



Forensic Science Regulator

Incident Examination Specialist Group (IESG)

**Note of the meeting held on 1st April 2025 at 23 Stephenson Street,
Birmingham and via video conference.**

1. Welcome, new Chair and introductions

- 1.1. The chair welcomed all the members to the seventh meeting of the incident examination specialist group (IESG) and formally handed over the chairing of the IESG to a new chair. A list of attendees by organisation is available at Annex A.
- 1.2. The new chair also assumed responsibility for the NPCC CSI portfolio, while the previous chair would remain involved in the AFSP group, ensuring continuity and support for the forensic science community, particularly in scene-based activities.
- 1.3. The Forensic Science Regulator thanked the outgoing chair for his foundational work in establishing the IESG in 2022 and acknowledged the significant progress made under his leadership, particularly in developing the regulatory framework for incident scene examination (FSA - INC 100).
- 1.4. The FSR noted that the leadership transition was well-timed, aligning with a broader shift from the development phase of the Code to its implementation through oversight, coordination, and guidance.

2. Actions, matters arising and note of the previous meeting and update from Chair

- 2.1. The minutes of the previous meeting were discussed.

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

2.2. The outstanding actions from previous meetings were reviewed:

Action 3 (July 2024) – Draft section 9 guidance for Incident Examination. The ownership of this document would pass to the compliance assurance working group. Further feedback would be sought from that group before publication.

Action 5 (July 2024) – Draft a scope of accreditation for FSA – INC 100.
Superseded by draft activity list – this action closed.

Action 8 (July 2024) – Draft a list of testing activities for FSA – INC 100. As for action 5 - closed.

Action 10 (July 2024) – Check the impact of a suspension of the requirement for accreditation for FSA – INC 100 on other FSAs. Original action related to the timeframe for suspension. Timeframe now determined – closed.

Action 1 (September 2024) – Publish July meeting minutes. Complete.

Action 2 (September 2024) – Share version 2 of the Code of Practice with IESG members. Validation section shared as paper for 29/11/24 meeting.
Closed.

Action 3 (September 2024) – FCN representative to lead on drafting a decision tree for validation/verification approach and circulate for comment. Comments were received and this action had been superseded by the simplified list of methods for validation – closed.

Action 8 (September 2024) – IESG members to review the draft guidance document and feedback comments – to be discussed later in the meeting.

Action 9 (September 2024) – OFSR representative to book regular meetings to develop the IE guidance document. Merge with action 8 – review of guidance and close.

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, suggestions for improvements

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to the declaration process welcomed. Creation of a working group on declarations was being considered.

3. Update from the Regulator

- 3.1. The FSR provided an update on the status of the Forensic Science Regulator's Code (Version 2), which was with Parliament and awaiting approval by the relevant committees. The Code was already available in draft form as a parliamentary document.
- 3.2. The FSR emphasised the importance of preparing for version 2 of the Code coming into force in October 2025. Accreditation would not be required until April 2027, allowing time for organisations to adjust. A gap analysis would be developed to assess organisational readiness. Declarations guidance (Version 3) was also being prepared and would be consulted on.
- 3.3. The Regulator reiterated that the changes in Version 2 were significant enough to justify temporarily suspending the requirement for accreditation to ISO 17020 to demonstrate compliance with the Code requirement. Organisations undertaking incident scene examination would need a developed quality management system (QMS) and a strong competency framework.
- 3.4. In line with version 2 of the Code accreditation scopes would remove the distinction between volume and major crime.
- 3.5. Members were informed that organisations could apply for accreditation before April 2027. Work was ongoing with UKAS to support the transition from existing scopes to the new requirements.
- 3.6. For commercial providers, there was no requirement to hold accreditation to ISO 17020 for FSAs other than INC 100. The FSR preferred not to have dual ISO standards (17020 and 17025) for the same FSA.

Action 2 – OFSR to ensure declaration guidance reflects transition of FSPs from 17020 to 17025 for FSAs at a crime scene.

