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## 10.0 QUALITY

In 2003 and 2004, QHPSS was successful in winning a Queensland Gold Award for Quality in their category – Large Organisations – Not for Profit. In 2004 the organisation competed in the National program and won a National Gold Award for Quality.

The laboratories at QHSS have National Association of Testing Authorities (NATA) accreditation to the internationally recognised standard, ISO/IEC 17025, “*General requirements for the competency of testing and calibration laboratories*”. The Forensic Accreditation covers the disciplines of forensic chemistry/criminalists, forensic biology, forensic toxicology and parentage testing.

In May 2005, NATA conducted an independent audit. An *Interim Report on Reassessment (Forensic Biology, Parentage Testing)* has been given to QHSS for comment on the findings. The report indicates that the laboratory, in general, has demonstrated an adequate level of compliance with NATA requirements. However, it recommends that a follow-up reassessment be done in 12 months time when all of the issues raised have been satisfactorily addressed.

In March 2005, an independent technical audit of the QHSS Forensic Biology laboratory was conducted by ESR with the report being provided for comment in May 2005. The audit used the standards developed by the DNA Advisory Board (DAB) in the United States as the template for this technical audit as they are internationally recognised as a benchmark for good forensic biology practice. However there are some differences between the DAB Standards and those for NATA. The audit team included representatives from NIFS as well as officers from ESR.

In response to the findings of this audit, QHSS has provided comments highlighting various initiatives and changes to procedures that are being actioned to ensure compliance.

Staff have raised a number of issues relating to work practices in the forensic science laboratories. For example, some staff felt that management had an emphasis on quantity not quality, particularly in the Forensic Biology laboratory. Some staff believe that certain processes have led to an increased rework rate which has led to unnecessary increases in costs. A number of staff believe that individual scientists’ and technical officers’ processes need to be audited regularly so that improvements can be made.

The lack of promptness in validating equipment has caused concerns among staff. This issue has been dealt with as part of the review by ESR.

A majority of staff have stated that the quality of training could be improved.

A number of staff have also stated that some Standing Operating Procedures (SOP) in Forensic Biology are out-dated. The pressure of backlogs has meant that there has been little time available to update these SOP’s.

The use of Opportunity for Quality Improvement process (OQI) has been an important part of the quality review process to ensure that practices continue to improve. Even though there is an SOP stating that all “must report system breakdowns and errors as OQI’s” so that lessons can be learnt, a majority of staff feel that management does not actively encourage the use of OQI’s. There are a number of OQI’s that have not been finalised in a timely manner.

The Taskforce notes that the existing Quality Team covers State-wide QHPSS. Because of the magnitude of the quality issues at QHSS and the proposed excision from QHPSS (see Section 4.3) the Taskforce believes that there is a need for a dedicated Quality Management function under the proposed Chief Scientist role.

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**Recommendation 36:**

*It is recommended that the Chief Executive Officer of the Institute:*

- (i) Addresses the shortfalls as highlighted in the existing audit and evaluation reports by **30 April 2006**;*
- (ii) Establishes a dedicated Quality Management function within the responsibilities for the Chief Scientist of the Institute by **30 April 2006**;*
- (iii) Ensures Opportunity for Quality Improvement processes are completed in a timely manner by appropriate officers by **30 April 2006**; and*
- (iv) Ensures all Standard Operating Procedures are regularly updated by **31 July 2006**.*