



Forensic Science Regulator

Incident Examination Specialist Group (IESG)

**Note of the meeting held on 29 November 2024 at 2 Marsham Street,
London and via video conference.**

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

1.1. The chair welcomed all the members to the sixth 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.

Action 1 – OFSR to publish the September meeting minutes pending opportunity to for members to review and send comments.

1.3. The outstanding actions from previous meetings were reviewed:

Action 3 (February 2024) - AFSP representative to share update to the IESG members once the meeting has taken place. Closed – see stakeholder updates.

Action 4 (February 2024) - Establish whether presumptive testing of noxious substances at scenes would be INC 100 or DTN 500. Update – presumptive testing at scenes was specified in FSA – DTN 500, there was an exemption if the testing was for public safety reasons rather than evidence recovery.

Action 2 (July 2024) - Finalise the FSA specific requirements taking into account regulatory change proposal. The FSA specific requirements were included in the final draft of version 2 of the Code of Practice. The Code was being reviewed by the Home Office legal team therefore it would only be possible to make amendments if critical errors were noted.

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Action 3 (July 2024) – Draft section 9 guidance for Incident Examination. The drafting of the guidance document was ongoing with sections needed on technical records and validation.

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

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

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

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. This action would be addressed by the establishment of the compliance assurance working group and was closed.

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

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

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. This action would be addressed by the establishment of the compliance assurance working group and was closed.

Action 13 (July 2024) – Consider a milestone approach to initial return to compliance – identify sections of Code for compliance. No longer under consideration – action closed.

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. Update provided for this meeting, see stakeholder updates – action closed.

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

Action 1 (September 2024) – Publish July meeting minutes. In progress pending review of minutes by IESG members.

Action 2 (September 2024) – Share version 2 of the Code of Practice with IESG members. OFSR unable to share full draft until viewed by ministers, however drafts of relevant sections have been shared to assist with the IESG workstreams.

Action 3 (September 2024) – FCN representative to lead on drafting a decision tree for validation/verification approach and circulate for comment. This action was ongoing, and the draft assurance decision model would be circulated for comment. It was noted that if this model was to be included in the incident scene examination guidance, then comments would need to be provided promptly.

Action 4 (September 2024) – FCN representative to share a list of validated activities that have been validated a number of times across policing. Duplicate of action 14 (July 2024) – completed and closed.

Action 5 (September 2024) – IESG members to provide thoughts for the best format for progressing workstreams – e.g. small group meetings/over email. It was noted that the major of the work of the IESG had been progressed by the main group and going forwards the workstreams should be managed by establishment of specific working groups the operation of the IESG would return to an overarching body with the working groups reporting to the IESG – closed.

Action 6 (September 2024) – Chair to draft communications for stakeholders and an update for the CSI technical forum on regulatory change. Action addressed by the presentation at the FSR conference in October 2024, a summary of this presentation will be included in the next FSR newsletter – closed.

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Action 7 (September 2024) – Contamination task and finish group to review the section in the IE guidance document – section has been reviewed, amended, and circulated – closed.

Action 8 (September 2024) – IESG members to review the draft guidance document and feedback comments – ongoing.

Action 9 (September 2024) – OFSR representative to book regular meetings to develop the IE guidance document – ongoing.

Action 10 (September 2024) – IESG members to provide feedback on the timeline for accreditation suspension and changes to assessment approach – complete, summary had been circulated to members and shared with the Regulator – closed.

Action 11 (September 2024) – Consider declarations for compliance during the accreditation requirement suspension period – ongoing, OFSR working on an update to the declarations guidance document.

