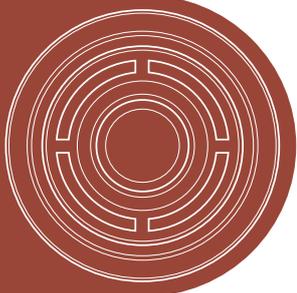


# The State Pathologist's Department for Northern Ireland

August 2014

Criminal Justice Inspection  
Northern Ireland  
*a better justice system for all*





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Laid before the Northern Ireland Assembly under Section 49(2) of the Justice (Northern Ireland) Act 2002 (as amended by paragraph 7(2) of Schedule 13 to The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010) by the Department of Justice.

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## List of abbreviations

<b>BHSCT</b>	Belfast Health and Social Care Trust
<b>CJI</b>	Criminal Justice Inspection Northern Ireland
<b>CLO</b>	Coroner's Liaison Officer
<b>CPIA</b>	Criminal Procedures Investigation Act
<b>CSNI</b>	Coroners Service for Northern Ireland
<b>DoJ</b>	Department of Justice for Northern Ireland
<b>FSNI</b>	Forensic Science Northern Ireland
<b>NICTS</b>	Northern Ireland Courts and Tribunals Service
<b>MFA</b>	Management Framework Agreement
<b>NIO</b>	Northern Ireland Office
<b>NIPS</b>	Northern Ireland Prison Service
<b>PACE</b>	Police and Criminal Evidence Order 1989
<b>PBNI</b>	Probation Board for Northern Ireland
<b>PPS</b>	Public Prosecution Service for Northern Ireland
<b>PSNI</b>	Police Service of Northern Ireland
<b>QUB</b>	Queen's University, Belfast
<b>SLA</b>	Service Level Agreement
<b>SPD</b>	State Pathologist's Department



# Chief Inspector's Foreword

Understanding how, why and in what circumstances a person has died is important in terms of establishing whether the death could have been avoided, or if blame or responsibility needs to be apportioned. It is a fundamental part of the grieving process. The State Pathologist's Department (SPD) provides vital information to support the statutory responsibilities of the Coroner and the police in investigating sudden and unexplained deaths.

This inspection confirms that the SPD delivers a very good service and carries out more autopsies than local comparators. Higher numbers of autopsies has equated to more delay in the submission of pathologists reports to the Coroner and to the police. This in turn has prolonged the time taken to conclude both coronial inquests and criminal proceedings.

The reasons for the delay in submission of completed reports is multi-faceted and on many occasions, not within the gift or control of the pathologist. This needs to change as indeed does the governance, internal business processes and overall relationship with the funding department.

There is an opportunity to consider a more radical solution to what has proved to be a stubborn and apparently intractable relationship and we make only two recommendations which, if pursued with purpose and vigour, will improve the effectiveness and efficiency of this service.

This inspection was conducted by Dr Stephen Dolan and Derek Williamson from CJ. I would like to thank all those who have supported the inspection team in reaching this opportunity for transformational change.

**Brendan McGuigan**  
Chief Inspector of Criminal Justice  
in Northern Ireland

August 2014



# Executive Summary

The State Pathologist's Department (SPD) plays a central role in the handling of unexpected and suspicious deaths by preparing post mortem reports for the Coroners Service for Northern Ireland (CSNI). Around 1,500 are referred each year to the CSNI usually to establish the cause of death. To this end 1,176 post mortems were conducted in 2013.

The overall conclusion of stakeholders is that the quality and detail of the reports is very high. If anything, in certain instances, the Coroners felt the extent of the reports might exceed their demands although it should be noted that these reports are governed by clinical standards and the practitioner carries any risks associated. Any negative comments centred on the timeliness of post mortem reports. This was a recurring theme and highlighted in every Criminal Justice Inspection Northern Ireland (CJI) report since 2001. It is disappointing to note that, despite this issue being raised at Ministerial level a year ago, little has been achieved as a result.

There is no single or easily remedied cause for the delayed reports. It can be due to the need for specialty opinion where those specialties are in short supply and/or have other demands on their time. There is also a requirement for specialty forensic

testing such as histopathology, toxicology and DNA and in the past, there have been some delays in receiving these reports.

Simply introducing more targets will not resolve the problem. There are targets in place but the SPD does not meet all of them<sup>1</sup> and the Coroners Service is especially critical where delays have a negative impact on bereaved families. There are views as to what constitutes an outstanding report and an agreed definition with efforts directed to streamline processes and improve performance around this agreed population of reports could be productive.

The main problems do not lie in the quality of reporting but rather with the ownership of the process and accountability for the outcomes. The continuous improvement displayed in the facilities for and the conduct of, the actual post mortems does not

<sup>1</sup> Appendix 2.



extend to the other aspects of the SPD. The reasons for this include:

- the delivery of the main output - the post mortem report - being guided by professional protocols and internal regulation. Thus providing high value reports without any channels of influence for the final users;
- obscure lines of internal management and accountability rendering change management and process improvement negligible; and
- the specialty pathologists to the SPD providing their services against a backdrop of competing demand - with the SPD less of a priority than the Service Level Agreement (SLA) would indicate.

There have been strategic developments to the core business, most notably the centralisation of mortuary facilities on the Royal Victoria Hospital site. But the business processes need updating including, the use of secure e-mails, an overhaul of the processes and resources dedicated to the use of digital imaging for presentations and archiving, and a more efficient and equitable approach to the content and user needs of the post mortem reports.

Previous reports made upwards of 30 recommendations. After a period of eight years many of the circumstances around the SPD remain the same: high quality reports against a background of unease from the end users. A more strategic approach is needed. The Department of Justice (DoJ) has launched a strategic review of the delivery of forensic services in Northern Ireland and including the future of the SPD in this strategy is an opportunity to address some of the problems arising from inter-agency working and accountability for outcomes.

The creation of an overarching body incorporating forensic science, scientific support to the police and the pathology services of the SPD, would consolidate

delivery reducing the propensity to blame one agency or another for systematic failings and sub-optimal outcomes. An independent board and chair would prioritise the external environment and ultimate oversight of process and outcome improvement would lie with the DoJ Director for Safer Communities.

Acknowledging that this would require time to implement, the development of the new overarching body could be progressed in a staged manner with Forensic Science Northern Ireland (FSNI) and the Police Service of Northern Ireland (PSNI) Scientific Support Services initially amalgamated, followed by the SPD.



# Recommendations

1

Within the strategic review of Forensic Services for Northern Ireland, the DoJ should include a review of pathology services to consider the incorporation of the functions of the current SPD into any proposals for the consolidation of forensic services. Accepting that this is a complex process and that a staged approach will be necessary, the timescale for delivery is a matter for the DoJ (paragraph 1.65).

2

Following the delivery of the restructuring of FSNI and pathology services, the DoJ should review the role of the post of State Pathologist with a view to reducing the administrative functions of that post which would probably fall to business support in any new structure (paragraph 2.44).



# Areas for improvement

1

The SLA between the SPD/DoJ and BHSCT should include timeliness targets, a suitable level of remuneration and reflect the primacy of the CSNI to determine the requirement for post mortem reports (paragraph 1.41).

2

The appointment criteria for the forthcoming competition to appoint a State Pathologist should identify the nature and scale of additional work outside the department to be undertaken. A protocol for conducting additional work should be developed and agreed with the pathologists (paragraph 1.43).

3

A business case should be prepared to assess the potential to enrol all SPD staff onto the DoJ payroll. The options to reclassify the staff as civil servants or as secondees should be included. Consideration should also be given to the implications of pension transfers (paragraph 1.53).

4

The DoJ should instigate a review of support services to eliminate silo working and improve flexibility in the re-allocation of report writing. Support services to the SPD should reflect improvements in casework management, use of on-line resources (pathology journals), and data transfer via secure e-mail and management of internal workflow (role of business manager) (paragraph 2.12).

5

The DoJ should review the approved list of pathologists that may conduct coronial post mortems and explore the opportunity for utilising mortuary facilities in hospitals that meet the Royal College of Pathology standards for autopsies. Any such move should be subject to the Human Tissue Authority issuing licences and arrangements for the transfer of tissue samples being in place (paragraph 2.46).

6

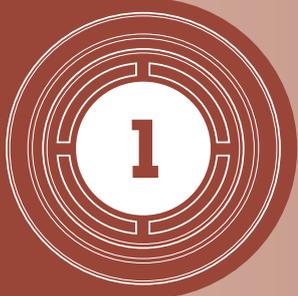
The PSNI should consider the possibility of civilianising the witness interviews and statement gathering process carried out by the PSNI on behalf of the coroner (paragraph 3.10).

7

The SPD should introduce a risk management strategy with the emphasis on identifying risks (and reducing them) that impact upon outcomes for external service users (paragraph 3.23).



# Inspection Report



# Governance, structure and strategy

## Background to the inspection

- 1.1 The legislative background for the provision of a state pathology service is contained in the Coroners Act (Northern Ireland) 1959 which required the Lord Chancellor to compile a list of registered medical practitioners to Conduct post mortem examinations or analyses in connection with any death, which may be the subject of a Coroner's Inquest. The first State Pathologist for Northern Ireland was appointed in 1958 and worked within the context of this legislation and the Coroners (Practice and Procedure) Rules (Northern Ireland) 1963. The Criminal Justice (Northern Ireland) Order 1980 empowered the Secretary of State for Northern Ireland to employ the registered medical practitioners and to regulate fees and allowances, as well as the practice and procedures to be adopted in connection with post mortem examinations and inquest analyses. Subsequently the devolution of justice powers to the Northern Ireland Assembly transferred responsibility to the Minister of Justice for Northern Ireland. It is this criminal or forensic function which has located ministerial responsibility for the State Pathologist with the Department of Justice for Northern Ireland (DoJ).<sup>2</sup>
- 1.2 The SPD has, therefore, been in existence for almost 60 years with only two holders of the post of State Pathologist - the most recent retiring in 2014 after 24 years in post. Although it can be argued that in the scheme of things this is a relatively short time - the office of coroner founded in 1194 was a *de facto* forerunner of the forensic pathologist - it is still an opportune time to review the role of the SPD.
- 1.3 The SPD was previously inspected by CJI in 2005<sup>3</sup> with a follow-up review in 2006<sup>4</sup>. The original inspection report identified 30 areas for improvement and the SPD and the Northern Ireland Office (NIO) prepared an action plan. The follow-up review reported on progress in implementing the action plan and in the words of the Chief Inspector at the time:

*"it was disappointing that progress in implementing some recommendations and actions agreed by the State Pathologist's Department.....had been slow..... The key recommendation..... concerning the status, governance and accountability of the State Pathologist's Department, needs immediate attention".*
- 1.4 Some of the recommendations regarded as achieved in the CJI 2006 report have since fallen by the wayside and in particular, the recommended audit of the administrative function was unsuccessful. Similarly, the role of Business Manager recommended in a previous review was not implemented and the

<sup>2</sup> The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010.

<sup>3</sup> A Review of the State Pathologist's Department in Northern Ireland; CJI, 2005.

<sup>4</sup> State Pathologist's Department; A Follow-up Review of the Inspection Recommendations; CJI, 2006.

role was badged as an administrative manager. The employment contracts of staff lie with a number of organisations giving a perception of shared accountability and unclear governance - this needs rectified.

- 1.5 Some four years prior to the 2005 CJI report the SPD was subject to a comprehensive review under the auspices of the NIO. In many regards that review identified the same issues as subsequent reports, of silo working, individual approaches to the writing of post mortem reports, unclear governance, informal communication channels, a lack of business planning, minimal management information or performance metrics, and ongoing risks around succession planning and sustainability. Many recommendations were made but less than half were implemented and they tended towards operational rather than transformational.
- 1.6 A further review sponsored by the NIO in 2006<sup>5</sup> reported on the future structure of the SPD and opted to retain the status quo with proposed improvements in operational procedures. These included an advisory board of key stakeholders to whom the State Pathologist would be accountable at monthly meetings. The State Pathologist would also report performance against the business plan. This never got off the ground, the absence of a business plan and annual report being contributory factors, and by default the DoJ acts as the overseer for the SPD, although the rigour of this arrangement is much reduced as the State Pathologist post is not Accounting Officer for the SPD.
- 1.7 Of the alternative structures considered in the NIO report<sup>6</sup> the acknowledgement that there was a rationale to the amalgamation of the SPD and FSNi some time in the future received the most positive acclamation.
- 1.8 In 2014 the status of the SPD remains as it was, the pathology reports are world class but governance and accountability remains unclear, performance management has improved but there is scope to develop staff performance management and despite a series of reports, many of the same issues continue to be raised by stakeholders and other users in 2014.
- 1.9 Fifty years after the original Coroner's Act provided the template for forensic pathology, it is time to redesign a pathology service that will meet the challenges of the next 50 years<sup>7</sup>. In short the SPD needs to:
  - **restructure** to reduce problems at service interfaces;
  - **reshape** to place customer requirements at the centre of the service with rigorous service agreements; and
  - **re-engage** with clients/stakeholders to reflect their needs, reduce delays and develop the service.

