Queensland Health

Commission of Inquiry Recommendation Implementation

Forensic Science Queensland

RECOMMENDATION CLOSURE REPORT - Recommendation 26

RECOMMENDATION WORDING	The laboratory should review its extraction negative control procedures within 3 months to require negative controls to undergo the same testing as the corresponding case sample (including further work), at the same time, unless the sample has been exhausted.		
THEME	Workflow change		
FSQ LEAD	Manager, Biology		
REPORT PREPARED BY	Rhiannon Hunter, Manager, Implementation	**DATE REPORT PREPARED**	18 April 2023

SUMMARY

- The Commission of Inquiry found that the laboratory's processes with respect to extraction negative controls where samples undergo further testing was below best practice and carried a substantial risk. Therefore, the Commission of Inquiry recommended that the laboratory '*review its extraction negative control procedures within three months...*'
- An extension to the designated three-month timeframe was sought from the FSQ Interim Advisory Board with a proposed revised timeframe of 13 April 2023.
- From 14 April 2023, the laboratory implemented changes to the treatment of extraction negative controls in line with recommendation 26.

DELIVERABLES

MILESTONE	DATE COMPLETED	COMMENTS
Members of the Forensic Biology management team met to finalise the procedural change required to implement this recommendation.	10/03/2023	While discussion about this recommendation had been ongoing since the new CEO commenced (16 Jan 2023), there was a significant difference in opinion among Forensic Biology staff as to how to best implement this recommendation. This meeting was scheduled to settle the preferred approach.
Extension to designated three-month timeframe sought from FSQ Interim Advisory Board.	28/03/2023	The extension of time was sought to allow FSQ sufficient time to finalise and implement the updated procedure, including

		review and approval by the Manager, Biology.
Manager, Biology emailed a document outlining changes to treatment of extraction negative controls where re-work of sample is undertaken. Changes implemented effective immediately.	14/04/2023	Changes also tabled at staff meeting. Changes to SOP will follow ASAP.

EXPENSES *(IF APPLICABLE)*

- No expenses, other than those absorbed by business as-usual activities, were incurred during the implementation of this recommendation.

LESSONS LEARNED/RECOMMENDATIONS/NEXT STEPS

- The following Standard Operating Procedures will be updated as a matter of priority:
  - *33773V3 Procedure for Profile Data Analysis using the Forensic Register*; specifically, section 11.2 Ordering Reworks, sub-section 11.2.2 Microcon / Nucleospin / Dilution.

APPROVALS

Endorsed by	Jess Wellard, A/Chief Operations Officer
Signature	[redacted]
Date	28/4/23

Approved by	Professor Linzi Wilson-Wilde, Chief Executive Officer
Signature	[redacted]
Date	28.04.23

Queensland Health

Commission of Inquiry Recommendation Implementation

Forensic Science Queensland

RECOMMENDATION IMPLEMENTATION UPDATE - Recommendation 86, 88 and 94

REC 86	The wooden swabs contained in the SAIK and JIC kit should be replaced with swabs made of unbreakable material such as plastic.		
REC 88	The SAIK and JIC kit should include: a. a system of pre-labelled stickers to affix to swabs to obviate the need for a practitioner to undertake unnecessary writing tasks; b. specimen jar of about 70 mL in size and biohazard bag into which to put the jar.		
REC 94	A reference sample from a person disclosing sexual assault should be collected by a health practitioner at the time of conducting a forensic medical examination. The appropriate consumables should be included in the SAIK for the taking of a reference sample from a person disclosing sexual assault.		
THEME	SAIK		
FSQ LEAD	Chief Executive Officer		
REPORT PREPARED BY	Amanda Reeves Executive Project Lead, Office of CEO	**DATE REPORT PREPARED**	13 April 2023

SUMMARY

- Following consultation, the 'Kit Sub-Committee' (working group members and HHS forensic clinical and nursing representatives) provided final endorsement on 31 March 2023 of the configuration and components of the new modular forensic evidence collection kits.
- Several Commission of Inquiry recommendations were focused on improving the contents of the existing Sexual Assault Investigation Kit (SAIK) and Just in Case kit (JICK).
- Recommendations 86, 88 and 94 are now finalised having settled the components of the new kits.
- Recommendations 87, 91 and 93 are partially implemented with further work to be done to deliver the necessary training and guidelines to support implementation and use of the new kits.
- Documentation is being revised and/or prepared to support implementation of the suite of new forensic evidence collection kits. This includes a comprehensive new medical proforma (Queensland Forensic Medical Examination Record; FMER), which will be distributed for broad consultation and endorsement.
- The SAIK and JICK will be replaced with the following five kits:

    1. **Contamination Reduction Kit (CRK)**; designed to minimise the risk of DNA contamination during forensic sampling.

