Forensic Science Regulator
Overseeing Quality

Medical Forensics Specialist Group

Minutes of the tenth meeting held on 27 January 2020, at 5 St Philip's Place, Colmore Row, Birmingham

1.0 Welcome and introductions

1.1 The newly appointed Chair welcomed all to the meeting. See Annex A for a list of representatives present and apologies.

2.0 Minutes from previous meeting and update on actions

2.1 The minutes of the previous meeting held on 2nd September 2019 were approved by members during the meeting, and subject to some minor amendments which were agreed.

Action 1: Secretariat to amend and publish the September 2019 minutes.

3.0 Update on previous actions

3.1 Action 2: (September 2019 meeting) FSRU to set up sub group for reviewing G-207 (Anti-contamination guidance) The volunteers were confirmed, and the sub group were ready to progress with the work. This would be discussed further in the meeting under agenda item 8.

3.2 All other actions from the last meeting were complete.

4.0 Review of Terms of Reference

4.1 Members were presented with the latest version of the MFSG terms of reference. The updated terms of reference included a new work plan, remit and updated membership composition. Members were asked to review the latest version of the MFSG terms of reference.
A member queried if the Scottish Police Authority (SPA) still had a representative on the MFSG. A FSRU representative was unsure if the named contact had changed. The United Kingdom Association of Forensic Nurses and Paramedics (UKAFN) representative offered to check via their Scottish contacts if the named contact was still the correct representative.

Action 2: Secretariat to provide the United Kingdom Association of Forensic Nurse and Paramedics (UKAFN) representative with the name of the current Police Scotland representative.

4.2 The members discussed the membership of the group. It had been highlighted recently the SARC standards also applied to England and Wales, but there had been no engagement with NHS Wales. The FSRU were keen to engage with NHS Wales but had been unable to obtain a contact in NHS Wales. The Health and Justice Trailblazer Group representative offered to contact their colleagues in Gwent and North Wales for a suitable contact. The RCPCH & FFLM paediatric representative also offered to provide the contact details for the Welsh NHS paediatric leads.

Action 3: Health and Justice Trailblazer representative to contact colleagues in Gwent for contacts in NHS Wales and provide this to the FSRU.

Action 4: RCPCH and FFLM paediatric representative to provide the FSRU with the contact details for the Welsh NHS paediatric leads.

Action 5: FSRU to invite NHS representatives from Wales, Scotland and Northern Ireland to join MFSG.

4.3 The MFSG agreed with the remit in the terms of reference. A member suggested a change in wording from “to obtain good practice” to “To develop and assure good practice” The MFSG agreed this would be more appropriate. The chair also suggested adding a clearer definition of the term patients and “patients who may be complainants or suspects” was proposed and agreed by the group.

Action 6: FSRU to amend the wording in the TOR to “Develop and assure good practice” and the patient’s term.

4.4 The chair queried how often the MFSG terms of reference were updated. It was suggested the terms of reference could be added to the MFSG work plan to remind the group when the document would need to be reviewed. For example, once the new FSR is in post a review of the terms of reference may be required. A member mentioned that the terms of reference did not include the frequency of the meetings, and this would need to be added. The FSRU agreed to add that MFSG meetings were to be held a minimum of twice a year to the operation section of the terms of reference. A member suggested adding the Health and Justice Trailblazer Group to the member composition section. FSRU agreed to make these amendments and the terms of reference would then be published.

Action 7: FSRU to amend the wording in the remit section of the TOR, add frequency of the meetings, add Health Justice Trailblazer group and then secretariat to publish.

5.0 Review of work plan

5.1 The members discussed the MFSG 2019/2020 work plan. A member queried when the SARC standard and SARC guidance would be published. It was explained there were

some minor delays in publishing this on the GOV.UK website, but it would be published in the next few weeks. A member queried if there was funding available for organisations who implement the standards. The Regulator explained funding should come from the organisations providing the service. The Regulator also emphasised services that were being commissioned for forensic science should be charged at a price, that enabled the standards to be met.