## Context

- 1.10 The SPD operates at arms-length (although it is not a formally constituted arms length body) from the DoJ in providing independent forensic pathology services (although this is not its sole function) to Northern Ireland and is funded by the DoJ<sup>8</sup>. The DoJ also provides personnel, financial and administrative support to the SPD. The core function of the SPD is to perform post mortem examinations as directed by the CSNI for Northern Ireland in cases of sudden, suspicious and unnatural deaths. In 2013 the SPD conducted 1,176 post mortems.

<sup>5</sup> NIO internal report, unpublished.

<sup>6</sup> IBID.

<sup>7</sup> Terms of Reference, CJINI report: Appendix 1.

<sup>8</sup> Appendix 3: Budget and Outturn for the SPD.

1.11 In addition, advice and guidance in other areas of forensic medicine is provided, autopsy reports are prepared and evidence is given at Coroners' inquests and other Courts. The SPD also supports the PSNI and the Public Prosecution Service for Northern Ireland (PPS) by attending scenes of death or crime, by providing expert forensic pathology opinion and by giving evidence in court. The valuable knowledge and information gained from post mortem examinations is also used to develop and refine forensic pathology techniques, improve the treatment and healthcare of patients and to prevent further similar deaths. The SPD has close links with the School of Medicine, Dentistry and Biomedical Sciences of the Queen's University Belfast (QUB) and provides teaching to undergraduate medical/dental students and law students.

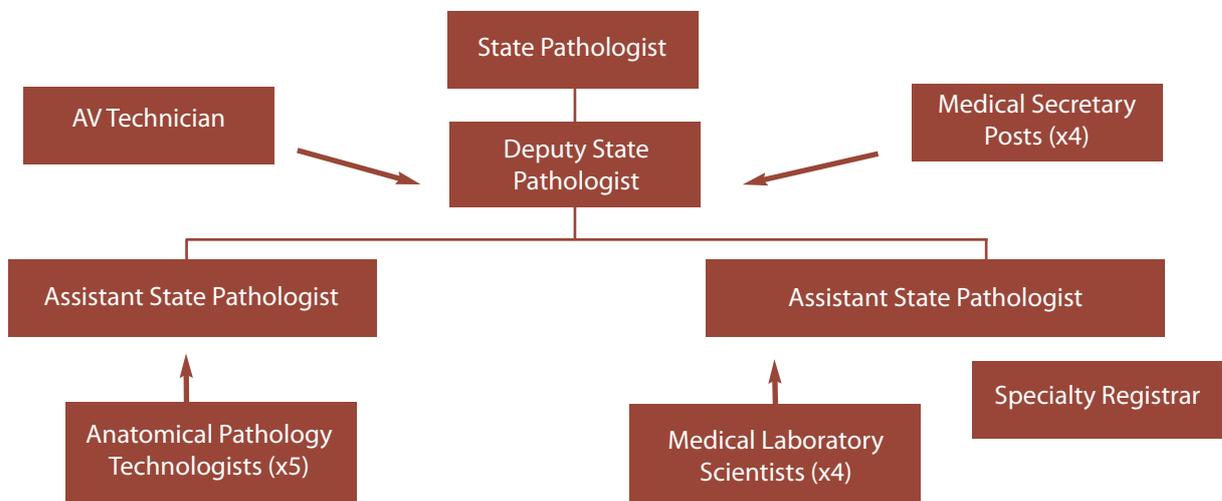
1.12 The annual expenditure incurred by the SPD is £2.4m funded primarily by the DoJ. A further element of unfunded resource is provided by QUB in the form of payroll services to the SPD staff (see Appendix 2.)

## Structures, roles and responsibilities

### *The State Pathologist's Department*

1.13 The SPD is a basic hierarchical structure centred on one main operational unit in the grounds of the Royal Victoria Hospital, Belfast. At the head of the structure is the State Pathologist supported by a Deputy State Pathologist, two Assistant State Pathologists and one trainee at Specialty Registrar grade. A dedicated team of four Biomedical Scientists deliver scientific support services to the pathologists. The pathologists are supported by four medical personal secretary posts and an audio-visual technician. Assistance in the mortuary (which is adjacent to the SPD) is provided by five Anatomical Pathology Technologists (APT) and a receptionist.

1.14 The hierarchical representation above probably suggests a greater level of operational line management within the SPD than in practice. Essentially, the pathologists operate a rota system, which also covers week-end working, providing a 24/7 365 day service. The individual pathologists respond to the demand for autopsies as the need arises. The other SPD resources - scientists, mortuary and secretarial - automatically fall into line behind the work of the pathologists. The tendency towards self-regulation of the workflow is facilitated by the small scale of the organisation and the very experienced cadre of staff.



- 1.15 The SPD prepares an annual operational plan that is agreed with the DoJ. This plan and a Management Framework Agreement (MFA) form the theoretical basis of the annual resource allocation to the SPD and ultimately, the estimate against which outturn and performance will be assessed. In practice the resource allocation is incremental with bids and easements analysed on an annual basis. The Chartered Institute of Public Finance and Accountability (CIPFA) is developing a governance mark of excellence<sup>9</sup> to assess an organisation's compliance with the recognised CIPFA governance and accountability standards. Using the CIPFA governance mark of excellence framework, CJJ carried out an assessment of the SPD that indicated a number of areas for improvement to meet the threshold at which the mark of excellence is awarded.
- 1.16 A recurring theme in previous reviews of the SPD was the creation of a Business Manager post. The MFA as early as 2004 stated that the NIO (pre-cursor to the DoJ) would provide a Business Manager to assist the SPD to develop and monitor targets and performance, but there was not a more precise description of roles and responsibilities. Discussions with the current post holder (designated Administration Manager) showed that the role does involve monitoring targets, particularly in relation to delays with post mortem reports, but that other additional duties *'have become blurred'*. For example, liaising between the DoJ and the SPD and dealing with a number of personnel issues within the organisation including managing and reporting on budget and expenditure is compliance rather than developmental. There is acceptance that the role is more an administrator than a business manager.

#### *The Coroners Service for Northern Ireland (CSNI)*

- 1.17 A duty to investigate falls to the Coroner where the Coroner is made aware of a deceased body within their area. In the event that the Coroner has reason to suspect that:
- a) the deceased died a violent or unnatural death;
  - b) the cause of death is unknown; or
  - c) the death occurred while in custody or otherwise in state detention.

The Coroner must as soon as practicable, conduct an investigation in to the person's death.

- 1.18 Where so directed, the role to be performed by the SPD in support of the Coroner in exercise of his judicial function in the investigation of deaths is defined in an agreement between the SPD and the CSNI. It also establishes the practices and procedures to be employed by the SPD, the CSNI and, where relevant, the DoJ<sup>10</sup>.
- 1.19 When the Coroner directs a post mortem examination to be undertaken, the pathologist will carry out such an examination in accordance with guidelines issued by the Royal College of Pathologists on the conduct of autopsies. The pathologist will also be responsible for arranging any necessary ancillary laboratory investigations which may be appropriate to assist in ascertaining the cause of death.
- 1.20 In cases of suspicious death/homicide, the pathologist will be responsible for ensuring that as far as possible, the post mortem examination will be conducted in accordance with the Code of Practice for Forensic Pathologists drawn up between the Home Office, the Royal College of Pathologists, the Forensic Science Regulator and the DoJ.

<sup>9</sup> CIPFA; The Governance Mark of Excellence Award; 2014; draft unpublished.

<sup>10</sup> Agreement between the State Pathologist's Department and the CSNI, DoJ document; November 2013.

- 1.21 All post mortems are conducted on behalf of the CSNI and therefore fall under the auspice of the Coroners Act. However, in instances where a police investigation into a death is underway, the post mortem will be conducted under the provisions of the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE) and Criminal Procedures Investigation Act (CPIA) with implications for the recovery and retention of tissue and organs. The Human Tissue Act governs the retention of tissue and organs.
- 1.22 In the case of a child death that requires the involvement of a paediatric pathologist, the provisions of the protocol on dealing with Sudden Unexpected Deaths in Infancy (SUDI) are implemented. The main relevance to this report is that in certain instances autopsies of SUDI cases are conducted jointly by a consultant forensic pathologist and a consultant paediatric pathologist. In Northern Ireland the paediatric pathologists are employed by the Belfast Health and Social Care Trust (BHSCT) and their services are provided to the SPD via a SLA.
- 1.23 Previously, it was reported that the SLA between the SPD and the BHSCT would include timeliness targets to mitigate any delays in receiving post mortem reports<sup>11</sup>. The SLA that was drawn up did not address performance and/or timeliness metrics and Inspectors understand that it is subject to review in 2014. In recent years the CSNI has raised concerns over the timeliness of paediatric pathology reports. Interestingly there were only 12 sudden death paediatric cases referred for post mortem in 2013 - less than 1% of all cases referred to the CSNI. It does beg the question if performance and timeliness targets would resolve the issue as that approach suggests a productivity problem - which is not the case.
- 1.24 There may be more merit in agreeing that the needs of the CSNI i.e. establishment of cause of death - could be achieved in most instances by a form of staged reporting of the consultant paediatricians' findings. This reprises the potential for staged reports or presumptive post mortems expressed in earlier reports and correspondence between the CSNI, the DoJ and the SPD. There is also the issue of risk management in respect of the reports that become evidence in legal proceedings. Does the risk of inaccurate reporting lie with the CSNI or the SPD or the Paediatric Pathologists? Deciding the issue of risk ownership could contribute to the development of the reporting protocols between the CSNI and the pathologists. There is an obvious need to balance risk ownership with clinical opinion.
- 1.25 In similar vein the Neuropathology department in the BHSCT provides pathology services to the SPD with around 70 referrals (both formal and informal) to the consultant neuro-pathologist - less than 5% of the referrals to the Coroners Service.
- 1.26 So the Specialty referral cases amount to just over 5% of the total number of referrals to the Coroners Service. In cases requiring Specialty examination of brain tissue the fact that the fixing of neuro-pathological specimens takes on average 90 days is the rate limiting step, this is reflected in the turnaround target of 150 days. The answer to the concerns of the CSNI obviously does not arise from faster processing by the neuro-pathologist but rather giving the CSNI a delivery date and prioritising the completion of post mortem reports upon receipt of Specialty advice. This is usually the case but there are instances where the Coroners believed unnecessary delays occurred.
- 1.27 The solution is three-fold:
- firstly, expectations of what the pathology report should detail are agreed between the Specialty pathologists, the SPD and the Coroners Service;

11 A Review of the State Pathologist's Department in Northern Ireland; CJI, 2005.

- secondly, the management of any real or perceived risk factors arising from staged reporting or requests for presumptive pathology reports is discussed and agreed; and
- thirdly, the timeliness targets in the SPD operational plan should reflect different targets for the routine post mortems, those with and without toxicology tests, the forensic post mortems and those that require Specialty pathology input. The CSNI should be informed in advance of delays in the post mortem reports.

In fairness the third of the above points is included in the protocols developed by the SPD and it may just require some further consultation between the relevant parties to identify any remaining issues.

