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**PATHOLOGY DELIVERY BOARD**  
**Meeting Room 9, 10<sup>th</sup> Floor New King's Beam House,**  
**22 Upper Ground, London, SE1 9QY**  
**1400hrs on Thursday 17<sup>th</sup> March 2011**



**MINUTES**

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**Attending:**

Dr Simon Bramble (SB)  
Mr Martin Allix (MA)  
Dr Nat Cary (NC)  
Dr Russell Delaney (RD)  
Ms Anne Harrison (AH)  
Mr Dean Jones (DJ)  
Mr Colin Kettley (CK)  
Mr Harry Millward-Sadler (HMS)  
  
Dr Roy Palmer (RP)  
ACC Debbie Simpson (DS)(via telephone)  
[REDACTED]

Chair, NPIA, Head of Police Science & Forensics  
NPIA, Forensic Pathology Officer  
Forensic Pathologist, President of the BAFM  
Forensic Pathologist, Group Practice Representative  
NPIA, Head of Specialist Operational Support  
NPIA, Senior Forensic Pathology Manager  
NPIA, Forensic Pathology Development Manager  
Forensic Science Regulator's – Forensic Pathology  
Specialist Group  
HM Coroner, Southern District of G. London  
ACPO lead on Forensic Pathology  
Minute-taker, NPIA

**Also in Attendance:**

Jeff Adams (JA)  
Mr Martin Bottomley (MB)  
Ch Inspector Jane Taylor (JT)(via telephone)

Home Office, Forensic Science Regulation Unit  
(Guest and Observer)  
Greater Manchester Police, ACPO Homicide Working  
Group  
Devon & Cornwall Police (Staff Officer to DS)

**Apologies:**

Ms Judith Bernstein  
Mr James Lynas (JL)  
Prof Guy Ratty (GR)

MOJ, Head of Current Coroner Policy, Coroners and  
Burials Division  
Winckworth Sherwood Solicitors (Guest)  
Royal College of Pathologists


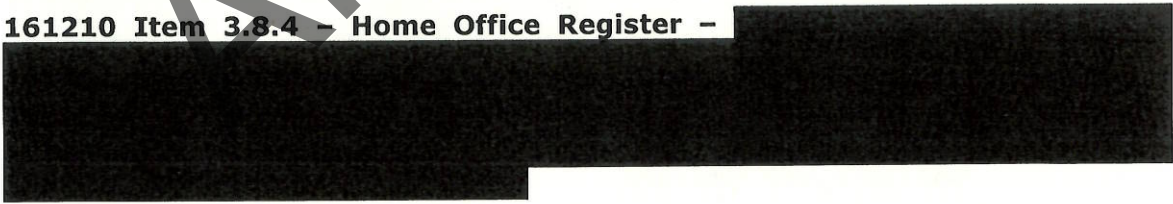
**1 Welcome and Apologies**

- 1.1 SB opened the meeting by welcoming those present and thanking them for their attendance. For the benefit of DS and JT who were dialling in to the meeting by telephone, Board members were asked to introduce themselves.
- 1.2 DS explained that she may need to leave the meeting early but that JT would remain and act on DS' behalf.
- 1.3 GR sent his apologies as he was unable to attend.
- 1.4 It was not known whether KSW was able to attend the meeting but SB suggested they continue.

**2 Minutes and Actions from the last meeting on 16<sup>th</sup> December 2010**

- 2.1 Minute 2.2.16: in relation to point 2: "they would not be allowed to perform forensic

post-mortems" it was suggested that the following should be added to the sentence: "on behalf of the police".

