



Forensic Science Regulator

Incident Examination Specialist Group (IESG)

**Note of the meeting held on 3 September 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 fifth 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 discussed and agreed.

Action 1 – OFSR to publish the July meeting minutes.

1.3. The Chair sought an update on the position of version 2 of the Code of Practice. The representative from the OFSR informed the group that the Regulator's Office was working towards sharing the draft of version 2 with the Home Office Legal Advisers at the end of October with the expectation that the Code would be laid before parliament before the Christmas recess in mid-December. Therefore, any final changes to the Code would need to be made before the end of October.

1.4. It was noted that with the intention to publish the incident examination guidance document with version 2 of the Code that this guidance needed to be completed by mid-December. The members discussed the short time for completing the guidance and the consensus was that guidance for the new FSA specific requirements was essential and would be needed at the point that version 2 of the Code was published. It was acknowledged that developing the guidance quickly would mean that amendments would be likely to be needed after

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

publication, however these could be made without the need for parliamentary approval meaning that the guidance document could be more dynamic.

- 1.5. It was noted that the final version 2 of the Code needed to be shared before the guidance could be finalised as the guidance covered sections in the main Code.

Action 1: Share version 2 of the Code of Practice with the IESG as soon as possible.

- 1.6. The outstanding actions from previous meetings were reviewed:

Action 1 (February 2024) - OFSR to establish whether the Code applies to HSE investigations. The FSR Code applied to HSE investigations – action closed.

Action 2 (February 2024) - NCA representative to share organisation map with Chair. Superseded by other activity – closed.

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.

Action 1 (July 2024) – Publish February minutes. Complete - closed.

Action 2 (July 2024) - Finalise the FSA specific requirements taking into account regulatory change proposal. Ongoing.

Action 3 (July 2024) – Draft section 9 guidance for Incident Examination. Ongoing.

Action 4 (July 2024) – Finalise changes to version 2 of the Code. Ongoing.

Action 5 (July 2024) – Draft a scope of accreditation for FSA – INC 100. Ongoing.

Action 6 (July 2024) – Share the scope of accreditation for friction ridge detail with IESG members. This scope was under development and could not be shared – closed.

Action 7 (July 2024) – Share wording from ILAC G19 on sampling. Had been circulated to members. Closed.

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

Action 8 (July 2024) – Draft a list of testing activities for FSA – INC 100.
Ongoing.

- 1.7. The representative from the FCN stated that the FCN held a list of activities that CSIs had on their scopes but there was some uncertainty around which activities would be defined as “tests”. A decision tree was proposed that would assist with determining whether an activity was a test and therefore required validation or another form of assurance that the approach was fit for purpose.
- 1.8. The UKAS representative noted that ILAC G19 and RG 201 both define “tests”. There was confusion around validation because demonstrating that the end-to-end process was fit for purpose had slipped into being referred to as end-to-end validation.
- 1.9. The group discussed issues with activities on the scope being viewed as “tests” and ambiguity over what activities were tests, for example recovery of glass fragments should require demonstration that the tools are fit for purpose rather than validation. In addition some activities should require limited validation as centralised validation data was already available.
- 1.10. The Chair supported the concept of a decision model and noted that 7 or 8 exemplar activities would be helpful. It would be useful to consider other assurances for approaches, such as force performance data, competency assessment and PT. It was suggested that the task and finish group that had been working on the validation section for the guidance document provided support for development of the decision tree model and that FCN prepare a draft approach for comment.

Action 3: FCN representative to draft a decision tree for validation/verification approach – circulate for comment.

- 1.11. The actions from the previous meeting continued to be reviewed:

Action 9 (July 2024) – Advise on the level of change required for accredited organisations to move from version 1 to version 2 of the Code and accreditation of the organisations for all relevant crime types. Ongoing.

Action 10 (July 2024) – Check the impact of a suspension of the requirement for accreditation for FSA – INC 100 on other FSAs Ongoing.

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

1.12. A response on this action required further internal discussion at UKAS including taking advice from advisory committees. Action ongoing.

Action 11 (July 2024) – Assign task and finish groups to draft sections of the guidance document for Incident Examination. Ongoing.

Action 12 (July 2024) – TVP, BCH, and GMP representatives to support UKAS representatives in testing the assessment approach. OFSR to provide a full draft of V2 of the Code to assist with this. Ongoing.

1.13. The representative from BCH informed the group that their organisation had met with UKAS to discuss the assessment method for complex incident, particularly how assurance could be given without witnessing by taking more of a professional discussion approach.

1.14. UKAS acknowledged that approach to assessment of complex incidents for BCH may not be the same as the approach that might be taken at other organisations.

1.15. It was noted that the FSA specific requirements needed to work for all organisations and get all organisations to a level where UKAs could have confidence in their approaches.

Action 13 (July 2024) – Consider a milestone approach to initial return to compliance – identify sections of Code for compliance.

Action 14 (July 2024) – 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. Ongoing.

1.16. The FCN had a list of all forces and all the activities that were accredited so there was information on what validation work has already been undertaken. Following some internal checks this could be shared with the IESG.

