

**Review of the
State Pathologist's Department
in Northern Ireland
June 2005**

Criminal Justice Inspection
Northern Ireland
A better justice system for all



Review of the State Pathologist's Department in Northern Ireland

by

Criminal Justice Inspection
Northern Ireland

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List of Abbreviations

CJI	Criminal Justice Inspection Northern Ireland
CPA	Clinical Pathology Accreditation
DHSSPS	Department of Health, Social Services and Public Safety
DPP	Office of the Director of Public Prosecutions
FSNI	Forensic Science Northern Ireland
MFA	SPD Management Framework Agreement 2004-2007
NDPB	Non Departmental Public Body
NHS	National Health Service
NI	Northern Ireland
NIO	Northern Ireland Office
PSNI	Police Service of Northern Ireland
SLA	Service Level Agreement
SPD	State Pathologist's Department
QUB	The Queen's University of Belfast
RVH	The Royal Victoria Hospital, Belfast

Chief Inspector's Foreword

1. The purpose of this inspection was to review the provision of a forensic pathology service to HM Coroners and the Northern Ireland Criminal Justice System.
2. The key aims were to:
 - Review the organisation and structure of the State Pathology Department (SPD);
 - Examine people and human resources issues;
 - Evaluate the effectiveness and efficiency of how the forensic pathology service is delivered;
 - Consider the effectiveness of partnership with other criminal justice agencies and customers;
 - Report on progress against recommendations of the Review of the State Pathology Department in 2001; and
 - Report on progress against specific SPD recommendations of the Review of the Criminal Justice System in Northern Ireland in 2000.
3. The report makes some significant proposals for the future strategic and organisational development of the State Pathologist's Department. I hope it will be of value in informing and re-assuring the public about the good work that is being done on their behalf, and helpful to the State Pathologist and staff who are involved in this challenging area of work. I welcome the joint action plan prepared by the State Pathologist and the Northern Ireland Office which is attached to this report.
4. The Inspection Team, led by James Corrigan of CJI and with the specialist assistance of Professor Chris Milroy of the University of Sheffield, appreciated the generous level of cooperation received from the SPD, NIO, agencies and individuals who contributed to the inspection.



Kit Chivers
Chief Inspector of Criminal Justice in Northern Ireland

Executive Summary

1. Over the past forty years, the provision of a forensic pathology service to HM coroners and the Northern Ireland Criminal Justice System has evolved from a single pathologist to an organisation which employs 13 people and conducts around 1500 post mortem examinations per year.
2. This inspection makes several positive findings. They include:
 - (i) Feedback from users within the criminal justice agencies noted the high regard for pathologists and the quality of their post mortem examinations;
 - (ii) A 24 hour, 365 days per year forensic pathology service is provided to the Coroners Service and wider criminal justice system;
 - (iii) For the vast majority of cases, post mortem examinations are conducted within 1-2 days of death which allows the Northern Ireland custom of burials within 3 days of death to be maintained; and
 - (iv) The State Pathologist has gained a high profile and status in the field of forensic pathology.
3. Inspectors' overall assessment is that the State Pathologist's Department (SPD) provides a valuable and necessary service to Coroners and the wider criminal justice system in Northern Ireland. Future delivery of a high quality and efficient service does however require some fundamental changes to the structure and organisation of SPD.
4. Two key recommendations of the inspection are:
 - (i) The Northern Ireland Office (NIO) should consult and develop options for the future status and structure of the State Pathologist's Department (SPD).
 - (ii) The role of Business Manager should be enhanced to have 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 the NIO.
5. The implementation of these recommendations will create the foundations to build a more effective and efficient state pathology service for Northern Ireland. It will also strengthen the capacity of the organisation to tackle some identified weaknesses and challenges.
6. The biggest challenge facing SPD is continued delays in completing the reports from post mortem examinations. The solution is twofold – to improve internal processes, particularly with regard to individual workloads, and to strengthen working arrangements and protocols with outside organisations. Recommendations are made in relation to recruitment, more effective and fairer

use of existing resources and streamlining of tracking and reporting arrangements. There is also a need to develop a more robust partnership with outside organisations which contribute to these delays - hospital pathologists and Forensic Science Northern Ireland (FSNI) in particular.

7. The report includes a number of recommendations on improving employment and working conditions for staff within SPD. Easing the pressures of an extremely heavy workload for certain staff can be achieved through a mix of recruitment and redefining some existing roles and responsibilities. There is scope to improve continuous professional development for all categories of staff through better appraisal, training and support arrangements. A silo working approach, exacerbated by the separation of SPD into three functional units, needs to be addressed through more effective communication such as regular general meetings and better line management.
8. Delivering an effective state pathology service requires good working relationships with key stakeholders. The most important partnership is with the Coroners Service as the prime customer of SPD services. Inspectors noted the inadequate and informal communication arrangements with coroners and strongly recommend that this key partnership should be strengthened and that regular communication becomes the norm. Effective partnerships with other organisations should improve service delivery and contribute to a more joined-up approach to criminal justice. It is therefore positive to report that an SLA has recently been signed with FSNI. A similar agreement should be concluded with PSNI.
9. The relationship between SPD and the health service is critical to ensuring a continued high quality forensic pathology service. Closer coordination and joint planning is strongly recommended in a number of areas such as the introduction of the new NHS consultant contracts, peer review and appraisal systems, negotiation of working agreements with hospital based pathologists and the implementation of best practice in relation to the retention and disposal of human organs. There is also scope to develop a core group of SPD and hospital pathologists which could help to lessen the heavy workload in SPD and also strengthen the skill base of hospital pathologists.
10. Cross border co-operation between the State Pathologist's Departments in Belfast and Dublin should be explored. There are clear mutual benefits in having dual registration so that pathologists can conduct post mortem examinations on either side of the border. This would be particularly relevant in the event of any major disasters but could also provide a valuable additional resource when demand is high on either side of the border.

Recommendations

It is positive to note that the State Pathologist's Department and the Northern Ireland Office have prepared a joint Action Plan which addresses each of the recommendations of this report. The Action Plan is included as Appendix 5 to this report. A weakness of reviews and reports in the past has been the failure to follow-up on key recommendations. Inspectors are therefore keen that the recommendations of this report are acted upon and recognise that there will need to be a phased timetable for introduction of changes, as some are more readily achievable than others. It is proposed to conduct a review of progress after 12 months of the reports publication.