- 2.1.1 No further comments in relation to the minutes of the 16<sup>th</sup> December 2010 were received by members.
- 2.1.2 **ACTION:** Amend the minutes of the 16<sup>th</sup> December 2010 in accordance with suggestions made and re-circulate for agreement.
- 2.2 **Action Log**
  - 2.2.1 Items open on the date of the meeting are as follows:
  - 2.2.2 **300910 Item 3.5.4 – Group Practices** – The requirement for a copy of rota sheets was requested following the problems reported regarding the availability of forensic pathologists to police requests in the Sheffield area. The new interim rota for the Humberside and Yorkshire group practice area is now satisfactory. There is no longer a requirement for group practices to report rotas to the PDB Secretariat. **CLOSED**
  - 2.2.3 **Action from the ACPO HWG – Contingency plans for Neuropathology** – Update at item 9. **ONGOING**
  - 2.2.4 **161210 Item 2.2.22 – Update on Actions PDB300910 Item 6.3.1** – Following the PDB meeting on 16.12.2010 the PDB passed back to the RTC, the paper concerning options for a list of those forensic pathologists with 'Emeritus' status. The PDB asked for the circulation of the RTC paper at today's meeting. Unfortunately the scheduled RTC meeting of 22.02.2011 had to be rescheduled to the 22.03.2011; therefore they have not yet met to discuss the recommendations made by the PDB at its meeting on 16.12.2011. To update at the next meeting. **IN PROGRESS**
  - 2.2.5 
  - 2.2.6 **161210 Item 3.8.4 – Home Office Register** – 
  - 2.2.7 **161210 Item 9.4.1 – Amended Protocol Document** – RW reported that she was waiting on the last few pathologists to submit their dates of birth in order that the Register may be submitted as a whole to the Home Office DSU. **ONGOING**
  - 2.2.8 **161210 Item 11.4.1 – Forensic Neuro-pathology Situation update** – This is one of a number of actions that are discussed in item 9 on the agenda. **ONGOING**
  - 2.2.9 **ACTION:** Forward a copy of the updated OPEN Action Log that was circulated at the beginning of the meeting to DS and JT.
- 3 **Standing Items**
  - 3.1 **The Registration and Training Committee (RTC) Update**



- 3.1.1 The last meeting of the RTC was on 30th November 2010. The scheduled meeting on 22nd February 2011 was rescheduled for 22nd March so the committee have not yet met since the last PDB meeting on 16th December.
- 3.1.2 **Management Information** - As a result of an action from the last RTC meeting, Dr Stearns, H.M Coroner for the Eastern District of London was reporting the numbers of homicides verses suspicious deaths within her coronial area to DJ. It was hoped this would give a firm understanding of the current figures reported from group practices.
- 3.1.3 **Emeritus Status** - The formation of an Emeritus Status list had been forwarded to the PDB but would be discussed at the next RTC meeting.
- 3.1.4 [REDACTED]
- 3.1.5 **Dr's Fernando and Falzon registration** - Drs Fernando and Falzon who were accepted onto the Home Office register within the past year had now resigned and gone back to their respective countries of origin.
- 3.1.6 **Grant Agreement** - a revised addition of the grant agreement was received from the drafting solicitors on 14<sup>th</sup> March but needed further revision.
- 3.1.7 **New recruit** - A prospective new recruit onto the Home Office Register - Dr [REDACTED] has visited the PDB Secretariat whilst visiting the United Kingdom from [REDACTED]. They had not heard anything from him following this.
- 3.1.8 SB asked for future committee updates to be submitted as written updates.
- 3.2 **The Disciplinary Committee (DC) Update**
- 3.2.1 The last meeting of the DC was held on 17<sup>th</sup> January and the next scheduled meeting of the DC was due to take place on 6<sup>th</sup> April 2011. For the items of complaint, the names of the pathologists have been omitted and replaced with numbers.
- 3.2.2 **Complaint 1** - At the last PDB meeting MA updated members on two complaints of a similar nature against one pathologist. In one case the father of the deceased had now complained to the PDB without the knowledge that a complaint against the pathologist in that case already existed.
- 3.2.3 **Complaint 2** - In the complaint of another pathologist, one aspect of the complaint - that being the professional qualifications of the pathologist - had now been resolved. The complainant had now been informed of the outcome of the investigation and a current court case that had been put on hold by the CPS was now proceeding. The CPS had written to MA stating that the defence counsel and the High Court Judge on the last hearing were satisfied with the qualifications. The pathologist's credentials have now been accepted by the courts and that will be our response to any further allegations concerning this issue.
- 3.2.4 **Complaint 3** - MA was not involved in this case as he had recused himself. A letter of advice had been sent to one pathologist following the decision of the DC. DJ and CK had been to visit the relatives of the deceased. DJ had been in touch with the GMC concerning the complaint which had also been referred to them.
- 3.2.5 **General Complaint** - A general complaint had been received about the timeliness of

reporting from one group practice.

- 3.2.6 **A New Complaint** – a new complaint had been received following a seven month delay in a pathologists report being produced. However this was not a complaint against the reporting pathologist. Within this complaint it was reported that permission had been given for the brain to be cremated separately, however cremation had not yet taken place so the father had complained. It was now a retention issue in a non-homicidal case.

