STATEMENT OF JUSTIN ANTHONY HOWES

I **Justin Anthony Howes,** of 39 Kessels Road, Coopers Plains in the State of Queensland, do solemnly and sincerely declare that:

Background

1. I am employed by Queensland Health and Forensic and Scientific Service (**QHFSS**).

2. I hold the position of Team Leader at QHFSS at Coopers Plains.

3. I hold a Master of Science in Forensic Science (Griffith University, conferred 2000), a Bachelor of Arts in Human Movement Science (University of Queensland, conferred 1997), and a Bachelor of Science in Molecular Biology (University of Queensland, conferred 1995). I also have a Diploma of Management (TAFE Queensland, conferred 2015) and a Certificate IV in Workplace Training and Assessment, conferred 2005.

4. On 19 September 2022, under s 5(1)(d) of of the *Commissions of Inquiry Act 1950* (Qld), Commissioner Sofronoff KC issued Notice 2022/00199 (**Notice**) to me. I am required to provide a statement regarding my knowledge of the matters set out in paragraphs 1 to 64 of the Notice.

5. As part of my response, I have read the following:

   (a) the Notice; and

   (b) the documents exhibited to this statement.

Responses to paragraphs 1 to 64

Validations

Background

Question 1

Outline any specific qualifications, skills or experience you have that is relevant to performing or endorsing validations.

6. I am one of two Team Leaders in the Forensic DNA Analysis team and have been employed in either temporary or permanent capacities within the work unit since 2006

Endorsements

Question 4

Explain the purpose of endorsing a validation of an instrument or system in the DNA Analysis Unit.

10. The purpose of endorsing a validation is to provide feedback and support for the testing plan or results, and to support any recommendations that might be generated from the testing. This is prior to the approval of the plan or report.

Question 5

Outline the duties and responsibilities of staff when endorsing a validation proposal or report. Attach any Standard Operating procedures or guidelines for the requirements of staff endorsing a validation report.

11. The duties and responsibilities of endorsers of validation proposals and/or reports is outlined in section 4.4, 4.5 and 4.6 of **JH-4 22871v17 Change Mgt SOP**, and section 4 of **JH-5 23401v8- Validation guidelines SOP**.

Question 6

Explain whether there are any internal or external audits or reviews of the QHFSS DNA Analysis Unit's validation proposals or reports.

12. In preparing for a scheduled NATA audit, the Forensic DNA Analysis' Quality Supervisor, Dr Kirsten Scott, prepares a standard Assessment Information Document (**AID**) that includes any instrument and software changes since the last NATA audit. This is provided to the Forensic and Scientific Services (FSS) Quality Advisor who provides it to NATA. For example, **JH-6 NATA AID_2022** is an AID document from the NATA Audit in 2022 that describes (on page 6) the projects conducted since the last visit in December 2020. The attachment **JH-7 Snip of Projects for NATA_2022** shows the Project Experimental Designs and Reports provided to NATA within the AID for the 2022 Audit.

Question 9

Explain if and how you became involved in endorsing the validations of:

(a) *PowerPlex21 (2012 and 2013);*

(b) *STRMix (Project #105 and #151);*

(c) *3130xl B Genetic Analyzer;*

(d) *Quantifiler Trio (Project #152);*

(e) *Quant Studio 5 (Project #185);*

(f) *QIAsymphony (project #192);*

(g) *ProFlex (Project #199);*

(h) *Hamilton STARlet A (Project #173);*

(i) *3500xl Genetic Analyzers (Project #182 and #186); and*

(j) *any method for the cleaning of bone instruments.*

19. As a Management Team member, I was an endorser of these documents.

20. Please note the bone cleaning project was #148 – Cleaning bone processing equipment.

Question 10

Explain the extent of your involvement in the endorsement of the validations listed in point 9. Attach any relevant documentation.

21. The extent of my involvement was to provide feedback on the plan (including risk assessments if applicable), proposal and final reports. After all feedback had been considered by the project team, I then signed the reports as an endorser.