### *Coroners Liaison Officer/PSNI*

- 1.28 Under the Coroners Act 1959 police have a responsibility to assist the Coroner in establishing how, when and where the deceased came about their death. In practice this necessitates police undertaking initial investigations to enable the Coroner's decision on the need for a post mortem examination and/or a Coroner's Inquest. The police also have responsibility for providing enough initial investigation to enable the pathologist to understand the circumstances of the death. The following definitions assist in understanding the different types of death that police investigate solely as an agent for the Coroner:
- **Fatal Road Traffic Collision where there is no likelihood of a prosecution:** Where the deceased was the only driver involved in the collision where he/she came by their death;
  - **Unexpected Death:** This includes where there is no suspicion that a criminal act has occurred; and
  - **Suicide:** This includes those circumstances where the person has taken their own life and there is no suspicion of involvement by another party.
- 1.29 If a deceased person has not been seen (as a patient) by their Doctor within the 28 days preceding death, the Doctor is obliged to refer the death to the Coroner before a death certificate can be issued and the death registered. In these circumstances it is likely that the Coroner will direct a post mortem examination be conducted.
- 1.30 The PSNI have an appointed a Coroners Liaison Officer (CLO) who acts as a single point of contact. Although implied, the officer does not attend post mortems and is not a fully dedicated resource as the officer performs a range of other duties. In discussion with Inspectors pathologists saw providing advice to PSNI officers who were relatively new to the post mortem process as a key role.
- 1.31 Where the death is deemed unexplained, suspicious or an obvious homicide<sup>12</sup> as per the PSNI service procedure the pathologist will conduct a forensic post mortem examination. The distinction here is manifold, as the post mortem is conducted under PACE and CPIA legislation to gather evidence for the PSNI acting on behalf of the CSNI. It is also worth noting that a 'coroner's case' could become a 'police case'. In other words what may commence as a routine examination becomes a forensic examination at the behest of the pathologist.
- 1.32 The aims of the forensic examination are to ascertain the cause of death, determine if the death was as a result of foul play and to provide the PSNI with evidential material. The pathologist may recover and retain organs and tissue samples on behalf of the PSNI that may be kept until all legal eventualities are

12 Police investigations into unexpected, unexplained or suspicious deaths and human tissue retention: Service Procedure August 2013.

exhausted - under the Coroners Act any organs and tissues must be surrendered once the cause of death is ascertained and where there is no criminal investigation.

- 1.33 The police officer at the scene identifies the body and confirms this at the post mortem. The PSNI will also supply other evidential material such as crime scene assessment, medical records and witness accounts to the pathologist to assist in the determination of the cause of death and evidence of criminal intent in relevant examinations.
- 1.34 The CLO indicated that officers had few encounters with the SPD and many of the requests received were for advice about procedures. The completion of associated paperwork was also an issue and the CLO identified the PM1 form as presenting some issues and leading to instances of failure demand. A revised PSNI Service Procedure covering the categories at 1.28 and including guidance on unexplained<sup>13</sup> deaths is ready for distribution.

#### *Forensic Science Northern Ireland (FSNI)*

- 1.35 The FSNI laboratories play an essential role in supporting the pathologists in their investigations. The delivery of timely and accurate test results is a key element of this service but it also has the potential to be the rate limiting step in the completion of post mortem reports.
- 1.36 A recent agreement between the SPD and FSNI has seen an improvement in the timeliness of test results. In the last quarter FSNI has a 100% record in delivering toxicology test reports within the 60 day target. The timeliness targets commence once the samples reach the FSNI laboratories and there were reports of delays in samples reaching the labs. The issue of the interface between FSNI and the PSNI was considered in a recent CJI report and is under consideration in the Forensic Services Strategy.

#### *Belfast Health and Social Care Trust (BHSCT)*

- 1.37 The input of the BHSCT is very significant in a small number of cases. The key specialty neuropathology and paediatric pathology services required by the SPD are provided by the Trust.
- 1.38 Once it is agreed a SLA between the SPD and the Trust will define the type of service provision. It includes three main elements:
- the provision of staff for the Northern Ireland Regional Forensic Mortuary (NIRFM) employed by the BHSCT, through the Belfast Trust Laboratories (BTL);
  - an autopsy service and laboratory support, as well as Specialty services and diagnostics such as radiography and dentistry, as requested by the SPD on behalf of the CSNI; and
  - consultative and advisory services in relation to human resource and management issues of the wider service, as required.
- 1.39 The Trust also provides facility management services defined in a menu of services that are vital to maintain the morgue, laboratory and office buildings of the SPD. The DoJ pay around £190,000 per annum for these support services and another £62,000 for the Specialty post mortem services.

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<sup>13</sup> Unexplained Death: The cause of death is unclear and the death cannot be defined as either unexpected or suspicious due to the circumstances. Such death will be investigated thoroughly until such time as the possibility of homicide or other criminal act is eliminated.

- 1.40 The draft SLA sets the service level at 110 Specialty pathology consultations per annum. It doesn't include any definition of the extent of reporting or the time of delivery and these must be defined, agreed and delivered. SLAs go some way to regulating the delivery of services but the relationship between the Trust and the SPD should also reflect the views of the Health Minister for Northern Ireland who stated at the launch of the 'Transforming Your Care' initiative that:

*"we must ensure that we keep our service users and patients at the front and centre of this process and ensure provision of safe, sustainable, resilient and effective services".*

At the joint launch the Finance Minister also articulated, *"one of my top priorities is to build a more innovative, efficient and effective public sector.... (of which).... one of the key factors is partnership and working together".*

- 1.41 Reflecting the partnership and working together requires a SLA that reflects a business relationship. It should include performance management targets to be met by the BHSCT. In return the DoJ should consider a level of remuneration that compensates the BHSCT for the Specialty services they provide and permit them to reprioritise the timeliness of that service. **The SLA between the SPD/DoJ and BHSCT should include timeliness targets, a suitable level of remuneration and reflect the primacy of the CSNI to determine the requirement for post mortem reports.**

*Queen's University, Belfast School of Medicine, Dentistry and Biomedical Sciences*

- 1.42 The most recent State Pathologist was a professor of the Queen's University, Belfast School of Medicine, Dentistry and Biomedical Sciences (although there is no automatic entitlement) and delivered lectures to medical, dental and law students. The other SPD pathologists also deliver lectures to third year and fifth year medical students. The close ties to the University lie in the appointment of the State Pathologist in 1958. The appointment was made jointly by the Ministry of Home Affairs, the University and the Hospitals Authority. The University offered a lectureship in pathology and paid the State Pathologist as well as undertaking day-to-day administration. This arrangement has evolved over time and now the DoJ is responsible for day-to-day administration of the SPD and payment of the pathologists and other SPD staff, although the physical payroll function resides with the University.
- 1.43 The University connection provided an overt independence from police and government for the SPD. This was a significant feature of the service during Northern Ireland's troubled past. Although the workload of the SPD was such that an extensive programme of research was not possible, there was still an active academic side to the work of the SPD. In an earlier inspection, Inspectors noted that university-based pathologists in Great Britain usually have a set amount of time allocated for private opinion work and other activities outside the day-to-day work of the SPD. Similarly, an NIO commissioned report<sup>14</sup> identified the significance of external work and the praxis of alternative governance arrangements whereby private opinion work should only be undertaken during non-working hours or during time off on leave. **The appointment criteria for the forthcoming competition to appoint a State Pathologist should identify the nature and scale of additional work outside the department to be undertaken. A protocol for conducting additional work should be developed and agreed with the pathologists.**

<sup>14</sup> NIO report 2001, unpublished.

### *The Public Prosecution Service for Northern Ireland (PPS)*

- 1.44 The PPS is responsible for delivering an independent, effective and fair prosecution service. The PPS is independent of the DoJ and the police. In any instance where a Coroner's investigation indicates a suspicious death, the Coroner must give the PPS a written report including a final post mortem report. The pathologist's report can have a major bearing on a case from the points of view of the defendants, the bereaved, the police, the prosecutors and the court. It was welcoming to find that the SPD reports were held in high regard by the PPS. The view was that they were of high quality and contained expert opinion and commentary.
- 1.45 The only issue was the timeliness of reports and the worry that delays could lead to prosecutions exceeding administrative time limits. One suggestion for improvement was to consider giving a preliminary report or estimated time for the full report in the case of substantial delay. This would allow the directing officer to issue instructions and where appropriate, allow committal proceedings to take place.

### *The Department of Justice (DoJ)*

- 1.46 The DoJ is the main employer of the SPD staff although this is not straightforward. The DoJ uses the payroll services of QUB for the majority of the SPD staff. The mortuary staff are employed by the BHSCT. These are legacy arrangements reflecting the historic attachment of these staff to either the QUB School of Medicine or the Health Trust. They have been retained essentially due to the difficulty of employing the SPD staff directly onto the DoJ payroll and civil service pension fund, as the staff of the SPD are public servants and not civil servants.
- 1.47 The DoJ supports the SPD through personnel and finance services as well as operating as a de facto Sponsor Branch. The sponsorship role focuses more on compliance, accountability and the monitoring of delivery although this is complicated by the accountability regime whereby the post of State Pathologist is not the Accounting Officer.
- 1.48 A MFA is in place and defines the objectives of the SPD<sup>15</sup> and outlines the accountability regime. The SPD does not prepare a corporate and business plan but an operational plan is prepared and discussed at the quarterly MFA meetings. The MFA and the operational plan form the basis for performance management and accountability. These are inadequate on a number of fronts which include:
- the objectives are open ended and vague;
  - there are no actual targets;
  - accountability is often shared;
  - the measurement of progress is often defined as ongoing and interim measures are needed;
  - the actions are in many cases activities rather than outputs or outcomes;
  - no mention is made of additional work or its contribution;
  - no corporate development objectives are included; and
  - there is no overt consideration of stakeholders' issues.

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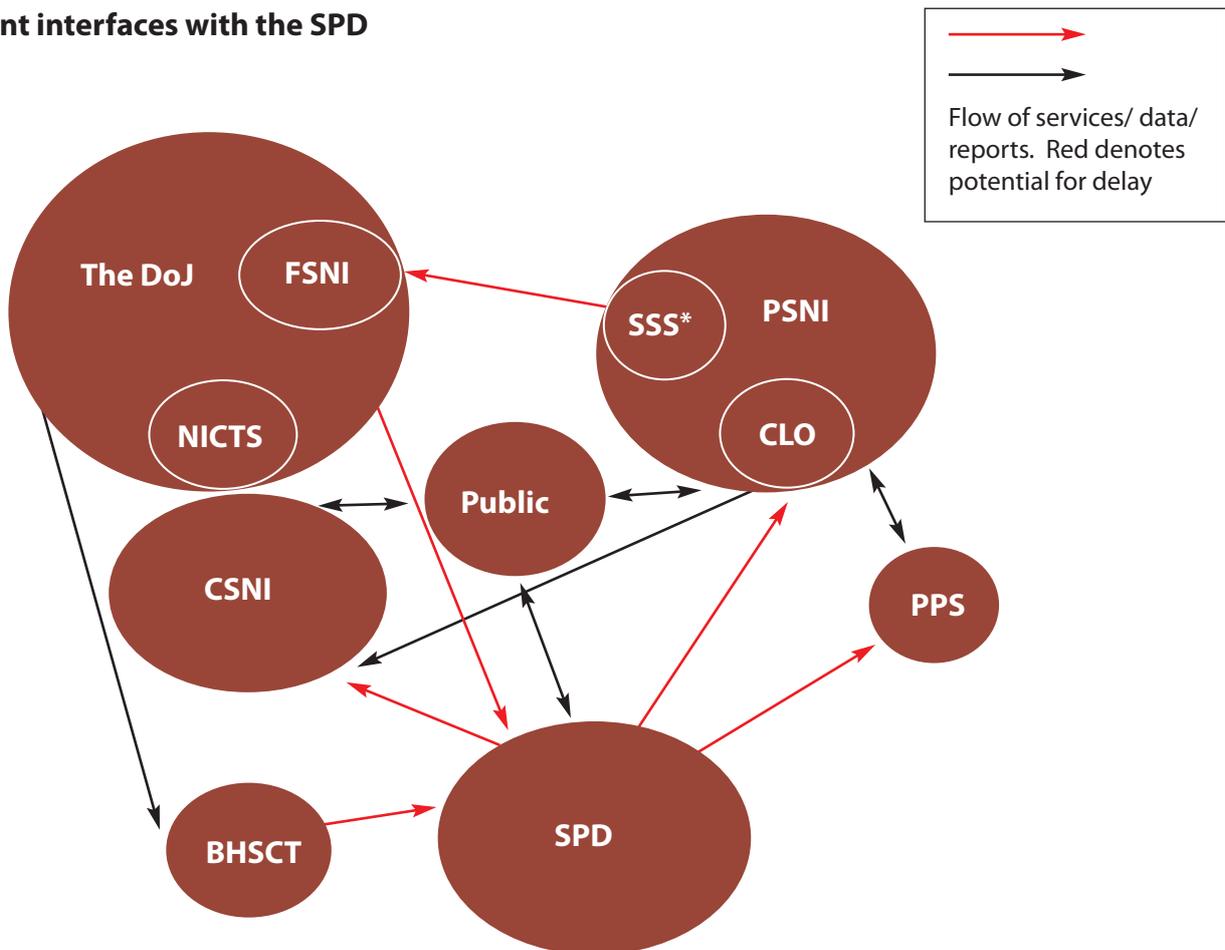
<sup>15</sup> Appendix 2.