### 3.3 **The Royal College of Pathologists**

- 3.3.1 In his absence GR had provided the Board with the letter he had written to all practicing forensic pathologists on 15<sup>th</sup> February 2011 in which he updated them on the Royal College of Pathologists – Forensic Pathology Sub-Committee. The items were as follows:

1. CCT Speciality of forensic pathology
2. Revalidation of forensic pathologists
3. Code of Practice and Performance Standards for Forensic Pathologists and Standards in Mortuaries
4. Death in Major Disaster

- 3.3.2 The next meeting of the Royal College of Pathologists – Forensic Pathology Sub-Committee will be on 27<sup>th</sup> September 2011.

- 3.3.3 HMS wished to comment on point 2e of GR's letter stating that the audit will be suitable and that any changes that needed to be made would be done by the Home office Regulator's Forensic Pathology Specialist Group. He also noted that workload was not mentioned within the job plan.

- 3.3.4 JA said that he would write to Professor Jack Crane to ascertain whether there were any issues to answer.

- 3.3.5 AH believed the issues may be regarding the anonymisation of reports.

- 3.3.6 In relation to the DMJ not being an accepted route for qualification to gain the CCT in forensic pathology SB asked for clarification as pathologists on the group stated that this was not the case.

- 3.3.7 **ACTION:** DJ to speak to GR concerning the points in his letter highlighted by Board members.

### 3.4 **Group Practices**

- 3.4.1 RD had contacted the representatives within each group practice and reported that there were no issues for the Board.

### 3.5 **The Forensic Science Regulator's Forensic Pathology Specialist Group**

- 3.5.1 **Audit** – the audit was underway and currently being analysed.

- 3.5.2 **Code of Practice** – The FPSG would be sending the Code of Practice back to the Royal College of Pathologists for consultation. The FPSG are concerned that some section 20 cases are not performed by forensic pathologists and want the Code of Practice to be adhered to by non forensic pathologists in cases such as road traffic collisions. There are court issues in relation to these cases.



- 3.5.3 The GMC has agreed not to charge forensic pathologists in relation to the Home Office Code of Practice and Performance Standards for Forensic Pathologists.
- 3.5.4 It was reported that the Forensic Science Regulator had asked to sit on the Criminal Justice Strategy Board.
- 3.6 **ACPO Homicide Working Group Update**
- 3.6.1 The last ACPO Homicide Working Group met in January 2011. AH reported to the HWG on the following subjects:
- 3.6.2 **CPS Guidance Document on NAHI** - The CPS guidance on the NAHI prosecution approach was well received and they wished to publish a redacted version on the POLKA website. The document is a public one on the CPS website and therefore in the public domain
- 3.6.3 **HTA Human Tissue Retention Audit** - AH had advised the HWG on the progress of the HTA audit and DJ is to further update HWG on 14/04/11.
- 3.6.4 DS wished to report that the reporting stage of the ACPO audit of human tissue holdings was the 31<sup>st</sup> March 2011. A number of forces had written asking for an extension due to the volume of work required.
- 3.6.5 **FSS Winding Down (FSS Exhibits)** - The HWG were interested in FSS exhibits and wished to be updated.
- 3.6.6 **Forensic Neuro-pathology** - DJ had been invited to the next HWG meeting in which he was asked to update them on the situation with neuro-pathology experts.
- 3.6.7 **Paramedics at Death Scenes** - update given to HWG. DJ to update the HWG on 14/04/11
- 3.6.8 **Humberside and Yorkshire (Sheffield) Group Practice** - Update given to HWG
- 3.6.9 **DVI Deployment Overseas** - DS wished to bring to the PDB attention an issue of case fees relating to the deployment of forensic pathologists in DVI situations abroad.
- 3.6.10 It was reported to the Board that pathologists deployed to New Zealand were charging double the agreed DVI Mass Fatalities figure of £2450 for each four-hour block.
- 3.6.11 There seemed to be confusion as to how the new doubled figure had been reached but it was suggested that pathologists deployed abroad may have just said "double it" because of the fact that they were abroad. Board members required clarification of the agreed figure. DJ informed the Board that the figure was £2450 as he had written the document on behalf of ACPO DVI and that no additional fee had been agreed as far as he was aware for foreign deployments.
- 3.6.12 One member felt that this subject did not fall under the remit of the Board.
- 3.6.13 General concerns were raised regarding the ability of local areas within England and Wales to deal with mass fatalities outside of London. DJ had attended the Home Office Mass Fatality Committee and said that this matter was discussed and documented and that local forensic pathology group practices were equipped and able to deal with mass fatality incidents at a local level and bring in others as required.