Question 14

Explain whether you were involved in any endorsement of subsequent validations of the validations listed in point 9.

26. There weren't any further validations of the ones mentioned in Point 9, other than for PowerPlex 21 where there was a second version. I was an endorser for both versions.

Feedback

Question 15

Explain whether any feedback, advice or direction from other staff impacted on your endorsement of the validations listed in point 9.

27. No.

Concerns

Question 16

Outline any concerns you have with the validation or endorsement process within the DNA Analysis Unit. Attach any documentation, if any, evidencing these concerns being raised.

28. I am aware some projects have not had feedback received by due dates, which is a concern and I would consider this an area that could improve. For example, in Project #184, the Project Proposal was distributed to the Management Team on 31 July 2017 (**JH-9 FW_Proposal #184**) and one staff member (Kylie Rika) did not meet the due-date of 17 August 2017. This was followed up and the review was completed on 30 August 2017 (**JH-10 Microcon project_KDR**).

29. Attachment **JH-11 Compiled presentation (slide 26)** shows a point around projects at a Management Review in 2021 and being conscious to meet the targets that are set.

Question 19

*Identify the Standard Operating Procedures (**SOPs**) (including version numbers) related to the detection and testing of spermatozoa that were in force as at January 2016.*

33. 17189v13 Examination for and of Spermatozoa – active from 29/07/2015 **(JH-12 17189v13 Exam for sperm active 2016)**.

Question 20

Explain your understanding of the process and procedure in January 2016 for testing samples suspected to contain spermatozoa, including the use of preliminary and presumptive testing and policies concerning when the testing should cease.

34. The processes vary depending on the items being examined, should they be received eg. Sexual Assault Investigation Kits, or large pieces of fabric).

35. A general process for a Sexual Assault Investigation Kit (SAIK) is described. The process as per the SOP at the time **(JH-12 17189v13 Exam for sperm active 2016 and JH-19 32106v3 Exam of Sexual Cases)** describes that microscopy slides are prepared from a suspension of nanopure water of approximately 100-300uL. The material might either be a scraping, excised material or a swab. The sample is vortexed (agitated vigorously) and a drop is applied to a microscope slide, heat-fixed, stained and examined under a microscope for the possible presence of spermatozoa. A positive control slide is also prepared daily (and at other times) to ensure the process is operating correctly.

36. If spermatozoa is detected, the sample is submitted for DNA extraction. If spermatozoa is not detected, the suspension is tested for the possible presence of seminal fluid (ie with undetectable or absent sperm). The Acid Phosphatase (AP) test is one presumptive test for seminal fluid where a drop of the suspension (after centrifuge) is applied to filter paper with a drop of AP reagent. A colour reaction indicates the possible presence of seminal fluid. If AP negative, the sample is not submitted for testing unless it is an external swab (eg. vulval swab) which will be submitted for DNA profiling as per paragraph 37. If the AP test result is positive, the suspension undergoes a second

39. I recall an email from Reporting Scientist Jacqui Wilson that was sent to Amanda Reeves (Jacqui's line manager at the time) and myself as carbon copy. This email was commented on by Amanda Reeves (**JH-21 RE_599195993_AJR**). I spoke to Luke Ryan who I understand was A/Team Leader Evidence Recovery & Quality at the time and replied to Jacqui and Amanda on the same date and forwarded to Luke Ryan (**JH-22 FW:599195993 and JH-23 RE_599195993_JAH**).

Question 22

Explain your understanding of the sperm microscopy issue at the time it was raised.

40. My understanding from the details in Jacqui Wilson's email is that sperm were not detected at the examination phase, but were detected with a grading of 3+ (ie. 'very easy to find') as per (**JH-12 17189v13 Exam for sperm active 2016**) in the slide prepared within the DNA extraction process. The risk was that a sample might have no sperm detected, and then test negative for AP and p30 (see paragraph 36) and potentially not be submitted for DNA profiling.

