

FOI 3594

19th February 2026

FREEDOM OF INFORMATION ACT 2000 – INFORMATION REQUEST

Under the Freedom of Information Act 2000, I would be grateful if you could provide the information requested below in relation to your Cellular Pathology service.

1. Case Volumes & Activity**1. Total number of Cellular Pathology cases processed:**

- **In the most recent completed financial year**

Response:

Most recent completed financial year 01/04/2024 to 31/03/2025:

Number of Histopathology cases processed: 18,566

Number of Diagnostic Cytology cases processed: 1,924

Total number of Cellular Pathology cases processed: 20,490

- **Year-to-date for the current financial year**

Response:

Year to date for the current financial year 01/04/2025 to 31/01/2026 (10 months):

Number of Histopathology cases processed: 14,066

Number of Diagnostic Cytology cases processed: 1,146

Total number of Cellular Pathology cases processed: 15,212

2. Average monthly case volume.**Response:**

Histopathology average monthly case volume: 1,407

Diagnostic Cytology average monthly case volume: 115

Cellular Pathology average monthly case volume: 1,522

2. Current Backlog & Turnaround Times

1. Current number of unreported cases, broken down by:

Response:

- **Routine**
Unreported histology routine cases: 568

- **Urgent / cancer**
Unreported histology urgent / cancer cases: None

2. Backlog volume by sub-specialty (e.g. GI, Gynaecological, Breast, Skin, Urology, etc.).

Response:

- a. Backlog GI cases: 460

- b. Backlog Gynae cases: 65

- c. Backlog Breast cases: 0

- d. Backlog skin cases: 1

- e. Backlog Urology cases: 5

- f. Other (soft tissue res/bx, nasal polyp, head & neck): 37

3. Average turnaround times (TATs) for:

- **Routine cases:**

Response:

99.73% routine histology cases reported within 56 days of specimen taken

- **Urgent / cancer cases:**

Response:

97.03% routine histology cases reported within 14 days of specimen taken

4. Highest backlog volume recorded in the past 12 months:

Response:

568 cases

3. Backlog Management Measures

Please confirm which of the following measures are currently used to manage reporting backlogs (and specify where applicable):

- Consultant overtime / internal insourcing

Response:

Yes

- Use of locum consultant pathologists

Response:

N/A

- **Outsourcing to external reporting providers**

Response:

N/A

- **Digital pathology / remote reporting**

Response:

N/A

- **Other measures (please specify)**

Response:

N/A

4. Outsourcing & Locum Spend (Last 3 Financial Years)

4A. Outsourced Reporting

For each of the last three financial years, please provide:

- 1. Total spend on outsourced pathology reporting: N/A**
- 2. Number of cases outsourced: N/A**
- 3. Names of external reporting providers used: N/A**

Response:

There has been no outsourcing or locum spend for pathology reporting in the last 3 financial years

- 4. Whether service level agreements (SLAs) are in place and, if so:**
 - **Agreed turnaround times**

Response:

N/A

- **Any performance measures or penalties (if applicable)**

Response:

N/A

4B. Locum & Agency Spend

- 1. Total spend on locum consultant pathologists.**

Response:

N/A

2. Names of agencies used.

Response:

N/A

3. Average duration of locum engagements.

Response:

N/A

5. Digital Pathology Infrastructure

1. Whether digital pathology is currently used for primary diagnosis

Response:

Yes

2. If yes:

- **Manufacturer and model of whole-slide scanners in use**

Response:

Although the Southern Trust understands that there is a public interest in being open and transparent, the information including manufacturer, models and replacement timeframes is business sensitive and has the potential to leave the Trust vulnerable to cyber-attacks. By disclosing these details, this information could prejudice and compromise the Trust's network/IT security.

In accordance with Section 31 (1) (a) of the Freedom of Information Act 2000 - Law enforcement – the prevention or detection of crime, such information is exempt from disclosure.

We believe that putting this information into the public domain would make the Trust more vulnerable to cyber-attacks. The public interest in maintaining the security of our systems and providing safe health and social care to our patients/clients outweighs the public interest in disclosure of this information.

- **Year digital pathology reporting commenced**

Response:

2021

- **Whether remote reporting is enabled**

Response:

Yes, homeworking for Pathologists

3. Current Laboratory Information Management System (LIMS).

Response:



Southern Health and Social Care Trust

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4. Approximate percentage of cases currently reported digitally.

Response:

100% of reports

6. Workforce Capacity

1. Current establishment (WTE) of:

- **Substantive consultant pathologists:**

Response:

7.5 WTE

- **Biomedical Scientists / Advanced Practitioners:**

Response:

17.8 WTE

2. Number of additional consultants 0.5 WTE and BMS staff required to operate at full-service capacity:

Response:

2 WTE senior BMS staff required:

- One BMS Expert Practitioner in dissection
- One BMS Advanced Practitioner in dissection

3. Sub-specialties where staffing shortages are most acute.

Response:

Senior BMS dissection staff

7. Future Planning

1. Whether the Trust has a documented strategy or business case for:

- **Expanding digital pathology:**

Response:
Digital diagnostic cytology reporting

- **Increasing remote reporting capability:**

Response:
Yes, currently support remote reporting at home.