Key Recommendations:

The NIO should consult and develop options for the future status and structure of the State Pathologist's Department. (Para 1.7)

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 the NIO. (Para 2.6)

More detailed recommendations can be found at Appendix I. Immediate plans should be put in place to progress all of these recommendations.

Chapter I Organisation and Structure

- I.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 (NI) 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.
- I.2 The core function of the State Pathologist is to conduct autopsies at the direction of HM Coroners in cases of sudden, unexpected, violent and unnatural deaths. Coroners are part of the Northern Ireland Court Service, which is the Lord Chancellor's Department in Northern Ireland (now Department of Constitutional Affairs). A 'forensic pathology' service is also provided to the police and wider criminal justice system in cases where bodies are found in suspicious circumstances (murder, manslaughter or infanticide). This includes attending scenes of crime when requested by the police, undertaking autopsies, preparing post mortem reports and providing evidence to the courts. It is this criminal or forensic function which has located ministerial responsibility for the State Pathologist with the Secretary of State and the Northern Ireland Office (NIO) Minister with responsibility for criminal justice.
- I.3 The State Pathologist's Department (SPD) consists of a State Pathologist heading an organisation that currently operates with 13 staff. It operates through three main functional areas: forensic pathology, laboratory and administration and is located at the Royal Victoria Hospital in Belfast. Forensic pathology includes the State Pathologist, a Deputy State Pathologist, a Consultant Forensic Pathologist and a Trainee Forensic Pathologist. The on site Laboratory carries out a number of tests and investigations for each post mortem examination and is staffed by 4 Medical Laboratory Scientific Officers (MLSO). Administrative support is provided by 4 secretaries. In addition, an Audio-Visual Technician, seconded from Queens University Belfast (QUB) and a Business Manager, seconded from the NIO work in the SPD.
- I.4 The relationship between the State Pathologist and the NIO is set out in a Management Framework Agreement (MFA) 2004-2007. The document sets out the agreement between the State Pathologist and the NIO for the management, service provision and governance of the SPD. The NIO is responsible for providing physical and financial resources as well as maintaining the necessary policy and legislative framework to enable SPD to carry out its statutory functions. The State Pathologist, who is employed by the Secretary of State, is responsible and accountable to the NIO for service provision and the management of SPD resources. The SDP is unique within the United Kingdom

as the only forensic pathology department sponsored by a government department. Similar governance arrangements operate in the Republic of Ireland where the State Pathologist is attached to the Department of Justice, Equality and Law Reform.

- 1.5 An NIO consultation document entitled 'The Way Forward' set out a range of issues and options in relation to the future provision of an independent, professional and effective forensic pathology service in Northern Ireland. The resulting MFA describes SPD as a department of the NIO, operating at arms length in providing an independent forensic pathology service for Northern Ireland. However, achieving operational independence at arms length from a sponsoring department is complicated by the fact that the State Pathologist's Department does not have a separate statutory basis, nor does it have a devolved budget.
- 1.6 The status and location of SPD was considered by an internal NIO review in 1992 and again by Capita in its review of the Department in 2001. A recommendation of the 1992 review to examine the division of responsibilities for the forensic pathology service between the NIO and the Lord Chancellor's Department was not acted upon by the NIO. The Capita review considered a number of options for the future status and structure of SPD, including becoming part of the NI Courts Service under the Lord Chancellor's Department. It recommended that SPD should stay within the NIO but as a business unit and enjoying many of the operational freedoms of an Executive Agency – this would include greater public accountability and more budgetary control. The view of inspectors is that little progress has been made over the past four years in SPD becoming a more operationally independent business unit and no annual report or business plans have been produced to address public accountability and openness.
- 1.7 It is the view of inspectors that **options should be considered by the NIO which address the status and structure of SPD.** A recent Home Office review of Forensic Pathology Services in England and Wales concluded that forensic pathology is critical to the criminal justice system but that it should not be under direct control of a government department – an arm's length body to a government department was recommended. Options to be considered include establishing SPD as an executive Non Departmental Public Body (NDPB) which would provide greater scope for operational independence, enhance public accountability and provide a legal basis to the organisation. An alternative option which merits consideration is for SPD to become part of the Northern Ireland Court Service and thus be closely linked with the Coroners Service. This is particularly relevant in the context of the ongoing modernisation and administrative re-design of the Coroners Service. It would be expected that serious consideration of these and other options should be undertaken on the back of this report and that progress should be reviewed after 12 months of the reports publication.

Chapter 2 People

- 2.1 The NIO has overall employment responsibility for all staff appointed to the SPD. The terms and conditions for employing the SPD staff are subject to the approval of the NIO and pay arrangements are made between the NIO and The Queen's University of Belfast (QUB) – it is the university that is responsible for paying salaries and pension contributions. The State Pathologist has delegated responsibility for a range of personnel management and performance of SPD staff. Many of these responsibilities are undertaken in conjunction with the NIO – recruitment of permanent and temporary staff, maternity/paternity leave, career breaks and disciplinary procedures. Areas solely the responsibility of the State Pathologist include the management of staff leave, implementation of the NIO Attendance Management system, performance assessment of staff, bonus schemes and equal opportunities policy.
- 2.2 The role of the State Pathologist, as set out in the MFA, is to be responsible and accountable to the NIO for service provision and the management of SPD resources. This includes preparing an annual business plan, achieving SPD objectives and targets, managing and deploying resources, maintaining effective management information systems, preparing an annual report on performance and providing information and advice to the NIO. A copy of duties and responsibilities provided by the State Pathologist does not provide any reference to preparing a business plan and annual report. It does however include a number of activities not specifically mentioned in the MFA such as opinion work in the courts and membership of professional organisations. It is estimated that the State Pathologist is out of the department for 2-3 days per week, usually in court (prosecution and defence work) or as part of professional activities such as the Royal College of Pathologists, General Medical Council and Home Office Pathology Delivery Board. Information provided by the State Pathologist shows that he is a member of 14 learned societies and professional bodies and sits on 22 committees and other appointments.
- 2.3 Due to his wide range of responsibilities and commitments, the State Pathologist is unable to commit the necessary time to day to day management of the department. Also the number of post mortem examinations conducted, especially weekday cases is, as expected, much less than other pathologists. In the period October to December 2004, the State Pathologist conducted 37 weekday cases compared to 113 by the Deputy State Pathologist and 67 by the Consultant Pathologist. An analysis of all post mortem examinations conducted in February 2005 show that 26 were undertaken by the State Pathologist, 110 by the Deputy State Pathologist and 84 by the Consultant Pathologist (the trainee conducted 10). This is not to suggest that the work conducted by the State Pathologist outside the department is not valuable – it reflects his high status in the profession. But there is a need to have a better understanding of the benefits of this work and how it affects the operation of the department. Inspectors are therefore recommending that **a cost benefit analysis, which was proposed by the 2001 review but not implemented, of all external**