Question 23

Explain whether the management team at the DNA Laboratory was made aware of the issue. If yes, explain when and how.

41. Yes. Jacqui Wilson sent an email to Amanda Reeves and carbon copied myself (see paragraph 38).

Question 24

Identify your role in responding to the sperm microscopy issue. Identify if any other person was also responsible for responding to or actioning the sperm microscopy issue.

42. As per paragraph 39, I made A/Team Leader Evidence Recovery and Quality Luke Ryan aware of the sample situation on the same date that Jacqui Wilson sent her email (**JH-22 FW:599195993**). The examination for spermatozoa, either in the examination

Question 27

Explain how Project 181 was proposed and how it commenced.

46. At a Management Meeting on 12 May 2016, Allan McNevin raised the point on 'Sperm seen on Diff Lysis extraction slide vs ER suspension slide' (**JH-29 Mgt Meeting 12052016**). On that same day, Allan McNevin wrote an email to the Management Team with the information that there would be a Proposal (#181) called "Investigation into sensitivity of spermatozoa microscopy" (**JH-30 FYI – Project proposal#181**). Also on that day, I sent Allan McNevin an email with some ideas from reporting staff that were shared with Amanda Reeves and then myself that could potentially assist with any projects (**JH-77 RE_Diff lysis**).

47. The Change Management and risk assessment documentation were sent to Management Team on 01 September 2016 (**JH-31 project #181 – project plan and experimental design**).

Question 28

What role did Allan McNevin take in responding to the sperm microscopy issue, and the reasons for his involvement?

48. Allan McNevin was the Senior Scientist of the Evidence Recovery Team at the time. In this team, scientists perform the task of preparing and examining microscope slides for the presence of spermatozoa. His role ended up raising the Change Proposal #181 and leading the work involved.

Question 29

If the issue was dealt with by way of developing project proposals and conducting projects, why was it dealt with in this way? Why was it not dealt with in a different way (for example, by use of the OQI process or Adverse Event Log)?

51. The aim of the project was to evaluate the set of samples, after the implementation of a modified protocol in August 2016, which had no spermatozoa or seminal fluid detected during the initial Evidence Recovery examination, and which were then submitted for differential lysis extraction. It was to evaluate these findings against what might have been obtained with the pre-August 2016 protocol to determine what, if any, impact there may have been on the DNA results reported for the case.

52. I am not aware if there was an official final report.

53. I was emailed a short report from Paula Brisotto in February 2017 on some data that was obtained after the implementation of the modified protocol in August 2016 (**JH-32 Microscopy stats FYI**). I was sent a spreadsheet and an email to proofread before sending to Kylie Rika and Matthew Hunt (**JH-28 Proof read**). I was also asked to read a Data Analysis draft report, and other versions with feedback from Kylie Rika, Luke Ryan and Matthew Hunt (**JH-24 Data Analysis report, JH-25 Data Analysis report_draft1, JH-26 Data Analysis report_draft1 – LBR_MOH_PMB and JH-27 Data Analysis report_draft1_LBR track changes).**

54. I believe the work was from approximately February to approximately August 2017 as determined by the dates of tracked changes/ comments.

55. The results found that there was not a demonstration of a systemic failure in the examination of exhibits when there were no sperm detected at Evidence Recovery phase, compared to slides prepared during Differential Lysis Extraction.

56. I am not aware if the final report was finalised; it appears to be in draft.

Question 32

Provide an explanation of document entitled 'Project #181 Spermatozoa Microscopy Sensitivity'. Identify:

(a) *the aim of this project;*

(b) *who approved this proposal, if anyone;*

(c) *your role and/or involvement, if any, in the formulation of the report, including drafts;*

Question 34

Explain when and on what basis Project 181 concluded. Include any discoveries made from Project 181.