2. Update from OFSR

- 2.1. The Chair noted that the IESG had provided important support to the Regulator on regulation of incident examination and advising on the appropriate changes to regulation. The work to identify and work through the issues had been complex and really good progress had been made. The Chair thanked the members for their energy and effort.
- 2.2. The next phase would be critical and would not be straightforward, the regulatory changes would raise complex issues that would need to be worked through. The Regulator's office had developed a summary of the six main changes relating to regulation of incident examination and considered the impact on organisations delivering incident examination and the process of assessment. The Regulator held a meeting at the end of October with key stakeholders from UKAS, FCN, NPCC and the IESG to discuss the six areas of change:
 - 1. Competence assessed under a corporate framework.
 - 2. Contamination controls based on risk management.

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3. Validation of methods that involve testing only and use of existing and central validation studies.
 4. Proportionate note taking.
 5. Compliance required for all incident types – no distinction between volume and major crime.
 6. Compliance by organisation not by base/site.
- 2.3. The spirit of the meeting was to look at the Regulator's changes and start to consider how delivery of these changes could be achieved and to identify any blockers. This would be an ongoing discussion, and a period of change and development was expected. The Chair noted that one area of challenge would be assurance of central resources such as collated data on contamination risk and competency frameworks and suggested that the FCN would provide important support in the move from writing the requirements to meeting them.
- 2.4. There would be significant ongoing work to support and advise the Regulator as the regulatory changes start to be introduced. It would be appropriate for work on regulatory change to be taken on by a working group of the IESG, in line with the model for other FSR specialist groups. This group should include representation from the accreditation body and police forces at a range of stages of readiness to meet the requirements in version 2 of the Code.
- 2.5. This group would monitor how the changes were being implemented and consider issues such as consistency, how to build compliance when it is not volume/major or by site, and accreditation schedules.
- 2.6. The group would be called the Compliance Assurance Working Group (CAWG). The IESG members were introduced to the CAWG Chair, who had been invited to join the meeting and would join the IESG.
- 2.7. The IESG Chair asked for recommendations or suggestions of appropriate members for the CAWG to ensure there was broad representation across all of England and Wales.

Action 2: IESG members to suggest member organisations for the CAWG

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- 2.8. To assist the Regulator with monitoring readiness and progress towards the meeting the requirements in version 2 of the Code, the Regulator's office was developing a gap analysis. The general findings could be used by stakeholders, the IESG and the CAWG to identify where support was most needed.
- 2.9. The remit of the working group was being determined and a terms of reference needed to be prepared.

Action 3: Draft terms of reference for the CAWG

- 2.10. The incident examination guidance document would be the best vehicle for the CAWG to provide support for implementation of the new FSA specific requirements for incident scene examination. It was noted that the community should be able to feed into the guidance and drive the regulatory change. A workshop on the guidance may be beneficial. It was agreed that the guidance would be need to be provided with the gap analysis.
- 2.11. There was agreement that the incident scene examination community should be informed that there would be guidance to accompany version 2 of the Code and an approximate date for it to be shared.
- 2.12. It was also noted that there would be a period of transition during which version 2 of the Code would be digested and the guidance did not need to be provided at the same time as version 2, although it would be needed within a reasonable timeframe after publication of version 2 to help with understanding the Code.
- 2.13. A soft launch of the guidance was proposed using existing forums and smaller groups rather than sharing via publication of the guidance.
- 2.14. The group were reminded that version 2 of the Code would first be published by the Home Office when it was presented to parliament. This would be a draft and subject to change. Once approved it would be published by the Regulator.
- 2.15. The Chair was asked whether the appointment of a new Regulator would have any impact on the work the IESG has done on the FSA specific requirements and guidance. It was noted that Gary Pugh's term as Regulator would not end until July 2025 and although version 2 of the Code would not have come into force before then it would have been reviewed by parliament and published. Changes could be made by a Forensic Science Regulator through the use of a

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regulatory notice but this would not be used to make fundamental changes and could not be used to add requirements. It was expected that the CAWG would be up and running before July and that the guidance document would be published before this date.