work conducted by pathologists is undertaken as soon as possible by the NIO.

- 2.4 One of the benefits of high status and expertise with the profession is the continued demand for opinion work in the courts. It is known that the State Pathologist is continually in demand, especially in Great Britain. This raises a number of questions: what proportion if any of this work should be conducted during normal working hours and is there scope to share some of this work with other consultant pathologists in the department? Inspectors are aware that university based pathologists in Great Britain usually have a set amount of time allocated for private opinion work. Alternative governance arrangements stipulate that private opinion work should only be undertaken during non working hours or during time off on leave. It is an issue which needs to be resolved by the NIO and SPD. Within SPD, there is scope to better share private opinion work which comes to the department, rather than direct to an individual.
- 2.5 A key recommendation of the 2001 review was the creation of a Business Manager post. The MFA does state that the NIO will provide a Business Manager to assist the SPD to monitor targets and performance, but there is not a more precise description of roles and responsibilities. Discussions with the Business 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 NIO and SPD and dealing with a number of personnel issues within the organisation. There is acceptance that the role is more an administrator rather than a business manager.
- 2.6 Inspectors believe that the role of Business Manager within the SPD offers greater scope to drive performance improvement, develop business processes and take on more responsibility for day to day management of the department. The current incumbent is restricted by a limited remit which defines the role as an administrative rather than a business function. It is recommended that **the role of Business Manager should be enhanced to take on responsibility for a range of business and management functions including the budget and that this is reflected in a re-grading of the position to NIO grade A. A detailed job description should be prepared by the State Pathologist and the NIO.** The post is currently seconded from the NIO, but it is envisaged that this should become an internal SPD post as the status and structure of SPD is resolved.
- 2.7 The two consultant forensic pathologists are public servants employed by the NIO, paid through QUB and operating through National Health Service (NHS) consultant contracts. Pension is provided through the UK Universities Superannuation Scheme – a final salary scheme but with a higher membership contribution compared to the main civil service schemes. None of the pathologists, other than the State Pathologist, were able to provide a written job description or contract which details roles, responsibilities and activities. For example, the role of Deputy State Pathologist as described in the MFA offers the scope to take on management responsibilities, but nothing has been agreed as

yet. No job plans are kept within the department which would allow the pathologists to record and plan their work schedule. It is recommended that **the line manager should take responsibility for the introduction of job plans for all pathologists within SPD and that the findings of these plans are used to modify and re-allocate workloads.** Job plans will be necessary for the introduction of the new NHS Consultant contracts (DHSSPS) which commit each pathologist to ten programmed activities per week in line with practice in the NHS (a programmed activity usually consists of 4 hours). The new consultant contracts will apply to all new staff but are voluntary for existing staff on the older contracts and any discrepancies between staff may create future difficulties for SPD. The State Pathologist does not have any contract at present.

2.8 The issues of reward and recognition were raised by some of the pathologists. At present there is limited means to reward pathologists and other staff, who are undertaking enhanced roles and/or increased workload such as a disproportionate high number of post mortem examinations. There were also concerns expressed by pathologists about their status with the NHS and the university – only the State Pathologist has an honorary title of Professor from QUB. Forensic pathologists who are employed by universities in England and Wales normally have a university title such as senior lecturer / lecturer. Inspectors recommend that **the NIO should consider a means to reward staff for exceptional performance. SPD should ensure that pathologists with teaching responsibilities should be considered for an honorary university title.**

2.9 The forensic pathologists provide a 24-hour, 365 day per year service. The three pathologists share an on-call arrangement which means that each is on call one week in three. For providing this service, the department receives a retention fee of £30,000 which is divided equally amongst the three pathologists. This is a generous remuneration relative to PSNI (e.g. crime scene investigators) and scientists in Forensic Science Northern Ireland (FSNI) but is comparable to retention fees in the NHS and those received by pathologists in Great Britain. For post mortems (except homicides) that are performed out of hours, pathologists receive £87.90. The fee for special cases is increased to £251.15. Mortuary technicians assisting with hospital post mortem examinations receive £20.02 per post mortem, while note takers receive £9.34 (£17.15 if it is over 2 hours). Figures provided by the NIO show that these fees (excluding the retention fee) amount to more than £30,000 annually for the past three financial years and that there are significant variations between pathologists. It is recommended that **the on-call retention allowance paid to pathologists is modified in line with the new NHS Consultant Contracts and allocated on the basis of availability to work during on call periods.** The Consultant Contracts stipulate that up to 8% of salary can be allocated as an on-call allowance.