2. **Forensic Medical Examination Kit (FMEK)**; a single forensic DNA-grade (ISO18385:2016 compliant) 'base kit' for reference sample and evidence collection for all biological sex, gender identity and age presentations in any setting. This will replace the current Sexual Assault Investigation Kits (SAIKs) and Just in Case Kits (JICKs).
3. **Fingernail collection Kit (FNK)**; a forensic DNA-grade kit featuring wedged cotton-tip swabs for the collection of subungual foreign material.
4. **Clothing Collection Kit (CCK)**; a forensic DNA-grade kit that facilitates the collection of clothing at the time of examination.
5. **Toxicology collection kit (TOX)**; a blood and urine collection kit for use in suspected drug-facilitated assaults.

Kit configuration and components

- The external packaging of each modular kit type will be clearly marked to indicate whether the kit requires 'immediate examination' or 'storage pending further advice'. This allows the JIC collection and storage of all evidence collection kit types for up to 24 months if required (relates to recommendation 91).
- The CRK is being introduced to assist forensic examiners to conduct their examinations and collect forensic samples in a way that minimises the risks of DNA contamination, whilst still having regard for patient privacy and comfort, regardless of the setting (dedicated space or ED in hospitals, police station, mortuary etc). The introduction of the CRK is not intended to remove the need for regular cleaning protocols in clinical settings, however it does alleviate the criticality of consistent higher stringency DNA-grade cleaning:
    - forensic DNA-grade disposable examination trolley and couch/bed covers remove the need to clean surfaces constantly with bleach solutions; disposable Sani-Cloth Chlor or Clinell® wipes (or equivalent) can be used for cleaning
    - forensic DNA-grade disposable gowns, gloves and drapes in the CRK use hospital linen, blankets, and gowns, or to take gloves from open/shared boxes on walls (relates to recommendation 93)
- Pending successful validation/verification studies, the **FMEK** will include:
    - 12 plastic-stemmed rayon-tipped Medical Wire mw102 swabs, which will replace the previous wooden-stemmed cotton-tipped swabs in the SAIK and JICK (rec 86)
    - 8 glass microscope slides with carriers. The microscope slides feature a printed circle field to guide examiners with appropriate smear placement/preparation. (rec 87)
    - One A4 printed sheet of adhesive stickers bearing the FMEK barcode for application to exhibit return packaging and each page of the medical proforma as required (rec 88)
    - One A4 printed sheet of labelled adhesive stickers for the most common samples collected during a forensic medical examination, with unlabelled writable stickers available for use with less common samples (rec 88)
    - Two 70ml screw-capped specimen jars, and two plastic biohazard specimen bags, to facilitate the collection of foreign bodies, mouth rinse or urine as required (rec 88).
    - Gloves (rec 94)
    - Whatman FTA sterile foam-tipped swab (rec 94)
    - QIAGEN QIAcard FTA Indicating Mini (rec 94)

- An academic from Griffith University commenced with FSQ on 6 April 2023 to undertake the necessary verification work.

DELIVERABLES

MILESTONE	DATE COMPLETED	COMMENTS
Initial agreement on modular approach to evidence collection; early prototype developed	10 February 2023	
Prototype distributed to advisors and forensic examiners across the State for feedback provision	9 March 2023	
Final kit configuration and components agreed upon after consultation	31 March 2023	
Request for Quote (RFQ) process commenced	4 April 2023	
Verification studies commenced	6 April 2023	
Responses to RFQ being assessed	19 April 2023	
FMER consultation and endorsement	21 April – 19 May 2023	
CRK and FMEK implementation	June 2023	

EXPENSES *(IF APPLICABLE)*

The Request For Quote is still underway and as such, a final cost for the kits cannot be provided at this time. However, expenses incurred against this project to date include the cost of prototype kits which were $1,045.00.

NEXT STEPS

It is anticipated the implementation of the new modular forensic DNA-grade evidence collection kits and TOX kits will occur in June 2023.

LESSONS LEARNED/RECOMMENDATIONS

- FSQ should conduct a thorough applicable literature search and conduct broader preliminary consultation with relevant experts/clinicians and interstate counterparts in the early stages of any change management process, particularly where the proposed changes include patient contact and/or have potential for cross-disciplinary impact.
- FSQ should ensure that validation or verification is undertaken where appropriate when introducing new products/equipment/processes.
- Periodic re-evaluations should then be undertaken to ensure continuous improvement and adherence to quality standards/best practice.