3. Stakeholder updates

CSI technical forum

- 3.1. The representative for TVP provided the update from the CSI technical forum.
- 3.2. An in-person meeting had been held in September and was well represented. The members were keen to be part of the process of regulatory change a. There was support for maintaining accreditation to ISO 17020 during the suspension that would be implemented with version 2 of the Code.
- 3.3. It was noted that the CSI technical forum would be an effective group for communicating with the community.
- 3.4. Work was continuing on the training competency framework with support from the FCN. The framework would summarise the FSA specific requirements in a checklist.
- 3.5. Work was also continuing on centralised validation and the glove cleaning validation project, together with support from the FCN.

Forensic Capability Network (FCN)

- 3.6. An FCN representative provided an update on their work relating to incident examination. This had also been circulated as a written update to members.
- 3.7. Work had been completed on the collation of information from forces on their status of accreditation, any extensions to scope, and surveillance visits.
- 3.8. The group working on the contamination management project had held their second meeting and the project was at the stage of reviewing the data collated.
- 3.9. The decision assurance model developed in support of the centralised validation work had been circulated to members and some initial proof of concept testing had been undertaken within the CSI expert network. The FCN welcomed feedback from the IESG members on the decision assurance model.

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The FCN would apply learning from centralised validation work undertaken for sexual assault referral centres and were looking to secure funding to support further research.

- 3.10. Also, in support of the work on centralised validation the FCN had collated data on methods that had been validated by forces and methods that were listed on their accreditation schedules. Once all the information had been collated the FCN representative noted that it would be necessary to review the methods that had been validated and identify any where validation was not the appropriate means of assurance.
- 3.11. The Chair noted that the body of data the FCN was creating would be useful for the IESG discussions on contamination risk management and validation and provide a valuable resource for organisations.
- 3.12. The FCN representative advised the IESG that they had discussed the data sets with the Chartered Society of Forensic Sciences and asked the IESG if there were any concerns with sharing the information with the Society. It was noted that this would be a useful opportunity to share learning.
- 3.13. The Chair asked the FCN representatives what the road map was for the FCN work and how the data collated could be used by organisations to support their internal decision making. It would be important to ensure that the data collated could be used by organisations to provide meaningful assurance.

UKAS

- 3.14. A written update had been provided by the UKAS representative and would be circulated to members.

Action 4: Share UKAS update with members.

- 3.15. A UKAS representative provided members with a summary of the written update.
- 3.16. Two assessment managers had moved from the Forensic section.
- 3.17. UKAS had its four-yearly peer evaluation which was successful.
- 3.18. Technical assessor workshops had been held in October and covered themes of strategy and consistency in the approach to findings.

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- 3.19. Assessments were proceeding as usual although some organisations had cancelled extensions to scope, surveillance visits continued.
- 3.20. Recruitment of technical assessors remained on hold; competence of existing assessors was being maintained while waiting for clarity on the changes in version 2 of the Code.
- 3.21. Revision of ISO 17020 was at the committee draft stage, it was expected that transition to the new standard would take a couple of years.
- 3.22. There had been no changes to any UKAS publications since the last IESG meeting.
- 3.23. The Chair asked the UKAS representative about their plans for assessment against version 2 of the Code. The UKAS representative noted that sight of the complete, final version 2 of the Code was needed to determine the approach to assessment. The Code was not being shared widely pending ministerial approval. It was acknowledged that assessment against the main sections of the Code may be desktop but that the incident scene examination FSA specific requirements may need a more detailed transition. The Chair noted that this was expected and the purpose of the suspension of the requirement for accreditation to demonstrate compliance with the Code.
- 3.24. UKAS had undertaken a pre-assessment for accreditation of major crime activities and noted that the adaptations to the QMS were not large provided there was already some accreditation held. The main observation was that thorough internal auditing would be important, including for areas that were not yet accredited.
- 3.25. The UKAS representative also noted that working with various case management systems and notes from multiple practitioners in a complex case would present a challenge for assessors. A schematic to show what records were held and how they were linked would be useful. Professional discussions would be key with a practitioner who would be able to speak through the wider case.
- 3.26. The representative from BCH noted that organisations would need to be able to identify and locate all the actors involved in a case and clearly numbered tasks

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and sequences of activities would assist with this. Decisions relating to translating the customer request into strategy needed to be recorded so that delivery of the customer's request could be checked. Boundaries between the customer request and the actions of the forensic unit needed to be clear.