- 1.49 Although the provision of support functions and sponsorship by the DoJ does not automatically create a conflict *per se*, the potential for governance and managerial activities to converge is real. Similarly, operational independence does not preclude an oversight role but it does require a clear delineation.
- 1.50 On the face of it, the relationship between the DoJ and the SPD typifies a standard centralised shared service but in this case it conflicts with the accountability role. Although there was an expectation that the administration manager would represent the DoJ role within the SPD, in practice the role was frustrated by the management information available and a need to create line management relationships between all the staff within the SPD. During interviews with SPD personnel, it was clear that the professional role was the focus of the SPD management and the managerial role was reactive with many aspects being unnecessarily escalated to the DoJ. Although the level of professional training and development has improved since the last report, the recommendations in the previous report covering staff management are not fully implemented.<sup>16</sup>
- 1.51 Allied to this is the problem with a centralised and, to a large extent, external management process. A consequence of the DoJ extending its role into operational management - granted to fill a need - is that all change, whether organisational development or financial imperative will be seen by the SPD as external impositions. The introduction of relatively simple upgrades to IT created issues within the SPD.
- 1.52 The governance role of the DoJ is further obscured by the employment status of the SPD staff. Although the DoJ have overall responsibility for the state pathology function and employ the pathologists, laboratory and secretarial staff, the mortuary staff are employed through the BHSCT and the AV technician is a joint employee of QUB and the SPD. The DoJ reimburse both the BHSCT and QUB the staff costs (except for one member of staff where the costs are shared with QUB). At face value this third party employment mechanism should not present any problems, in practice it elides the line management role of the administration manager. Although the terms and conditions of the DoJ are applied to all personnel, except the mortuary staff, the perception among staff was that inconsistencies arose. Even where the employing authorities believe there is transparency, this is not apparent in discussions with staff that see the QUB logo on payslips as indicative of their employment status. Thus the structures around the SPD do not support a clear line of accountability and the administrative arrangements do not compensate for this.
- 1.53 For the sake of clarity and to reduce the risks that normally apply to payroll functions **a business case should be prepared to assess the potential to enrol all SPD staff onto the DoJ payroll. The options to reclassify the staff as civil servants or as secondees should be included. Consideration should also be given to the implications of pension transfers.**
- 1.54 As well as addressing the organisational status the overall governance of the forensic pathology process needs reassessment. In the 2005 CJI report a recommendation was made to improve interagency working. Working documents in the shape of a SLA with FSNI, an agreement with the CSNI and protocols with the PSNI resulted. Even so the CSNI has recorded discontent with the timeliness of SPD post mortem reports and backlogs of reports. In similar vein, the SPD has criticised the timeliness of FSNI test results who in turn have criticised the PSNI Scientific Support Service for delays in delivering samples to the laboratories.

<sup>16</sup> Appendix 4. Recommendations 3, 10 and 14.

- 1.55 The recommended creation of an advisory board to oversee forensic pathology services never materialised and a suggested forensic pathology forum never met. Thus interagency communication – never mind interagency working – remains largely unfulfilled and has degenerated to a point where the DoJ meets with the various agencies and attempts to act as an ‘honest broker’. Unfortunately, this leads to the DoJ cataloguing the individual issues raised but without common purpose or leadership it becomes a negotiation with the various groupings to little effect. In some instances the role of ‘honest broker’ escalates to crisis management.
- 1.56 The formal mechanisms for influencing behaviour or service provision are not much better. The SLAs between the SPD and the Specialty pathologists do not include performance metrics or define the user requirements of the CSNI and to date, there has been no agreement on how to incorporate these aspects.
- 1.57 The diagram shows the complexity of interfaces between the SPD and other stakeholders in the process. The potential delays are highlighted and reflect the feedback from service users and other agencies. Although the SPD and the CSNI fall within the DoJ and the Northern Ireland Courts and Tribunals Service (NICTS) organisational boundaries, they are segregated from those bodies to highlight the individual relationships that exist.

**Current interfaces with the SPD**



\* Scientific Support Service

## Current interfaces with the SPD

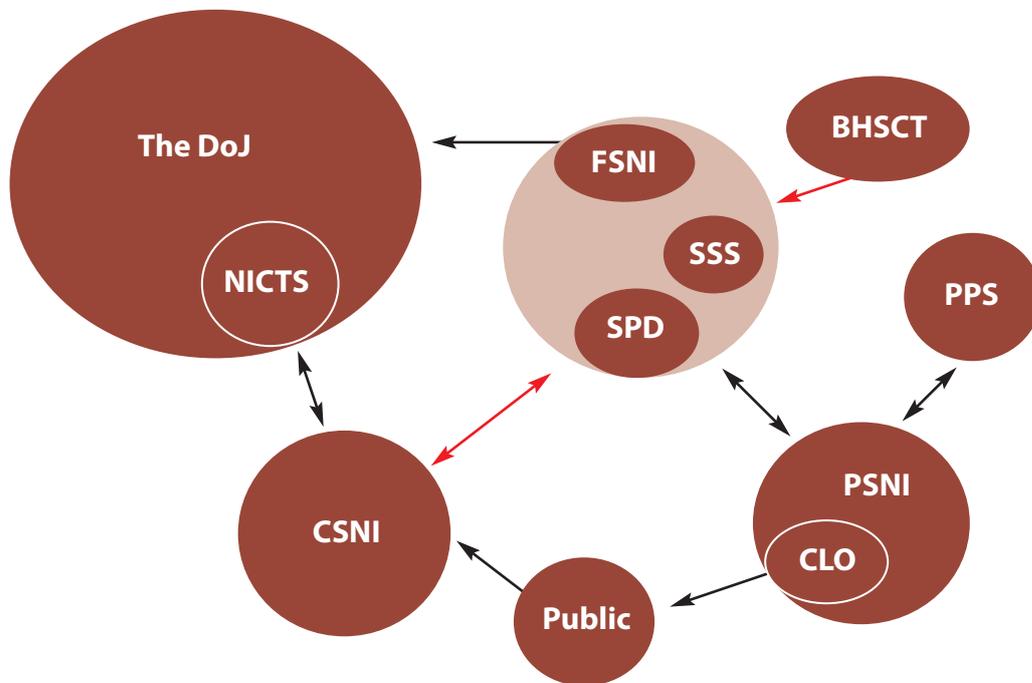
### *Restructuring*

- 1.58 The deficiencies in governance at interagency level are evident and attempts to rectify the matter have focused on formalising agreements without much success. The various bodies do not share the same priorities in service delivery, they do not share the same culture and there is no common governance structure to point the individual bodies in the same direction, suggesting some restructuring is needed. A simple test is to ask each organisation who is their customer. Invariably it will be one of the other agencies whereas it is actually members of the Northern Ireland public.
- 1.59 To some extent the difficulties with governance and accountability are encapsulated within the title of the SPD. The formal nomenclature 'State Pathologist's Department' indicates formal ownership is vested in an individual. Although titular considerations may be regarded as trite, in the context of clarifying the relationship between the SPD and the DoJ, it is not a neutral contribution. Whilst presented as an independent body it is not a formally constituted arms length body and it is not a recognised department. More accurately it is a business unit of the DoJ responsible for delivering a wide range of pathology services for Northern Ireland and the State Pathologist could more accurately be described as the Chief Pathologist for Northern Ireland.
- 1.60 Previous reports proposed service delivery options that included elements of joint working that were considered and rejected in favour of the SPD remaining as a business unit of the civil service department as far back as 2001. At that time the option to incorporate the SPD within the BHSCT was considered. In certain respects, for the SPD to become part of the BHSCT would be justifiable, given the medical nature of the SPD's work and its functional similarity with the work of hospital pathologists. The potential for pathologists to develop within the wider BHSCT and vice versa for other medical professionals moving to pathology along was recognised.
- 1.61 On the other hand the primary forensic nature of the SPD's work makes it quite different from Health and Personal Social Services, in terms of mission and culture. Making the SPD part of Health and Personal Social Services would not provide the SPD with a better service regarding policy guidance and support on forensic pathology and related criminal justice matters and the independent assessment of medical negligence cases would be lost. On balance incorporating the SPD within the BHSCT is not recommended.
- 1.62 Other possible options for restructuring include creating the SPD as an arms length body or incorporation within the NICTS. In the case of the former the cost of doing so outweighs any benefits considering the small scale of the SPD operation. And in the second case the independence of the SPD could be compromised if the evidence of pathologists was seen to be aligned primarily with the court process.
- 1.63 A recent review of FSNI<sup>17</sup> identified the development of a Forensic Services Strategy for Northern Ireland as a vehicle to congregate the science-led services within the PSNI (Scientific Support Service) and those in FSNI. The aim being to eliminate problems at the interface between the two agencies. This proposal could be expanded so that the Forensic Science Strategy for Northern Ireland considers the position of the SPD. One of the issues in the delivery of pathology services is the management of the interfaces between the various agencies and the lack of overall governance. Creating a single entity with responsibility for forensics at the crime scene, in the lab and in the mortuary would overcome this.

17 Inspection of Forensic Science Northern Ireland, CJI; 2014

- 1.64 Amalgamating the SPD with FSNI and the PSNI Scientific Support Service would reduce the interfaces and clarify the governance arrangements. It would improve internal and external communication and reduce delays. It would mirror some of the best practice of joined up working. The CSNI would remain the client but only have one interface. The Directorate of Safer Communities in the DoJ becomes the sponsoring department clarifying the oversight role and underpinning independence. At the operational level, a multi-disciplinary body would have a wider context in which to present benefits realisation plans in funding proposals and there would be efficiency savings from sharing management overhead and support services.
- 1.65 The expanded body would warrant a Chief Executive with an independent chair of a board of directors – giving a single line of internal accountability. This would also provide a more balanced strategic view to achieving outcomes rather than the current narrow focus on technical outputs from single agencies. The actual structure, whether Executive Agency or Non Departmental Public Body is a matter for the Department, although the former probably incurs less cost whilst the latter implies a greater degree of independence. Within the strategic review of Forensic Services for Northern Ireland **the DoJ should include a review of pathology services to consider the incorporation of the functions of the current SPD into any proposals for the consolidation of forensic services. Accepting that this is a complex process and that a staged approach will be necessary, the timescale for delivery is a matter for the DoJ.**

**Interfaces incorporating FSNI, the PSNI Scientific Support Service and the SPD within a new independent structure Forensic Services and Pathology NI (FS&PNI)**





## Service delivery

### High quality service

- 2.1 There is no doubt the SPD has delivered a high quality of service as attested to by the Minister of Justice following the recent retirement of the State Pathologist of whom he said *“the leadership and professionalism he displayed as head of the state’s (sic) pathologist’s department . . . is to be commended”*. The Minister also gave credit to the outgoing State Pathologist for establishing a forensic pathology service for Northern Ireland of *“international renown”*.
- 2.2 The SPD delivers a pathology service all year round and service users and other stakeholders agreed that the standard of work and the post mortem reports were of the highest calibre. The clinical aspects of the pathology service did not raise any issues. That said there were matters of a more prosaic, although important, nature such as performance management, accounting for timely delivery, future service development and delivering efficiencies, that needed attention.

### Volume of post mortems

- 2.3 There were 14,756 reported deaths in Northern Ireland in 2013 of which 1,578 (10.7%) were classified as unexpected and dealt with by the CSNI. Of the 1,578 referrals 1,176<sup>18</sup> (70%) were subject to post mortem examination by the SPD. Of the 1,176 referrals approximately 220 were subject to formal forensic post mortems (20%) although technically all the post mortems were forensic post mortems as they are conducted by forensic pathologists – one of the benefits of the system in Northern Ireland. Within this total, 15 were obvious homicides as described by the PSNI and the remainder treated as suspicious - many of which were suicide. The difference between the number of deaths referred to the Coroner and the number of post mortems carried out is accounted for by the number of death certificates issued by medical professionals.
- 2.4 As a comparator there were 500,000 reported deaths in England and Wales of which 100,000 were referred for post mortem (20%) with around 2,000 subject to forensic post mortem (2%). Interestingly the rate of referral for post mortem in England and Wales is double that in Northern Ireland yet the number of forensic post mortems in England and Wales is much lower than in Northern Ireland. In England and Wales there were 550 obvious homicides subject to forensic post mortems and 6,000 suicides of which 1,500 (25%) or so were subject to forensic post mortems. The practice of virtually all suspected suicides in Northern Ireland being subject to a forensic post mortem partly reflects the centralised pathology service

<sup>18</sup> State Pathologist’s Department statistics; unpublished.