5.2 A member queried if an organisation had a low user rate for a specific service whether they would be required to adhere to the standards for accreditation. The Regulator explained these standards were developed for organisations who routinely conduct forensic medical examinations at a facility used for that purpose. Examinations conducted in non-routine locations, for example, swabs taken from patient who arrived at A&E or an operating theatre would not require accreditation however anti-contamination practices and details must be recorded.

5.3 A member queried what standards should apply if SARC examinations were conducted outside of a SARC environment, for example what would the forensic cleaning requirements be. A member explained there was currently no set standard for this, and currently the organisations decided what appropriate cleaning methods should be used, when they arrive at an out of SARC location. The Regulator said they would consider developing guidance around this if the group agreed this was needed. A member suggested principles that needed to be adhered to could be developed for out of SARC locations, that could also include the steps required to reduce the risk of contamination. The Regulator suggested a short principle-based guidance document could be produced. The chair suggested in addition to out of SARC guidance being developed by the Regulator *et al*, the faculty documents could be amended to include an extra section for out of SARC examinations. The chair recommended engaging with the Forensic Science Sub Committee on this.

Action 8: MFSG chair to contact the chair of the forensic science sub-committee concerning anti-contamination guidance for out of SARC examinations.

5.4 The group discussed the accreditation pilot for the Regulator's SARC standard and guidance on the work plan. The estimated date for this work to commence was summer 2020. The UKAS representative was asked if this date was still correct. The UKAS representative explained they were currently deciding dates but believed it would commence in summer 2020. It was anticipated meetings would be held in spring 2020 with organisations that had expressed interest in participating in the pilot. The Regulator mentioned it was important to note that some organisations may not be ready in spring 2020 despite agreeing to participate, which could delay the start of pilot. The Regulator suggested the work plan should state the pilot start date as "to be confirmed". An FSRU representative asked the group to consider if a lesson learnt document should be produced using the outputs from the pilot and be added to the workplan.
Another option suggested was to update the Regulator's standard and guidance documents with the learning identified by the pilot. The Regulator agreed an additional work stream should be added for reviewing and updating the SARC standard and guidance during and after the pilot.

Action 9: FSRU to update the workplan with the start of the UKAS SARC pilot for the standard and guidance as “to be confirmed.”

Action 10: FSRU to add an additional workstream to the workplan on reviewing and if required adding further information to the standard and guidance from lessons learnt during and after the pilot.

6.0 Update on the FSR SARC standard and guidance documents

6.1 Members were advised the documents had been finalised and should be published in the next few weeks.

Post meeting note: Publication delayed due to finalising format to meet accessibility requirements.

7.0 FSR’s standard and guidance – workshop and pilot discussion

7.1 UKAS and the Care Quality Commission (CQC) participated in two joint workshops in November 2019 for SARCs run by NHS England. For some of the organisations that had attended it was the first time they had heard about the Regulator’s standards, ISO standards, costs and the accreditation process. The NHS representative had collated the questions and answers asked during the workshop, and circulated them to, FSR, FSRU, UKAS, and CQC for their comments.
The FSR and FSRU had provided comments on their questions but had not seen the final version of the document that included answers provided by UKAS, NHS, and CQC. The UKAS representative offered to share their version of the questions and answers document with the FSRU.

Action 11: UKAS representative to forward their version of the Q&A document from the SARC workshop to FSRU.

7.2 The UKAS representative provided members with their feedback on the workshops. The aim of the workshops was to provide the SARCs with an introduction to the different bodies, the standards, and the accreditation process. There was a number of questions asked concerning legal entities and responsibilities. The NHS representative was to look into these questions and provide feedback. The FSRU would be contacting the NHS representative for any further information on this. The UKAS representative stressed that it was important to emphasise at an early stage the importance of the ISO 15189 standard which UKAS accredit to. UKAS was planning to hold another workshop for SARCs in March 2020. The workshop would provide more information on ISO 15189, and the accreditation process.

