Forensic Capability Network

FCN SARC NETWORK NEWS

18th June 2024

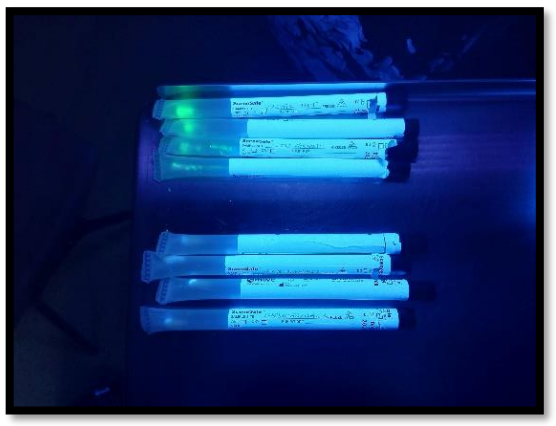
Issue **#10**

Including UKAS Observations with Recommendations

SARC National Competency Assessment

The FCN, working with Dr Amy Hamm (Clinical Director) & Abi Marshall (Quality Manager), have developed and tested an initial training and ongoing competency assessment for Forensic Healthcare Practitioners (FHPs).

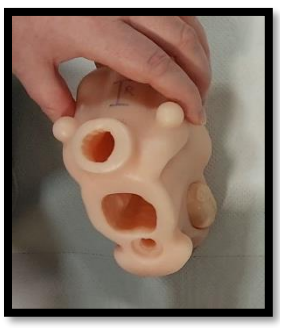
The assessment involves the use of different colour UV dyes dosed on vulval and perianal, high vagina, endocervix and rectum of an anatomical dummy. The dyes are invisible without the use of a UV light. The FHP is provided a case scenario and takes intimate samples from the anatomical dummy, these swabs are then assessed with the use of UV lamp to determine if the correct dye has been recovered from areas dosed and that contamination from other intimate areas has not occurred.



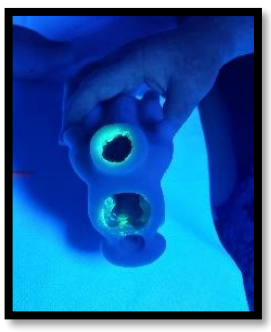
1 Photograph of swabs showing both green and blue dye under UV light

This approach has proven to provide a challenging assessment to evidence the FHPs are appropriately trained in intimate swabbing and to be used as an ongoing competency assessment.

The FCN will be holding a national event to roll out this process to SARCs across England and Wales.



2. Photograph showing seeded green dye under UV light



3. Photograph showing seeded green dye under normal light

The aim is for FHPs from every SARC organisation to attend the national event to be trained in how to train and competency assess their staff using this UV assessment model. These trained FHPs can then provide this training and ongoing competency assessment within their organisation.

This competency assessment will form part of the evidence required to demonstrate that the FHPs are competent in the process of recovering intimate samples, other assurances may include a review of live case work data, observation of the process by a trainer and participation in proficiency testing.

New FCN Working Group: Mobile SARC Project

You are invited to join a new working group to develop plans for National Mobile SARCs

The aims and benefits of this project are as follows:

- Improve access to victims and increase disclosures
- Reduce in cost and resources by utilising a national collaborative approach.
- Providing a contingency for SARC building work during the transition of many SARCs nationally to update their facilities to be in line with regulation.
- Providing a business continuity solution for SARCs; a back-up facility in the event of unforeseen/emergency building repairs or closure.
- Flexibility to locate to areas of greatest or growing need. Providing a solution to the lack of SARC service available to diverse groups and hard to reach communities.
- SARC services available for deployment at large scale events (festivals) or site of a major incident.
- Co-locate alongside other medical facilities.
- Signals market innovation.
- Potential to provide a model for Custody forensic medical examination facilities

Inter SARC Strategy Comparison

The FCN are working with the SARC Community to develop a Collaborative Learning Exercise (CLE). The plan, which is being developed by the FCN SARC Proficiency Testing Working Group, is to provide case scenarios and invite FHPs from every SARC across England and Wales to provide the forensic strategy they would take based on the mock case information.

This CLE will test the SARCs ability to provide reproducible strategies based on FFLM guidance.

This is the first SARC CLE, so we aim to keep it simple, but we aim to develop and build further CLE to SARCs nationally to demonstrate their processes are fit for purpose.

Please complete this short survey to register your interest in any of the 3 projects described above.

SceneSafe Updates

Forensic DNA Grade Water

You may notice a change to the SARC swabbing kits where the 5ml sterile water may have been replaced with a 10ml, the water is still Forensic DNA Grade.

The reason for this is because SceneSafe have 13,000 ampules of 10ml with an October 2025 expiry and therefore want to use them up whilst they still have over a year's shelf life. This is only temporary and will revert as soon as they are all used up.

Couch Covers

The FCN SARC National Cleaning Validation highlighted challenges of cleaning body fluids on vinyl surfaces found on the forensic medical examination couches. SARC environmental monitoring results have also identified the couch surface as a problematic surface to clean, having levels of DNA present following forensic cleans. To address this risk SceneSafe have reviewed their couch cover product and changed it from a porous material to a non porous product, to reduce the risk of DNA transfer from patients to the couch and from the couch to the patient.

There will be a phased replacement of the couch covers with old stock being used up first, following this please expect a change to the couch covers found in the couch cover kits (G91643-L-ETO) to a non porous material.

UKAS SARC Pre-Assessment Observations

This news article provides recommendations to address observations raised by UKAS in a recent pre assessment visit to a SARC. Please note that these observations are specific to the operating model and processes within this SARC observed at that time.