- 3.7. It was noted that FSA – BIO – 201 which included bloodstain pattern analysis did not require accreditation to demonstrate compliance with the Code so not many organisations should be affected.

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Action 3 – AFSP representatives and incoming chair to arrange a meeting to understand the scale of the transition.

- 3.8. The FSR highlighted the importance of the new requirements for managing others at a scene, which aimed to improve collaboration between forensic scene managers and experts.
- 3.9. The FSR clarified that digital forensics scene assessments would fall under ISO 17025. No organisations were accredited under ISO 17020 for digital forensics, so there was no transition issue, but future inclusion of digital activities under INC 100 may be considered.
- 3.10. Members were advised by a representative from the Office of the Forensic Science Regulator that the Ministry of Justice had launched a consultation on admissibility of evidence from computer-based tools.
- 3.11. The terms of the consultation suggested that evidence would not be admissible unless the reliability of the computer-based tool was demonstrated on a case-by-case basis. This could inadvertently include standard forensic tools, which are currently validated through broader organisational processes, not per case.
- 3.12. The concern was that this could significantly increase the burden on forensic units and potentially slow down the justice processes.
- 3.13. It was noted that the defence position in the Horizon/Post Office case was that the computing system was flawed, which had led to the consultation.
- 3.14. An action was recorded to circulate the MoJ consultation to relevant digital forensic groups for awareness and response.

Action 4 – OFSR to circulate MoJ consultation information to relevant groups.

4. Stakeholder updates

CSI technical forum

- 4.1. The representative for TVP provided the update from the CSI technical forum.
- 4.2. The CSI Technical Forum met approximately one month prior to the IESG meeting and a follow-up meeting was held with members of the Forensic Capability Network (FCN).

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- 4.3. The IESG discussed the number of groups contributing to activity in incident scene examination and the need to define the activities each group was responsible for, particularly in relation to delivery versus oversight.
- 4.4. It was clarified that the IESG was not responsible for delivering compliance with the Code—that responsibility lay with policing organisations.
- 4.5. A new Heads of CSI group had been established. The CSI Technical Forum and the Compliance Assurance Working Group (CAWG) would support this group in implementing the new requirements.
- 4.6. The key deliverables for the CSI technical forum were:
- Development of a competency framework.
 - Progress on the contamination management project.
 - Compilation of a list of methods in incident scene examination.
- 4.7. Members asked who would have overall responsibility for the list of methods. The list of methods was intended to clarify which methods needed validation and it could be included in the guidance document that would accompany the FSA specific requirements for INC 100. The CSI technical forum and FCN would be responsible for managing and refining the list and a representative on the IESG was nominated as the link between the Heads of CSI group, the Compliance Assurance Working Group (CAWG), and the IESG, to help ensure consistency and define responsibilities.
- 4.8. A specific point was raised regarding the implications of the Code and the FSA specific requirements for those with roles in coordination of complex incidents. The group acknowledged that while the CSI Technical Forum and the Heads of CSI group were well-positioned to support implementation, there was a need to clarify how the FSA SRs apply in the context of coordination of complex incident scenes, particularly in terms of expectations for compliance, accreditation, and operational delivery.
- 4.9. Forensic Capability Network (FCN)**

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- 4.10. An FCN representative provided an update focused on CSI-related matters, with recent efforts having been more concentrated on SARC and digital forensics.
- 4.11. The FCN's "Quality Matters" newsletter was highlighted as a potential channel for sharing updates from the Compliance Assurance Working Group (CAWG).
- 4.12. An assurance visit had been conducted at SceneSafe, focusing on areas requested by the community, including fingerprint powders and GSR kits.
- 4.13. Guidance on digital data and a toolkit for engaging in academic partnerships had recently been published.
- 4.14. FCN was developing a comprehensive gap analysis template to support transition to Version 2 of the Code which would be more extensive than the UKAS transition document by including all changes in the Code, not just those requiring evidence of compliance. The draft gap analysis would be shared with UKAS and the Office of the Forensic Science Regulator before publication.
- 4.15. FCN had previously collated information on accreditation status and scope across forces. This could be refreshed to support the work of the CAWG.
- 4.16. Phase one of the contamination management project had been completed with samples submitted for analysis and initial reports received. Phase 2 was underway, focusing on understanding DNA transference at incident scenes. The aim of the project was to build an evidence base to help organisations assess contamination risks and implement appropriate control measures and a report on the project would be available before Version 2 of the Code comes into force.