63. The report recommended that the 'proposed' method, developed and tested throughout the project, be implemented as a standard operating procedure. It also recommended the cessation of AP testing as a standard presumptive screening technique except in cases of screening large items for potential seminal stains. P30 testing alone was recommended as the standard presumptive screening technique.

64. The final report was endorsed by the Management Team and then approved by Cathie Allen on 5 August 2020.

65. The report was submitted for Ethics Approval with the view to publication. The findings were compiled and presented as a poster at the Australian and New Zealand Forensic Science Symposium in 2022.

Question 35

Explain whether you consider Project 181 adequately addressed the sperm microscopy issue.

66. I consider the project adequately addressed the sperm microscopy issue as it led to a method with improved sensitivity.

Question 36

Explain whether any other staff expressed concerns or disagreements with the approach taken to address the sperm microscopy issue during Project 181's completion. Identify each staff member and explain the nature of their concerns or disagreements.

67. I don't have a recollection of whether there have been concerns or disagreements raised with the approach.

Question 39

Explain if any workplace culture/environment issues (for example, personality clashes or communication issues between individuals at FSS, favouritism, productivity etc.) impeded the efficient resolution of the sperm microscopy issue. If so, provide any examples or attach any relevant documentation.

73. The interpersonal difficulties made the environment challenging to work in, on top of the challenge for staff to balance the daily work commitments with project work. My view was that the interpersonal difficulties made it difficult to progress this project positively and affected the efficient resolution of the issue. This particular project also evolved to become an extraordinary amount of work as findings were discovered and worked upon, as evidenced by the project eventually become four experimental designs (and a second version to Part 4). Multiple staff from across the teams eg. Allan McNevin, Emma Caunt, Chelsea Savage, Matthew Hunt, Paula Brisotto and Cathie Allen all have their names listed on various Experimental Design parts (**JH-38 Snip_Expntl designs 181**).

Question 40

Explain your knowledge and involvement, if any, into procuring and engaging the New Zealand Institute of Environment and Science and Research ("ESR") to conduct an independent review, or provide an opinion about, the processing sexual assault investigation kits (SAIKS) at the QHFSS Forensic DNA Analysis Laboratory in 2016 and 2017, including:

(a) *who proposed the review;*

(b) *the purpose of the review;*

(c) *determining the scope of the review;*

(d) *developing and finalising the Terms of Reference for the review sought;*

(e) *the preparation of the documents and/or production of the documents considered to develop the Terms of Reference;*

Question 41

Explain and detail your knowledge and involvement, if any, in the decision that made to engage Livingstones to externally investigate the workplace allegations raised by Amanda Reeves, including:

(a) *your knowledge of who proposed the investigation;*

(b) *your participation in and/or knowledge of any conversations in which the following was raised:*

(i) *the reasons for the investigation;*

(ii) *the scope of the investigation;*

(iii) *the intended or expected outcome from the investigation; and*

(iv) *why an external investigation was preferred instead of an internal process.*

83. I have very limited recollection of Livingstones and what it entailed. I am not aware of who proposed the investigations.

84. I don't recall the exact reasons and scope of the investigation.

85. I don't recall the intended or expected outcome of the investigation.

86. I didn't propose the external investigation, but I agree that an external investigation is an acceptable course of action to take to investigate workplace issues.

Question 42

Explain and detail your knowledge and involvement, if any, in the decision that was made that Amanda Reeves should return from her leave of absence in March 2017 to undertake an alternate research role instead of her substantive role as a reporting scientist, including:

(a) *your knowledge of who proposed the arrangement;*

(b) *your participation in and/or knowledge of any conversations in which the following was raised:*

91. From viewing Opportunities for Quality Improvements (OQIs) and the Analytical Issues Log (**JH-42 Analytical Issues Log – Adverse event log worksheet**), it appears to me that a mixed DNA profile in a Reference sample was identified on 11 February 2008 and was then recorded as OQI 19330.

92. There were other instances of OQIs raised where unexpected DNA profiles were obtained in negative controls registered as OQI 19349 and OQI 19477.