This is one in a series of FCN SARC News articles to address the UKAS observations raised in Issue #07

If you have any questions relating to these findings, please do not hesitate to get in contact: michelle.gaskell@dorset.pnn.police.uk

Audit Type:	Pre-Assessment (Pilot)

Observations

Reporting of Results ISO 15189 Section 7.4.1
UKAS Observation
Reports are currently kept on site in the aforementioned locked cabinet, and these belong to the doctors under the current process. For accreditation, the Legal Entity must 'own' the report and they will be legally responsible for its content. The report owner is not currently defined within the QMS.
FCN Recommendations
Section 7.4.1.2 in ISO15189 states: 'Responsibilities and procedures for how examination results are released for reporting, including by whom and to whom, shall be specified.' Therefore, the owner of the report needs to be specified. For example you may have a SARC where the Police are the legal entity, but a charity is managing the SARC and Crisis Workers and a different service provider provides the FHPs, in this case, although the FHP may have written the report, the report may be held within the SARC which is managed by the Charity. This report is still 'owned' by the legal entity and they ultimately are responsible for that report. This needs to be clear through procedures and service level agreements/contracts.

Confidentiality ISO 15189 Section 4.2
UKAS Observation
It should be ensured that staff contracts/terms of reference for all staff include sufficient detail with respect to the expectations on staff in relation to confidentiality. Documented policies and procedures should take into account the requirements of the FSR Code of Practice Section 18.
FCN Recommendations
SARCs should ensure that all contracts/terms of reference for all staff include sufficient detail with respect to the expectations on staff in relation to confidentiality. These should reflect those included in the organisation's policies and procedures. The SARC confidentiality policies and procedures should consider the likelihood and risk of a breach in confidentiality and what actions are in place to mitigate these risks to preserve confidentiality and avoid reputational damage. As per FSR Code Section 18, the policies and procedures for confidentiality shall include: *a. The material held by the forensic unit which is subject to an obligation of confidentiality.* *b. The nature of the confidentiality obligation and its application to all personnel and external service providers.* *c. The potential legal liability for breach of confidentiality.* *d. The conditions that may allow the confidentiality to be waived or legally overridden, and the process the forensic unit shall follow in such circumstances.* This policy should also consider device screens being observed or recorded. It is advised to capture the risks within departmental risk registers and demonstrate through clear policy/procedure how that risk is mitigated.

Confidentiality ISO 15189 Section 4.2
UKAS Observation
Customers and patients must be made aware that their confidential information may be shared with UKAS and the FSR. UKAS update to provide further clarity on this observation: During assessments UKAS assessors will have access to patient confidential information. Patients should be made aware that third parties such as UKAS and the FSR have such access and that access is for the purpose of accreditation/regulation only. If appropriate a SARC may want to make it clear that the information remains confidential and that UKAS does not share their information further.
FCN Recommendations
Patients do not need to provide written consent for their confidential information to be shared with UKAS or the FSR. The potential sharing of this information is no different from having to share information with any other regulatory body (HSE, MHRA, FSR, CQC). If there is an issue e.g. a major nonconformance had occurred, patient confidentiality will not be breached as any information requested by any regulatory body will not be patient identifiable (e.g. only a case number would be provided and all identifiable information redacted). The party this information is shared with will also be bound by their confidentiality agreements. During an assessment a UKAS assessor may see patient information, but they are bound by their confidentiality agreements, so would not disclose any of this unless there were grave concerns about patient safety. The SARC can inform the patient that information may be shared with regulatory bodies anywhere they deem appropriate. e.g. on the internet, in a leaflet or a disclaimer etc.

Lab Director ISO 15189 Section 5.2
UKAS Observation
There is a named individual as Senior Accountable Individual (SAI). For initial assessment we need to see the documented and endorsed role and responsibilities of the SAI and that their appointment has been notified to the Forensic Science Regulator (see FSR Code of Practice Section 15). At present there is no job description that covers all the responsibilities of the Laboratory Director and delegations where appropriate. The SARCs Service Manager has a job description but requires clarification. The role of Sexual Assault Services Coordinator and ISVA requires clarification. Some work is still to be done to ensure job descriptions and roles and responsibilities are clearly defined.
FCN Recommendations
The roles and responsibilities specifically relating to position of SAI must be documented and endorsed and able to be produced upon UKAS request. This should include evidence that the FSR has been notified of their appointment. Check out this link for more information on the role of the SAI: New FCN videos to help explain the accreditation journey | FCN UKAS have issued the following document to provide additional guidance on the role of the SAI: TM-1304-UKAS-SAI-document.pdf This document could be added to the QMS and distributed to the SAI to acknowledge and could form part of the evidence of input & training to aid the SAI's understanding of their role. SARCs need to appoint a SAI (equivalent to director/partner/board level/Chief Officer or equivalent level of strategic leadership) UKAS will look to verify suitability of the appointed SAI, seek evidence to demonstrate appropriate engagement with the management system, and (if required) discuss any significant issues raised so that the SAI can consider them within their overall management. All positions within the organisational structure and collaboration should have documented job descriptions and these should include their responsibilities to the service, accreditation, what they are authorised to do, deputisation in their absence and the lines of reporting within the service.

You are advised to ensure these points raised above are addressed within your organisation before your UKAS visit and having evidence ready to share with UKAS demonstrates you are aware of the issues, know how to address them, have prepared well and therefore increases the likelihood of a successful visit. **Please share your UKAS findings with us from any preassessments or assessments to help support SARCs nationally in achieving accreditation.**