



Minutes

Title of meeting	Pathology Delivery Board		
Date	25th May 2016	Time	11:00hrs
Venue	Conference Room 3b, 2 Marsham Street, London, SW1P 4DF		
Chair	Mr Alan Pratt	Secretary	Mr Dean Jones
		Copies to	Ms Sonya Baylis

Attendees

Dr Jeff Adams (JA)	Forensic Science Regulation Unit, Home Office
Mr Martin Allix (MA)	Forensic Pathology Officer, Home Office
Mr Mark Bishop (MBi)	Operational Policy, Crown Prosecution Service
Dr Simon Bramble (SB)	Head of Regulatory & Strategic Support Unit, Home Office
Ms Caroline Browne (CB)	Head of Regulation, Human Tissue Authority
Mr Martin Bottomley (MB)	National Police Homicide Working Group
Dr Nathaniel Cary (NC)	Chair of the Forensic Pathology Specialist Advisory Committee, Royal College of Pathologists
Dr Naomi Carter (NCr)	President of the British Association in Forensic Medicine
Prof Jack Crane (JC)	The Board's Independent Responsible Officer
Det Supt Kevin Connolly (KC)	Representing Chief Constable Simpson, Dorset Police
Dr Russell Delaney (RD)	Forensic Pathologist, Group Practice representative
Mr John Foster (JF)	Operational Forensic Consultant, Metropolitan Police Service
Ms Brenda Jones (BJ)	Representing the Chief Coroner's Office
Mr Dean Jones (DJ)	Forensic Pathology Manager, Home Office
Det Ch Insp John Oldham (JO)	Roads and Transport Policing Command, Metropolitan Police Service
DI Mark Samuel (MS)	Representing Chief Constable Simpson, Dorset Police
Mrs Rachel Webb (RW)	Minute-taker, Home Office

Apologies

Ms Judith Bernstein (JB)	Ministry of Justice, Head of Current Coroner Policy, Coroners and Burials Division
Mr Russell Jackson (RJ)	Representing the Homicide Working Group
CC Debbie Simpson (DS)	National Police Lead on Forensic Pathology
Ms Jo Taylor (JT)	Representing the College of Policing
Dr Fiona Wilcox (FW)	H.M Senior Coroner for London (Inner West), representing the Coroners' Society

1. **Welcome and Apologies**

1.1 The chair opened the meeting by thanking those present for attending and apologised for the cancellation of the last scheduled meeting on 3rd November 2015. The apologies above were noted.

1.2 It was also noted that the Board had recently welcomed Dr Naomi Carter, Home Office registered forensic pathologist on to the membership of the PDB. Dr Carter takes up the position as President of the BAFM (British Association in Forensic Medicine) on Saturday 25th June 2016. She replaces Dr Charlie Wilson, the previous President of the BAFM, and on behalf of the PDB Chair Mr Alan Pratt, the PDB Secretary, Mr Dean Jones and the rest of PDB secretariat, Dr Wilson was thanked in his absence for his contribution to the Board during his time as a member.

2. **Minutes and actions from the meeting on 20th May 2015**

2.2 The minutes were agreed in correspondence and no further amendments were put forward by members. The minutes were therefore confirmed as being a true and accurate account of the meeting.

3. **Standing Items – Updates from:**

3.1 **Complaints**

3.1.1 The Chair was happy that the system of complaint handling was robust.

3.2 **The Royal College of Pathologists**

3.2.1 NCr referred the Board to an issue discussed at the last SAC in Forensic Pathology, concerning the retention and disposal of histology samples taken in forensic post mortem examinations that would be discussed at item 10.

3.3 **Group Practices**

3.3.1 No issues to report although comment was made in respect of item 4.3 below. (see separate agenda item).

3.4 **The Forensic Science Regulator's Forensic Pathology Specialist Group**

3.4.1 The last meeting of the FPSG took place on 3rd November 2015, with the next meeting due to take place after this meeting, on the afternoon of 25th May. JA reported on the work of the FPSG, namely:

- 3.4.2
- The redrafting of the Codes of Practice and Performance Standards for Forensic Pathologists,
 - Production of standards for forensic pathologists for non-invasive post-mortem examinations (imaging),
 - Completion of the 2015 forensic pathologists audit report.

3.5 **National Policing Homicide Working Group (HWG)**

3.5.1 The HWG in conjunction with Chief Constable Simpson had agreed to a process whereby additional cases (coroner's case converted into forensic) would be sent back to forces to

be internally audited.

3.6 **Forensic Pathology Management Information**

3.6.1 The latest data for the last financial year 2015-16 was made available to the members of the board. No comments were received but the FPU will continue to monitor police force areas which diverge from the National average of 1:3 homicides vs forensic PM's.

3.6.2 **ACTION:** RW to produce analysis report on variations between 2014/15 & 2015/16 data.

3.7 **Appraisal and Revalidation**

3.7.1 The latest training session for appraisers took place in February. New draft documents for appraisals had been circulated to appraisers for comment.

