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Forensic Science Regulator

Incident Examination Specialist Group (IESG)

Note of the meeting held on 18 July 2024 at 23 Stephenson Street, Birmingham and via video conference.

1. Welcome, actions, matters arising and note of the previous meeting

1.1. The chair welcomed all the members to the fourth meeting of the incident examination specialist group (IESG). A list of attendees by organisation is available at Annex A.

1.2. The minutes of the previous meeting were agreed.

Action 1 – OFSR to publish the February meeting minutes.

1.3. The outstanding actions from previous meetings were reviewed:

Action 10 (July 2023) – UKAS representative to share more information about bespoke assessments. Superseded by Regulator's proposal for changes to regulation – closed.

Action 2 (November 2023) - Members to consider bodies providing ad-hoc activities that would be captured under FSA - INC 100. NCA representative to share organisations map, action closed.

Action 5 (November 2023) - OFSR to review the requirement at 35.2.11 – can this be amended to allow handover of urgent exhibits at scenes where only one practitioner is present. Amended wording circulated as paper 3. Action closed.

Action 1 (February 2024) - OFSR to establish whether the Code applies to HSE investigations. Ongoing.

It was noted that the requirements for HSE also apply to fire scenes and that if HSE is covered by the Code then this introduces a larger range of scenes. The OFSR representative noted that fire service will work in partnership with HSE to investigate explosion scenes (non-terrorist). The fire investigation (FI) sub-group chair noted that FI already have processes in place to establish roles where there are multiple agencies. OFSR representative to follow up on this action.

Action 2 (February 2024) - NCA representative to share organisation map with Chair. Ongoing

Action 3 (February 2024) - AFSP representative to share update to the IESG members once the meeting has taken place. Ongoing.

Action 4 (February 2024) - Establish whether presumptive testing of noxious substances at scenes would be INC 100 or DTN 500. Ongoing.

2. Update from chair

2.1. The Chair noted that the agenda for the meeting was broad with the intention for discussion and focus on the proposal for Regulatory change from the Regulator.

3. Proposal for regulatory change for incident examination from the Regulator

3.1. The Regulator highlighted that the IESG was one of the main sources of his advice on the regulation of incident examination.

3.2. The Regulator had undertaken to carry out significant research into the regulation of IE, speaking to various parties – practitioners, quality leads, UKAS, reviewing accreditation assessments and surveying SAIs. The Regulator raised a number of contextual points:

- The Regulator had seen commitment to regulation and meeting quality standards and did not believe that there was any intention to avoid meeting regulatory requirements. The Regulator noted that quality managers were working hard to deliver the requirements despite the fact

that in some cases these were not a good fit for the activity of incident examination.

- The act was built on risk management and regulatory activity was based on risk. The Regulator had observed variation across organisations in the management of risk.
- There was concern that practitioners were leaving the profession because of the changes introduced to meet regulation requirements.
- The Regulator believed that the issues around productivity needed to be resolved by the community that the regulations affect.
- The election and the delay in submitting version 2 of the Code to parliament allowed time to make changes to version 2 in response to the issues identified.
- One of the things that distinguished incident examination was that it was not a site-based activity, however, the Code was written from a site-based perspective.

3.3. The Regulator was working to align the specialist groups with the FSAs – work has been undertaken towards this and was grateful that the IESG could be called on for advice on INC FSAs.

3.4. The Regulator made clear that the focus of regulation should be an effective QMS and the IESG would be asked to advise on how accreditation could best be used to demonstrate that the regulation requirements were being met, in particular, what should be done now and how change should be managed.

3.5. The Regulator took the group through his proposal for change:

Corporate competency framework

3.6. The focus of ISO 17020 was on competency and professional judgement, which should be the primary focus for incident examination. The Regulator would expect organisations delivering INC 100 to have a corporate competency framework that could be evidenced as able to deliver competent practitioners.

3.7. The Regulator acknowledged the gap in specific requirements for incident examination meaning that there was not the support and guidance on what a

good competency framework should include and this would be addressed by the work of the IESG.

3.8. A UKAS representative sought clarity over whether the Regulator was proposing a set competence framework, it was explained that the aim was to set minimum expectations; organisations should be able to set their own competency framework.

3.9. The Regulator highlighted that accreditation assessment findings on practitioners needed to ask whether the corporate competence framework was at fault not the individual practitioner.

Contamination risk management

3.10. The Regulator wanted to be assured that an organisation understood the risk of contamination and had appropriate mechanisms in place to manage these risks. The Code would be changed on this as version 1 of the Code had driven some of these stringent controls.