- 3.27. The BCH representative also commented that while assessment would need to include professional discussions with individual practitioners, assessment should review the organisation rather than individual practitioners.
- 3.28. The Chair commented that professional discussions would be familiar for forensic practitioners and conversations about process, tasking, and checking felt more appropriate than witnessing activities in an artificial setting.
- 3.29. The UKAS representative noted that assessments would be bespoke based on reviews of applications and tailoring of assessment.
- 3.30. The Chair highlighted the risk of bespoke assessment was a wide variety of assessment approaches. The CAWG could assist organisations with readiness for assessment to support consistency in assessment approach.
- 3.31. The representative from TVP noted that the information from the pre-assessment was very useful and that training competency assessments and auditing schedules would be important for supporting a consistent approach.

AFSP

- 3.32. The AFSP representatives had provided a written update, and a summary was shared with the members.
- 3.33. AFSP members continued to maintain their existing accreditation status, holding either ISO 170205 or 17020. Extensions to scope had been put on hold pending finalisation of version 2 of the Code.
- 3.34. AFSP members were finding the AFSP sub-groups useful and a good means to be heard. Discussions had been held on collaboration and alignment of competencies and while consistency would be welcomed this would be more challenging to deliver in the private sector with the difficulties of releasing information to competitors.

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- 3.35. The AFSP scene group discussed the incident scene examination FSA specific requirements, in particular the section on co-ordination of others which would cover most specialists. It was agreed that specialists were not required to manage the scene but do have a critical input into the examination strategy. It was agreed that ISO 17020 accreditation was not needed and that the activities of specialists at an incident scene could be aligned with ISO 17025. It would be simpler and cheaper for organisations to maintain one accreditation standard. There would still be a requirement that methods and validation studies reflected the fact that they could be used at scenes.
- 3.36. The AFSP scene group was also looking at how learning from other countries could be shared and considered for use in the UK. For example, in Norway streaming headsets had been trialled to allow remote viewing of incident scenes, this could be used to provide real-time advice at incidents such as on BPA. A similar trial in the UK would require engagement and support from police forces who would need to have the headsets to share footage for guidance.
- 3.37. The AFSP scene group was also drafting a guidance document on body processing at scenes to address variation in approach seen between pathologists and forensic medical examiners. This work would bring together learning from the body fluid forum and consider whether research from living persons could be applied to the deceased and the effect of differences such as muscle relaxation.
- 3.38. The AFSP scene sub-group was also looking at proficiency testing which was a requirement of ISO 17020. Two different PTs were tried but neither aligned well with the work undertaken by specialists at an incident scene. The sub-group was looking into designing their own PT using a mock scene captured in 3D. The group were designing the expected outcomes for the PT which would include strategy setting and decision making. The PT was expected to be ready in mid-2025.
- 3.39. The representative from BCH asked whether CSIs who undertook body sampling were reflected in the guidance on body sampling. The AFSP

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representative responded that there had been engagement with CSIs and the intention was that the guidance would also be beneficial to them.

- 3.40. The Chair picked up on the issue of ISO 17020 and ISO 17025 accreditation and sought to clarify that only those undertaking FSA - INC 100 should be seeking accreditation for ISO 17020. Compliance with the Code for specialists attending an incident scene and undertaking other FSAs did not require accreditation to ISO 17020. For bloodstain pattern analysis at an incident scene for example, FSA - BIO 201 would apply. The Chair queried whether there were marketplace issues that needed to be resolved around the accreditation standard as there should be no requirement for organisations to hold ISO 17020 for delivery of other FSAs at incident scenes. The Chair would raise this issue with the forensic marketplace board.