APPROVALS

Endorsed by	Jess Wellard, A/Chief Operations Officer
Signature	[redacted]
Date	28/4/23

Approved by	Professor Linzi Wilson-Wilde, Chief Executive Officer
Signature	[redacted]
Date	28.04.23

Queensland Health

Commission of Inquiry Recommendation Implementation

Forensic Science Queensland

RECOMMENDATION CLOSURE REPORT - Recommendations 47 and 70 - 73

REC 49	Queensland Health should establish a Quality Manager role, dedicated solely to forensic DNA casework. The Quality Manager's role should: a. report directly to the Executive Director, or to the same person to whom the Managing Scientist reports; b. be separate from the organisational structure to ensure independence from casework activity; c. be responsible for setting policy to drive best practice in relation to quality in forensic casework; d. oversee quality issue identification to ensure proper processes are followed and investigations undertaken to a suitable standard; e. review investigations to ensure the correct issue identification and resolution process has been followed; f. communicate information regarding all quality issues identified and associated remedies to relevant staff; g. be responsible for reporting to the Executive Director and senior management on high severity quality issues and on quality trends; h. work proactively to drive a quality culture that supports scientific best practice; i. be connected to the laboratory's Evidence Recovery, Analysis and Reporting Quality Leads and advocate on their behalf to ensure alignment of practice to policy, if required; and j. be connected to the broader Australasian forensic quality community, in part through membership of relevant national groups (i.e. ANZPAA NIFS QSAG).
REC 70	The Queensland Government should make changes to the laboratory's organisational structure to remove the role of Managing Scientist and instead establish the following roles: a. a management role with sole responsibility for forensic DNA service delivery (the Operations Manager); b. a Quality Manager role with responsibility for the quality of the laboratory (referred above at recommendation 47); and c. a separate Technical Lead role ensuring best science-led decision making across end-to-end forensic biology workflow.
REC 71	The Technical Lead role should have the authority to set and drive practice in forensic DNA.

REC 72	The Technical Lead, Operations Manager and Quality Manager should be equivalent levels with different roles and responsibilities, all reporting to the Director of Forensic Science (or equivalent).		
REC 73	The Technical Lead, Operations Manager and Quality Manager should become the senior Management Team for the laboratory.		
THEME	Organisational change		
FSQ LEAD	Chief Executive Officer and Chief Operations Officer		
REPORT PREPARED BY	Rhiannon Hunter, Manager, Implementation	**DATE REPORT PREPARED**	18 April 2023

SUMMARY

- The Commission of Inquiry made several recommendations around organisational structure changes, including removal of the Managing Scientist role and the creation of new roles, namely a Quality Manager, Operations Manager and Technical Lead.
- The Managing Scientist role has not been filled while the substantive occupant remains stood down. Should this officer not return to QH, it is envisaged that this role will be abolished.
- The following new roles have been created at the same level as the Managing Scientist role:
    - Manager, Biology
    - Manager, Innovation
    - Manager, Quality.
- The role descriptions for each of these newly created positions are **attached**. They are at an equivalent level – HP7 (as per recommendation 72).
- While the title of Quality Manager is consistent with that suggested by the Commission of Inquiry, the other positions have been titled differently. This is to ensure consistency with role nomenclature in other jurisdictions, as well as to reflect that the portfolios of quality and research/innovation extend across the entirety of Forensic Science Queensland, and not just the forensic DNA team.
- The Manager, Biology has responsibilities consistent with those of the Operations Manager as outlined in the Commission of Inquiry Report.
- The responsibilities of the Technical Lead have been divided amongst the three newly created roles, that is, all will have responsibility to ensure best science-led decision making across end-to-end forensic biology workflow.
- It should be noted that the Manger, Biology, the Manager, Innovation, and the Manager, Quality form part of the Senior Management Team for Forensic Science Queensland, in addition to the Chief Executive Officer, Chief Operations Officer and Chief Chemist.

DELIVERABLES

MILESTONE	DATE COMPLETED	COMMENTS
Natasha Mitchell commenced as Acting Manager, Biology.	01/03/2023	

Manager, Quality and Manager, Innovation positives were advertised.	07/03/2023	
Manager, Biology position was advertised permanently.	31/03/2023	

EXPENSES *(IF APPLICABLE)*

- The newly created positions are all HP7 roles with a yearly salary of $165,179 - $177,016 (+ super).
- These roles are funded through the Queensland Government's $10.2 million annual budget increase to Forensic Science Queensland for additional scientific staffing roles.

LESSONS LEARNED/NEXT STEPS

- The recruitment processes for the newly created positions are close to finalisation.
- These positions will play a crucial role in implementing many of the recommendations made by the Commission of Inquiry.