2.10 It is the responsibility of the State Pathologist to review the performance of all SPD staff and contribute to their continuous professional development or training needs. Inspectors found that the appraisal of pathologists is largely informal and there would not appear to be any means of appraising the work of

the State Pathologist. Effective appraisal of the activities and quality of work of pathologists is best conducted through a peer review process. Providing an independent input to this appraisal would be beneficial and it is recommended that this is achieved through the involvement of a senior forensic pathologist (possibly from England and Wales) together with a senior academic from QUB such as the Dean of Medicine. The annual appraisal of the State Pathologist and pathologists should feed directly into their personal development and training plans. Likewise the appraisal of scientific staff in the SPD laboratory should be independent and part of a peer review process. It is recommended that this is undertaken on an annual basis by a Senior Scientific Officer together with the State Pathologist or Business Manager. Appraisal of the secretarial staff and audio-visual technician should be undertaken by the Business Manager. The Business Manager is currently appraised by a line manager in the NIO, but this would be expected to change in keeping with the recommendations of this report. It is recommended that an **independent appraisal system for all staff should be introduced which feeds into personal development and training plans.**

- 2.11 Meetings with SPD staff identified a number of training issues and needs. The department provides a full time training post at Specialist Registrar grade in forensic pathology. Inspectors consider this to be a key strength of the department, particularly in the context of a shortage of pathologists in the UK and Ireland. The most recent appointment as forensic pathologist was a trainee in the department. The position of trainee is not an immediate solution to the workload problem in the department, as he is only allowed to conduct a small number of routine autopsies and requires regular supervision. Most of this training and supervision, including checking of reports and notes, is undertaken by the State Pathologist. This has added to the workload of the State Pathologist and also contributed to delays in the completion of reports. It is recommended that **the training and supervision of the trainee pathologist should be shared among the three pathologists**, which will free up some time for the State Pathologist and provide additional responsibilities and development opportunities to the other pathologists.
- 2.12 The lack of training for other staff in the department is linked to the absence of any appraisal system and staff reported that personal performance targets are never agreed. **A training plan is urgently needed for all staff and it is recommended that the department should seriously consider the Investor in People model as used by the NIO.**
- 2.13 Meetings with scientific staff in the SPD laboratory showed frustration with the increasing workload due primarily to the absence of one member of staff on long term sickness (almost 2 years). In the interests of the other staff in the laboratory, there is a clear need to resolve this issue as soon as possible. It was evident to inspectors that colleagues, particularly the two MLSO2s, had covered the additional workload over this period and also provided an on call service. This required flexibility, commitment and hard work but can not be sustained on a longer term assuming current workload and responsibilities. It is now an appropriate time to consider the strategic direction of the laboratory (see next chapter) and determine whether additional staff / grades are required. It has

been proposed by staff that the laboratory would require a new MLSO1 position as well as at least one new MLSO3 grade which could take on specific responsibilities such as accreditation and audit of materials. It would also address the criticism of staff within the laboratory that there is a lack of career progression opportunities.

- 2.14 The administrative functions of the SPD are undertaken by four secretaries, each of whom is designated as a personal secretary to a pathologist. They are responsible for transcribing written and dictated post mortem reports, updating electronic and paper registers, managing diaries of pathologists, following up queries with key stakeholders and general administrative duties. Two of the secretaries (most recent recruits) were able to provide job descriptions. Some of the secretaries reported that the allocation of personal secretaries to pathologists has caused problems when either the pathologist or the secretary is off work. Concerns raised by pathologists were that things 'grind to a halt' and 'no reports go out' when a secretary is away. Similarly each secretary keeps the personal diary of a pathologist with the result that others are not aware of general availability and activity. It was evident to inspectors that a silo approach to the administrative function of SPD is operating and that there is a tendency to hoard work. It is recommended that **a full audit of the administrative function should be undertaken by the NIO with the result that activities are allocated more evenly with necessary cover when staff is absent. A common departmental diary is needed which could be easily managed as an electronic diary.**
- 2.15 It was made clear to inspectors that career progression and continuous professional development opportunities are limited and that a full training needs assessment of secretarial staff and audio-visual technician is required. **Proper line management arrangements are necessary for secretarial staff and the audio-visual technician and should become the responsibility of the Business Manager.**
- 2.16 Most SPD post mortem examinations are conducted in the Belfast City Council owned mortuary at Forster Green hospital. The exceptions are joint SPD/hospital paediatric post mortem examinations and cases of infectious diseases which are conducted at the RVH mortuary located beneath the SPD. The staff at Forster Green mortuary are employees of Belfast City Council but 80% of their salaries are paid by the NIO. The centralisation of all SPD post mortems has led to a 30% increase in post mortem examinations conducted in Belfast City Mortuary. The increased workload has been eased by less travelling outside Belfast, ceasing the on-call at night and Belfast City Council stopping the practice of embalming. The building of a new mortuary for SPD, planned for 2006-07 has initiated the process of the transfer of these staff from Belfast City Council to SPD, which is scheduled to be complete by March 2006. Building on some concerns expressed about their proposed terms and conditions, it is recommended that **both the NIO and SPD should address concerns of Forster Green mortuary staff such as proposed line management, pension arrangements, workload and car parking provision.** It would also be beneficial that mortuary staff are kept informed and consulted on the plans and construction of the mortuary, as has been the case to date.

- 2.17 Many staff in the SPD complained about poor communication between the separate units and some were unaware of what others did in the department. There was also a lack of knowledge about wider issues concerning SPD such as performance against targets and recruitment plans. The absence of general staff meetings was mentioned by a number of staff in all units as contributing to a lack of organisational cohesiveness. It is recommended that **more formal internal communication processes should be established starting with the convening of all-staff general meetings which should take place at least on a quarterly basis.**
- 2.18 Inspectors assessed SPD on its promotion of equality and human rights and are aware that there is an under-representation of Catholics. There is also an imbalance on gender grounds with all pathologist and laboratory staff being male and all administrative support staff are female. Moving forward, **there is a need to promote equality and human rights issues so that SPD is attractive to all.** All recruitment should welcome applications from under represented groups and **consideration should be given to adopting more flexible working conditions.** For example, if the current process to recruit a new pathologist is unsuccessful, there should be a new process to recruit one or two part time pathologist posts, possibly including a specialism such as paediatric pathology.