Action 5: Chair to raise contracting and changes to ISO accreditation requirements in version 2 of the Code.

- 3.41. The representative from the office of the Forensic Science Regulator clarified that in version 2 of the Code there was no requirement for accreditation to demonstrate compliance with the Code. A working group of the BIO specialist group was advising the Regulator on the most appropriate mechanism for demonstrating compliance for BIO 201.
- 3.42. The representative from GMP checked that when in-house specialists were called to provide specific services, such as digital specialists, that these activities did not require accreditation under ISO 17020. This was discussed by the members, and it was agreed that responsibility for the incident scene examination lay with the forensic scene manager and that the specialists being called in, even internally, would be working under the relevant FSA e.g. FSA – DIG 100. Where a digital specialist was called to an incident scene to search for items that may contain digital data where there was no forensic scene manager their activity would remain FSA – DIG 100 rather than INC 100.
- 3.43. The quality representative from the AFSP noted that the specific accreditation standard was less important than the principles of meeting any standard, such as a robust quality system, internal audit, PT and so on. There was a lot that

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could be learned from meeting the requirements of ISO 17020 and it would be important not to lose this learning if being assessed to ISO 17025 instead.

3.44. The Chair noted that learning should not be lost and could be reflected in assessments for ISO 17025.

3.45. A UKAS representative commented that none of the additional elements of working at a scene should be lost and that accreditation schedules would need to be clear in terms of the activities covered.

3.46. It was agreed that guidance for those commissioned to provide specialist activities at incident scenes would be beneficial.

4. Sub-group updates

Fire Investigation

4.1. The Chair of the fire investigation sub-group provided an update for members.

4.2. It was noted that the fire investigation community were disappointed that a date for compliance with the Code for fire investigation was not included in version 2.

4.3. Together with the Collision Investigation FSA, work was ongoing on a milestone approach for compliance with the Code which had the support of the Regulator. There had been discussion of the timeframe for the milestones with the FI community looking for shorter timeframes than the collision investigation community.

4.4. Each milestone would cover a set of requirements in the Code and there was support for a pre-requisite set, required as soon as the FSA was included in the Code, which would include having a Senior Accountable Individual in place.

4.5. Fire Services would be asked to share with the Regulator an organisational plan for meeting the milestone requirements.

4.6. The main challenge for the milestone approach was identifying the appropriate oversight mechanism as accreditation to ISO 17020 was not being proposed as the means for demonstrating compliance. Whether HMICFRS could assist with oversight was being investigated by the representative from the Office of the Forensic Science Regulator.

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- 4.7. The milestone approach had provided a refocus of workstreams in fire investigation groups. It would be important to identify what methods used in fire investigation would require validation or verification. Work was underway through other fire investigation forums to collate existing data and research that could also be used to support validation as well as decision making in the interpretation of fire scenes.
- 4.8. Highlighting the Regulator's expectations for Code compliance with fire chiefs and the NPCC would be beneficial to ensure progress towards compliance. The OFSR representative informed the group that a meeting between the Regulator and the NFCC fire investigation lead was planned.
- 4.9. It was noted that there could be challenges with delivery and funding of fire investigation and a risk that some fire services would withdraw the provision of fire investigation for police. Alternatives would include outsourcing to the private sector or training of CSIs to investigate fire scenes. It was hoped that the milestone approach would make compliance with the Code more manageable.
- 4.10. It was noted that while the FSA for fire investigation and the milestone approach could not be included in the Code until version 3, the intention was to share drafts ahead of version 3 so that organisations would be aware of the likely requirements.

Collison Investigation

- 4.11. The Chair of the collision investigation sub-group provided an update for members.
- 4.12. It was noted that, unlike the fire investigation community, the collision investigation community were pleased that the FSA collision investigation was not included in version 2 of the Code. This was largely because of the number of methods used in collision investigation that would require validation. While the FCIN was supporting forces with validation the private sector would find completion of the necessary validation work difficult and how validation work carried out in the public sector could be shared with the private sector needed to be considered.

