



## **Medical Forensics Specialist Group**

Minutes of the Fifth meeting held on 21 May 2018, at 5, St Philip's Place, Colmore Row, Birmingham

### **1. Welcome and introductions**

1.1 The Regulator welcomed all to the meeting. The last meeting had been held on 12 October 2015. It was explained that there had been no meeting since this date due to a lack of resources and the retirement of the previous chair. The new chair was announced at the meeting, who would take up the position on 05 September 2018. The Forensic Science Regulator chaired this meeting.

### **2. Recap on previous work**

2.1 A recap document had been produced for members that contained the previous work of the group and a summary of discussions held at the last meeting.

2.2 The casework audit was presented to members. A few years ago the Forensic Science Regulator had received anecdotal information that some cases may not have been handled as effectively as possible. A casework audit was conducted on rape cases to determine how they were handled and to map the decision making process. The audit looked at two police forces to assess their processes and communication with forensic science providers (FSPs). Different levels of effectiveness of communication were observed between police forces and FSPs. It had proved difficult to obtain a complete paper trail within the police forces, as information about the cases were often held on different systems. There were 13 cases reviewed and none were handled very poorly, although there was one case in which it was unclear why a suspect's samples had not been examined; the reviewer opined that it would have been useful to the case.

2.3 A complaint had been received by the Forensic Science Regulator from a police force about a FSP. The police force in question felt this particular provider was not obtaining useful results in a proportion of sexual assault cases. The force stated that they had referred some of their sexual assault cases to another FSP and received 'better' results. An independent expert was commissioned to investigate these claims and a report was produced on their findings. The Forensic Science Regulator could not confirm the conclusions of the report (which would not be published); however a lessons-learned report would be published. It was noted in this particular referral, there had been some difference in the scientific performance of the FSPs and also some issues in how effectively commissioning by the police force and communication between FSP and police force were handled. There was also a concern by the members that the FSP in some cases did not receive the forensic medical examiners (FME) forms completed in the sexual assault referral centres (SARCs) with the samples they received.

2.4 The Forensic Science Regulator confirmed they had received a complaint from one forensic clinician who had been asked to examine both the victim and the suspect in the same case in a SARC. As a result, anti-contamination guidance had been issued by the Forensic Science Regulator which addressed this particular issue<sup>1</sup>. Concerns were raised that this was unlikely to be an isolated case. The Regulator is engaging with commissioners of FME services with the aim that adherence to the anti-contamination guidance would be a requirement of the commissioning process.

### **3. Stakeholder Landscape/ involvement /updates since October 2015**

#### **CQC**

3.1 Members were provided with an update from the Care Quality Commission (CQC). It was explained that a few years ago CQC were asked to look at SARCs as part of an inspection programme to ensure SARCs are meeting fundamental standards of quality and safety. There were two types SARCs inspected by the CQC: SARCs that are part of hospital trusts, and stand-alone SARCs. Regulation of SARCs was required to allow the CQC to take appropriate action if and when standards are not met. The current section 60 powers from the Health and Social Care Act 2008<sup>2</sup> were being used by the CQC to inspect the SARCs. The CQC would inspect a SARC by looking at whether services are safe, caring, responsive, effective, and well managed. The CQC also wanted to look at how the clients are referred to other services by the SARC; unfortunately due to their current powers they had been unable to do this.

3.2 An inspection framework had been drafted which was planned to be piloted at two SARCs. One pilot had already been conducted and other was currently taking place. It was agreed that these pilots would be conducted privately and the CQC would not publish the associated report. Evaluation of the pilots was due to take place in June 2018; the full programme would launch in September 2018.

3.3 The CQC teams carrying out the review exercise were unlikely to be trained as forensic scientists and assessment of compliance to the FSR Codes of Practice and Conduct<sup>3</sup> would be out of scope. Information sharing with the Forensic Science Regulator was recommended to enhance robustness. Additionally, it was suggested by the representative of the United Kingdom Accreditation Service (UKAS) that they could act as a critical friend. The Forensic Science Regulator stated that the current draft standard for SARCs developed by the MFSG was based on the International Standards Organisation (ISO) 15189 standard for medical laboratories.<sup>4</sup> SARC processes for handling anti-contamination and forensic analysis samples could be assessed by UKAS against this standard once complete. There would need to be coordination between UKAS, the CQC

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<sup>1</sup> <https://www.gov.uk/government/publications/sexual-assault-referral-centres-and-custodial-facilities-dna-anti-contamination>

<sup>2</sup> <https://www.legislation.gov.uk/ukpga/2008/14/contents>

<sup>3</sup> <https://www.gov.uk/government/publications/forensic-science-providers-codes-of-practice-and-conduct-2016>

<sup>4</sup> <https://www.iso.org/obp/ui/#iso:std:56115:en>

and the Regulator to ensure that there were no gaps or duplication between inspections.  
**Action 1: The Forensic Science Regulator to set up a meeting with the CQC, FSRU and UKAS to discuss potential mechanisms for inspection, to avoid either duplication or gaps.**

### **3.4 b. Professional bodies**

3.5 A representative from the Faculty of Forensic Legal Medicine (FFLM)<sup>5</sup> provided the members with an update on their activities. The Forensic Science Subcommittee continues to meet twice a year. They had also been compiling evidence papers to supplement the guidance produced on the types of forensic samples that should be obtained in sexual assault cases.