### 3.7 Forensic Pathology Management Information

- 3.7.1 CK produced a written report for quarter 4 2010 of management information received from group practices. It was noted that the Humberside and Yorkshire group practice had not submitted their data for quarters 3 or 4.
- 3.7.2 The Humberside and Yorkshire group practice had previously been managed by the FSS, however following the closure of FSS, interim rota is now being overseen by Dr Kolar. The reporting of data was to be done by the Greater London and South East group practice on behalf of Dr Kolar and figures would be shown under the Humberside and Yorkshire group practice if the cases were carried out on behalf of the police forces in that area. Those being the forces of: Humberside, South Yorkshire and West Yorkshire.
- 3.7.3 CK went on to report the observations within quarter 4. There had been a general decline in the number of cases over the reporting year.
- 3.7.4 Members went on to discuss the data and the implications on pathologists who carried out either too few or too many post-mortems in the calendar year, based on the agreed figures of not less than 20 and no more than 95 cases.
- 3.7.5 DJ stated that it was his intention to write letters to those pathologists who had carried out less than 20 or more than 95 making them aware that they had done too few or too many. These would be sent by Dr Bramble

3.7.6

3.7.7 *Administrative Note: DS left the meeting at this point 12:20hrs.*

- 3.7.8 **ACTION:** DJ to write letter to forensic pathologists who have carried out less than 20 or more than 95 cases in the last reporting year (Jan – Dec). Problems that may result from carrying out too few or too many cases should be highlighted in the letter. SB to sign.
- 3.7.9 **ACTION:** SB asked for a written proposal of what figures would be available on the internet if it was deemed appropriate for the publication of management information on the NPJA website. CK to complete

### 3.8 Current Home Office Register

- 3.8.1 No further comments

## 4 Paramedics at Death Scenes

- 4.1 Members discussed the situation with paramedics attending scenes of death. MA reported that further work was required to report back to the HWG.
- 4.2 One member stated that it would be advantageous to ask the NHS (Ambulance) trusts what training the paramedics have to attend scenes of unexplained death. The concern was that if no training had taken place the paramedics would be competent to deal with the required work.
- 4.3 **ACTION:** MA agreed to take this suggestion forward by contacting the trusts asking what training the paramedics received when being called out to scenes of death.



## 5 Training Course Update

- 5.1 MA reported to the Board that the final programme has been updated and that there were now programmed in, 3 days of courtroom cross-examination.
- 5.2 Nine trainees had confirmed their attendance and all presenters were now booked in.
- 5.3 DJ and MA will be having meetings at Harperley Hall where lesson plans will be drafted with the intention of these being completed by the end of July 2011.
- 5.4 On member asked who had given input into the training programme as the member was concerned as to whether all trainees had been consulted. MA stated that Dr Paul Johnson and his trainees had given input as well as wide consultation with the Board members and the committees.
- 5.5 **ACTION:** Circulate final programme to PDB members after the meeting. RW

## 6 Sheffield (Group Practice) Update

- 6.1 DJ gave a brief history regarding the winding down of the FSS and the closure of the Medico-Legal centre at the end of January 2011. The group had a meeting with Coroners and police on 20th January at which a temporary rota was agreed. Subsequent to that meeting, it was agreed that the rota should be extended to August 2011. This had been a difficult meeting with many competing interests.
- 6.2 At the meeting on 20th January it was agreed that by mid March 2011 all interested parties - police/coroners - would meet (without the NPIA) to ascertain what sort of service they required. However, the police and coroners have reported that the service delivered by the new temporary rota is superior to the service they received under the FSS and do not appear to be in any hurry to meet this deadline.
- 6.3 It was reported at the PDB meeting that 2 forensic pathology trainees may be happy to work in Sheffield when they passed and became Home Office Registered forensic Pathologists.
- 6.4 The PDB secretariat were currently waiting on feedback from the surrounding practice area police forces and Coroners on what their specifications are for a new group practice.
- 6.5 One Board member asked what safeguards were in place to ensure this scenario did not happen again.
- 6.5.1 **ACTION:** SB asked DJ to look into what the NPIA could do to be proactive in ensuring this did not happen again and liaise with the Home Office Forensic Pathology Steering Group. SB agreed to prepare an email to DJ outlining the specific nature of this action as DJ stated that he was unclear as to what was required
- 6.5.2 **ACTION:** SB will write to Andrew Rennison concerning proactive monitoring of forensic pathologists
- 6.6 One other member suggested feedback from SIO's and coroners which would aid the audit and revalidation.
- 6.7 **ACTION:** SB to write a letter on behalf of the Board thanking those for their hard work in setting up a temporary rota. (Dr Kolar, group practices who have stepped in to help).