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- 4.13. The membership of the sub-group had been widened to include representation from policing in Wales as well as an additional member from the private sector and representation from the Driver Vehicle Standards Agency, who offer a post-collision service in heavy goods and passenger carrying vehicles. The wider membership of the group meant that police forces at a range of readiness for compliance with the Code were represented and there was good representation from the private sector, including the main professional body representing traffic accident investigators.
- 4.14. The CI sub-group had heard from the Chair of the Case Review FSA working group at their last meeting. There were useful discussions on the differentiation of activity that would be case review and activity that would be collision investigation or one of the digital FSAs and the assessment of the group was that in many cases the work undertaken by commercial organisations would not be considered case review.
- 4.15. The sub-group's work on the milestone approach had been on hold pending finalisation of version 2 of the Code and this would be restarted in early 2025.
- 4.16. The sub-group chair also provided an update on the opinions and interpretations workstream which was being supported by was a small group of collision investigators, some of whom were on the CI sub-group. Reporting in collision investigation was a challenging area because of the need to draw together a range of evidence types, including evidence from other specialists. The opinions and interpretation specialist group had indicated that collision investigation was evaluative, however presenting evidence as evaluative opinion was not something that has previously been considered. Redacted reports were being collated to identify the main types of evidence reported and consider how these should be reported.
- 4.17. It was noted that vehicle digital forensics was a significant aspect of collision investigation and one where compliance with the Code was required and demonstrated through accreditation to ISO 17025. The challenges with collating ground truth data to test the validity of data relating to vehicle systems were highlighted and initial tests of data recovery tools had indicated these may not be fit for the purpose of collision investigation.

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- 4.18. Estimation of speed from CCTV was noted as another area of collision investigation that required compliance with the Code and was undertaken by many police forces and commercial organisations. The Regulator had undertaken a gap analysis to assess the level of compliance of public sector and commercial organisations for this activity. The sub-group Chair noted there appeared to be an increase in outsourcing of this activity by police forces and there may be a lack of awareness of the responsibilities for supplier review when outsourcing an FSA.
- 4.19. The FCIN had produced a national SOP for speed estimation, an uncertainty of measurement tool and a set of ground truth data that could be used for competency assessment.
- 4.20. The IESG Chair asked about the outsourcing of speed estimation work by police forces and whether the commercial organisations used were in much the same position as the police forces with regard to compliance issues. The sub-group Chair commented that no method had been validated in line with the Code and competency testing appeared limited in the private sector.

Counter Terrorism

- 4.21. The Chair of the counter terrorism forensics sub-group provided an update.
- 4.22. One CT unit had been accredited to ISO 17020 and one unit had undergone a pre-assessment, the assessment was on hold to allow it to be against version 2 of the Code. The scope of accreditation developed for CT units would align with version 2 of the Code.
- 4.23. The Chair of the IESG asked whether the individual CT units were using a single QMS as there was one Senior Accountable Individual for the network. The sub-group Chair responded that the units were separate legal entities and each had their own QMS, however procedures were shared across the network.

5. Review of draft guidance document

- 5.1. The draft incident scene examination guidance was discussed. It was agreed that wider community engagement was needed to ensure practitioners were able to contribute.

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- 5.2. Relevant sections of the draft version 2 of the Code that were to be covered in the guidance had been shared with members. In these sections grey highlight had been used to indicate new text.
- 5.3. The group were informed that when the Code was published a consultation report would be published by the Regulator that would explain the changes in version 2 of the Code.
- 5.4. A UKAS representative commented that the changes were not as simple as grey highlighted text indicating new text, text had also been removed and moved which was not visible to the reader.
- 5.5. The representative from the OFSR noted suggestions for improvements in how deleted and moved text in subsequent versions of the Code could be presented and informed members that there would be a table in the Code consultation report that listed changes to section numbers and deleted sections.

Action 6: OFSR representative to circulate the table of deletions to members.