Question 45

Identify each OQI and adverse event that relates to DNAIQ problems at around this time, or has since been linked to DNAIQ problems from around this time.

93. From what I can obtain from searching electronic records, I have been able to locate a timeline that lists the OQIs as (**JH-43 DNA IQ timeline 12-11-2008**):

OQI 19330
OQI 19349
OQI 19477
OQI 19767
OQI 19768
OQI 20231
OQI 20351
OQI 20422
OQI 20437
OQI 20615
OQI 20617
OQI 20690
OQI 20925
OQI 21222
OQI 21309

94. In checking the list in paragraph 92 to QIS2, I was unable to access the record relating to OQI 20615. I have still included this number here as this was in the record I could find.

95. I located a document that appears incomplete (**JH-79 OQI report v0.4**). This report lists three additional OQIs as 22880, 22882 and 19703. I am unable to find the 22880 file in QIS2.

carried out. A number of areas for improvement were identified through the audit, and these have been implemented or are under investigation as outlined in OQI's 20367, 20368 and 20369. After the cessation of the automated DNA IQ extraction protocol, a review of all batches processed through this protocol was carried out by a specially commissioned team. A number of potential contamination events were identified and each is to be investigated on batch-by-batch basis. Additionally, careful review of results obtained from samples processed through the automated DNA IQ extraction procedure prior to reporting will be carried out. Every DNA result obtained from these samples will be interpreted with caution. Modifications have been made to the automated DNA IQ extraction procedure (including the use of an alternative to the adhesive seal and an alternative resin mixing procedure). This modified procedure is undergoing extensive verification and approval from the DNA Analysis management team must be obtained prior to re-introduction. The contamination events and concerns and improvements etc. that surround the automated DNA IQ extraction procedure have been discussed at various departmental and team meetings.

102. Checklists were prepared it appears by Paula Brisotto (nee Taylor) and Emma Caunt in September 2008 (**JH-49 Appendix 1- Checklist 1 and JH-50 Appendix 1- Checklist 2**).

103. A Team was devised of Reporting Scientists (called Investigation Team) who worked with checklists to determine whether DNA profiles had passed Quality Control checks or not. The members of the team included Alicia Quartermain, Jacqui Wilson, Shannon Merrick, Julie Connell, Rhys Parry, Angelina Keller and Claire Gallagher (**JH-51 Way forward – team divisions_Oct2008 and line 208 of JH-52 Change Register**). Later a process using a macro was developed to improve the checking process (**JH-53 EB macro workflow**).

104. External auditors were engaged by Senior Director Greg Shaw to review procedures pertaining to extraction. The report by Dr Theo Sloots and Dr David Whiley was dated 14 November 2008 (**JH-54 External Auditors report Nov 2008**).

105. In December 2008, the A/Managing Scientist of the DNA Analysis Unit and the Senior Director of Queensland Health Forensic and Scientific Services advised the Director of Public Prosecutions, Executive Director and two Principal Crown Prosecutors of DNA testing that had been conducted in a period where some results were the subject of an adverse event (**JH-55 Cover Letter for all Statements**).

111. The extensive testing regime included a number of update presentations, one example is **JH-58 MPII Enhancements Update 20081113.**

Question 49

Outline your role in responding to issues with DNAIQ, and any audits completed in relation to any OQI concerning DNAIQ. Provide an explanation of the findings of each issue and actions taken in response to those issues. When were the follow up actions finalised?

112. I did not do any audits in relation to the issues experienced. My role as a Management Team member was to review Change Management documentation when issued.

113. I am unable to locate any OQIs that I was listed as an approver for.

114. My role was in working with case managers to develop checklists and macros and to ensure appropriate paragraphs were included in statements.