3.11. The representative from TVP noted that monitoring would depend on where the critical consumables were stored, if these were stored in vehicles monitoring would be needed to check suitability at point of use. The accepted levels of contamination were less stringent than for a controlled environment. The BCH representative noted that the intention of contamination controls was to avoid recovery of mixed DNA samples that were unusable because of contamination. It was noted that UKAS were working on a glossary of the terminology in use for contamination controls as part of the issue was a misunderstanding of terms like environmental monitoring. The BCH representative noted that an ongoing issue was the lack of research to support realistic assessments of contamination risk.

3.12. An FCN representative stated that police forces had generated a large amount of information on contamination and this needed to be drawn together and used to identify the risks and agree acceptable risks.

3.13. The Chair commented that there had been too much focus on standard approaches and the same controls being applied at all scenes rather than taking a scene-by-scene approach. The approach taken in v2 of the Code was

to make the requirements around contamination controls on risk assessment and management, not elimination or minimisation of risk. This assessment should result in a set of measures and the application of these measures should reflect the specific risks at a scene.

Validation

3.14. The Regulator was of the view that the overall methodology of incident examination could not be validated as it was not a test and relied on practitioner competence. Members of the IESG suggested that the overall methodology needed to be deemed fit for purpose as an inability to achieve outcomes could result from poor process rather than incompetence, the view was that it was possible to demonstrate achievement of known outcomes.

3.15. The Regulator reminded the group that a specialist group had been established to work on interpretation and opinions, and a sub-group for incident scene was being set up. Investigative interpretations needed to be part of competence – could a practitioner answer the investigative questions, especially as these questions would get more complex with more complex incident scenes.

Note taking

3.16. Respondents to the Regulator's survey on incident examination highlighted regulatory requirements as adding burden in terms of the extent of notes required. The Regulator did not agree that the requirements were excessive, however it was important that notes were proportionate for the incident. The Regulator asked the members to consider what the expectations should be for the level of note taking in proportion with the incident circumstances.

3.17. A UKAS representative commented that when the emphasis was on individual's decisions rather than strict process it was inevitable that there would be greater expectation for notes. The TVP representative reported that they had converted practitioners to detailed notes by asking them to carry out case reviews and see how important the notes were in understanding what someone had done. However, there was some duplication within the notes that was unnecessary such as writing what will be done and then writing was done.

3.18. The Chair directed the members to consider the “usefulness” of the notes – anything being recorded had to be of some use to and end user. The guidance being drafted by the IESG would need to make sure that this was clear. A representative from UKAS commented that systems would need to be in place to direct practitioners on the level of note taking that was required.

Volume and major crime

3.19. There was no distinction in the Code and different approaches were not linked to crime type but the complexity of crime scene management. Competence in crime scene management was important and the interaction with the SIO would be critical.

3.20. The Chair suggested that competence assessment was a key factor in assuring incident examination could categorise requirements for scene management competence. The representative from TVP commented that there were tiers/stages of CSI so most organisations would already have a framework for this categorisation. A representative from the NCA highlighted that the tiers/categories would be organisation specific (e.g. for some organisations large drugs seizures would be routine incidents). The members agreed that unexpected deaths were the biggest risk incident type and the most challenging for setting a competence level.

Site-based to organisation-based accreditation

3.21. The Regulator indicated version 2 of the Code would require a change from site-based accreditation to organisation-based accreditation for FSA – INC 100. In the Regulator’s compliance survey very long timeframes were given for achieving full compliance as a result of taking a site-based approach. The Regulator wanted to see a corporate approach and would be asking SIAs to provide him with plans on how compliance would be delivered corporately, including corporate competency frameworks and risks assessments for contamination.

3.22. A representative from FCN stated that while a corporate approach was or should have been happening, issues like building upgrades may have held some sites back. The key point was there would be an impact on organisations

by changing from site-based to whole organisation accreditation for FSA – INC 100.

3.23. UKAS did not have a restriction on the number of sites that could be applied for at one time. Critical locations where accredited activities happened would still need to be understood and witnessed. The Regulator firmly took the position that competency should be assessed corporately.

3.24. The Regulator stated that his proposal for regulatory change was evolution not revolution, not starting again but adjusting and refocussing the existing approach to regulation. There needed to be a shift to a corporate approach.

3.25. Two resources for regulation of incident examination would be produced by the Regulator, these would be the Incident Examination FSA specific requirements together with relevant changes to the Code in version 2, and section 9 guidance on incident scene examination.

3.26. The Regulator asked the IESG to:

- Agree the text of the FSA specific requirements by the end of August 2024.
- Draft section 9 guidance with an outline completed by September 2024.
- Propose any necessary amendments to the main text of version 2 of the Code by September 2024.

Action 2: Finalise the FSA specific requirements taking into account regulatory change proposal.

Action 3: Draft Section 9 guidance – including annex of worked examples and cross referencing to ISO 17020.

Action 4: Finalise the changes to v2 of the Code.