3.6 A representative from UK Association Forensic Nurses provided the members with an update. It was confirmed that an Advanced Standards for Education and Training (ASET) Forensic Practice course had been developed to provide competence to nurses and paramedics working in police custody on sexual offences. The ASET course had been proposed as a higher apprenticeship and so could be part-funded by the apprenticeship levy. Other benefits included attracting more nurses to the Licentiate of the Faculty of Forensic and Legal Medicine - General Forensic Medicine (LFFLM-GFM). This was a set of national quality standards for the professional care provided by medical and health professionals in the field of general forensic medicine.

### **3.7 c. NHS/ policing**

3.8 The Forensic Science Regulator had written to NHS England and the National Police Chiefs Council (NPCC) asking them to recognise the FSR standards and guidance for medical forensics. The Forensic Science Regulator requested an invite to attend one of the SARC commissioning board's monthly meetings. NHS England had set up a task and finish work group on medicines management in SARCs.

3.9 The members discussed the HM Inspectorate of Constabulary in Scotland strategic review of the 'Provision of Medical Forensic Services' publication. In Scotland, nurses were not allowed to examine adult victims of sexual assault. UK Association of Forensic Nurses & Paramedics (UKAFN) had been working with the Scottish authorities and agreed a meeting to discuss this issue further. A meeting arranged by the Lord Advocate for Scotland and Scottish authorities was scheduled for 28 June 2018, where issues raised with nurses undertaking examinations in sexual assault cases would be discussed. A member asked if any figures were available stating the number of cases where a nurse had examined a victim in a sexual assault case which has gone to court. This information could only be obtained on cases that had gone onto the appeal court and could not be obtained from the crown court.

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<sup>5</sup> <https://fflm.ac.uk/>

3.10 The Forensic Science Regulator wished to highlight how feedback could be obtained from the courts and passed onto expert witness (for example forensic scientists), especially if the expert witnesses are criticized by the courts. The Forensic Science Regulator believed they should be able to capture judicial criticism and feed this back to the expert witness, as the expert witness should include this in their declaration in future cases.

#### **4. Terms of Reference – Review & membership**

4.1 The members discussed the draft terms of reference which had been circulated. With regard to the composition of the group, it was noted there was currently no appointed representative from the Royal College of Paediatrics and Child Health. It was considered that representation from the Nursing and Midwifery Council (NMC) would perhaps be more appropriate than the Royal College of Nursing. A member suggested that it would be beneficial to have representation from the Association of Police Crime Commissioners (APCC).

**Action 2: Representative from Faculty of Forensic Legal Medicine to liaise with paediatric colleagues regarding potential representation to the MFSG.**

**Action 3: The secretariat and Regulator to consider asking a member of The Association of police and crime commissioners to join the MFSG group.**

4.2 Since the terms of reference had been produced several years ago, the remit would require updating. A member queried the scope of the group; in the first instance the scope would cover examinations in SARCs, including appropriate storage and transportation of samples, and the information included in statements. Custody medical forensics would be covered at a later date due to a huge amount of work required in this area.

4.3 The medical forensics standards had been drafted against the ISO standards and would need to be reviewed and updated where applicable prior to publication.

**Action 4: Members to provide their feedback on the terms of reference to the FSRU.**

**Action 5: FSRU representative to revise the terms of reference based on feedback and circulate to members.**

#### **5. Anti-Contamination Practice**

5.1 Anti-contamination guidance had been published by the Forensic Science Regulator in 2016. A new more comprehensive standard was in development, which formed part of the work plan for the group for the next year.

## **6.0 Work plan and next steps**

6. The FSR standard against ISO 15189 for examination of victims would be revised for input and agreement by MFSG members, after which it would go out for public consultation. Guidance would be produced to accompany the standard. A self-readiness assessment questionnaire had been drafted to be used alongside the standard. It would be important for the Forensic Science Regulator to work closely with UKAS, the CQC, and others to ensure no gaps existed in the standards and assessments. This would be on-going and the members would be provided with updates on possible proposals.

6.2 Development of codes and guidance for forensic examination of suspects in custody was discussed as part of the work plan. The Hampshire Constabulary were currently looking at standards for the examination of suspects in custody. Inviting a member of the Constabulary to join the MFSG was suggested, as their assistance in developing the standards and guidance would be helpful.

**Action 6: The secretariat and FSR to liaise with the Hampshire Constabulary about a representative joining the MFSG.**

## **7.0 Date of the next meeting**

7.1 The date of the next meeting was confirmed as the 05 September 2018 in Birmingham.

## **Annex A**

### **Organisation Representatives Present:**

Independent National Forensic Advisor (chair)  
Faculty of Forensic Legal Medicine  
UK Accreditation Service (UKAS)  
The Havens London  
Criminal Case Review Commission  
UK Association Forensic Nurses  
Care Quality Commission  
The Chartered Society of Forensic Sciences  
Forensic Science Regulator  
Forensic Science Regulation Unit  
Home Office Science Secretariat

### **Apologies:**

NPCC lead -Rape Working Group  
Department of Health  
Crown Prosecution service  
General Medical Council  
Police Service Northern Ireland  
NHS England -Health & Justice Specialised  
Commissioning  
The Chartered Society of Forensic Sciences  
NHS England - Health and Justice  
Police Scotland