

Chief Medical Officer for Scotland: Taskforce for the Improvement of healthcare and forensic medical services for adults, children and young people who have experienced rape or sexual assault in Scotland

Background

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) published a strategic overview of the provision of forensic medical and healthcare services to victims of sexual crime¹. The review highlighted significant gaps and disparity across the country and made ten recommendations to improve this. HMICS published a progress review in December 2018².

In April 2017, the Chief Medical Officer for Scotland (CMO), Dr Catherine Calderwood, was asked by the former Cabinet Secretary for Justice and Cabinet Secretary for Health and Sport, to chair a Taskforce to provide national leadership for the improvement of forensic medical and healthcare services for victims of sexual crime.

In October 2017, the CMO published a five year high level work plan (Annex A) which set out a clear vision and improvement plan across a range of issues including workforce, premises, data, IT, national guidance and legislation.

To put beyond doubt what is expected of Health Boards in delivering care for victims and to build consistency of practice throughout the country, the SG commissioned Health Improvement Scotland (HIS) to develop new national Standards. These were published in December 2017³ this was followed by Interim Quality Indicators in December 2018, to underpin the 2017 Standards.

In June 2018, the SG hosted an options appraisal event which took key stakeholders through a rigorous decision making process to determine the optimal model and configuration of services for Scotland. The clear preference was for coordinated, multi-agency services delivered as close as possible to the point of need, supported by a regional centre of expertise⁴.

Programme for Government

The Scottish Government's commitment to improving provision for victims is set out in the 2019/20 Programme for Government. It states that the SG will continue to improve the experience of rape and sexual assault victims by:

- Introducing legislation to improve the way in which forensic medical examinations and associated healthcare is delivered, taking a trauma-informed approach and introducing a self-referral model for victims of sexual crime who wish to have a forensic medical examination without first reporting a crime to the police.

To support this programme of work, the SG is investing £8.5m over the period 2018/19 to 2020/21. Funding is being used to: develop the workforce both in terms of increased capacity and improved skills and competency; to enhance existing or to create new facilities in all of the 14 territorial Health Boards; to purchase equipment and to support Boards to implement the Healthcare Improvement Scotland Standards.

¹ [HMICS Strategic Overview - March 2017](#)

² [HMICS Progress Review - December 2018](#)

³ [Healthcare Improvement Scotland Standards - December 2017](#)

⁴ [Honouring the Lived Experience - Options Appraisal Report - October 2018](#)

The Health and Justice Collaboration Board, co-chaired by DG Education, Communities and Justice and DG Health and Social Care has prioritised supporting the delivery of this work.

Five Asks of Health Board Chief Executives: May 2018 – April 2019

The CMO met with all Health Board Chief Executives in April 2018 and made five specific 'Asks' of them. Whilst good progress is being made in a number of areas, there is a need to accelerate progress and provide greater executive level leadership in some Health Board areas.

1. Nominate a senior manager for your Health Board (who is accountable through the corporate management team for these services) to take leadership responsibility for the development and delivery of person centred, trauma informed services for victims of sexual crime, as close as possible to the point of need.
2. Move FME out of police settings and in to appropriate health and social care settings before the end of the financial year.
3. Ensure that all doctors undertaking this work are trained in trauma informed care for victims of sexual crime before the end of the calendar year.
4. Consider options for attracting and retaining the workforce you need to meet the HIS standards (gender balance).
5. Work towards having an appropriately trained nurse present during all FME.

All Health Board Chief Executives committed to delivering these Asks. Each Board now has a senior nominated lead responsible for leading work with multi-agency partners to develop and implement costed local improvement plans to deliver services in line with the Taskforce vision, HIS Standards and the agreed service model. All FME services previously located in police stations have now moved in to an appropriate healthcare setting (NHS Dumfries and Galloway, NHS Fife, NHS Forth Valley and NHS Tayside). Two new healthcare facilities are due to open in NHS Highland in place of the police owned premises in Wick and Inverness.

NHS Shetland and NHS Orkney now have FME suites for adults and new facilities in NHS Lanarkshire and NHS Ayrshire and Arran will open before the end of the calendar year. Improvements have also been made to existing facilities in NHS Western Isles and NHS Grampian and plans are underway for a local suite in NHS Borders. Work is also well underway on a new centre of expertise in both Edinburgh and Glasgow.