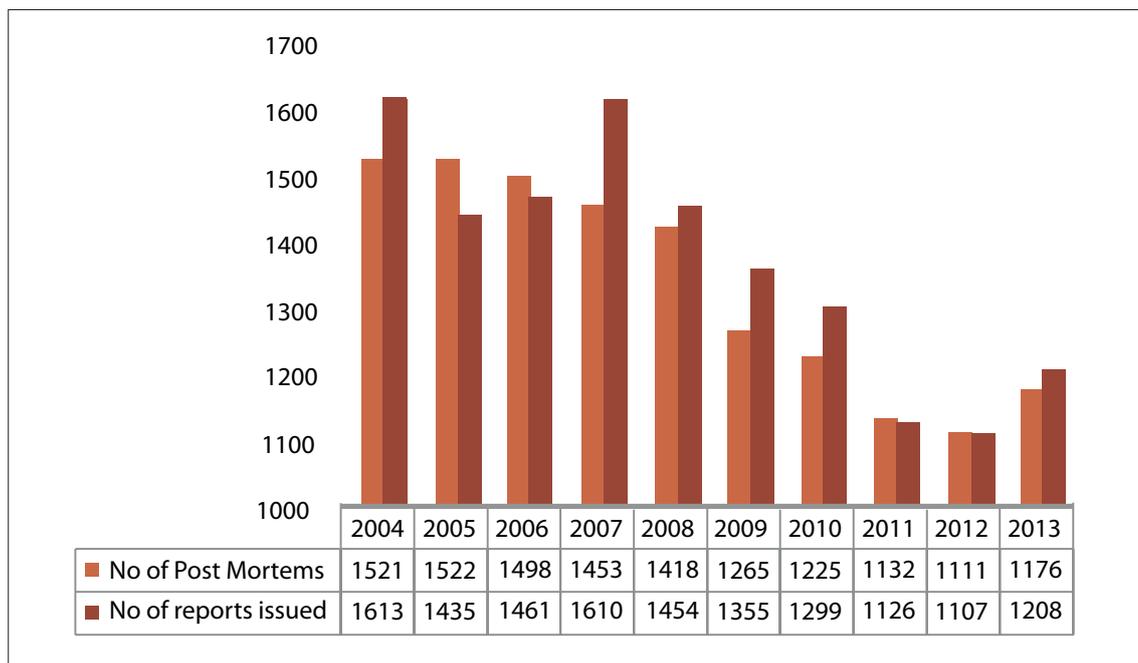
in Northern Ireland with a cadre of forensic pathologists on hand and the practice of the PSNI to refer any unexplained death - as well as suspicious cases for forensic post mortem. Families in Northern Ireland also express a desire to know the cause of death and by and large the Coroners and pathology services meet this need.

- 2.5 The CSNI were concerned that the number of outstanding post mortem reports at over 200 was high. But this is a significant reduction on the 550 plus reports outstanding in 2006. There is also scope to redefine what constitutes an outstanding post mortem report as it is not helpful to define a report outstanding on the day the body is committed for autopsy. The target delivery dates for the reports set by the SPD and agreed by the DoJ should have a threshold at which a report is deemed outstanding.

*Historic trends*

- 2.6 The death rate in Northern Ireland has remained static in the last 10 years averaging 14,600 deaths per annum. Similarly, the number of deaths falling into the category of unexpected due to external circumstances has ranged from 250-280 per annum with around 20 obvious homicides and 250 or so suicides each year.

**Post mortems over the last 10 years**



**Demand management and resource planning**

*Who does what?*

- 2.7 The work of the SPD is heavily demand driven with the onus to complete the post mortem as soon as possible, usually within a day of arrival, to facilitate the practice in Northern Ireland of burial within three to four days of death. In the majority of instances the SPD met the demands of the general public and the CSNI. However, the main issue was the delays in the delivery of more complex post mortem reports.

- 2.8 The dependence on Specialty pathology services and toxicology reports contribute to this but the former account for less than 5% of cases and the latter are required in about one third of cases. This still leaves over 60% of cases that are non-complex and yet the CSNI report delays in receiving post mortem reports that they would regard as routine i.e. coronial post mortem reports to establish cause of death in non-suspicious circumstances. In their defence the SPD pathologists cite numerous difficulties in receiving patient information and medical records – an area of concern that might be worth investigating in conjunction with PSNI who act as coronial officers in these cases.
- 2.9 Previous reports dating back as far as 2001 indicated a tendency towards silo working within the SDP and a need for more corporate direction of the individual practices of the SPD pathologists and greater communication between the SPD and stakeholders as issues to be addressed. The flexibility of the administrative support could be improved. Reports of a lack of co-operation with a cultural norm of one pathologist to one medical secretary, do not lend themselves to an efficient service and a more collegiate approach is needed.
- 2.10 The individual roles within the SPD are clearly defined nominally and operationally. The pathologists, Anatomical Pathology Technologists, laboratory staff, secretarial and support staff are named individuals with job descriptions and contracted Terms and Conditions that adequately describe their respective roles. It must be said that performance management metrics are weak.
- 2.11 The distribution of the workload is closely linked to the pattern and frequency of the referrals through the mortuary. The experience and relatively long tenure of the staff means the running of the SPD is fairly self regulatory. A positive aspect to this is a low managerial overhead. On the other hand, things tend to be done as they always were. The environment of the business is rapidly changing but the SPD working practices outwith the actual science of pathology have not progressed, as there is no forum for a strategic view of the service and how it interacts with other agencies to meet the changing needs of users.
- 2.12 At the operational level the lack of clarity in the line management function in respect of administration staff and also the passive role of business development meant the introduction of new technology was slow: business support systems that are common place everywhere else in public or private business were only recently rolled out. The ability to search case databases is limited, there is a wealth of material held by the SPD that should be professionally archived and made available for research and teaching purposes, provided that consent is forthcoming and any strictures arising from the Human Tissue Act are addressed in advance. For whatever reason, the use of fax machines rather than secure email for relatively large documents transfer is undesirable. The management of the support services was not helped by the employment contract process noted earlier which gave employees the perception – when they wished – that the DoJ management didn't really have a line management role. **The DoJ should instigate a review of support services to eliminate silo working and improve flexibility in the re-allocation of report writing. Support services to the SPD should reflect improvements in casework management, use of on-line resources (in respect of pathology journals), and data transfer via secure e-mail and management of internal workflow (role of business manager).**

*How is it done?*

- 2.13 The overall workload of the SPD is driven by the arrival of bodies at the mortuary. A rota of pathologists covering the week day and week-end working is agreed and whatever arrives at the mortuary is

processed by the on-call pathologist. There are inevitable peaks and troughs in this workload although an analysis of the workload for each of the pathologists showed that the number of procedures for each pathologist was converging compared to eight years ago. The State Pathologist has a number of other duties and inevitably conducts a lower number of post mortems. The Specialty Registrar only conducts approximately 80 post mortems a year in line with the training and accreditation programme.

- 2.14 The post mortem analysis leads to the requests for in-house lab tests, forensic lab tests, Specialty pathology advice and ultimately secretarial support to complete the post mortem report. As the workflow for post mortem waxes and wanes so does the workload for all the other elements in the process. A recent exercise to deal with a major incident causing large number of deaths was managed successfully, although it did identify that a full complement of pathologists was needed.
- 2.15 The professional practices of the SPD are regulated by the Royal College of Pathologists as the governing body. The Royal College issues the standards for pathology practice and the latest standards<sup>19</sup> are clear that the pathologists should produce the report as quickly as is possible with regard to the complexity of the case and goes on to say: *“The format of the report should be part of a formal agreement between a Coroner and the pathologist. A specification for the expected general turnaround time for production of reports should be part of a formal agreement between a Coroner and the pathologist if a significant delay is anticipated in the production of a report, communicate this to the Coroner or Coroner’s officer so that the family and any interested persons may be informed.”*
- 2.16 Within the SPD two approaches to the completion of the formal reports are adopted, one approach is to complete the reports in a chronological fashion irrespective of the need for external input. Whereas the other approach is to tackle the reports in a combined manner. Thus the less complex reports are commenced as they arrive, even though they may arrive after the complex cases. Once the material for the complex cases is received they are then completed before moving back to the list of less complex cases. From the point of view of the user the latter is preferable as they receive their reports earlier.

### Pressures

- 2.17 There are pressures created by the demand driven nature of the workflow and the very quick turnaround in autopsies according to Northern Ireland burial custom. Week-end working is necessary to meet the demands of burial custom and this also contributes to a faster frequency of post mortem reports for other purposes. However, there is a cost associated with the week-end working, both financial and personal.
- 2.18 There are risks associated with the small number of forensic pathologists available to the DoJ. As long ago as 1968<sup>20</sup> the decline in forensic medicine as a university subject with consequent difficulties in recruiting suitable doctors was highlighted. The recently retired State Pathologist is acting as a locum including week-end work and this has reduced the pressure to some extent.

### Influencing demand

- 2.19 There are no guaranteed means by which the pathologists can influence demand for post mortems. They can however contribute to the critical debate about the frequency of forensic post mortems requested by the police. There is some scope for demand management as evidenced by the impact of the CSNI medical advisor. Since the appointment of the medical advisor, the average number of post mortems conducted by the SPD has fallen from an average of 1,513 per annum over the three years 2004-

<sup>19</sup> Royal College of Pathologists; Standards for Coroners’ pathologists in post-mortem examinations of deaths that appear not be suspicious; February 2014.

<sup>20</sup> T K Marshall, *A National Forensic Pathology Service – The Northern Ireland Solution. Medicine, Science and the Law; April 1968.*

2006 to an average of 1,140 over the three years 2011-2013. This essentially reflects a higher number of death certificates for the less complex cases being issued by doctors confident in the knowledge that they have had a confirmatory discussion with the Coroners' office.

### *Clients, customers and services*

- 2.20 Using the inelegant terminology of the market place, the CSNI is most easily recognised as the client for the services and products of the SPD but the end user or 'customers' are the families who await the outcome of the Coroner's findings and the pathologists' investigation. The services delivered by the pathologists include attending scenes of crimes, inquests and presenting evidence in the criminal courts. The primary service rendered to the Coroner is the post mortem examinations and the product is the physical post mortem report.
- 2.21 The apparent simplicity of this business model unravels almost as quickly as it is formulated. Unlike a real client, the CSNI does not pay the pathologists, the service and product are to a large extent necessarily defined by the pathologists' protocols and clinical standards and the customers have no competitive alternative. Thus, the service provider not only delivers a product to the client but also defines the specification of that product or service.
- 2.22 This is not that uncommon in the context of state provision arising from some form of market failure or, as in the case of pathology, very specialist services. Even so the monopoly of state provision or specialist service does not automatically negate an interaction between the service user and the service provider to define cost and timeliness metrics. The distinction between the needs of the customers of forensic pathology, i.e. the families of the deceased and those of the client, the CSNI, are decreasing as the coronial process becomes more transparent and responsive to users. It is a source of frustration in the CSNI that the SPD and FSNI can have a negative impact upon the CSNI services that are increasingly subject to external scrutiny. In similar vein, the pathologists regard the definition of outstanding reports by the CSNI to be unrealistic as there must be a lead time between submission of a body for autopsy and production of a post mortem report, even a preliminary report. The parameters that govern the boundaries between these two agencies should be reviewed and agreed.
- 2.23 The recommendations of past reports have included proposals for overarching frameworks that would bring together the various agencies to discuss common issues. There were recommendations to introduce advisory boards, performance metrics, cost benefit analysis of the pathology department, more focussed agreements with specialist providers, greater levels of formal communication with the CSNI and more compliance with governance requirements. Very little of this has taken place, although the performance management of individual staff has been reviewed and job plans and evaluations are more regular.
- 2.24 In some ways, since the devolution of justice the demand on the criminal justice system agencies to openly report to the Justice Committee and improve service delivery and efficiency has created a tendency to focus on their own delivery and outputs rather than working with other stakeholders.

### *Future delivery*

- 2.25 Recognising that the demands on the SPD and the CSNI are changing, there is a need to address the options for future delivery of the SPD service. Any options for future delivery must include consideration

of the key features of the current service:

- the governance arrangements must be clarified without compromising independence;
- the service must be responsive to the prevailing will in Northern Ireland to complete burial in normal circumstance within three days;
- the availability of pathologists dedicated to delivering post mortems in Northern Ireland requires suitable succession planning;
- the recurrent issues surrounding management of interfaces with third party providers must be resolved; and
- there must be a process of continuous improvement in the SPD processes.