Chapter 3 Delivery of Service

- 3.1 Approximately 14,500 deaths are recorded annually in Northern Ireland of which around 3,500 are considered by HM Coroner. Of these, around 1,500 require a post mortem examination and 230 inquests are held. Just over 10% of all deaths result in a post mortem examination compared to 23% in England and Wales, 12% in Scotland and 9% in the Republic of Ireland.
- 3.2 The annual budget for SPD is determined by the NIO in consultation with the State Pathologist. It is based on an incremental budgeting system where the budget from the previous financial year is adjusted to reflect inflation and any new projects. The MFA states that the State Pathologist is accountable for the financial resources acquired and invested in meeting SPD business needs. The total budget for SPD in 2003/04 was around £1.5 million of which salaries account for just under 50% of expenditure. Other significant areas of expenditure include office building costs, payments to hospital pathologists, payment to FSNI, training, furniture etc.
- 3.3 Consultations with other criminal justice agencies found support for the quality of work conducted by SPD. The one common complaint from a number of agencies, particularly the coroners, was the delay in the submission of reports to the Coroners Service. Delayed reports mean that the coroner is unable to issue a death certificate, resulting in a freeze on the estate of the deceased. This can be inconvenient for many families, but may also result in additional hardships such as the case where a widow with a young family can not access a bank account. While individual pathologists can sometimes prioritise such cases, when aware of the circumstances, this can only be an ad hoc response to a wider problem.
- 3.4 Figures provided to inspectors show that the problem of delay has lessened over the past six months but that too many post mortem reports are still waiting to be completed. Detailed figures provided by the Business Manager show that 16% of reports were outstanding for more than 6 months at the end of September 2004 compared to 27% of reports at the end of March 2004. Figures for February 2005 show that 59 post mortem reports are delayed for over 5 months and 35 of these are allocated to the State Pathologist – the oldest report dates back to January 1999 (signed off as completed in March 2005). The SPD is still far from achieving the timeliness targets in the MFA which state that 90% of pathology reports to coroners should be submitted within 100 days of autopsy and none should be longer than 150 days.
- 3.5 Inspectors found that a primary cause of delayed reports relates to the heavy workload of the pathologists within SPD. Of the total of 1,524 cases in 2004, the Deputy State Pathologist conducted 516 and figures for the first two months of 2005 show a significant increase on that workload. The Consultant Pathologist conducted 389 cases in 2004. Both pathologists would agree that this workload is 'too much' and is certainly higher than comparable pathologists in Britain. It also poses a higher risk that the quality of post mortem

examinations may be compromised. The Royal College of Pathologists would point towards 250-300 post mortems per annum as appropriate, although centralisation of all post mortems in Belfast would facilitate a higher figure for Northern Ireland. The number of cases in 2004 for the other pathologists is 266 for a Consultant Pathologist who resigned in October, 260 for the State Pathologist and 39 for the trainee pathologist.

- 3.6 The solution is either to reduce the number of post mortems conducted within SPD or address the issue of forensic pathologist resources. In effect, SPD is operating with the equivalent of 2.5 to 3.0 forensic pathologists when taking account of outside activities of the State Pathologist and the limited remit of the trainee pathologist. Inspectors would consider that the current workload requires 4 pathologists and would recommend the current action to recruit a new consultant pathologist. A pathologist, who previously worked in SPD has been used to reduce the overall workload and address peaks in demand such as was the case over the 2004 Christmas period. The locum pathologist conducted 54 post mortem examinations in 2004. Considering the shortage of pathologists and possible difficulties in recruitment, it is recommended as an interim measure to **continue to make best use of a locum pathologist**. The scope to reduce the number of post mortems conducted by SPD is more complex and is covered in the next chapter.
- 3.7 Inspectors found that the management of delay for post mortem reports (i.e. ability to track and monitor the progress of reports) is inadequate. The current process is that each pathologist and personal secretary operates a stand alone report system. Findings from post mortem examinations are either presented to the personal secretary in note or tape form, wrote up in individual pro-forma reports and stored in an office database. A central electronic register of cases and reports is maintained, but little relevant management information can be provided. In response to the setting of time targets, the Business Manager does produce overall reports on delays but this is both time-consuming and not fully utilised to expedite reports. It is understood that **a proposed new IT system will provide the capacity to track and monitor all reports and its immediate implementation is recommended**.
- 3.8 Delays can be caused by outside stakeholder organisations and individuals. Evidence provided to inspectors show that samples sent to Forensic Science Northern Ireland (FSNI) have experienced long delays, especially in regard to tests on drugs. FSNI is currently achieving its target to process 98% of alcohol samples in 10 working days and 80% of toxicology samples within 45 working days. While FSNI performance is improving, it is recommended that **SPD maintain continued pressure on FSNI to meet the agreed targets** – failure to meet targets should result in a financial penalty. On a more strategic basis, SPD should review whether it is necessary to conduct alcohol tests on the vast majority of post mortem cases. Evidence should be gathered on past cases and should be considered in terms of the overall costs and delays.
- 3.9 One of the key recommendations following the review of the Briggs case was the introduction of dual doctoring for all child autopsies. This has meant that reports are often completed by paediatric pathologists in the RVH, who do not

operate under the same time constraints as SPD. Likewise, there are a large number of brains being sent to neuro pathologists (46 in 2004), which can not be examined until the brain is treated and hardens. It is recommended that an **SLA should be concluded with the RVH which agrees the use of the services of paediatric and neuro pathologists. The SLA should ensure that the service is formalised with appropriate remuneration to the NHS and necessary performance and timeliness targets set by SPD.** It should also address the ownership of these post mortem reports – inspectors have been told of occasions when reports are not signed by one party with resulting delays and confusion for coroners in particular.

- 3.10 The principal customer of the state pathology service is the Coroners Service and this is reflected in legislation. However, SPD provides a wider service to the criminal justice system and the general public. This is generally evident in court where evidence is provided at Coroner's inquests. It was the issues and public debates concerning organ retention which has brought a more direct customer focus to SPD, either directly through phone calls and letters from families or more indirectly through requests for information via the Human Organs Enquiry Line. This line was set up by DHSSPS following concerns about the retention and disposal of human organs and ended in March 2005. Inspectors understand that the Northern Ireland Court Service (Coroners Service) has agreed to deal with public enquiries about the retention and disposal of human organs. **Any concerns of SPD regarding dealing with public enquiries on the retention and disposal of human organs should be communicated to the Coroners Service.**
- 3.11 A key target in the MFA is to provide a continuous 24 hour, 365-day service. This target is particularly relevant to Northern Ireland where the burial custom of 3-4 days after death requires a quick turnaround in the conduct and preliminary findings of post mortem examinations. Centralisation of all post mortems in Belfast and the implementation of an on-call arrangement for pathologists (each pathologist is on call one week in three at present) has meant that this target continues to be achieved. Any slippage on this target would certainly cause unease with the public and it should continue to receive top priority.
- 3.12 Case management reviews and audits have targets in the MFA. Meetings with the pathologists show that discussions take place with regard to cases involving child deaths, homicides and controversial deaths, although there is less evidence on achieving a target of reviewing 10% of annual routine cases. The Working Group Report on the Briggs Case includes a child death protocol which states that the State Pathologist will conduct audits on all cases before final reports are submitted to coroners. This is not happening as yet. It is recommended that **SPD should introduce a peer review system after considering all the options available.**
- 3.13 Delivery of service in the laboratory has been good considering staff shortages and the increase in workload associated with the auditing and disposal of organs and samples. Staff expressed some concern that wider public communication on organ retention has not managed to make most people aware of the difference