3.27. The Regulator also asked the IESG to draft a scope of accreditation and consider taking a similar approach to the amended FSA specific requirements for friction ridge detail comparison which included the scope of forensic science activity for FSA - MTP 101 and cross referenced the relevant requirements in ISO 17025.

Action 5: Draft a scope of accreditation for FSA – INC 100.

Action 6: Share the scope of accreditation for friction ridge detail with the IESG members.

3.28. The IESG was asked whether the methods within FSA - INC 100 that would be viewed as testing should be listed in the FSA SR. This would be a list of all possible methods and organisations may only provide some of these, i.e. a menu of options to select from. A UKAS representative commented that while sampling wouldn't be included in a scope, ILAC G19 required demonstration of effectiveness of sampling approach.

Action 7: UKAS representative to share wording on sampling from ILAS G19.

Action 8: IESG to draft a list of testing methods carried out as part of FSA – INC 100.

3.29. Whether there was a minimum technical scope in order for an organisation to include scene management on their scope was questioned, this was viewed as challenging because scene management was undertaken at all scenes. It was agreed that an organisation could seek accreditation for scene management.

3.30. A representative from the NCA noted that the services offered by an organisation may depend on their SLA and the level of engagement and information provided by the investigating team. Activities of the IOPC were viewed as more akin with scene management by an SIO rather than under FSA – INC 100.

3.31. The Regulator informed the members that he would keep SAIs involved and up to date with the progress of the work of the IESG. He asked IESG members to use their networks and advise colleagues to use the IESG as the forum for issues relating to regulation of incident scenes.

3.32. It was noted that organisations would need to adjust their existing QMS to take a corporate approach and that this should be done before any accreditation was sought.

3.33. The Regulator sought views on whether suspension of the requirement for accreditation was necessary in order to allow organisations to deliver these changes, being clear that this would be a temporary suspension.

- The TVP representative commented that organisations would have to do a gap analysis against v2 of the Code and assessment of the changes

needed to move to a corporate approach could be done as part of their gap analysis. Organisations requiring significant changes may find it more challenging to deliver the changes and maintain accreditation.

- It was suggested that IESG members representing organisations carry on FSA – INC 100 could assist the Regulator by assessing the level of change required in their organisations.

Action 9: Advise on the level of change required for accredited organisations to move from version 1 to version 2 of the Code and accreditation by organisation and to all crime types.

- A UKAS representative highlighted that if accreditation was allowed to lapse then the previously accredited organisations would need to reapply. UKAS had 41 sites accredited for volume crime and 14 extensions in progress.
- The Chair noted that for most organisations, accreditation to version 1 of the Code did not cover all bases or major crime and that most organisations would not initially meet the requirements of version 2 of the Code.
- A member commented that practitioners were proud of achieving accreditation and a change that would allow unaccredited bases to declare compliance with the Code would not reflect the hard work of the accredited organisations.
- UKAS would need to check the impact of any suspension on other accreditation schedules held by the organisation.

Action 10: UKAS representatives to check the impact of a suspension of accreditation requirement for FSA - INC 100 would have on other accredited FSAs.

- There was a discussion of the UKAS document RG 201 which a UKAS representative stated was a requirement for accreditation. The Regulator responded that relevant requirements from RG 201 should be in the Code for organisations within England and Wales.

- The representative from the FCN commented that the mechanisms for demonstrating compliance to the Code in the absence of accreditation, needed to be established. The requirements may cover a broader range of activities and some activities such as scene management might not initially be included on a scope.
- The TVP representative also asked whether organisations would need to wait for the deadline for compliance/accreditation to declare compliance. It was noted that accreditation against v2 would be expected before it was required, it wouldn't be necessary to wait for the deadline.
- A UKAS representative suggested that the proposed approach treated FSA -INC 100 differently to other FSAs, however the Regulator responded that other FSAs could be reviewed in the same way.
- The Regulator highlighted that 92% of respondents to the survey on regulation in incident examination said that accreditation introduced unnecessary burden. The proposed changes were intended to deliver transformative change. The Regulator would send a clear message to SAIs that a QMS must be maintained through any suspension and that a plan to achieve accreditation organisation-wide would be expected. The Regulator would use regulatory powers if needed, missing deadlines would not be acceptable.
- A UKAS representative commented that there was momentum with organisations moving toward accreditation and this would be negatively affected by a suspension and that until it was clear what the differences in assessment would be it would not be possible to judge how different the assessment process would be and whether a suspension was needed.
- The change from accreditation of bases to accreditation of an organisation for FSA – INC 100 was a noted as a key change that would require a different assessment approach. UKAS would consider this to present an issue with the proposal for regulatory change as visiting all bases may be required for some organisations, depending on previous site attendance.

4. Incident Examination Guidance

4.1. The IESG were asked to assist with developing guidance to support interpretation of the FSA SR for those undertaking FSA - INC 100 and technical assessors.