## Quality assurance and service standards

### *Professional standards, appraisal and revalidation*

2.26 Each of the pathologists must attain a certain number of hours to fulfil their Continuing Professional Development. There is a training and development programme. The work of each pathologist is independently reviewed twice a year by an external assessor. The SPD also hold case reviews and critical case reviews which contribute to their understanding of any issues arising during post mortems.

2.27 There is evidence that shows as the number of forensic post mortems increase the number of detected homicides increases<sup>21</sup>. As every post mortem in Northern Ireland is *de facto* a forensic post mortem and in conjunction with the relatively low number of homicides and suspicious deaths gives a high level of assurance that the stated homicide level is the true level. Not a claim that can be made by every jurisdiction.

### *Timeliness of post mortem reports*

2.28 The greatest criticism of the SPD centres on delays in receiving post mortem reports. There are a series of targets in place but stakeholders would argue that these are not particularly challenging, are not met and should be split between forensic and routine autopsies. The benefits of the SPD case management system and other information technology are limited with particular issues around searches and grouping of casework. There is some monitoring of the timeliness of reports but the criticism of stakeholders remains.

### **SPD Timeliness targets and outturn 1 January 2013 to 31 December 2013**

Number of Days	Performance	Target	Performance –v- Target
<b>0-45</b>	39%	40.00%	-1%
<b>0-90</b>	71%	80.00%	-9%
<b>0-150</b>	95%	100.00%	-5%
<b>151+</b>	5%	0.00%	-5%

21 van Dooren, Wouter; Bouckaert, Geert; Halligan, John (2010-06-07). Performance Management (Routledge Masters in Public Management) (p. 159). Taylor and Francis.

- 2.29 The most recent reports above do not give any insight into the actual performance of SPD. On one hand it can be argued that the SPD misses all its targets with 5% - or around 60 reports annually - taking six months to complete. It is difficult to know how the 40% target for 45 day turnaround is derived or what the issues in delivery are. Similarly, the achievement of the 90 day target necessarily includes all those reports that should be completed within 45 days which is not particularly challenging. There is evidence that delays can be laid at the feet of third parties outwith the SPD although this is not evident from the data presented.
- 2.30 Within the overall total of post mortems conducted by the SPD, approximately one third requires toxicology testing and 5% or so require specialist pathology input. The targets for SPD should focus on the various categories of post mortem report with the emphasis on achieving a fast turnaround of the coronial cases that do not require toxicology testing.
- 2.31 As a start the SPD could emulate the targets set by the State Pathologist's Office in the Republic of Ireland where the cases are split into those requiring:
- Histology;
  - Toxicology; and
  - Neuropathology.
- 2.32 These more or less align with the 45 day, 90 day and 150 day targets and the SPD could take this a stage further by classifying cases as:
- autopsy (no tests) – which should be fast turnaround;
  - autopsy (tests) – medium turnaround; and
  - autopsy (specialist pathology and tests) extended turnaround.
- 2.33 Further granularity could reflect forensic (i.e. suspicious deaths) and the SPD could report on the time taken to complete a report after tests and specialist reports are received. Some trend analysis and comparatives with the Republic of Ireland, England and Wales and Scotland could be also considered.

#### *Human Tissue Authority (HTA)*

- 2.34 The SPD holds a HTA Licence covering both the SPD and NIRFM with the DoJ as the Corporate Licence Holder and Dr Lyness of the SPD as the Designated Individual. The BHSCT also holds a series of HTA Licences for specified purposes and ensure compliance with the rigorous standards for governance and controls assurance required under the Licences. The Director of Clinical Services within the Trust is the Licence Holder and the Head of Tissue Pathology is the Designated Individual.
- 2.35 In accordance with the standards of the Royal College of Pathologists on completion of the Coroner's involvement, the pathologist will act upon or delegate responsibility for acting upon, the wishes of the family in relation to the disposal or retention of any retained material according to procedures specified in the licensed premises in which the material is held<sup>22</sup>. Consideration is also given to the requirements of the PSNI who may still have an interest in a case. Where no wish is expressed, the pathologist will ensure that material is disposed of according to procedures specified in the licensed premises in which the material is held<sup>23</sup>.

22 Human Tissue Authority. Code of Practice 3 Post-Mortem Examination, 2009.  
[www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice/code3postmortem](http://www.hta.gov.uk/legislationpoliciesandcodesofpractice/codesofpractice/code3postmortem). Cfm.

23 Ibid.

### *Customer requirements and assurance*

- 2.36 The customer-provider relationship is not fully formed and in many ways the driving force is the forensic report. This is fine as far as it goes but there is a lack of balance in meeting the needs of users and stakeholders. The planning and development process within the SPD – as evidenced by the absence of a corporate plan and the basic operational plan – are narrowly focused upon meeting internal SPD processes. At the simplest level recognising user/customer perspectives would allow the user perspective to influence the professional or clinical protocols. This is often achieved by ensuring other aspects of service delivery receive as much attention as the technical and professional areas in the business planning.

### *Feedback*

- 2.37 The SPD have introduced a 360 degree assessment process developed by the Royal College of Pathologists to assess the pathologists. This is at an early stage and there was no evidence to indicate what impact this will have on the SPD.
- 2.38 The CSNI have expressed concern about delays in receiving post mortem reports and frustration that the SPD has not made the improvements to service delivery they have sought.
- 2.39 Dialogue between FSNI and the SPD has recently improved, mostly at the operational level. There is still a defensive ring to the communiqués at the strategic level and the formal SLA was in unsigned draft format for almost a year. There was no strong evidence that communication between the various entities led to sustainable improvements in service, rather it was a case of overcoming immediate difficulties. Where there was improvement in service it tended to be as a result of individual agencies pursuing their in-house service improvement programmes.

### *Staffing: recruitment and retention*

- 2.40 A major risk to the SPD is the resilience of service delivery in the face of changes to its pathologist's personnel. There are only four forensic pathologist posts in the SPD and the State Pathologist retired in January 2014. Over the next four years current post holders could also have the option to retire. Currently there are three full time pathologists in the SPD. The 2006 CJI report noted the difficulty in recruiting forensic pathologists and similar difficulties have been encountered more recently. There is only one trainee pathologist's post in the SPD which carries no obligation to take up post. There is a significant risk that the service is not sustainable in the short to medium term unless another pathologist is recruited or demand is reduced.
- 2.41 Reducing demand for post mortems could reduce the risk but the threshold for reducing the complement of pathologists by one is around 350 post mortems per year. It is difficult to see how this reduction could be achieved. The statutory requirement for the PSNI to refer unexpected and suspicious deaths to the coroner is not open to review. The risks are too high that suspicious deaths would go unreported. If anything the number of post mortems could rise with forecast increases in the number of stillbirths subject to autopsy and the PSNI widening the number of deaths that they classify as unexplained deaths in their investigations.
- 2.42 Within the current service delivery structure there is no real alternative to recruiting forensic pathologists. Consideration was given to flying in pathologists from England and Wales, flying scientific test samples out to other labs and buying in specialist pathology services from other hospital trusts in England and

Wales. None of these proposals were favoured from the financial or practicality aspects. A pilot exercise to outsource scientific testing to private laboratories actually increased delays.

- 2.43 Inspectors see the preferred option for long term sustainability being to recruit a replacement for the post of State Pathologist (whether they are called that is moot) and consider the structural and governance arrangements within the context of the Forensic Services Strategy (paragraph 1.65).
- 2.44 The need to transform the business approach of the SPD would remain until the strategic realignment is completed but as an interim measure, the role of the current Business/Administration Manager should have a defined remit for transforming the service delivery, performance metrics, line management and support services until a longer term approach is developed. This manager should support the current Deputy State Pathologist who can quality assure the pathology services. **Following the delivery of the restructuring of FSNi and pathology services, the DoJ should review the role of the post of State Pathologist with a view to reducing the administrative functions of that post which would probably fall to business support in any new structure.**

#### *Infrastructure and utilisation*

- 2.45 The current level of facility is high as professed by the specialist staff working within the SPD. Recent investment gives promise that the service will operate to a high standard for some years to come. The facilities are available 24 hours a day, 365 days a year and Inspectors were told that it was unlikely that they could not cope with the normal level of activity. An exercise to assess the capability of the SPD to manage a mass disaster with multiple deaths was deemed a success. There was a bid being prepared to update specialist laboratory equipment that would improve service delivery but overall facilities are more than adequate.
- 2.46 The centralisation of mortuary facilities in the SPD means that all bodies are transported there which reduces the mileage covered by the pathologists (at one time in excess of 50,000 miles per annum) and their travelling time. The unintended consequences of this are the under utilisation of facilities in places like Craigavon and Altnagelvin that could be used for coronial post mortems. The DoJ maintains an approved list of hospital pathologists that may conduct autopsies and prepare post mortem reports for non-suspicious deaths. This should be updated to allow these types of post mortems to be conducted at suitable mortuaries. The SPD could quality assure this work and include the hospital pathologists in case reviews. As well as providing additional resource for the coronial post mortems and reducing demand for the SPD, it might also increase interest in forensic pathology and assist succession planning. Obviously, this depends upon the willingness of the Trust pathologists to engage in this work. **The DoJ should review the approved list of pathologists that may conduct coronial post mortems and explore the opportunity for utilising mortuary facilities in hospitals that meet the Royal College of Pathology standards for autopsies. Any such move should be subject to the Human Tissue Authority issuing licences and arrangements for the transfer of tissue samples being in place.**

#### *Efficiency and value for money*

- 2.47 The small scale of the SPD and total cost of approximately £2.4m. does not mandate a complex costing system. Unit costs in a purely demand led process with statutory compulsion and no competitive element have less relevance than meeting the quality and timeliness needs of the client. The SPD deploys procurement and expenditure regimes consistent with the DoJ compliance framework thus providing assurance of value for money in respect of programme and capital expenditure.

- 2.48 Salaries and pensions of staff fall within the regulated pay scales of Health and Social Care, DoJ and QUB representing fair value. The cost of payroll provided by QUB is offset by the provision of lecturing services from the pathologists and other ancillary functions are provided by the DoJ as part of the overall Departmental overhead. These overhead costs are approximately 6% of the SPD running costs which is in line with standard overhead costs of other arms length bodies.
- 2.49 As a simple comparator, a pathologist in England and Wales is paid a fee that amounts to around £3,000 per forensic post mortem, including expenses. This does not include the costs of the mortuary facilities which are provided by the pathology department of the local hospital or university and the forensic tests paid by the police or Coroners. The Home Office regulates the practice with a minimum threshold of 20 forensic post mortems annually to maintain standards and 90 per year being a suitable upper limit for a pathologist who may also be carrying out additional work for other agencies. One consequence of this approach is pathologists operating at the upper limit can earn £270,000 per annum from the Home Office alone, and although that is likely to be a rare occurrence, it is significantly above the earnings of pathologists in Northern Ireland.
- 2.50 The simple average cost of a forensic post mortem by the SPD is around £2,400<sup>24</sup> which compares very favourably to England and Wales. The Home Office procures its services via contracted providers so the fact that the SPD costs compare favourably with their costs should provide a reasonable assurance that value for money is being attained. The Home Office Pathology Delivery Group does deliver significant economies of scale in respect of routine post mortems as it commissions around 98,000 per annum and the pathologists provide all the ancillary services within their charges. These routine post mortems do not attract the higher fees. At a national level the cost to the Home Office of the pathology service for England and Wales is £12 million per annum; roughly £0.20 per head of population. On the same basis the cost per head in Northern Ireland is £1.40. However, pathologists in England and Wales must receive approval from the Coroners to carry out tests which is not always forthcoming whereas these tests are included in the service provided in Northern Ireland. Considering the unit costs for each post mortem report are not that dissimilar, there is a tranche of expenditure not borne by the Home Office, namely the infrastructure that is provided by other organisations to support the pathologists but not reflected in the cost of the pathology services.
- 2.51 The conclusion drawn from this is that real improvements do not lie in efficiencies *per se* but in effectiveness: i.e. deliver a product that is fit for purpose in terms of the priorities set by the CSNI. This does not lie fully within the remit of the SPD as the CSNI must engage with the pathologists to agree the most suitable product and timeliness targets and the pathologists are bound by best practice. The imposition of independent targets and objectives on the separate agencies that contribute to the production of a post mortem report just creates interference patterns and failure demand<sup>25</sup>. There is no clear oversight of the end product or customer expectation. Part of the problem is the mantra that the agencies must be independent, but the shield of independence is there to prevent unwarranted interference. It is not a barrier to effective cross-working, accountability and adequate performance management.
- 2.52 The implementation of the recommendations at 1.65, 2.44 and 2.46 should be used to transform the inter-agency relationships and performance management within the SPD.