Question 50

Identify any issues, if any, concerning the contamination of samples encountered in the R v Grant Westley Meredith case (reference: QP800109982). In doing so, explain:

(a) *Your involvement and the steps you took in respect of the matter;*

(b) *The issues encountered;*

(c) *How were the issues detected;*

(d) *What was the cause of the issues;*

(e) *What action did you take once the issues were identified.*

115. In answering this question, I have only accessed the electronic record in the Laboratory Information System at the time (AUSLAB), which contains copies of the statements (x3) issued. I have not been able to access the paper casefile.

from this matter. There were some samples with the same DNA profile on the batch with high quantification values and one or more of these samples were the most likely sources of the contamination.

123. The cause of the issue, which was part of a system issue, was most likely related to an ineffective seal that caused sample to transfer from one location to another.

Question 51

Identify each staff member involved in detecting and responding to the problems with DNAIQ, and the nature of each person's involvement.

124. As per information from the Quality Information System (QIS), I have been able to locate the following information for the OQIs raised and mentioned in paragraph 93:

OQI	**Raised by**	**Investigated by**	**Action by**	**Approved by**
OQI 19330	Allan McNevin	Allan McNevin	Allan McNevin	Cathie Allen
OQI 19349	Allan McNevin	Quality Investigation System	Allan McNevin	Cathie Allen
OQI 19477	Amy Cheng	Quality Investigation System	Allan McNevin	Cathie Allen
OQI 19767	Maria Aguilera	Quality Investigation System	Allan McNevin	Cathie Allen
OQI 19768	Maria Aguilera	Quality Investigation System	Allan McNevin	Cathie Allen
OQI 20231	Chiron Weber	Quality Investigation System	Allan McNevin	Cathie Allen
OQI 20351	Kylie Rika (NB Helen Gregg performed	Quality Investigation System	Allan McNevin	Paula Brisotto

Identify whether any issue or problem with respect to DNAIQ was audited by an external agency? If yes, when did that occur and in respect of what particular issue or issues. Who decided that should occur? Provide:

(a) *instructions;*

(b) *list of material; and*

(c) *the report, including any drafts reports.*

125. External auditors were engaged by Senior Director Greg Shaw to review procedures pertaining to extraction. The report by Dr Theo Sloots and Dr David Whiley was dated 14 November 2008 **(JH-54 External Auditors report Nov 2008)**.

Question 53

How were the results of the audit by the external agency communicated to the DNA laboratory?

126. The external auditors provided a report on 14 November 2008 **(JH-54 External Auditors report Nov 2008).**

127. Details were provided by Iman Muharam to the Management Team on 14 November 2008 with details as follows:

Visit by External Auditors (12/11/08) – The Auditors looked at off deck lysis, storStar, programming end to end, platforms, OQI – what we did / processes, reporting, analysis, timelines. They identified no areas of risk, and complimented our staff. The auditors agreed with our actions taken and basic principles.
A report will be issued from the external Auditors. Some recommendations are –
Locked batches – CJA and Iman to explore this
Reagents to be tested at 35
Strip Cap seals for PCR Plates – Iman will source these.
# of QC plates per month (i.e. checkerboard)

Question 54

What permanent changes, or amendments to SOPs, were made as a result of identifying the problems related to DNAIQ?

128. QIS 17119v7 Release of Results SOP was updated to contain the paragraphs describing the different categories of samples to be added to statements as per legal advice. QIS

134. After the development of explanatory paragraphs to explain the contamination, these were added to any new statement containing results processed during the period where issues were experienced. If statements had already been issued, addendum statements were issued to detail the explanatory paragraphs and were issued to replace the original.

Question 57

Has the DNA laboratory since returned to using DNAIQ processes, systems and/or products? Have there been any further problems with DNAIQ systems or products?

135. After a process of testing, the extraction platforms using DNAIQ chemistry were reimplemented, with Extraction Platform B implemented on 20 August 2009 and Extraction Platform A was reimplemented on 19 January 2010 until replaced by the QIASymphony for automated extractions in November 2016 (**JH-52 Change Register**).