3.7.2 JC stated that he was happy to continue as RO to the PDB for as long as he was the State Pathologists for Northern Ireland. He expected to retire in a year's time. A replacement will be advertised in due course when JC decides to retire from the role.

3.8 **Training Courses for Pathologists**

3.8.1 **Forensic Eye Pathology**

3.8.2 MA informed the Board that HOFPU are working in conjunction with senior forensic ophthalmic pathology consultants to deliver a one week residential training course on 'forensic eye pathology'. This will take place at the College of Policing establishment at Harperley Hall, between 18 and 22 July 2016.

3.8.3 The course will incorporate eye pathology specific lectures and presentations, plus training in the roles and responsibilities of the expert witness and court room skills training.

3.8.4 It is hoped that the course will attract delegates from other pathology disciplines who are interested in conducting work in this important area and act as a springboard to further specialist training at a relevant training centre.

3.8.5 There has been an encouraging response so far, with expressions of interest in attending the course received from 14 established pathologists from various pathology disciplines.

3.8.6 **CPD Training Days**

3.8.7 MA reported that HOFPU in consultation with the BIRO will be sponsoring and facilitating a one day CPD training event, which will be held at the Ryton-on-Dunsmore College of Policing establishment on 14 September 2016. Contributing guest speakers will provide presentations on a range of pathology and other medico-legal topics. The event will be accredited for CPD points by the Royal College of Pathologists.

3.9 **Home Office Register**

3.9.1 The Register is available at: <https://www.gov.uk/government/publications/home-office-register-of-forensic-pathologists-february-2013/home-office-register-of-forensic-pathologists>. The Home Office Forensic Pathology Unit should be contacted for historical versions of the Register.

4. **The Hutton Review Recommendations Update of Progress**

- 4.1 The Hutton report was published in November 2015. DJ provided a paper highlighting the current position regarding actions taken against the 12 routine recommendations and 3 strategic recommendations within the report with significance on the following:
- 4.2 H.1. – Training police first attenders
Negotiations with the College of Policing are advanced with the identification of a training developer within curriculum design. This is still in development.
- 4.3 H.2. – Redraw Group Practices
It is recognised that the function of the Board is to maintain the delivery of service to police and coroners in England and Wales, therefore the Board need to decide how to manage the distribution of the workload across group practice areas.
- 4.4 **ACTION:** Set up a Working Group to address this and produce a paper which includes scenarios and contingency plans. (See also, comments made by RD at 3.3)
- 4.5 H.3. – Second PM's
The Chief Coroner is drafting policy. It was noted that the current Chief Coroner is to retire on 30th September 2016.
This matter is outwith the PDB remit but DJ will remain engaged with the Chief Coroner to ensure that the ongoing consultation is supported.
- 4.6 H.4. – Review of the Code of Practice
DJ reported that the FPSG had rejected some of the suggestions in the Hutton review, however the FSR will take forward those recommendations that are agreed. Action H.4 is now closed.
- 4.7 H.5. – Critical Conclusion Checks
There were discussions amongst members as to the validity of Critical Conclusion Checks and the definition of what a CCC actually incorporated. The Chair suggested that the CCC could be more accurately interpreted as a 'consistency of narrative check'.
- 4.8 **ACTION:** Review the current policy in connection with critical conclusions checks.
- 4.9 **ACTION:** RW to request all CCC data records from group practices to date and compile a table of results.
- 4.10 H.6. and H.7. – National list of organ specific and paediatric pathologists willing to engage in police cases. Already discussed.
- 4.11 H.8. – Formal Contracts with police forces.
This has been remitted to the HWG to consider and then report back. The decision was that formal contracts were not thought to be necessary and the proposal was declined by the HWG. The proposal was also rejected by pathologists and therefore the action is now closed.
- 4.12 H.9. – Include forensic PM data within the Homicide Index. Complete
- 4.13 H.10. – Review Storage Facilities for Forensic Pathologists historical files.

Board members were unanimous in their agreement that the safe storage of pathologists case files was of paramount importance. 'What if' scenarios were discussed and the Chair was mindful of the reputational impact to both the police and pathologist, should sensitive documents fall into the wrong hands. We have a duty to remind pathologists of the need for suitable storage.

4.14 **ACTION: JA to** produce advice note to pathologists of suitable storage options.

4.15 H.11. – Multi-cultural issues.

A CPD event had been set up for forensic pathologists with the hope of incorporating advice on dealing with multi-cultural sensitivities; however the pathologist-members of the Board were confident that HORFPs were aware of multi-cultural issues therefore MA considered that the perceived deficit in awareness was not a HORFP problem. It was recognised that the Board needed to demonstrate that action was being taken, therefore an advice document, such as a leaflet should be produced.

4.16 **ACTION:** Research what advice is currently produced, if any, and draft a suitable medium for delivery of advice.

