report produced in October 2005. It includes a number of recommendations concerning functions and staffing, though no changes have been introduced as yet. It also addressed the wider strategic development of the laboratory.

Significant changes to the operation of the SPD laboratory and the volume of work sent to FSNI is recommended in the recent review of the Laboratory, which was commissioned by the NIO and reported last October. A formal response by the State Pathologist has been provided to the NIO. It is known that the State Pathologist has found this review to be 'unsatisfactory'.

No cost benefit analysis of accreditation has been undertaken though the State Pathologist has confirmed that Clinical Pathology Accreditation is to be pursued.

² The Coroner's Autopsy: Do we deserve better? A report of the National Confidential Enquiry into Patient Outcome and Death, 2006.



Recommendation 24

A strategy for storage, retrieval and management of police photo albums should be developed.

Action:

The State Pathologist will develop and implement a strategy for the management of police photo albums by March 2006 (SPD).

Status: Not Achieved

No strategy for the storage, retrieval and management of police photo albums has been developed. Demand for photos (held by SPD) from the police and others has been lower than anticipated. The only remaining issue is therefore the storage of these photos and this should be easily resolved (e.g. transfer of album material to CD).

Recommendation 25

SPD should promote the continuous professional development of all staff and encourage research and participation at relevant conferences and events.

Action:

Continuous professional development will be done through the implementation of Staff Reporting and Development System by December 2005 (SPD).

Status: Achieved

Continuous professional development of all staff is encouraged and pathologists in particular are encouraged to participate at relevant conferences and events. Pathologists state that the NIO is very supportive in this respect. Wider progress in this regard is linked to increased resources in the forensic pathology function and to the introduction of appraisal systems.



Recommendation 26

More formal communication (i.e. a protocol) should be established with HM Coroners to address identified weaknesses such as poor notification of Coroner's cases to SPD.

Action:

The development of a protocol and best practice guidance dealing with all aspects of Coroners cases including formalising notification to SPD is currently underway and scheduled to be completed by September 2005 (NIO).

Status: Not Achieved

Formal communication between the SPD and the Coroners Service is evident and both organisations are represented on various forums such as the Best Practice group. The Coroners Service have produced a draft protocol which is under consideration by the NIO and SPD. Agreement on a joint protocol will represent achievement of this recommendation.

Poor communication between coroners and pathologists was identified as a problem in the recent audit of coroners autopsy reports.

Recommendation 27

SPD should agree a protocol with PSNI.

Action:

A protocol will be drawn up based on existing practice and guidance provided by the State Pathologist to the PSNI. The twice yearly training provided to PSNI by the Deputy State Pathologist will continue. To be completed by December 2005 (SPD/NIO).

Status: Not Achieved

There is an opportunity for a protocol or Memorandum of Understanding (MoU) to be agreed between the SPD and the PSNI and it would formalise the current working relationship. There has been ongoing work with the PSNI at the Best Practice forum and in particular with regard to police training etc. The PSNI, pathologists and the Business Manager have also discussed various aspects of mutual benefit. The State Pathologist has confirmed that he is happy to meet with the PSNI to discuss arrangements.³

³ The PSNI have a separate recommendation in the CJI review of Scientific Support Services to conclude a protocol with the State Pathologist Department.



Recommendation 28

SPD should establish a stronger partnership with the health service including establishing a core group of hospitals and SPD pathologists to undertake coroner post mortem examinations.

Action:

The NIO meet with DHSSPS on a regular basis to develop a collaborative model for stronger partnership working. To be completed by September 2005 (NIO/SPD).

Status: Not Achieved

The SPD has strengthened its partnership with the health service in a number of areas including the provision of the mortuary and the employment of the mortuary staff. There is a continued need to strengthen clinical governance and linkages to wider pathology services including input to the implementation of the review of pathology services in Northern Ireland. There is a reluctance from hospitals to establish a core group of pathologists willing to undertake coroner's post mortem examinations, though the State Pathologist's Department continues to provide a 2 week period of Forensic training to those nominated.

Recommendation 29

SPD and the NIO should develop practical cross border co-operation between State Pathologist's Departments in Belfast and Dublin.