24 Costs exclude facilities, depreciation and forensic laboratory tests. A forensic PM is weighted as five hours compared to one hour for routine PM.

25 Demand caused by a failure to do something or do something right for the customer: Vanguard; Systems Thinking for Service Organisations.



# Service outcomes

## User and Stakeholder perspectives

### *Matching service and clinical quality*

- 3.1 The general consensus unanimously endorses the very high quality of pathology reports received from the SPD. Similarly, the reputation of the pathologists is held in high esteem and Northern Ireland punches above its weight in the international forensic pathology stakes. The contribution to the development of forensic pathology, training and accreditation of pathologists and input to policies, such as the human tissue protocols, is acknowledged at the highest level. In a professional context the SPD more than holds its own. Stakeholders were less positive about the business aspects of the service.
- 3.2 Repeated attempts to tackle issues raised by users and stakeholders about the timeliness of post mortem reports have failed. One issue is that the Coroners consider post mortem examination reports to be outstanding from the day on which the post mortem is directed. They will always therefore be of the view that reports take too long to complete. Endless dialogue between the various parties, usually brokered by the DoJ, have shied away from the main issue of creating a pathology service that whilst independent, is not isolated from the other stakeholders in the criminal justice system. The DoJ acting as broker for the SPD and the other criminal justice system agencies, occupies a central position but in reality it has not significantly assuaged the concerns of stakeholders.
- 3.3 Although the pathologists readily acknowledge the CSNI as their main client the operational protocols offer little opportunity for the Coroners to influence the level of service delivery. There are a series of targets in place but they are not always met and are more likely to provide a basis for 'a race to the bottom' as opposed to raising standards. Throughout all of this, the emphasis has been on introducing more and more targets between the agencies to reduce the rubbing points. None of this has worked and even recently, the presiding judge for the CSNI is on public record lamenting the delays in receiving post mortem reports and signalling the distress of bereaved families who are awaiting the outcome of autopsies.
- 3.4 There are a number of factors at play that are not explained by simple statistics. Although the number of post mortems requested has fallen due to an increase in certification by medical professionals, these were the more straightforward post mortems and did not impact on the timeliness of the complex forensic post mortem reports – which have most importance for the Coroner. There has been a significant rise in new and complex drug deaths that created pressure for the SPD and FSNI but are not reflected in any of their targets. The number of outstanding CSNI cases has fallen but the actual definition of outstanding is too vague to be a useful measure of what are the priority cases for the CSNI. These are symptoms of

targets being developed independently of the users/customers and adding to the problems rather than improving service.

- 3.5 The issues around governance and overall performance have been described earlier in this report and it is this failure of adequate governance that leads to the problems in service delivery and the needs of users and stakeholders. Previously, the need to restructure the SPD has been rejected in favour of a series of operational recommendations. All of these focus on delivery agreements, managing interfaces and so on but have failed to address the need to improve outcomes or even define the outcome from the families' perspective. The conclusion that more radical structural change is needed is compelling (see recommendation at paragraph 1.65).

#### *The Police Service of Northern Ireland*

- 3.6 The police act as the Coroners Officers in liaising with the SPD although this duty is incorporated into the day-to-day work of police officers. Overall the working relationship between the police and the pathologists operates well. The fact that during the course of their duties police officers only rarely encounter suspicious deaths obviously limits their interaction with the Coroner and the pathology department.
- 3.7 The infrequency of unexpected deaths presented to individual officers coupled with the relatively complex nature of the procedures and reputational risk associated with process failure, precipitated debate within the PSNI around options for handling unexpected deaths. One avenue for consideration was the creation of a team of officers dedicated to the handling of unexpected deaths and liaising with the coroner and pathologist. The higher frequency with which these officers would deal with unexpected deaths would create an experienced cadre of officers, reduce delays, improve interfaces with other agencies and contribute to continuous development of the processes.
- 3.8 The downside to this concept was that the abstraction of seasoned officers from divisional duties would further contribute to pressures arising from curtailed resources. Creating specialist units also leads to succession planning and training problems and de-skills the mainstream officers. Ultimately, the PSNI favoured a generalist approach to dealing with unexpected deaths and retained the role within the divisional commands.
- 3.9 The neighbourhood policing teams are designed to provide a multi-disciplinary approach to policing and acting as a Coroner's Officer, is a useful adjunct to the role of the neighbourhood officer. Inspectors are happy to note that a service procedure has been redrafted to include explicit guidance, *inter alia*, on handling the scene of a sudden death, notifying the coroner and understanding the rules around tissue retention.
- 3.10 In the instance of an unexpected death where suspicious circumstances do not apply and there is no medical intervention in the preceding 28 days, the Coroner must determine the cause of death. Interviews with the doctor, the family and other possible witnesses are part of this process and are conducted by the police. Inspectors were told that in some instances where the cause of death was obviously natural causes, the appearance of uniformed police in liveried vehicles caused some distress to families. **The PSNI should consider the possibility of civilianising the witness interviews and statement gathering process carried out by the PSNI on behalf of the Coroner.**

### *The Public Prosecution Service*

- 3.11 The prosecutors were happy with the quality of reports and in the context of presenting evidence to the court, the outcomes were positive. Mention was made of delays in receiving reports but this was as much directed at the PSNI as it was at the SPD. Some prosecutors felt that the PSNI did not deliver samples to the laboratories on time and this led to delays.

### *Forensic Science Northern Ireland*

- 3.12 At the operational level the forensic scientists, the SPD pathologists and scientists liaise but the formal agreements between the two agencies are less effective. As long ago as 2001, FSNI had a target of delivering 80% of toxicology reports within 45 days. In 2010, the target was 95% within 80 days and as of December 2013, the performance was quoted as improving to 100% of samples within 60 days. This improvement in delivery is against a background of increased complexity of analysis with an increasing variety of substances which FSNI has to test. Toxicology reports are necessary in around one third of cases so a significant number of cases are affected. The operational response to this is to press FSNI for faster turnaround and in turn FSNI will press for additional resources.
- 3.13 To do this FSNI will prepare a business case to identify the benefits arising from any investment. The issue is the benefits do not strictly apply to FSNI and this can lower the priority given to any particular investment. There is scope within the strategic context of the business case to identify wider business benefits but this is not as effective as identifying specific benefits accruing to the bidding agency.
- 3.14 A specific instance is the acquisition of additional high resolution mass spectrometry equipment that will reduce the timescale for screening and quantifying toxicology tests. Judged solely on its benefits to the FSNI, a decreased testing time does not guarantee the required priority. The wider benefits to the pathologists, the Coroners and in turn, the bereaved families, have a merit that is not so easily connected with FSNI but as part of a wider forensic services strategy the scope of the benefits realisation analysis in any procurement business case is extended.

### *The Department of Justice*

- 3.15 The DoJ occupies a central position in respect of the SPD and the other agencies involved. Although it has formal governance with the FSNI as one of its agencies and the SPD as a business unit, its links with the other bodies are less directorial. Nonetheless the DoJ often finds itself acting as the 'honest broker' in settling any issues that arise among the agencies and stakeholders. For instance, some recent complaints from the Coroners Service centred on the difficulty in getting a post mortem completed and delays in some post mortem reports. These faults lie, ostensibly, at the door of the SPD but in reality they often point more towards third party services from the Health Trust or FSNI (who in turn have issues with the PSNI evidence gathering especially the delivery of evidence samples to the laboratories). There are also issues about the efficiency of the administrative and report writing processes within the SPD.
- 3.16 The first outcome of all this is that the DoJ invests its resources in reconciling differences between the various bodies but it has no mechanism for implementing sustainable solutions to the satisfaction of the various customers and the problems reoccur. A classic example of failure demand. The second outcome is the DoJ becomes involved in the internal operations of the SPD which compromises its governance role but also creates resistance within the SPD to what is seen as the DoJ interference. It is inevitable that the

DoJ become involved as the SPD is not an Arms Length Body and relies on the DoJ for support. This is a short term management approach that leaves the DoJ, and ultimately the Minister, exposed to risks that can only be resolved if the interfaces between the various agencies are mediated, and the DoJ's governance role is rationalised. The amalgamation of the various agencies under one structure with a Chief Executive and Board would provide more strategic leadership and place the oversight of the DoJ at arms length through recognised sponsorship arrangements.

### *The Coroners Service for Northern Ireland*

- 3.17 The relationship between the CSNI and the pathologists is formally constituted in the Coroners Act and the Coroners rules. The most recent draft of the Coroners performance standards for England and Wales includes the directive that the pathologist must at all times:

*'keep a full awareness that "there must be an ever-present readiness to keep in mind the possibility that death might not have been natural". The role of the pathologist includes consideration of the possibility of concealed homicide or negligence in care and the examination must be conducted in such a way that the opportunity to detect evidence of such a possibility is not missed.'*

As all of the pathologists within the SPD are forensic pathologists, the CSNI has a high level of assurance of delivering this outcome.

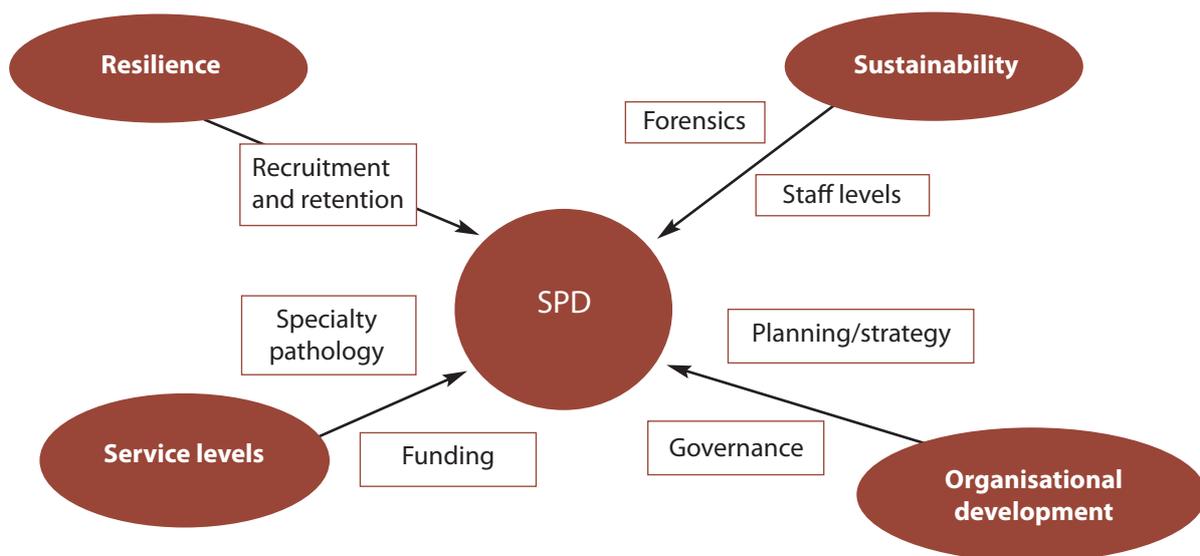
- 3.18 The two issues that arise (and have done in all the previous reviews) are some delays in receiving final reports giving cause for frustration, and a divergence of opinion between the Coroner and the pathologist as to the extent of post mortem examination needed, and hence the extent of the post mortem report – this applied to the reports from the paediatric pathologists. The issue was raised in the context of a potentially high volume of mesothelioma cases being referred to the Coroners and their desire to ensure that any unnecessary delays could be eliminated. It was acknowledged that the clinicians' view could not be overridden whilst at the same time the hope was expressed that the process would be as targeted or streamlined as possible.
- 3.19 The timeliness of post mortem reports is a recurring theme and highlighted in every report since 2001. Most recently a review of the CSNI in 2009 noted the CSNI management team; Coroners and the Presiding Judge are working hard to agree reasonable timescale targets with the SPD for post mortem reports. It is disappointing to note that, despite this issue being raised at Ministerial level a year ago, little has been achieved as a result.