5. **Forensic Pathology Research into 33 cases –Recommendations Update**

5.1 DJ provided a paper highlighting the current position regarding actions taken against the 8 recommendations in the 'Study into Decision Making at the Initial Scene of Unexpected Death' with emphasis on the following:

5.2 Recommendation 2. – That the HOFPU continues to collect data and process it in the same manner as was conducted during the original audit.

5.3 Data on a further 272 cases had been collected to date. See 3.5.1 above.

5.4 Recommendation 8. - The PDB consider how to take forward the broader potential issue of cases of death that may have been suspicious but either did not have a PM; or where a PM was conducted by a non – forensic practitioner it was never passed on to a Home Office registered forensic pathologist. DJ stated that 'we never know what we never know' and AP stated that he was satisfied that we have addressed all of the issues that we are aware about. This action was complete.

5.5 The chair was confident that the study had highlighted issues that were now being addressed. Training packages for first attenders were being developed, along with SIO course content. No other residual issues remained.

6. **Proposal for CT Scanning Training for Members of the Register**

6.1 Professor Guy Ruddy provided the Board with a paper introducing a suite of post graduate courses in radiology; with the proposal that the HOFPU fund the training for members of the Home Office Register as well as forensic pathology trainees.

6.2 The pathologist members of the Board discussed the requirement; however it was felt that the Home Office could not provide funding for the courses for members of the register, although consideration would be made for the funding of trainees as part of their existing four year forensic training.

6.3 The chair wished to thank Professor Ruddy for his time and effort in providing the board with a good piece of work.

7. **Group Practice Recruitment - Open Advertising to Trainees**

7.1 DJ shared with the Board that a trainee who had recently completed his specialty training in forensic pathology had been unable to secure a post with a group practice in England and Wales. The new forensic pathologist had taken a temporary post in Scotland.

7.2 The pathologist members of the Board explained their preferred method of circulating available positions within their respective group practices. They also pointed out that medical trainees were generally aware that they may not be able to find employment (be it self-employment or NHS/University employment) within their desired location upon completion of their training.

7.3 The chair thanked DJ for raising the issue. He felt that there was a responsibility to promote an approach to recruiting which accords with the principles of equal and open advertisement and with equal opportunities principles.

8. **Road Traffic Collision Post-Mortem Examinations**

8.1 Detective Chief Inspector John Oldham (JO) Metropolitan police shared with the Board his difficulties in dealing with the deceased in road traffic collisions. He explained that in order for the court to consider a case of death by dangerous or death by careless the police must prove that the collision caused the death. This may be obvious in some cases but in the case of some already ill people it can be difficult. In either case the court requires a definitive statement of opinion from a pathologist. A standard post mortem will be conducted by a hospital pathologist and they may be unable or unwilling to attend court and provide the robust evidence a court rightly needs. The difficulty of conducting a special or forensic post mortem in every road traffic case is cost. Plus in many cases unnecessary when some major trauma has most likely killed the casualty.

8.2 The chair stated that the PDB could not make a decision on behalf of the police as to whether the police, based on the discussions, should take one approach or another. If a 'middle ground' post-mortem examination is what the customer requires, then it needs to be looked at in the form of a national police paper.

8.3 The chair thanked JO and JF for exposing the difficulties and for their engagement. However the PDB could not resolve the issue and it would require clarification at a national level. This matter is best raised with the NPCC.

9. **Status of Pathologists on the Emeritus List**

9.1 Board members discussed the value of the Home Office Emeritus list and the perceived status of registrants. One member suggested that forensic pathologists appearing on the Emeritus List should be appraised and revalidated. After further detailed discussion, it was agreed by the Board that there was no real business need for the Emeritus List although DJ argued that the Emeritus list was a fitting and public acknowledgement of a retired pathologists achievements and consistent with academic institutions.

9.2 SB standing in for the Chair agreed that the Emeritus List should be dispensed with and former Home Office registered forensic pathologists' names is provided on a 'historical list'.

ACTION: Decommission the Emeritus list.

9.3

10. **Histology In Forensic Post-Mortem Examinations**

10.1 NCr shared with the Board the difficulties surrounding the retention and disposal of histology samples taken in forensic post-mortem examinations. It should be considered whether histology samples can become part of the deceased's medical record. It was pointed out that samples taken for criminal justice purposes were exempt from the provisions of the human Tissue Act although the McCracken review was referred to, which made the same recommendation.

10.2 **ACTION:** CB to provide a note to set out the position and legal requirement for retention and disposal of histology blocks and slides.

11. **Future PDB Meetings**

11.1 ➤ 1st November 2016 – 11:00 – 13:30hrs – Conference Rm 4, Home Office HQ

12. **AOB**

12.1 Care Quality Commission - Changes to Remit
JA shared with members the changing responsibilities of the CQC. We need to ensure the wording is correct so that it doesn't fall within the CQC remit.

12.2 **ACTION:** Email JA with examples.

There being no further business the meeting was closed at 1.45pm.