Action 4: FCN representative to share the list of validated activities and number of times each has been validated across policing

Action 15 (July 2024) – OFSR representative to request written updates from all the stakeholders and circulate to members. Updates for next meeting.

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

2. Update from Chair and OFSR

- 2.1. The Chair noted that the summer had been incredibly busy from a complex scene examination perspective and that regulation of incident scene examination did not yet reflect these dynamic, complex incidents. The Chair also noted that Crown Prosecution Service representatives were engaging with police forces more on their compliance with the FSR Code.
- 2.2. The IESG had a number of actions to deliver before mid-December and the Chair sought views from the members on how these would best be progressed, some group meetings, MS Teams meetings, email.

Action 5: All members to provide the Chair with suggestions for the best format for progressing workstreams – e.g. small group meetings/via email

- 2.3. The Chair acknowledged the need to communicate the changes to regulation of incident examination to those that will need to respond to the changes. The Chair and a representative of the OFSR had provided an update to the NPCC Quality Board but there was a need for wider communication of the changes to provide information and reassurance.

Action 6: Chair to draft comms for stakeholders and an update for the CSI technical forum on regulatory change

- 2.4. The development of the update of the ISO/IEC 17020 standard was discussed. It was noted that UKAS would be required to use the new standard once it was published, however inclusion of the new standard in the FSR Code of Practice would require a statutory consultation.
- 2.5. It was noted that the Netherlands, Germany and Australia were moving to ISO 21043, a technical and methodological standard that would provide guidance and requirements for forensic processes to help organisations reach accreditation. ISO 21043 would be complimentary to ISO 17020 or 17025 and was not an accreditation standard despite NATA reporting that they were accrediting organisations to ISO 21043.
- 2.6. A representative from UKAS informed the members that when the updated version of ISO 17020 was published there would be a lead in time and for at

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

least the first year of the transition even new applicants could apply for 17020:2012. Surveillance visits would still be to ISO 17020:2012 in the first 6 months at least.

3. Discussion and development of Incident Examination guidance document

- 3.1. The IESG members were drafting guidance to support the implementation of the incident examination FSA specific requirements (IE FSA SR).
- 3.2. Clarity was sought on the remit of the guidance and whether it should be offering best practice guidance for incident examination. It was agreed that the guidance be structurally aligned to the IE FSA SR and provide guidance on the following three points rather than best practice:
 - how a quality management system should be used to meet the requirements;
 - what a practitioner needs to do to meet the requirements;
 - support for technical assessors in terms of information on what forensic units and practitioners are expected to do to meet the requirements.
- 3.3. The guidance should clarify how the requirements in the Code could be met, other guidance could be issued at a later date to support best practice in examination of scenes.
- 3.4. It was noted that the guidance should have some breadth and assist with understanding whether an approach taken was within the expected ways to meet the requirement as it would be applicable to very different organisations.
- 3.5. It was also noted that there were some requirements that had been in the IE FSA SR that had been moved to the main section of the Code, guidance should also be offered on these requirements.
- 3.6. With regard to the contamination control section it was noted by an FCN representative that the data collected from approximately 20 police forces on contamination controls could be used to think about principles for contamination risk management. The Chair welcomed information in the guidance document

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

to support organisations with how to complete an appropriate contamination risk assessment.

- 3.7. Clarity was sought on the interaction of the FSR guidance document on contamination controls at incident scenes (FSR-GUI-0016) with the IE guidance document. It was noted that the IE guidance document should align to the FSA specific requirements on identifying contamination risk while FSR-GUI-0016 provided guidance on how to control risk.

Action 7: Contamination control task and finish group to review the relevant section of the draft IE guidance.

- 3.8. It was also suggested that the validation section of the IE guidance document could include a decision tree on identifying methods that should be validated or where other evidence of fitness for purpose could be utilised (see action 3).
- 3.9. Members were asked to review the draft guidance document and provide any additional comments to the OFSR.
- 3.10. Amendments were made to the draft guidance as the members discussed the document, this work would be continued in small group sessions after the meeting.

Action 8: Review guidance document and feedback comments.

Action 9: OFSR to book regular meetings to develop the guidance document.

- 3.11. A representative from UKAS raised a query about declaring compliance with the Code and whether compliance required all of the sub-activities that a forensic unit undertook as part of INC 100 to be on their schedule of accreditation.
- 3.12. It was clarified that, as it was the practitioner making the declaration based on the specific work that they had undertaken, compliance could be declared if the activities they were reporting on were on the schedule of accreditation. If the report included activities that were not on the schedule of accreditation then non-compliance would be declared for these activities.

4. FSA – INC 100 scope

- 4.1. This item would be discussed at a later meeting to allow time to discuss item 5.