## 7 **Protocol with the GMC concerning disciplinary issues**

- 7.1 DJ reported to members that he was to have a meeting with the GMC to discuss this on 28<sup>th</sup> April 2011.

## 8 **Amended Protocol Document**

- 8.1 SB was concerned at the length of time it was taking to agree a new draft of the protocol. SB asked for agreement by the next PDB meeting.
- 8.2 **ACTION:** DJ and NC to re-draft the protocol document making it more concise.

## 9 **Forensic Neuropathology – Situation Update**

- 9.1 DJ submitted to the Board, the meeting note of 11<sup>th</sup> January 2011 in which the issues for neuro-pathologists were documented.
- 9.2 He stated that this was a country-wide problem for neuro-pathologists in relation to the investigation of baby deaths. The issues were as follows:
1. Pressure group activity
  2. Medical Professional aggressiveness
  3. Threat of disciplinary action in respect of complaints made to the GMC
  4. Belief by Courts of spurious complaints made against them
  5. No recourse against those who make spurious complaints
  6. FOI requests made by pressure groups
  7. Availability for giving video-link evidence in Court
  8. The lack of pre-trial processes
  9. Peer review lacking on these cases
- 9.3 One member wished to thank DJ for his help and input into the meeting that took place.
- 9.4 **ACTION:** SB asked DJ to monitor progress on the actions from the neuro-pathology meeting and report back to the Board at its next meeting.
- 9.5 The Board went on to discuss this issue in greater detail and highlighted the problems with neuro-pathologists appearing in Court.
- 9.6 DJ highlighted that there are only 14 neuro-pathologists in England and Wales, many of which may be willing to provide forensic opinions on paediatric cases.
- 9.7 **ACTION:** SB said that he needed to speak to KSW about the Court issues for feedback to the Board and asked how the risk could be escalated; to which it was suggested a Ministerial Submission to the MOJ / DOH.

## 10 **Revalidation and the Role of the Responsible Officer**

- 10.1 Revalidation becomes compulsory for all doctors in April 2012. DJ had attended the Responsible Officer Conference in Manchester with Professor Crane on 17<sup>th</sup> February 2011.
- 10.2 DJ presented his paper and explained that the 'Responsible Officer' is appointed by the 'Designated Organisation' and it was discussed by the Board how this may be accomplished if the NPIA were to take responsibility for overseeing revalidation of

forensic pathologists.

- 10.3 Enquiries were being made and a meeting would be held in April to ascertain whether the NPJA could apply for the Codes under the Act to be amended to include the NPJA as the type of organisation to revalidate forensic pathologists.
- 10.4 It was highlighted that the NPJA management would need to agree to this in the first place.
- 10.5 *Administrative note: MB left at 13:45hrs.*
- 10.6 Board members agreed that the NPJA was the most appropriate body to be a 'Designated Organisation'.

## **11 AOB**

### **11.1 NPJA Travel and Expenses Policy – Member Claims**

- 11.1.1 The NPJA have now agreed a simpler method for paying the travel and expenses to the meetings of the PDB and its Committees' members.
- 11.1.2 The Board and its Committees members will be required to adhere to the NPJA Travel and Expenses Policy which came into effect on 12<sup>th</sup> January 2011 for all Board and Committee meetings after the effective date.
- 11.1.3 The principles of this policy were outlined in an email from RW to Board and Committee members on 4<sup>th</sup> February 2011 and the main points (as per numbered sections of the NPJA T&E Policy) are as follows:

- 3.1 - A receipt should be provided for each expense
- 3.1 - A start and end destination of journey listed on the invoice
- 3.5(a) Rail Travel - All should travel by standard class on rail journeys (unless, for example the journey is more than 3 hours)
- 3.5(c) Air Travel - Economy class
- 3.5(e) Travel by taxi - may use if no other suitable method of public transport is available, or with heavy luggage
- 3.5(f) Travel by private vehicle - Standard mileage rate up to 10,000 miles per year = 36 pence per mile, over 10,000 miles = 25 pence per mile
- 3.6 Accommodation and meal expenses: up to £7.50 for breakfast; £5.00 for lunch and up to £25.00 for evening meal ("The NPJA will not pay claims for meals where a subsidised restaurant facility is available or where lunch is provided free of charge.")
- Accommodation - an upper limit of £99.00 excl. VAT (for accom. in London) may be claimed per night.

- 11.1.4 Members are permitted to stay at a more expensive hotel, or upgrade their travel to first class, however the NPJA will NOT reimburse claims for amounts over those stated in the policy for accommodation and the price of a standard class rail ticket for the journey should be claimed.
- 11.1.5 Please submit claims for expenses in the form of an invoice.

### **11.2 Autopsies in a Contaminated Environment**

- 11.2.1 There are a limited number of forensic pathologists who are trained within these environments.



11.2.2 The Board discussed this subject in a little detail, but the general feeling was that forensic pathologists should take up the opportunity to attend training exercises in mass incidents and contaminated environments.

11.2.3 The DVI Steering Board was formulating a position paper. JT agreed to speak to GR after the meeting.

### **11.3 Power of Seizure**

11.3.1 The Board discussed the issue of powers of seizure and the fact that Coroners throughout England and Wales have their own way of categorising samples taken.

11.3.2 DJ had appointed Paul Ozin to give his legal opinion in relation to this issue by 7<sup>th</sup> April 2011. JA reported that this area was still not clear and the document by the Home Office 'Legal Issues Relating To Forensic Pathology And Tissue Retention [Police And Coroners Approach To Forensic Pathology]' was being re-drafted and currently with the HTA.

11.3.3 The Coroner for Sunderland - Mr Derek Winters - had given DJ a set of forms for use in the retention of tissue and thought it would be advantageous to role out the forms nationwide for a consistent approach across the country.

### **11.4 Burials at Sea**

11.4.1 MA reported to the Board the problem of the bodies of those buried at sea, being washed up on beaches in the south east of England without the local police forces being aware of that burial of those bodies had taken place.

11.4.2 Often, unnecessary post-mortem examinations were being carried out on these bodies and possible murder cases being opened.

11.4.3 MA had taken on the subject and was liaising with the Marine Management Organisation and the Missing Persons Bureau to look at various options including a requirement for those persons wishing to be buried at sea to donate DNA for burial purposes so that if their body were to be washed up on British soil, DNA could be taken to quickly establish whether the body had been buried at sea.

11.4.4 JA and SB confirmed that the DNA Strategy Board of which they are members had been written to regarding this subject. SB asked to be kept informed of progress.

### **11.5 Mortuary Closure Contingency Plans**

11.5.1 MA wished to make Board members aware that he was currently looking into contingency plans in the event of a mortuary closure; the main issue being: Where would post-mortem examinations take place in the event of a mortuary closure?

### **11.6 Closure of the NPIA**

11.6.1 SB wished to make this subject a standing item on the Board's agenda until the closure of the NPIA.

11.6.2 A lot is still to be decided as to what functions that currently sit under the NPIA will be carried forward and where these functions might sit within Government. It was noted that the NPIA is to be disbanded in April 2012 but the National Crime Agency (NCA) is not due to be formed until 2013.

11.6.3 Forensics is seen as a high risk if the budget for this function is cut. However full

funding is available until 2012-13. (Is this correct?) Yes.

11.6.4 ACPO has been supportive of the work of the NPJA.

11.6.5 HMS and SB expressed their preference for ensuring the continuation of forensic pathology hand-over into any new environment, that records are maintained to ensure that progress made now is communicated on to new management.

**12 PDB Meetings in 2011:**

- ❖ Wednesday 22nd June - 11:00 - 13:30hrs, Conference Room 8
- ❖ Thursday 29th September - 11:00 - 13:30hrs, Conference Room 7
- ❖ Monday 12th December - 11:00 - 13:30hrs, Conference Room 4

There being no further business the meeting was closed.

Archived



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