between organs and the much smaller blocks and slides. The vast majority of retained material is in the form of blocks and slides, which are viewed by doctors and lab staff under a microscope. A total of 17,000 blocks were prepared by the laboratory last year. The SPD have a safe and secure means of disposing of these blocks and slides.

- 3.14 Inspectors understand that consultants have been appointed by the NIO to conduct a review of the SPD laboratory. It is expected that this review will primarily address staffing resources, particularly in light of current pressures of work on existing staff. It should also consider resources in view of wider strategic issues such as whether additional activities can be undertaken such as conducting their own alcohol and toxicology work as well as seeking outside work such as histology from the RVH. The laboratory has been praised for the quality and timeliness of its work and there is now an opportunity to **cement this progress through gaining Clinical Pathology Accreditation (CPA)**. Inspectors concur with the State Pathologist and staff that responsibility on seeking accreditation should be taken on by one of the MLSO2 graded staff. It is recommended that **a review of the laboratory should focus on staffing and also its wider strategic development.**
- 3.15 The core work of the audio-visual technician includes the cataloguing of information, lecture preparation and tracing of police photo albums. More recently, the workload has increased in response to public inquiries (e.g. Saville inquiry into the events of Bloody Sunday) and cold case reviews. It would appear that SPD have retained the original photographs of suspicious deaths and crime scenes and that this material is now critical to recent and forthcoming investigations. Retrieval of this data is complex (due to the method of recording by type of injury) and time-consuming and is not likely to decrease in the context of the new cold case reviews of unsolved homicides during the Troubles. It is recommended that **SPD should develop a strategy for dealing with the storage, retrieval, management and requests for information.**
- 3.16 The State Pathologist, in conjunction with the other pathologists, teaches two modules to QUB medical students. The courses are popular with the students and also provide an opportunity for other pathologists within the department to have a teaching role. The State Pathologist, as part of his wider public role, also undertakes a number of additional lectures to students and practitioners. The scope to undertake and publish research has been more limited due to the heavy workload, although valuable research on cot deaths did receive public attention in the local media last year. When workload allows, SPD should seriously consider strengthening its research profile and building on its close linkage with the university. There is a recognition that research has been affected by the sensitivities and restrictions brought about by the Human Organs Inquiry. There should also be **more opportunities for staff, and particularly pathologists, to attend conferences and research events as these are critical to professional development.**
- 3.17 Centralisation of all post mortem examinations has now been completed and appears to have been accepted among the general public. It is certain that

pathologists now have more time to deal with post mortem examinations and resulting reports. Capita had reported that 25% of pathologist's time was previously spent travelling across Northern Ireland. Figures provided by the NIO show that current mileage for pathologists is low and most time is now spent travelling between SPD and Forster Green mortuary. Initial reservations expressed by some coroners and undertakers about centralisation have become more muted, although there are still some concerns about families having to travel to Belfast to provide identification of bodies. No impact assessment for Section 75 groups was undertaken although internal processes within the NIO showed no negative impact on any particular Section 75 group.

Chapter 4 Partnership with other Agencies

- 4.1 The provision of a forensic pathology service in Northern Ireland is the responsibility of SPD, but requires effective partnerships and joined-up working with other organisations.
- 4.2 The Coroners Service is part of the Northern Ireland Court Service and investigates sudden, violent or unnatural deaths. It is currently in the process of an administrative redesign which proposes the introduction of a consistent professional service based on three full-time coroners and a presiding judge, reformed into a single Northern Ireland jurisdiction. It is the coroner who must investigate if a death is due to natural causes and whether a doctor can certify the cause of death. If a doctor cannot certify the cause of death and has not treated the patient in the previous 28 days, the coroner may decide to order a post mortem examination. The higher proportion of post mortem examinations in England and Wales may be due to a 14 day rule for doctors seeing patients before death.
- 4.3 A modernised Coroners Service will have an impact on the operation of the SPD and will therefore require joint planning and coordination. A modernised service should provide more effective communication processes with SPD which appears to be ad hoc and informal. At present, there is an absence of a paper trail and no complete list of required post mortem examinations are provided to SPD - pathologists will often only hear via the police or when they arrive at the mortuary. It is recommended that **communication between SPD and the Coroners Service should take place on a more formal basis and that an agreed protocol is developed between both organisations**. This is also recommended in the recent Northern Ireland Court Service plan for the way forward for the Coroners Service. A visit to the Medico-Legal Centre in Sheffield, where the coroner and pathologists are located in the one building, demonstrated the benefits of more effective communication. As a starting point, SPD should ensure that a daily faxed list of all post mortem examinations is received from the Coroner's Service.
- 4.4 PSNI's linkage with SPD is coordinated through the Crime Operations Department, which also deals with the Coroners Service and the mortuary staff. It is the police who request the attendance of the pathologist at a scene of a crime involving the death of a person. Police will generally take the photographs which are then forwarded to the audio-visual technician. It is also the police who take responsibility for the transport of the body to the mortuary and inform the immediate family on the requirement for a post mortem examination. Following post mortem examinations, the police will also attend coroner's review meetings, which include the pathologist. Despite this level of interaction, there is no formal protocol or agreement between the SPD and PSNI which details the services provided by both organisations. It is recommended that **SPD should agree a protocol with PSNI** (PSNI have already supported this recommendation in their written submission to this inspection).