4.2. The Chair suggested that the format of the guidance was tightly tied to the FSA SR with the same section headings. An appendix of worked examples such as exemplar competency assessments was also proposed.

4.3. The Chair asked that where the guidance specifically linked to a requirement in ISO 17020 or ILAC G19 this should be cross-referenced in the guidance.

4.4. The UKAS representative informed the group that ISO 17020 was being reviewed with a draft international standard expected in October 2024 which may impact on the cross-referencing.

4.5. The Chair informed the members that a skeleton guidance document had been created including a draft introduction which would be reviewed on completion of the content but comments were welcome.

4.6. It was proposed that the task and finish groups that worked on the FSA SR create an outline of the equivalent section(s) in the guidance. Members could also offer to work on particular sections.

Action 11: Members to identify sections to work on and members to be assigned to task and finish groups.

4.7. Members asked whether a record had been kept of all the requests for guidance received during the consultation on version 2 of the Code, the workshop of the FSA SR, and the development of the FSA SR. These comments had been provided to members.

4.8. The Chair proposed that in addition to developing the guidance, there should be a mechanism to review implementation of the changed approach, ensure compliance with the Code could be effectively and efficiently assessed, that accreditation could be achieved in a timely manner. This would need all the requirements and guidance to be finalised and could be used to check whether these needed amendments or additions.

4.9. UKAS would do this as part of their assessment process and their findings could feed into the guidance. The Chair noted that it would be useful to engage with organisations carrying out FSA – INC 100 in this.

Action 12: TVP, BCH, and GMP representatives to support UKAS representatives in testing the assessment approach. OFSR to provide a full draft of version 2 of the Code to assist with this.

4.10. The date at which inclusion of version 2 of the Code would be expected to be on accreditation schedules was discussed. This would depend on the requirements and guidance being correct and that an effective assessment method had been developed.

4.11. The Regulator would prefer to avoid a singular point in time, instead a milestones approach could be considered where at least some of the requirements were met ahead of complete compliance. The timeframe may vary depending on the organisation and the level of assessment that they had already had.

Action 13: OFSR to consider a milestone approach to initial return to compliance and identify sections of Code for compliance.

4.12. A representative from the OFSR noted that any deadline for compliance for FSA – INC 100 would need to be included in the Code and this would need to be done by September 2024.

4.13. The Chair suggested a deadline of October 2025 for organisations to have a QMS that aligned with the requirements of v2, i.e. corporate. SAIs could be asked for a roadmap to deliver this by this date. The representative from TVP observed that the scope and competency framework would be needed so that an organisation could judge how long it would take to implement a corporate QMS. A UKAS representative acknowledged that some organisations would be close and others would have a lot to do and it would take time to complete the necessary validation work to include practitioners across the whole organisation if not previously involved in validation studies. In addition some technical methods, such as trace evidence recovery, may be added to scopes to include more complex crimes.

4.14. A representative from the OFSR asked whether the approach to validation could be made more efficient. The Chair responded that as drafted version 2 of the Code required only validation of test methods and that validation was a major factor in assessment findings. Given there was a lot of validation data in the community and there work underway to collate this data, it should be possible to use this data to address the issue of variability. Standard methods could also be considered and the CSI technical forum had been looking at how to create a standard method for cleaning with use of the same training video for all forces.

4.15. A representative from the FCN commented that centralised validation of cleaning methods had been used for sexual assault referral centres and environmental monitoring was used to verify the method was being carried out correctly.

Action 15: FCN representative to identify the methods that have been validated extensively in CSI and report on initial findings from collation of validation studies in CSI to IESG.

5. Any other business

5.1. As there had been no time in the meeting for stakeholder updates the OFSR representative would request written updates from all the stakeholders and circulate to members.

Action 15: OFSR representative to request written updates from all the stakeholders and circulate to members.

5.2. An FCN representative asked whether there would be a date at which version 2 would come into force and it was noted that this would require further discussion as there were changes to other FSAs to consider.

5.3. The Regulator encouraged engagement with the proposal for change, noted that this would focus on the real risks, and thanked members for all for the work so far and to come.

5.4. The Chair thanked members and closed the meeting. The date of the next meeting was confirmed as 3 September 2024.

Annex A

Representatives present:

Chair

Metropolitan Police Service (MPS)

Thames Valley Police (TVP)

United Kingdom Accreditation Service (UKAS)

Forensic Capability Network (FCN)

Bedfordshire, Hertfordshire, and Cambridgeshire Police (BCH)

Greater Manchester Police (GMP)

National Crime Agency (NCA)

Counter Terrorism Policing

Office of the Forensic Science Regulator

Apologies

Association of Forensic Service Providers (AFSP)

Forensic Collision Investigation Network (FCIN)

Scottish Police Authority Forensic Services