## **Service development**

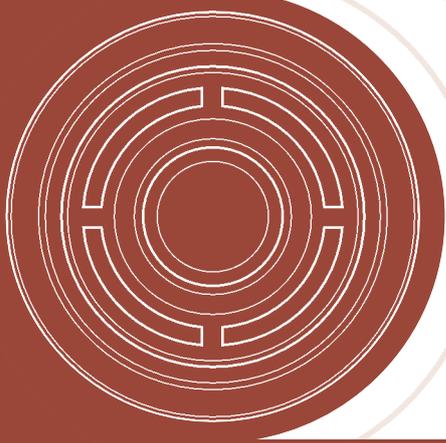
- 3.20 The origins of the SPD lie over 50 years ago, with the role of the pathologist described in the Coroners Act of 1959. The two key recommendations from the original CJI report in 2005 that would directly influence the governance of the SPD were:
- *The Northern Ireland Office (NIO) should consult and develop options for the future status and structure of the State Pathologist's Department (SPD); and*
  - *The role of Business Manager should be enhanced to have responsibility for the budget and specified day to day management of the DoJ. A detailed job description should be prepared by the State Pathologist and the NIO.*

- 3.21 These recommendations were also made in an earlier review of the SPD commissioned by the NIO and evaluated in a further NIO commissioned report in 2006. Unfortunately, little progress was made and the only assessment is that neither of these recommendations has been achieved. The status of the SPD remains as it was and the recommended role of business manager has taken - if anything - a retrograde step as the post was badged as 'administration manager'.
- 3.22 The recruitment of a medical advisor to the CSNI has significantly reduced the number of post mortems required from 1,500 per annum to less than 1,200 per annum by removing the straightforward post mortem examinations. The difference was accounted for by an increase in doctors issuing death certificates. A simple example of risk-sharing having a beneficial impact on service delivery and resource management. The recent resignation of the medical advisor does have a potential impact on the number of post mortems being requested from the SPD and this must be considered as a significant risk in conjunction with the retirement of the State Pathologist.

**Risk Matrix for the SPD**



- 3.23 There are a range of risks facing the SPD but due to a lack of formal risk management practices, issues around governance and ineffective mechanisms to mitigate them, these risk are not being addressed. In the diagram above the service levels include two risks both arising from third party providers (forensics and speciality pathology) to the SPD resulting in suboptimal outcomes for the CSNI. The SLAs in place with these providers are not delivering the assurances that the SPD requires. In one case there are no performance metrics or guarantees of performance and in the other the level of service delivery could be improved. **The SPD should introduce a risk management strategy with the emphasis on identifying risks (and reducing them) that impact upon outcomes for external service users.**



# Appendices



# Appendix 1: Terms of Reference

## Introduction

The State Pathologist's Department (SPD) was last inspected in 2005 with a follow-up review in 2006. The original inspection report identified 30 areas for improvement and the SPD and the Northern Ireland Office prepared an action plan. The follow-up review reported on progress in implementing the action plan. This inspection will look at developments since the last inspection and review the operations of the SPD.

## Context

The SPD operates at arms-length from the Department of Justice (DoJ), in providing independent forensic pathology services to Northern Ireland and is funded by the DoJ. The DoJ also provides personnel, financial and administrative support to the SPD. The core function of the SPD is to perform post-mortem examinations as directed by the Coroners Service for Northern Ireland (CSNI) in cases of sudden, suspicious and unnatural deaths. In addition, advice and guidance in other areas of forensic medicine is provided, autopsy reports are prepared and evidence is given at Coroners' inquests and other Courts. The SPD also supports the Police Service of Northern Ireland (PSNI) and the Public Prosecution Service for Northern Ireland (PPS) by attending scenes of death or crime, by providing expert forensic pathology opinion and advice and by giving evidence in court. The valuable knowledge and information gained from post-mortem examinations is also used to develop and refine forensic pathology techniques, improve the treatment and healthcare of patients and to prevent further similar deaths. The DoJ has close links with the School of Medicine, Dentistry and Biomedical Sciences of the Queen's University, Belfast (QUB) and provides teaching to undergraduate medical and dental students.

The DoJ's current complement is; the State Pathologist, a Deputy State Pathologist, two Assistant State Pathologists and one trainee at Specialty Registrar grade. Laboratory services are provided solely to the SPD in-house by four Biomedical Scientists. Consultant staff are supported by four medical personal secretary posts and an audio-visual technician. Assistance in the mortuary (which is adjacent to the SPD) is provided by five anatomical pathology technologists and a receptionist. The State Pathologist has overall responsibility for the service delivery of the DoJ including directing and distributing the workload and ensuring that standards meet agreed quality assurance procedures.

## Aims of the inspection

Drawing on previous inspections the aims of this inspection are to examine a broad set of issues around the governance, performance and accountability in the SPD, including:

- a clear sense of corporate leadership and direction to develop the organisation and its people, improve performance and manage risk taking into account the needs of stakeholders/service users;
- that the SPD has clearly defined its role and its desired outcomes within a suitable corporate and business plan, with evidence of consistent communication of corporate standards throughout the SPD;
- management of resources to provide value for money outcomes, reflect changes in the operational environment and improve the efficiency and effectiveness of the SPD service delivery;
- a management structure with clear lines of accountability, providing transparency of decision making and contributing to improvement in personal and corporate performance;
- systems, processes and working practices that provide a sound framework of internal and external governance including quality assurance and standards of service delivery; and
- a defined relationship with the sponsoring department that safeguards independence whilst securing a framework of accountability.

## Methodology

The inspection will be based on the CJI Inspection Framework, as outlined below, for each inspection that it conducts. The three main elements of the inspection framework are:

- strategy and governance;
- delivery; and
- outcomes.

CJI constants in each of the three framework elements and throughout each inspection are equality and fairness, together with standards and best practice.

## Research and review

Collection and review of relevant documentation such as previous inspection reports, external reports, internal strategies, policies, minutes of meetings, performance management, financial management and monitoring information, business statistics, risk registers, stewardship statements, and other relevant risk-related material, communications strategies, internal and external surveys and any other relevant internal reviews, papers and correspondence.

## Fieldwork

- Terms of reference will be prepared and shared with the SPD prior to the initiation of the inspection. A liaison person from the SPD should be nominated for the purposes of this inspection.
- Interviews will be conducted with the SPD senior personnel, staff, and other criminal justice organisations and relevant stakeholders to give an insight into the organisation.
- Interviews will be held with staff to discuss issues around strategy and governance, delivery and outcomes and how these are communicated.
- Progress in the development of policies, performance management data, and HR issues will be examined.
- Evidence of planning and decision-making leading to performance improvement and recognition of future changes in demand and operating environment will be gathered.
- Discussions with relevant stakeholders around a range of issues such as interfaces between the SPD and other criminal justice system agencies.
- Consideration of the legal requirements in respect of human tissue retention and the arrangements in place for the appraisal and revalidation of forensic pathologists as required by the General Medical Council.

## Feedback and writing

Following completion of the fieldwork and analysis of data a draft report will be shared with the SPD for factual accuracy check. The Chief Inspector will invite the SPD to complete an action plan within six weeks to address the recommendations and if possible this will be published as part of the final report. The final report will be shared, under embargo, in advance of the publication date with the State Pathologist.

## Inspection publication and closure

- The final report is scheduled to be completed by early summer 2014;
- report sent to Minister for permission to publish;
- when permission received report finalised for publication;
- press release prepared and shared with agency;
- publication date agreed and report issued; and
- wider communication identified and communication plan completed.



## Appendix 2: The objectives and targets of the State Pathologist’s Department as stated in the Management Framework Agreement

- Provide a continuous 24-hour, 365-day service;
- Provide pathology reports to the Coroners Service;
- Conduct case-management reviews and audits;
- Assist the police at scenes where a death has possible criminal implications and advise them on all aspects of forensic medicine;
- Attend case conferences with the police and PPS;
- Ensure compliance with the requirements of the Human Tissue Act (HTA);
- Conduct an annual audit of material retained following autopsy;
- Provide all services within an agreed annual budget;
- Conduct Health and Safety reviews of equipment and accommodation, in respect of the SPD as appropriate;
- Participate in an annual appraisal programme approved for forensic pathologists;
- Implement an agreed, annual development and training plan inclusive of all staff within the SPD, to provide opportunities for continuous professional development at appropriate levels; and
- Provide an accredited programme of training and development for a trainee forensic pathologist as well as for Queen’s University, Belfast medical students and medical practitioners, when required.

### From 1 January 2013 to 31 December 2013

No of Days	Performance	Target	Performance -v- Target
0-45	39%	40.00%	-1%
0-90	71%	80.00%	-9%
0-150	95%	100.00%	-5%
151+	5%	0.00%	-5%

## Appendix 3: State Pathology programme total spend for 2012-13

	£'000	£'000	£'000
<b>Outturn 2012-13</b>			<b>2,373</b>
<b>DoJ Staff costs</b>		<b>1,050</b>	
<b>Non DoJ costs including SLAs and NIRFM Staff Costs. (including below)</b>		<b>1,323</b>	
<i>BHSCT SLA Staff costs</i>	272		
<i>BHSCT - SLA PM Service</i>	62		
<i>BHSCT - SLA Menu of services</i>	190		
<i>FSNI - SLA Tests</i>	404		
<i>Property Rates</i>	46		
<i>Computer Maintenance &amp; Support</i>	33		
<i>Contracted Out Services (Equipment maintenance, Cleaning, Laundry)</i>	30		
<i>Materials</i>	27		
<i>Office Services</i>	17		
<i>Communications</i>	8		
<i>Other costs including depreciation</i>	234		

	2013-14 Budget £'000	2013-14 Forecast £'000
Pay <sup>27</sup>	1,149	1,083
Non-Pay	1,265	1,136
	<b>2,414</b>	<b>2,219</b>
Depreciation	192	165
<b>Total Resource</b>	<b>2,606</b>	<b>2,384</b>

<sup>27</sup> The cost of payroll services provided by QUB are not included in these figures. Based upon HRConnect charges the cost to the DoJ would be in the region of £30k per annum.



## Appendix 4: Extract of recommendations; CJI report: Review of the State Pathologist's Department in Northern Ireland, 2005

1. The NIO should consult and develop options for the future status and structure of the SPD. (Paragraph 1.7)
2. A cost benefit analysis of all external work conducted by pathologists should be undertaken by the NIO. (Paragraph 2.3)
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. (Paragraph 2.6)
4. Job plans should be introduced for all pathologists. (Paragraph 2.7)
5. The NIO should consider a means to reward staff for exceptional performance. The SPD should ensure that pathologists with teaching responsibilities should be considered for an honorary university title. (Paragraph 2.8)
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. (Paragraph 2.9)
7. Introduce an independent appraisal system for staff which feeds into personal development and training plans. (Paragraph 2.10)
8. Training and supervision of the trainee pathologist should be shared among the three pathologists. (Paragraph 2.11)
9. A training plan should be produced for all SPD staff and the department should consider introducing the Investor in People model. (Paragraphs 2.12 and 2.15)
10. An audit of the administrative function of the 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. (Paragraph 2.14)
11. A common departmental diary should be adopted – an electronic diary is considered most appropriate in the context of the forthcoming IT upgrade. (Paragraph 2.14)
12. The Business Manager should be the line manager for the administrative staff and the audio-visual technician. (Paragraph 2.15)
13. The NIO and the SPD should address the concerns of Forster Green mortuary staff in the context of their transfer to the SPD. (Paragraph 2.16)
14. More formal internal communication processes should be introduced starting with the convening of all-staff general meetings. (Paragraph 2.17)

15. The SPD should be more active in promoting equality and human rights issues to address under-representation of Catholics in the SPD and women in the forensic pathology and laboratory functions. (Paragraph 2.18)
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. (Paragraphs 2.18 and 3.6)
17. Continue to make best use of a locum pathologist. (Paragraph 3.6)
18. The benefits of new IT system, once implemented, should be realised to track and monitor all cases and expedite PM reports. (Paragraph 3.7)
19. The recently signed SLA with FSNI should be used to ensure a high quality and timely service for all samples submitted. (Paragraph 3.8)
20. An SLA with the Royal Group of Hospitals (RVH) should be concluded which agrees appropriate remuneration for hospital based pathologists in return for clearly defined performance and timeliness targets. (Paragraph 3.9)
21. The SPD should continue to liaise with HM Coroners in regard to dealing with enquiries regarding the retention and disposal of human organs. (Paragraph 3.10)
22. The SPD should introduce a peer review system after considering all the options available. (Paragraph 3.12)
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. (Paragraph 3.14)
24. A strategy for storage, retrieval and management of police photo albums should be developed. (Paragraph 3.15)
25. The SPD should promote the continuous professional development of all staff and encourage research and participation at relevant conferences and events. (Paragraph 3.16)
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 the SPD. (Paragraph 4.3)
27. The SPD should agree a protocol with PSNI. (Paragraph 4.4)
28. The SPD should establish a stronger partnership with the health service including establishing a core group of hospital and the SPD pathologists to undertake coroner PM examinations. (Paragraph 4.6)
29. The SPD and the NIO should develop practical cross border co-operation between SPDs in Belfast and Dublin. (Paragraph 4.8)
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. (Paragraph 4.9)



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