- 4.5 The recent signing of an SLA with FSNI (after 4 years) is welcome and should help to develop an effective working relationship between both organisations.
- 4.6 The relationship between SPD and the health service is complex. While the doctors in SPD operate to general NHS guidelines and Consultant contracts, and are subject to the disciplines of the General Medical Council, the state pathology service is clearly part of the criminal justice system and subject to its demands and targets. Achieving many of these targets will require more effective communication and working together as demonstrated through the need for an SLA with hospitals. There is also scope for the health service to better utilise its pathology expertise. One suggestion is that the current Secretary of State's list of pathologists for coroner's post mortems should be reviewed and that more routine or non suspicious deaths could have a post mortem conducted by hospital pathologists. It is recommended that **SPD and the health service should establish a core group of pathologists who would form the list for coroner's post mortems.** This would have the benefit of reducing the SPD workload and providing better pathology expertise within hospitals (something which has considerably weakened in recent years). SPD should continue to insist that all cases, regardless of who conducts the post mortem examination, must go through the department to guarantee quality and independence of service.
- 4.7 The issue of retention and disposal of human organs has been to the forefront in the NHS for the past few years and has also affected how organisations such as QUB and the SPD deal with retained materials following post mortems. It is imperative that SPD work in close collaboration with the wider health services in this regard. For example, the NHS has issued comprehensive guidance documents to doctors concerning post mortem examinations (e.g. dealing with families).
- 4.8 The Review of the Criminal Justice System included a recommendation to strengthen cross border cooperation in forensic pathology. Recent reports from the Oversight Commissioner reported little progress in this regard. Inspectors visited the State Pathologist in the Republic of Ireland and found considerable enthusiasm and commitment to identify and develop cross border cooperation between both departments - organisations which are both attached to criminal justice government departments, are employed by government and have links with universities. A proposal for practical cooperation is the mutual registration of doctors from both state pathology departments allowing pathologists to undertake post mortems on both sides of the border. This is already happening in cases of second autopsies, which are generally requested on a private basis. The benefits of dual registration is that practical guidance can be drawn up which facilitates cooperation in circumstances of emergencies and disaster planning, heavy workload, geographical convenience etc. Payment and other terms and conditions should be agreed by both sponsoring departments. It is recommended that **the NIO and SPD in conjunction with their equivalent partners in the Republic of Ireland should arrange a joint meeting to formalise cooperation arrangements between the respective state pathology departments.**

4.9 The provision of an effective and efficient state pathology service requires a coordinated response from partner agencies in the criminal justice and health systems. The findings of this inspection show that there is scope to develop a more joined-up approach to forensic pathology which involves all the key stakeholders. Some attempts, initiated by the State Pathologist, at bringing together such a forum have not materialised. It is recommended that **the State Pathologist should continue his efforts to set up a forensic pathology forum to facilitate a more joined-up approach to the delivery of the service in Northern Ireland.** It would also help to achieve cooperation arrangements (SLA) with other organisations.

Appendix I Recommendations

1. The NIO should consult and develop options for the future status and structure of the State Pathologist's Department. (Para 1.7)
2. A cost benefit analysis of all external work conducted by pathologists should be undertaken by the NIO. (Para 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. (Para 2.6)
4. Job plans should be introduced for all pathologists. (Para 2.7)
5. The NIO should consider a means to reward staff for exceptional performance. SPD should ensure that pathologists with teaching responsibilities should be considered for an honorary university title. (Para 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. (Para 2.9)
7. Introduce an independent appraisal system for staff which feeds into personal development and training plans. (Para 2.10)
8. Training and supervision of the trainee pathologist should be shared among the three pathologists. (Para 2.11)
9. A training plan should be produced for all SPD staff and the department should consider introducing the Investor in People model. (Paras 2.12; 2.15)
10. An audit of the administrative function of SPD should be conducted by the NIO with the result that tasks are more evenly distributed and cover is provided in the absence of staff. (Para 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. (Para 2.14)
12. The Business Manager should be the line manager for the administrative staff and the audio-visual technician. (Para 2.15)
13. The NIO and SPD should address the concerns of Forster Green mortuary staff in the context of their transfer to SPD. (Para 2.16)
14. More formal internal communication processes should be introduced starting with the convening of all-staff general meetings. (Para 2.17)

15. SPD should be more active in promoting equality and human rights issues to address under-representation of Catholics in SPD and women in the forensic pathology and laboratory functions. (Para 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. (Para 2.18; Para 3.6)
17. Continue to make best use of a locum pathologist. (Para 3.6)
18. The benefits of new IT system, once implemented, should be realised to track and monitor all cases and expedite post mortem reports. (Para 3.7)
19. The recently signed SLA with FSNi should be used to ensure a high quality and timely service for all samples submitted. (Para 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. (Para 3.9)
21. SPD should continue to liaise with HM Coroners in regard to dealing with enquiries regarding the retention and disposal of human organs. (Para 3.10)
22. SPD should introduce a peer review system after considering all the options available. (Para 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. (Para 3.14)
24. A strategy for storage, retrieval and management of police photo albums should be developed. (Para 3.15)
25. SPD should promote the continuous professional development of all staff and encourage research and participation at relevant conferences and events. (Para 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 SPD. (Para 4.3)
27. SPD should agree a protocol with PSNI. (Para 4.4)
28. SPD should establish a stronger partnership with the health service including establishing a core group of hospital and SPD pathologists to undertake coroner post mortem examinations. (Para 4.6)

29. SPD and the NIO should develop practical cross border co-operation between State Pathologist's Departments in Belfast and Dublin. (Para 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. (Para 4.9)

Appendix 2 SPD Posts

State Pathologist	Professor Jack Crane
Deputy State Pathologist	Dr Alistair Bentley
Consultant Forensic Pathologist	Dr Peter Ingram
Trainee Forensic Pathologist	Dr James Lucas
Medical Laboratory Scientific Officer 4	Sam Nelson
Medical Laboratory Scientific Officer 3	Peter Cody
Medical Laboratory Scientific Officer 2	Adrian McConville
Medical Laboratory Scientific Officer 2	Gary Whiteside
Audio-Visual Technician	Florence Stewart
Senior Personal Secretary	Maureen Craig
Personal Secretary	Jeannette Chambers
Personal Secretary	Cathy Hoey
Personal Secretary	Sarah Williamson (part time)
Business Manager (NIO)	Brenda McKenna