UKAS

- 4.17. There had been no changes to any UKAS publications since the last IESG meeting.
- 4.18. UKAS was now receiving applications for friction ridge detail enhancement and digital forensics (DF) at scenes. These were being accredited under ISO 17025.
- 4.19. Pre-assessment conversations were taking place to ensure that applications met the required standards before formal submission.

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- 4.20. UKAS had implemented a new system for tracking quality incidents which would enable UKAS to report on common themes in future assessments.
- 4.21. Transition planning for Version 2 of the Code was well underway. Time had been ring-fenced in August/September 2025 for assessment reviews and decision-making to support the transition.
- 4.22. It was agreed that the role of the outgoing chair on the UKAS Technical Advisory Committee, representing CSI but not the IESG, should be taken by the incoming IESG chair.
- 4.23. The UKAS representative was asked about the new ISO 17020 standard and it was noted that the changes are not major but were still under discussion, with the main focus being on clarity.
- 4.24. It was also noted that any changes to ISO 17020 would trigger a review of ILAC G19 and that to change ISO 17020:2012 to a new version in the FSR Code there would need to be a statutory consultation.
- 4.25. The representative from UKAS noted that once an updated version of ISO 17020 had been published new applications for accreditation could still be granted under ISO 17020:2012, but organisations would need to transition within two years, making this a less desirable approach.

AFSP

- 4.26. The outgoing chair noted that the discussion around the application of ISO 17025 to other FSAs performed at incident scenes, rather than ISO 17020 had resolved many of the previous issues raised by the AFSP representatives. In addition, the FSA specific requirements for managing others at scenes provided clarity on roles and responsibilities.
- 4.27. The quality representative for the AFSP advised that members were planning to transition to ISO 17025 for bloodstain pattern analysis (BPA), even though it was not a requirement of the Code. This was due to reputational risk associated with operating without accreditation.
- 4.28. It was noted that one organisation had considered extending their scene examination scope to include firearms scene work but found there was

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insufficient demand to justify ISO 17020 accreditation and would likely offer this service under ISO 17025 accreditation instead.

- 4.29. AFSP representatives gave an update on the quality and scene workstreams in the AFSP.
- 4.30. A proficiency testing (PT) trial had been developed using a mock crime scene. This PT was intended to help address gaps between ISO 17020 and ISO 17025, particularly around scene approach, professional judgement, and decision-making and had drawn on relevant elements of existing PT schemes.
- 4.31. The new chair of the IESG confirmed that both AFSP representatives were happy to continue attending IESG meetings and both noted that it was useful to remain engaged with the group.
- 4.32. The scene representative of the AFSP provided an update on the Body Processing Guidance. Meetings had taken place with pathologists and the Body Fluid Forum (BFF) and the guidance document was progressing and would shortly be ready for consultation. A draft of the guidance would be shared with the IESG for comment and feedback.

Action 5 – AFSP to share body processing guidance with IESG

- 4.33. A member of the IESG raised the issue of the examination of bodies being an activity that did not require compliance with the Code. The outgoing chair acknowledged that this was an area of risk and stated that it should be addressed in Version 3 of the Code.
- 4.34. The chair of the collision investigation sub-group added that the issue of examination of bodies also needed to be considered in the context of collision investigation.
- 4.35. The incoming chair noted the need to start a repository for changes required in Version 3 of the Code and confirmed that “examination of deceased” should be added to that list.