- 5.6. Members were asked to continue to review the IE guidance document and submit any comments or suggestions to the OFSR representative.

6. Draft guidance on validation for IE

- 6.1. The members were asked to specifically consider how guidance on validation in incident scene examination should be delivered.
- 6.2. In reviewing the draft text for version 2 of the Code members highlighted one clause in the Methods and method validation section as requiring clarification in the guidance:
 - 24.1.1 All methods for examinations/tests used by a forensic unit shall be fit for purpose; this requires validation data, or verification of existing validation data against the forensic unit's end user requirement and that the unit is competent to perform the examination/test.
- 6.3. Clarity would be needed on which aspects of incident scene examination would be considered to be examinations/tests as these required validation or verification. The FCN decision assurance model could assist with identifying methods that would be considered to be examinations/tests.

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- 6.4. The Chair of the CAWG sub-group suggested that a list of the most common methods would be useful for consistency and save duplication of work. The decision assurance model could then be applied to methods not on the list.
- 6.5. The Chair was supportive of this approach but there would need to be logical criteria for defining which activities were examinations/tests. These criteria could then be applied to any new methods as well as existing ones.
- 6.6. It was noted that guidance should also include how methods that were not considered examinations/tests could be demonstrated to be fit for purpose as well as demonstrating that the method was appropriate for the proposed use.
- 6.7. Clarity on the expectations for verification of validated methods was needed. Clause 24.1.1 in the draft version 2 of the Code stated that fitness for purpose could be through verification of existing validation data.
- 6.8. A UKAS representative stated that verification would draw on existing validation data to allow for a smaller study that would save time in the production of the report and in the assessment. Verification would also function as a peer review of the existing work.
- 6.9. The AFSP quality representative noted that verification studies could identify where further validation was needed.
- 6.10. The Chair agreed that verification was important, however there were methods in incident examination that were being repeatedly validated as verification was being approached in the same way as validation.
- 6.11. A UKAS representative noted that national methods and use of the same kits would reduce variables that needed to be verified.
- 6.12. The representative from TVP noted that clarity on the number of practitioners needed to verify a validated method was necessary. Particularly where consumables and training were the same across organisations.
- 6.13. The UKAS representatives proposed reviewing the approach being taken for central validation of the method for glove cleaning to identify good practice and issues that would need addressing.

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- 6.14. A UKAS representative highlighted that the requirements for verification in the Code were clear in terms of review of the adequacy, reliability and relevance of existing validation data and assessment against the organisation's end user requirements.
- 6.15. The representative from TVP noted that these requirements could be met through a desktop review but if practitioners were considered a variable then practical testing would be required.
- 6.16. It was also noted that, in line with the Regulator's change to organisation-based compliance, verification should be applicable to the whole organisation and not specific sites/bases. A UKAS representative highlighted that assessors would need to be assured that there was no variation in the method across the organisation.
- 6.17. Accessibility of validation data was discussed and it was noted that this could be held centrally provided it could be accessed by relevant organisations including assessors, and data sources were traceable. There would also need to be governance of the data and control over changes. The risk of centrally held data becoming out-of-date and inhibiting best practice was discussed and governance would need to support continual improvement.
- 6.18. It was suggested that once a sound approach for central validation and clear expectations for verification were established, guidance could be provided on how to design and deliver central validation and the requirements for verification. Worked examples would be beneficial including verification as a result of changes to consumables, equipment or software. Inclusion of validation/verification templates was discussed but members indicated that organisations would already be using validation report templates.

7. Any other business

- 7.1. The Chair of the BIO specialist group had requested for BIOSG sub-group Chairs to attend an IESG meeting to provide updates that would be relevant to incident scene examination. The Chair of the IESG suggested that the AFSP scene representative who sat on both BIOSG and IESG could act as a conduit of information between the two specialist groups.

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

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

Annex A

Representatives present:

Chair

Association of Forensic Service Providers (AFSP)

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

None