136. DNAIQ chemistry was still used in manual processes and is used with the Maxwell instruments that are currently in the laboratory.

Interpretation of DNA profiles

Question 58

List all guidance, instructions or Standard Operating Procedures provided to reporting scientists about the interpretation of exhibit results and DNA profiles.

137. The following list is of active documents in QIS, noting some of these documents have next versions that are in review, or reviewed and yet to be approved.

QIS	Title
34112v8	STR Fragment analysis of PowerPlex 21 profiles using GeneMapper ID-X software
17117v21	Procedure for Case Management

abreast of the literature that is distributed by the FSS Information Service (Library) or through their own research. These elements contribute to assisting staff to strive for consistency.

Question 61

What difficulties, if any, are caused by differences in opinion between reporting scientists, including difficulties relating to:

(a) *laboratory processes; and*

(b) *culture amongst scientists within the laboratory.*

140. There are some differences of opinion between staff relating to laboratory processes. Some differences stem from the staff's level of understanding of the behaviour of DNA profiles. Some other difficulties relate to staff forming an opinion based on experience where others are more aligned with using empirical evidence to form an opinion.

141. In a large work unit, there are differences in personalities. This diversity can lead to difficulties between scientists in how they interact. These difficulties include staff feeling uncomfortable approaching others, and the reluctance to interact with others and the tendency to prefer to be surrounded by their group of friends. Another difficulty related to culture is the frustration that some staff feel in the widely disparate levels of output between scientists. I think these differences contribute to the willingness for staff to interact and work positively and productively together.

Question 62

Explain all difficulties created that you are aware of and what has been done to resolve them.

142. As an example that addressed difficulties with experience, and prior to implementing Powerplex 21 and STRmix, I developed a Statistics refresher training program where all reporting scientists worked with partners to develop powerpoint presentations to refresh staff on key concepts in interpretation. The program is as per **JH-59 Project schedule_2012**.

especially when there did not appear to be thorough consultation prior to the report. Through a series of discussions, I recommended to Kylie Rika that if this thought wanted to be explored, that an appropriate avenue would be a Change Management request (**JH-66 Final summary of meeting 18 August 2020**). The request to progress through a Change Management Process did not eventuate.

150. A difference in opinion exists in interpreting profiles with high pull up peaks observed. A proof-of-concept change management request was initiated to address this. While there is support for the change request to be initiated, the timing to work on the idea is not ideal with commitments with the Commission of Inquiry and key Strategic Priorities (**JH-67 FW_ Initial request for new project**).

151. A difficulty was raised that staff were preferentially reviewing each other's work, instead of reviewing a wide variety of scientist's work (the ideal state in order to prevent potential bias). This was discussed between senior scientists as a minor disagreement. I suggested a practical solution was to add an FR enhancement request to assist visibility of staff's work practices (**JH-68 RE_ rep_rev pairings**). I am not aware if the enhancement has been raised.

152. Difficulties can be created when staff write statements, and their wording is not ideal in the mind of the peer reviewer. Some of the experiences were very minor. To address this, all reporting scientists came together and developed wording for interpretations that ended up being added to a SOP (**JH-69 Example Statement Wording_Aug 2013**).

153. Some difficulties were experienced between staff, including senior staff, on 'combined' or 'cumulative' stutter and how to consider these in the interpretations. This was raised as a point of difference between staff. I tasked Emma Caunt as our current StatsPWG representative to consult other jurisdictions to seek advice. Emma advised that the information was available in the STRmix manual and I asked that she update any SOPs to ensure we had the documentation available. I contacted the senior scientists to share with their teams (**JH-70 RE_ taking into account combined stutter** and **JH-71 My email to seniors_08072020).** Upon sharing, some views were gathered by the senior scientists and it appears in the way the information was shared between the seniors, the discussion broke down and another senior scientist shared their disappointment in this (**JH-72 Thread of Info between seniors_09092020, JH-73 combined stutter 16 July**