5. Timeline for Code, guidance and accreditation requirement

- 5.1. At the previous IESG meeting in September the Regulator had sought views on whether a temporary suspension of the requirement for accreditation to Iso 17020 to demonstrate compliance with the Code would be required to allow time to meet the requirements in version 2 of the Code.
- 5.2. A timeline for a suspension had been proposed by the Regulator and shared with the IESG. This timeline introduced an 18-month suspension of the requirement for ISO accreditation at the point version 2 of the Code was published, before it came into force. The IE guidance document would be published at the same time as version 2 of the Code. The timeline also included provision of a road map completed by organisations undertaking FSA – INC 100 to the Regulator setting out how and when organisations would meet the requirements in version 2.
- 5.3. The timing of the suspension was queried as by having it start before version 2 came into force additional declarations would be required. The Chair responded that earlier suspension would direct organisations to work towards the requirements of version 2 of the Code rather than version 1 and any extension to scope undertaken while version 1 remained in force would be against requirements that would be replaced.
- 5.4. A UKAS representative suggested that ongoing accreditation would assist an organisation in progressing towards the version 2 requirements and the change in approach. However, the Chair commented that this would depend on the organisation and some organisations may choose to suspend their accreditation. It was acknowledged that organisations may not all want to take the same approach. It was also noted that accreditation could only be suspended for a maximum of 3 months and after that point organisations would need to make a new application for accreditation.

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

- 5.5. There was discussion of how significant the differences in accreditation approach and what compliance would require would be with version 2. While the UKAS position was that assessment would remain as a multi-site approach to initially and once all sites had been seen then visits could be reduced. A representative from the FCN highlighted that the UKAS document GEN 1 allowed for assessment of HQ and critical locations only. The response from a UKAS representative was that through previous assessments they had found that all sites were critical locations as they included exhibit stores, consumable storage and work stations.
- 5.6. While it was agreed that the Code sets requirements for site-based activities, such as exhibit storage, there was a view that the balance of assessment was too weighted to sites when the activities defined in FSA – INC 100 were not performed at sites. It was suggested that a review of an organisations' audits could be taken to provide assurance about site-based activities. This was supported by a UKAS representative, however all critical locations would need to have been visited.
- 5.7. The group were informed that UKAS had been working on reducing the amount of time spent at organisations and were focusing on areas of risk with less focus on hubs. Case file review and professional discussions were being implemented in place of site assessment, and an organisation's internal audit record and response to NCRs were key considerations in assessments. It was suggested that maintenance of accreditation would maintain progress towards UKAS confidence in auditing. Assessment of scene management activities may not require site visits as sites would have been visited previously.
- 5.8. The Chair acknowledged this but highlighted that a change in assessment approach was expected rather than a continuation of the existing approach. Confidence in organisations to have corporate processes in place will need to take a different approach to visiting all sites. The Regulator wanted to reach a position where sites were not listed on accreditation scopes.
- 5.9. IESG members representing organisations with multiple sites accredited agreed that the process could be more efficient and assessment could look for evidence that the same processes were in place across all sites without visiting

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

all sites. The approach taken would also need to work for organisations that did not yet have many sites accredited.

- 5.10. It was suggested that the time in which the requirement for accreditation was suspended could be used to hone the assessment process.
- 5.11. There were issues to resolve on the assessment process but it was noted that the Regulator's survey indicated that aligning the mechanism of assessment with the risk of quality failure in incident examination would be welcomed. Members were asked to consider what they would expect a compliant organisation to be able to demonstrate at assessment.
- 5.12. It was noted that suspending the requirement for accreditation could put forces in a difficult position with having to decide whether to maintain accreditation.
- 5.13. It was also noted that 18 months may not be sufficient time for all organisations to be assessed by UKAS given the number of assessments that would be required and the associated follow up actions. However, a longer timeframe may also deprioritise accreditation.
- 5.14. In order to capture all of the issues and considerations members were asked to provide a summary of their views on the timeframe for suspending the requirement for accreditation and suggestions for changes that could be made to the assessment process.

Action 10: Provide feedback to the OFSR representative on the timeline for suspension of the requirement for accreditation and changes to assessment approach

- 5.15. A member asked how compliance should be declared during the suspension for the requirement for accreditation. It was queried whether there was a risk that an organisation who declared compliance with the Code during the suspension would then be non-compliant if they failed their accreditation assessment.
- 5.16. If the suspension of the requirement for accreditation started while version 1 of the Code was still in force organisations may be able to declare compliance to version 1.
- 5.17. It was highlighted that any declaration of compliance should be taken very seriously in the same way as a declaration of truth in a witness statement for the Criminal Justice System.

Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes – Minutes

- 5.18. Consideration of the wording for declarations during the suspension was taken as an action for the OFSR.

Action 11: Consider declarations for compliance during accreditation suspension.

6. Any other business

- 6.1. The Chair thanked members and closed the meeting. The date of the next meeting was to be confirmed.

Annex A

Representatives present:

Chair

Bedfordshire, Hertfordshire, and Cambridgeshire Police (BCH)

Counter Terrorism Policing

Forensic Capability Network (FCN)

Forensic Collision Investigation Network (FCIN)

Greater Manchester Police (GMP)

Metropolitan Police Service (MPS)

National Crime Agency (NCA)

Scottish Police Authority Forensic Services

Thames Valley Police (TVP)

United Kingdom Accreditation Service (UKAS)

Office of the Forensic Science Regulator

Apologies

Association of Forensic Service Providers (AFSP)