Action:

The NIO will contact the Department of Justice in Dublin to explore how the two State Pathologist's Departments can work together for mutual benefit by September 2005.

Status: Not Achieved

No further contact has been made between the two State Pathologist's Departments concerning cross border co-operation, though some contact has taken place on wider issues affecting forensic pathology throughout the United Kingdom (UK) and Ireland. There remains scope to discuss practical issues concerning the delivery of a forensic pathology service on the island (e.g. emergency/disaster planning). As both State Pathologists have expressed interest in co-operation, further progress should be made in this area.



Recommendation 30

The State Pathologist should set up a forensic pathology forum to facilitate a more joined-up approach to delivery of the service in Northern Ireland.

Action:

The State Pathologist should set up a forensic pathology forum to facilitate a more joined-up approach to delivery of the service in Northern Ireland. Although this already takes place on an ad hoc basis, a forum involving all key stakeholders in Northern Ireland will be arranged by October 2005 (SPD).

Status: Achieved

While no specific forum involving all of the key stakeholders in Northern Ireland has been arranged by the State Pathologist, a Best Practice forum does meet and involves the key stakeholders (NIO; DHSSPS, Royal Group of Hospital Trust; PSNI; Coroners Service). There is now scope to deepen this cooperation through the establishment of a Forensic Pathology Council for Northern Ireland.



Conclusion



Inspectors concur with their inspection assessment that the overall quality and delivery of the forensic pathology service is good. Most post mortem examinations are completed within 24 hours of death or notification and local burial customs are maintained. The quality of autopsy work is professionally regarded as high and there have been no recent challenges to this quality or independence of the forensic pathology service. A new Case Management System has been fully implemented and it provides a useful forum for review of internal processes and practices. Good progress can be reported on preparation for the building of a new mortuary and accommodation for SPD staff on the site of the Royal Group of Hospitals.

It is disappointing that progress in implementing some recommendations and agreed actions have been slow. This is due to a combination of factors in the SPD and the NIO. In particular, the main recommendation concerning status, governance and accountability of SPD needs urgent action (following reviews and the identification of a favoured option to remain part of the NIO but with additional support features). The relationship between the SPD and the NIO needs to be addressed as a matter of urgency as it runs the risk of damaging the quality of service delivered to the public. More progress is

required in relation to staffing reviews, consultants' contracts and day to day management (e.g. performance management and training) of the Department.

Delay in completing post mortem reports continues to be the main problem for SPD. Improved tracking and monitoring of all cases showed that there were 566 cases outstanding in July 2006, of which 179 were waiting more than 5 months (164 reports were 5+ months at the time of original inspection in early 2005). The vast majority of cases of 5+ months belonged to the State Pathologist (88%), though some of those were more complex and will require additional time. The primary internal reasons for delayed cases are awaiting microscopy (awaiting analysis), drawer set (writing up report) and awaiting typing (by secretaries). External factors causing delay have lessened since the inspection in that FSNI has improved turnaround times for alcohol and toxicology analysis and paediatric pathologists no longer conduct joint autopsies – the service is now solely delivered by SPD.

Overcoming the problem of delayed reports requires further action on a number of recommendations. This includes the recruitment of a new consultant pathologist and a more even distribution of the existing post mortem workload. While the possible introduction of new consultant



contracts may deliver some of these benefits, it is necessary to implement a number of the recommendations immediately. A cost benefit analysis for all external work should now commence and job plans need to be introduced for all consultant pathologists. The audit of the administrative function should be quickly undertaken. Cementing the quality of the service should be achieved by the introduction of an external peer review system and further progress on quality accreditation of the Department, including the laboratory.

Delivery of the forensic pathology service is dependent on partnership with key stakeholders. Ongoing relationships with the Royal Group of Hospitals and the wider Health Service are necessary and should include a clinical governance dimension. A stronger partnership with the new Coroners Service is necessary. The relationship with the PSNI, particularly in crime scene attendance, needs to be formalised through a protocol.

In view of the limited and slow progress on a number of recommendations and agreed actions, CJI has decided to conduct a further follow-up review of the **not achieved** recommendations in 12 months. It is expected that the SPD and NIO should prepare a revised action plan concerning the recommendations that have not been implemented. This will form the basis of the next review.



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