Action 12: FSRU to chase AH on the final questions and answers document including information on legal entities from the UKAS SARC Workshop held in November.

8.0 Anti contamination guidance document (FSR-G–207)

8.1 The document had been sent to the group for feedback, and comments had been received. The members were asked to provide any additional comments, identify any gaps

and confirm the volunteers for the sub group who would be working on updating this document.

8.2 A member suggested that the scope section of the document should include information on practices that should be applied for examinations conducted out of SARC examinations locations.

8.3 A member queried whether section 6.1.2 a of the document should refer to the forensic medical examination of an alleged suspect as well as a complainant. It was suggested to add “or vice versa” to cover this. It was also agreed that section 7.4.10 from the FSR-C-116 Forensic Medical Examination Standard should be added to section 6.1.2 b to state that the same forensic medical practitioner should not examine the complainant and alleged suspect in the same case.

Action 13: FSRU to add “or vice versa” to section 6.12a of the FSR-G-207 document and add information from section 7.4.10 of the FSR-C-116 the document at 6.1.2b.

8.4 Members agreed that the professional responsibility and facilities sections of FSR-G-207 required updating. There were also references within the document that required updating. It was suggested information from the self readiness assessment questionnaire (G-212) and the code of practice Forensic Medical Examination standard (FSR-C-116) could be added to these sections.
A member queried the prospect of developing guidance for environmental monitoring. It was agreed this should be contained within the quality manual that is updated by the organisations. The Regulator mentioned that East Midlands Scientific Operations Unit (EMSOU) had conducted a pilot with some of their SARCs, on uploading SARC employee DNA profiles to the Contamination Elimination Database. It was decided during the pilot it should be widened to include environmental monitoring. A draft report with findings from the EMSOU pilot had been shared with the Regulator, and permission to share a final version of the report with the group would be sought soon.

8.5 The members discussed the section packaging and general chemicals and materials. It was agreed that the consumables section required updating, as well as the guidance on equipment and Personal Protective Equipment (PPE). It was highlighted that adherence to this section of the guidance document could present a challenge for custody suite environments, and minimum requirements which were practicable and achievable for these specific settings should be agreed. It was suggested the updated section would need to include the minimum requirements for SARCs and the minimum requirements for custody suite environments.
The Regulator emphasised that this document would provide the end users with the key principles and would not be a constantly changing document. The standard operating procedures documents and quality manuals should explain how processes and procedures should be conducted. These internal documents should be updated regularly and when required.

8.6 It was agreed that the ‘documentation and statement’ and ‘report’ sections, could be updated with information from FSR-G-212.

8.7 The membership of the sub group who would be updating the anti-contamination guidance was confirmed. Representatives from the Health and Justice Trailblazer group, RCPCH, FFLM, UK Accreditation Service, Hampshire Constabulary, and UKAFN agreed

to join the working group. The FSRU would arrange a meeting for the sub group in April 2020.

Action 14: FSR to share EMSOU pilot report with the group.

Action 15: FSRU to arrange DNA anti-contamination working sub group meeting to review FSR-G-207.

9.0 Custody suites – plan for work

9.1 The members discussed the groups work on developing standards and guidance documents for forensic medical examinations performed in custody suites. The Regulator stated that the standards and guidance should cover the minimum acceptable requirements for; competence, equipment, environment, and consumables. The standard and guidance documents for custody suites should be equivalent to the SARC standard and guidance. However, the minimum acceptable requirements for SARCs may differ from the custody suite environments. The Regulator emphasised the standards would not cover everything a forensic clinician would do in custody suites, only the forensic sampling part of the process.

9.2 A member suggested reviewing the SARC standard and guidance document to identify what could be transferred into the custody suite standards and guidance. The Regulator stressed a standard was required for custody suites that should be a test of compliance. It was important to set the minimum standards, before deciding how these standards should be assessed and whether they would be subject to an accreditation requirement. The Regulator was concerned if guidance only was issued, it may not be followed. It was agreed by members that the standard would be developed specifically for custody suites, and the assessment and monitoring of the standard would be decided subsequently.