Appendix 3 Post Mortem Examinations 2004

Post Mortems conducted by each pathologist

Professor Crane	260
Dr Bentley	516
Dr Curtis (until October)	266
Dr Ingram	389
Dr Lucas	39
Dr Carson (Locum)	54

Types of Post Mortem Cases

Murder / Civil Disturbance	36
Suicides	187+
Accidents	256
Natural Causes	751+

Post mortems during weekday / weekend

Weekday cases	1110
Weekend / Public Holiday cases	414
TOTAL	1524

Appendix 4 List of Consultees

Mr Eric Strain	NI Court Service (Coroners section)
Mr Brian Grzymek	NIO
Mr Brendan McCann	NIO
Ms Claire Dornan	NIO
Mr Michael Walker	FSNI
Mr Martin Ismail	FSNI
Mr Jim McQuillan	PSNI
Mr John Lecky	Coroner
Mr James H. Rodgers	Coroner
Mr Raymond Kitson	DPP
Mr Jimmy Scholes	DPP
Professor Rod Hay	QUB
Professor Roy Crawford	QUB
Mr Frank Young	QUB
Professor Maire Cassidy	State Pathologist ROI
Ms Patricia Donnelly	RVH
Dr Neil Anderson	RVH
Dr Ian Carson	Deputy Chief Medical Officer
Ms Pip Jaffa	Human Organs Enquiry Line
Browns Funeral Undertakers	Belfast firm of Funeral Undertakers

Appendix 5 SPD / NIO Action Plan

Action Plan			
Recomm.	Lead Responsibility	Tasks	Timeframe
1.	NIO / State Pathologist	The NIO will complete an exercise exploring options for future status of State Pathologist's Department and arrive at a conclusion.	May 2006
2.	NIO	The NIO will appoint an independent person to take forward the cost benefit analysis of all external work conducted by pathologists and analysis to be completed.	February 2006
3.	NIO / SPD	A job description will be developed for the enhanced business manager position and a suitable person appointed.	March 2006
4.	NIO / SPD	Job plans to be in place for all pathologists.	October 2005
5.	SPD	Three of the four consultant pathologists now have an honorary university title. Two of these appointments have been bestowed following the Criminal Justice Inspection. Steps have been taken to make a case for the fourth consultant.	Actioned
6.	NIO	The on-call allowance will be addressed as part of the implementation of new Consultant Contracts.	November 2005
7.	SPD / NIO	Actions on new appraisal systems will take account of the appropriate government system for each member of staff.	December 2005
8.	SPD	Training and supervision of the trainee pathologist is shared among the three pathologists.	Actioned
9.	NIO / SPD	1. A Departmental Training Plan for all SPD staff will be developed as part of the business planning process. 2. It is not viable to consider to introducing Investors in People until the new Business Manager is appointed.	November 2005
10.	NIO/SPD	An audit of the Administrative Function within SPD will be taken forward by the NIO and recommendations considered.	November 2005
11.	SPD	This will be considered as part of the overall IT requirements.	March 2006

12.	SPD	<p>1. On appointment the new Business Manager will take on the Line Manager's role for the administrative staff (secretarial staff).</p> <p>2. The reporting arrangements for the Audio Visual Technician who is partly funded by QUB will be explored separately.</p>	Summer 2006
13.	NIO	The process for the transfer of Mortuary staff at Forster Green from Belfast City Council to SPD is ongoing.	March 2006
14.	SPD	The State Pathologist will consult all SPD staff and agree the frequency, duration and general content of staff meetings.	September 2005
15.	NIO	Job share and part time arrangements will be considered for all future recruitment competitions. Applications will be welcomed from all sections of the community.	Ongoing
16.	NIO	A new competition will take place to recruit a Consultant Forensic Pathologist. Consideration will be given to job share and part time arrangements.	October 2005
17.	NIO	Arrangements have been made to retain the services of a Locum Pathologist on a regular basis. NIO to consider a reward system for pathologists.	September 2005
18.	NIO / SPD	A new IT case management system will be operational by the end of 2005 and this will include a suitable case tracking programme.	December 2005
19.	SPD	<p>1. SPD will monitor FSNI's performance in relation to the targets specified in the SLA.</p> <p>2. Consideration will be given to the application of financial penalties.</p>	Ongoing
20.	SPD	The development of an SLA between SPD and Royal Group Hospitals is underway. To be in place October 05.	October 2005
21.	SPD / NIO	SPD are continuing to liaise with HM Coroners in regard to enquiries on the retention and disposal of human organs.	Ongoing
22.	SPD	SPD will research the options available, including external validation, and put a peer review system in place no later than March 06.	March 2006

23.	SPD / NIO	1. A review of laboratory staffing levels and wider strategic development is due to commence in June 2005. Recommendations will be considered and implemented as agreed. 2. The State Pathologist will consider the cost benefit of accreditation.	March 2006
24.	SPD	The State Pathologist will develop and implement a strategy for the management of police photo albums.	March 2006
25.	SPD	Continuous professional development will be done through the implementation of Staff Reporting and Development System.	December 2005
26.	NIO	The development of a protocol and best practice guidance dealing with all aspects of Coroners cases including formalising notification to SPD is currently underway.	September 2005
27.	SPD / NIO	1. A protocol will be drawn up based on existing practice and guidance provided by the State Pathologist to the PSNI. 2. The twice yearly training provided to PSNI by the Deputy State Pathologist will continue.	December 2005
28.	NIO / SPD	The NIO meet with DHSSPS on a regular basis to develop a collaborative model for stronger partnership working.	Ongoing
29.	NIO	The NIO will contact the Department of Justice in Dublin to explore how the two State Pathologist's Departments can work together for mutual benefit.	September 2005
30.	SPD	Although this already takes place on an ad hoc basis, a forum involving all key stakeholders in Northern Ireland will be arranged.	October 2005

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