Action 6 - circulate all written updates from stakeholders.

5. Sub-group updates

Fire Investigation

- 5.1. The Chair of the fire investigation sub-group provided an update for members.
- 5.2. The chair advised members that there were various models of provision in fire investigation, including outsourcing to forensic service providers, provision by police forensic practitioners, and delivery Fire and Rescue Services (FRS).
- 5.3. This variation made it more challenging to define and capture specific requirements that apply consistently across all approaches.
- 5.4. A key concern noted by the fire sub-group was that the senior leadership in FRS may not engage with compliance as they were not under a statutory duty to deliver forensic fire investigation services.
- 5.5. To address this, a milestone approach had been developed to support a more manageable path to compliance.
- 5.6. The incoming chair sought to understand the risks to the CJS in terms of quality provision of fire investigation, and what needed to be mitigated.

Action 7 – FI chair to seek input from sub-group members on risks in provision of fire investigation services.

Collison Investigation

- 5.7. The Chair of the collision investigation sub-group provided an update for members.
- 5.8. The collision investigation sub-group has representation from the policing community, the Driver and Vehicle Standards Agency (DVSA) and the commercial sector. It was expected that policing organisations would increasingly rely on the DVSA for heavy goods vehicle examinations rather than conducting them in-house.
- 5.9. The key risk area in collision investigation was noted as investigation of non-fatal collisions, where roads policing officers would initially examine the scene, rather than forensic collision investigators. This can lead to cases where once a

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defence examination has been requested a forensic collision investigation unit is asked to investigate the case—often with very short notice.

- 5.10. The sub-group had discussed whether examination of a collision for the defence would be viewed under the Code as case review or FSA – INC 101. The assessment was that the work would be FSA – INC 101 and the outgoing Chair suggested that for the sake of the CJS, it would be safest to treat defence work as INC 101.
- 5.11. The following risk areas were identified by the sub-group; identification and management of critical findings, drawing conclusions from combining evidence from different aspects of a collision investigation, robust, consistent peer review, and validation of methods, particularly in the commercial sector.
- 5.12. The sub-group is developing a FSA specific requirements for INC 101 and a process to develop and test the requirements had been developed and could be shared with the IESG.

Action 8 – OFSR representative to circulate plan for development of FSA specific requirements and milestones.

- 5.13. The sub-group chair also noted that a significant amount of collision investigation activity was considered digital forensics and covered by some of the digital FSAs, such as FSA - DIG 301.

Counter Terrorism

- 5.14. The Chair of the counter terrorism forensics sub-group provided an update.
- 5.15. One CT unit had been accredited to ISO 17020 and other units were working towards accreditation, pending the approval of Version 2 of the Code.
- 5.16. The chair of the sub-group commented that it was possible to meet the compliance requirements for CT activities, but challenges remained—particularly around the coordination of others at scenes. There were also challenges with infrequently used methods. There was concern that because methods were not routinely used there would be a need to re-validate at every use. Some of these methods were infrequently used in CT incident scene examination but not infrequently used in incident examination in general, such

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as presumptive testing. This could be considered when developing the list of INC 100 activities and which needed validation.

- 5.17. The outgoing chair supported the need for national standards noting that there was variation in competency across the country.

Covert Forensics

- 5.18. The covert forensics sub-group chair provided the update.
- 5.19. A meeting of the covert sub-group took place in March, and the group planned to meet quarterly. The group had developed a suite of standard operating procedures (SOPs).
- 5.20. It was noted that covert forensic roles were generally add-on responsibilities rather than dedicated positions and there may be a need for a national competency framework for covert roles.
- 5.21. Training in covert forensics was provided by the College of Policing and once licenced a minimum number of deployments needed to be undertaken, which could be difficult to achieve in practice.
- 5.22. The sub-group chair noted that the biggest blockers to compliance with the Code were training and competency, and contamination control. Validation of some methods used in covert forensics could also present a challenge.
- 5.23. It was noted that the National Surveillance Operatives Group should also feed into the covert forensics workstream and there was a risk around the activities of surveillance officers and whether they were performing Forensic Science Activities.
- 5.24. Covert forensics did not require compliance with the Code in version 2, provided it was undertaken under specific Acts and there were mixed views in the community about whether it could or should be included in Version 3 of the Code.
- 5.25. The incoming chair suggested that the forensic scene management element of covert forensics could be considered for compliance with the Code.