9.3 It was agreed that the Health and Justice Trailblazer representative and the UKAFN representative, would review the SARC standard and highlight the information that was relevant to custody suites, and this would then be circulated to the rest of the group for their comments. This early draft could be then shared with; custody clinicians, the NPCC lead for custody, and other individuals who were involved in custody suite examinations.

9.4 The Hampshire Constabulary representative mentioned that a healthcare practitioner had written a master's project on custody suites and contamination, and it could be useful to see their findings and recommendations. The Hampshire Constabulary representative agreed to contact the student to see if they would be happy to share the findings of their work with the MFSG.

Action 16: MB and VB to review the SARC Standards and highlight the items that were relevant to custody, and then circulate to the rest of the group for comment at the June meeting.

Action 17: The Hampshire Constabulary representative to, share master's student's research on anti- contamination procedures in Custody suites (vs in SARCs)

10.0 UKAS update

10.1 The United Kingdom Accreditation Service (UKAS) was proposing to establish a project to develop accreditation for Sexual Assault Referral Centres (SARCs) to the following standards; ISO 15189:2012 – Medical Laboratories— Requirements for quality and competence; ILAC G19: 2014 Modules in Forensic Science; and to the Forensic Science Regulator's Codes of Practice (FSR) Standard FSR-C-116. The initial scope of the pilot would include the taking of forensic medical samples, maintenance of a chain of continuity, and avoidance of contamination. This could be broadened at a later stage. UKAS had received a number of expressions of interest from SARCs who were interested in participating in their pilot project.

10.2 UKAS were in the process of arranging meetings with the interested organisations and were drafting the terms of reference for the pilot. UKAS were considering developing training modules from lessons learnt during the pilots and these would be available for the medical forensics community. UKAS would also be meeting with the Regulator to discuss next steps for the pilot.

10.3 UKAS will be holding a SARC accreditation workshop on 24 March 2020. The one-day workshop will outline the requirements of ISO 15189 plus the associated FSR publications used to support accreditation assessments.

11.0 Stakeholder updates

a United Kingdom Association of Forensic Nurses and Paramedics (UKAFN) update

11.1 The advanced forensic practitioner (custody or sexual offence) apprenticeships will commence in April 2020. The apprenticeships had been due to start in January 2020, however the start date was delayed to allow students to produce the documents for their level 2 Maths and English qualifications that was a requirement of the apprenticeship.

11.2 The Lord Advocate in Scotland had announced approval of a pilot project that would enable trained nurses to carry out forensic medical examinations for sexual crimes and give evidence in court – a process currently restricted to doctors.

b Royal College of Paediatrics and Child Health update

11.3 The RCPCH is continuing to upskill paediatricians with the forensic competencies they need with the Faculty of Forensic Legal Medicine (FFLM).

c Faculty of Forensic Legal Medicine (FFLM)

11.4 A large group of guidance and quality standards were being updated. The majority of the quality standards were updated in early 2019. This will include the quality standards in sexual offence medicine for nurses.

12.0 AOB

12.1 None.

13.0 Date of next meetings

13.1 The next meeting would be held on Tuesday 2nd June 2020 in Birmingham.

Annex A

Organisation Representatives Present:

Forensic Physician sexual offences examiner (chair)
UK Accreditation Service (UKAS)
The Havens London
UK Association of Forensic Nurses & Paramedics
NHS England - Health & Justice
Royal College of Paediatrics and Child Health
Forensic capability network
Health and Justice Trailblazer Group
Forensic Science Regulator
Forensic Science Regulation Unit
Forensic Science Regulation Unit
HO Secretariat

Apologies:

NPCC lead -Rape Working Group
Faculty of Forensic Legal Medicine
Care Quality Commission
NHS England - Health & Justice
Criminal Case Review Commission
General Medical Council
The Chartered Society of Forensic Sciences
Department of Health
Police Service Northern Ireland
Police Scotland