ATTACHMENTS

1. Manager, Biology Role Description
2. Manager, Innovation Role Description
3. Manager, Quality Role Description

APPROVALS

Endorsed by	Jess Wellard, A/Chief Operations Officer
Signature	[redacted]
Date	28/4/23

Approved by	Professor Linzi Wilson-Wilde, Chief Executive Officer
Signature	[redacted]
Date	28.04.23

Queensland Health

Commission of Inquiry Recommendation Implementation

Forensic Science Queensland

RECOMMENDATION CLOSURE REPORT - Recommendation 49

RECOMMENDATION WORDING	The laboratory's representative should propose to ANZPAA NIFS, through the QSAG, that a national quality management framework, utilising a tiered approach informed by risk, is developed for quality issue investigation.		
THEME	Quality		
FSQ LEAD	Chief Executive Officer		
REPORT PREPARED BY	Hannah Jarman, Executive Advisor	**DATE REPORT PREPARED**	18 April 2023

SUMMARY

- The Commission of Inquiry into Forensic DNA testing in Queensland final report cited a range of issues with the laboratory's approach to dealing with quality issues which fell well below best practice.
- The Commissioner adopted Dr Kogios' and Ms Baker's recommendation that a laboratory representative propose to ANZPAA NIFS via the Quality Specialist Advisory Group (QSAG) that a national forensic quality management framework be developed.
- The QSAG is a formal ANZPAA NIFS group comprised of senior quality representatives from Australia New Zealand Forensic government agencies and are therefore the group best suited to develop the national quality management framework, on behalf of ANZPAA NIFS.
- On 23 March 2023 the Chief Executive Officer, Forensic Science Queensland wrote to Dr Grant Liddy, Director ANZPAA NIFS proposing a national quality management framework and seeking formal support and assistance from the ANZPAA NIFS QSAG to commence framework development.
- On 25 March 2023, Dr Liddy confirmed ANZPAA NIFS' support for recommendation 49 and advised ANZPAA NIFS will meet with the QSAG (or a representative) to discuss options for the framework development.

DELIVERABLES

MILESTONE	DATE COMPLETED	COMMENTS
Chief Executive Officer, Forensic Science Queensland prosed a national quality management framework to ANZPAA NIFS	23 March 2023	

Director ANZPAA NIFS confirmed QSAG support to develop the framework	25 March 2023	

EXPENSES *(IF APPLICABLE)*

- No expenses, other than those absorbed by business as-usual activities, were incurred during the implementation of this recommendation.

NEXT STEPS

- As a member of the Australia New Zealand Forensic Executive Committee (ANZFEC) and the QSAG ANZFEC mentor, the Chief Executive Officer, FSQ will work with QSAG and oversee the development of the national quality management framework.
- The national quality management framework is expected to be finalised by July 2023.

APPROVALS

Endorsed by	Jess Wellard, A/Chief Operations Officer
Signature	[redacted]
Date	28/4/23

Approved by	Professor Linzi Wilson-Wilde, Chief Executive Officer
Signature	[redacted]
Date	29.04.23

Queensland Health

Commission of Inquiry Recommendation Implementation

Forensic Science Queensland

RECOMMENDATION CLOSURE REPORT - Recommendation 29

RECOMMENDATION WORDING	The laboratory and the QPS should amend their procedures so that all visitors to the DNA Analysis Unit and FSS Property Point and their time of entry are recorded, in addition to the check-in that is already completed at the general entry to FSS. Such records should be kept and accessible to the quality management team if required.		
THEME	Operations		
FSQ LEAD	Chief Operations Officer		
REPORT PREPARED BY	Rhiannon Hunter, Manager, Implementation	**DATE REPORT PREPARED**	20 April 2023

SUMMARY

- The Commission of Inquiry found that the laboratory had failed to comply with ISO 17025 Specific Accreditation Criteria section 6.3.4 by failing to sufficiently record access to the Forensic DNA Unit or Property Point. This is imperative to ensure that contamination can be investigated effectively. Although visitors are recorded when entering the FSS premises, there is no specific records of entry to the Forensic DNA Unit or Property Point.
- A visitor register was already in place at the DNA Analysis but has been reviewed post-Commission of Inquiry to ensure it records relevant details.
- A visitor register is also now in place Forensic Property Point.
- These registers will be accessible to the quality management team if required.

DELIVERABLES

MILESTONE	DATE COMPLETED	COMMENTS
Forensic Property Point implemented a visitor register	14/02/2023	Details recorded include: - Date - Time - Visitor name - Institution - Purpose of visit - Visitor signature - Initials of FPP staff signing them in (they are also the escort for the visitor)

		- Time out - FPP staff signature at sign out

EXPENSES *(IF APPLICABLE)*

- No expenses, other than those absorbed by business as-usual activities, were incurred during the implementation of this recommendation.

LESSONS LEARNED/NEXT STEPS

- The visitor registers will continue to be captured and maintained in accordance with the *Public Records Act 2002* (Qld) and made accessible to the Quality Management team if required.

APPROVALS

Endorsed by	Jess Wellard, A/Chief Operations Officer
Signature	[redacted]
Date	28/4/23

Approved by	Professor Linzi Wilson-Wilde, Chief Executive Officer
Signature	[redacted]
Date	28.04.23