Compliance assurance working group

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- 5.26. The chair of the Compliance Assurance Working Group (CAWG) informed the members about the establishment of this group. The group would include regional representation for policing as well as representatives from national organisations such as British Transport Police and UKAS. The terms of reference, which included the six-point plan for regulatory change, would be considered at the first meeting of the group.
- 5.27. The chair highlighted the importance of a set remit for the group which was to focus on the six points of regulatory change, rather than be a forum for all issues relating to compliance and accreditation.
- 5.28. It was agreed that the CAWG would take ownership of the guidance document that had been developed to support interpretation of the FSA specific requirements. The guidance would then help ensure consistency in meeting compliance requirements. The draft guidance document would be circulated to CAWG members for regional feedback.
- 5.29. The CAWG would meet monthly with a focus on major changes and thematic meetings. Members would be expected to be familiar with the guidance document and be able to explain it to wider representatives from their regions. It was suggested that some full-day workshops may be beneficial for the CAWG work.
- 5.30. The first meeting the group would cover the need for a clear approach to organisational assessment, proposing the use of dry runs and pre-assessments, working together with UKAS, and considering a staged approach to compliance assurance. The CAWG would define the approach to compliance and assessment, including the minimum expected. The CAWG would establish a repository for compliance queries and these would be categorised for IESG, or other relevant groups. In particular the IESG members discussed the need to define what constitutes a “corporate system” and how to test it.
- 5.31. The CSI Technical Forum may be used to explore auditing issues.
- 5.32. The incoming chair stressed the need for the NPCC to engage with non-accredited forces and encourage compliance.

6. Review of draft guidance document

- 6.1. The draft incident scene examination guidance was discussed.
- 6.2. The guidance document was intended to support the implementation of the FSA specific requirements for incident scenes.
- 6.3. The members supported early publication of this guidance given that there was opportunity to amend and add to the guidance. However, in order for the CAWG members to have an opportunity to review it and share with their regions a short period of time for further comment was allowed. After which it was agreed that the guidance should be published.

Action 9 – Share guidance with CAWG for comment

Action 10 – Publish guidance subject to consideration of any comments from CAWG members.

- 6.4. The Regulator was intending to write to all SAls of organisations undertaking FSA – INC 101 when version 2 of the Code was approved and this communication would reference the guidance and note that it was under review and feedback was being collected.
- 6.5. Inclusion of the six-point of regulatory change in the guidance was discussed and it was noted that guidance on meeting regulatory changes such as ensuring competence frameworks were corporate systems would be beneficial.
- 6.6. The goal of the guidance was to ensure consistency in interpretation and application of compliance requirements across all forces and forensic units.

7. Review of list of INC 100 activities

- 7.1. Declarations of compliance were highlighted as a major challenge, particularly during the period in which the requirement for accreditation to demonstrate compliance with the Code was suspended. It was agreed that a clear scope would assist with understanding the point at which compliance could be declared.

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- 7.2. There was a discussion around a binary versus a flexible scope and discussion of whether it would be possible for an organisation to be compliant for some INC 100 activities but not others.
- 7.3. A draft list of activities that could be considered part of INC 100 had been shared with members. A minimum scope could be drawn from this list.
- 7.4. Members were asked to review the list of activities and send comments via email.

Action 11 - Review the list of activities and send comments via email

8. Any other business

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

Annex A

Representatives present:

Chair – outgoing

Chair - incoming

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