- **Reducing backlogs through external or hybrid support models:**

Response:
Yes, regional reporting pilot

- 2. Indicative timelines for implementation within the next 12–24 months (if available).**

Response:
N/A

8. Relevant Contacts & Engagement

- 1. Please provide the name, job title, and work contact details (email address and telephone number) for the following roles:**

- **Laboratory Manager / Head of Cellular Pathology**
- **Lead Consultant Pathologist**
- **Clinical Director for Pathology or Diagnostics**

Response:

The Trust has considered this request carefully and is withholding the name and direct contact details for the requested positions. This is because we consider this information exempt under section 36(2) (c) of the Freedom of Information Act.

Refusal notice: Section 36(2) - information prejudice to the effective conduct of public affairs.

The Trust considers that section 36 (2) (c) applies in this case, as disclosure of the names and direct contact details for staff members would prejudice the efficient and effective management of public contact. This is because staff members would be likely to find themselves dealing with emails and contact that may have been more appropriately dealt with elsewhere, which would in turn distract and impact on staff members ability and capacity to do their day-to-day work.

On its website, the Trust publishes details of the main contacts for its services [Our Hospitals | Southern Health & Social Care Trust](#). In addition, further contact details can be found under specific services on the Trust website.

Section 36 requires that the qualified person, the Chief Executive of the Trust, must give their reasonable opinion that the exemption is engaged. The Chief Executive considers section 36 is engaged.

As Section 36 is a qualified exemption, we are also required to decide on a case-by-case basis, whether the public interest in maintaining this exemption outweighs the public interest in its disclosure. The Trust has considered this below:

Factors in favour of maintaining the exemption:

- Ensuring that public contact is managed effectively and efficiently is key to providing good public services. Routing calls from the public through carefully managed publicly available numbers ensures that calls are passed on to the correct services.
- Publication of key numbers helps ensure that members of the public can easily select the correct numbers for contacting services. These numbers are carefully managed, with the aim of ensuring that there is continuity of service regardless of any internal changes to services.

Factors against maintaining the exemption:

- We do not believe that there is any public interest in disclosing direct contact details as the Trust maintains details of central points of contact page on its website.

On balance of the public interest test, we believe that public interest lies in withholding the requested information.

- 2. Please confirm whether the Trust would be open to a conversation regarding potential solutions to support:**
 - **Backlog reduction**
 - **Workforce capacity constraints**
 - **Digital pathology or remote reporting initiatives**

Response:

The issue of backlog reduction is being taken forward on a regional basis.

- 3. If so, please confirm the most appropriate individual or department to contact for such discussions.**

Response:

n/a

9. Cancer Pathway Performance

1. Please confirm whether the Trust has breached national cancer waiting time targets (e.g. the 62-day cancer pathway) due to Cellular Pathology reporting delays within the last 12 months.

If yes, please provide the number of cases affected (where available).

Response:

Under section 12 of the Freedom of Information Act 2000, Public Authorities are not obliged to comply with an information request where to do so would exceed the cost limit.

Unfortunately we are unable to provide the information you have requested as the cost of locating and retrieving the information exceeds the “appropriate limit” as stated in the Freedom of Information (Fees and Appropriate Limit) Regulations 2004. It has been estimated that it would take more than 18 hours to retrieve the requested information. To obtain this information would require us to manually complete a breach analysis for each patient that breached the 62 day cancer pathway and it would exceed the £450 limit and is therefore cost prohibitive.

10. Glass Slide Handling

1. Whether physical glass slides are currently transported off-site for external reporting:

Response:

All referrals send physical slides off-site for molecular tests etc.

If yes

- **Approximate monthly volume of cases:**

Response:

Consultation cases as below using figures since commencing with HMDS (Oct 2025)
October 2025: 18

November 2025: 11

December 2025: 10

January 2026: 11

February 2026 at 12/02/26: 10

- **Method of transport (e.g. courier, internal transfer)**

Response:

By courier Data Dispatch

11. Consultant Reporting Capacity

1. Whether current consultant pathologists are reporting at full programmed activity capacity

Response:

Yes

2. If no, please outline the main limiting factors (e.g. job planning constraints, SPA commitments, management duties).

12. Governance & Access Constraints

1. Please confirm whether there are any governance, IT, or information governance restrictions that limit the use of:



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and Social Care Trust**

- External reporters
- Remote digital pathology reporting

Response:

No

2. If yes, please outline the nature of these restrictions.

13. Backlog Mitigation Models Used

1. Please confirm which of the following backlog mitigation models the Trust has utilised within the last 12 months:

- On-site agency locum consultant pathologists
- Off-site outsourced reporting (digital and/or glass slides)
- Hybrid models (combination of on-site and off-site support)

Response:

N/A

2. Where more than one model has been used, please confirm whether:

- One model has been used more frequently than the others, or
- Usage has been broadly equivalent.

Response:

N/A

3. Please confirm whether any internal policy, guidance, or procurement preference exists regarding:

- On-site agency locums versus:
- Outsourced / off-site reporting solutions.

Response:

N/A

Email: Foi.Team@Southerntrust.hscni.net