Whilst good progress is being made, challenges remain and there is now a need to consolidate the progress made over the last year and to commit to prioritising the next key phase of this work. As such, the CMO made five additional asks of Chief Executives in April 2019:

Five Asks of Health Board Chief Executives: May 2019 – April 2020

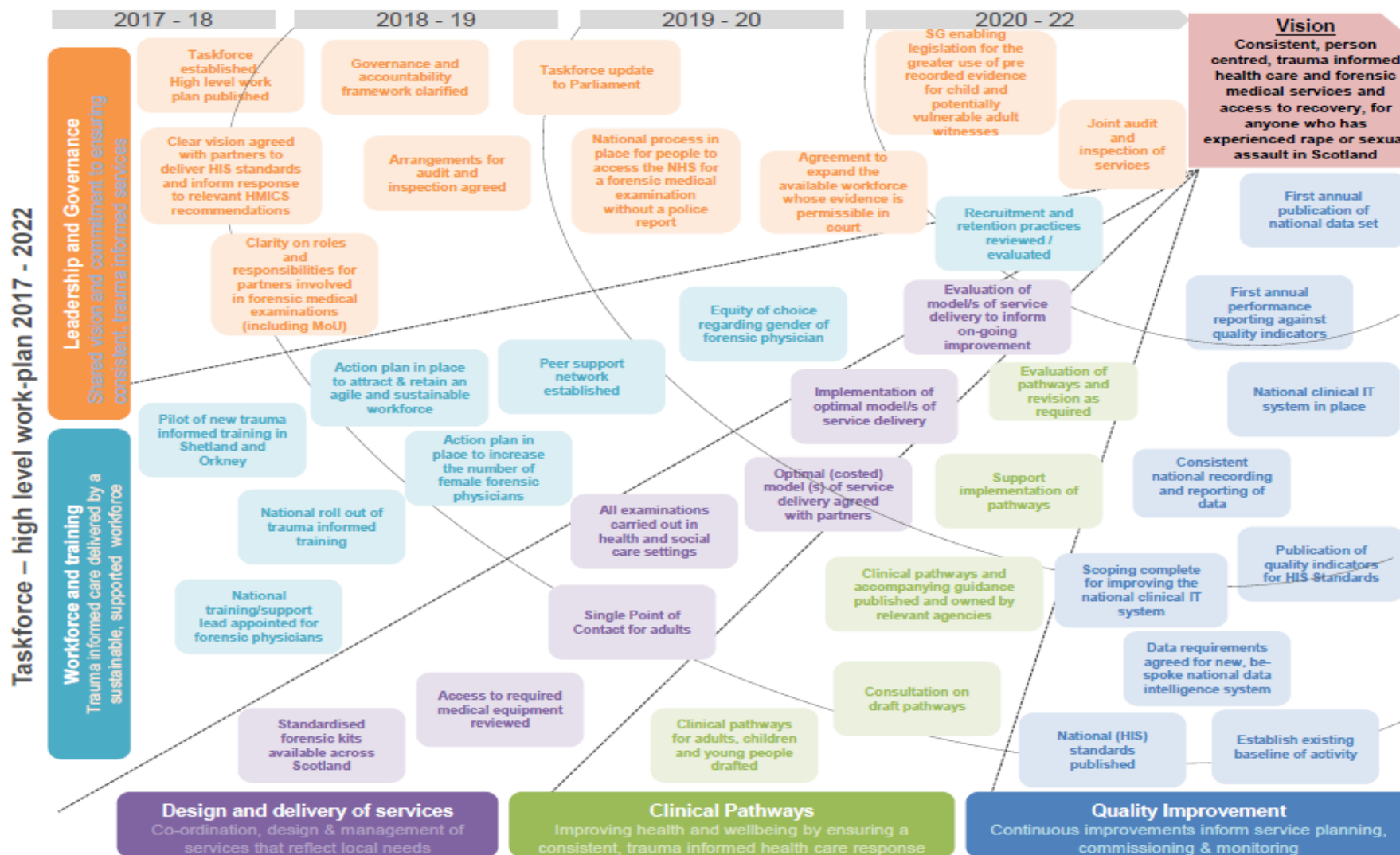
1. Ensure timely delivery of the multi-agency objectives set out in the costed local improvement plans, including Board approved capital projects.
2. Develop the local (and where appropriate, regional) workforce model to ensure:
 - A female doctor and nurse chaperone are available 24/7, so that where a victim requests a choice of the sex of staff involved in their care, this can be met.
 - A nurse coordinator (s) is in post to ensure a smooth pathway of onward care and referral to other services.
 - Timely access to therapeutic and through care services.

3. Prepare for forthcoming legislation; the introduction of a national model for self-referrals and the potential for an increase in demand for these services.
4. Ensure there is readiness within local and regional delivery teams for compliance with agreed national documentation and data collection requirements.
5. Plan for service sustainability beyond the life of SG ring-fenced funding (end of 2020-21).

The CMO Taskforce Unit continue to work closely with Health Boards to maintain the expected level of progress against the ten asks.

A list of the key achievements delivered under the Taskforce and priorities for the next six to twelve months can be found at Annex B.

TASKFORCE HIGH LEVEL FIVE YEAR WORK PLAN



Summary of key Taskforce Achievements

- High level work plan published which sets out how the Taskforce will drive improvements over the period 17/18 to 2021/22.
- National co-ordinator appointed to develop and support implementation of a fully-costed model for high quality healthcare and FME services.
- Senior nominated leads identified in each Board, responsible for leading work with multi-agency partners to develop and implement local improvement plans.
- SG funding commitment of £8.5m over the period 2018/19 to 2020/21.
- SG funding helping to enhance existing or create new facilities in all of the territorial Health Boards. Significant progress with moving examinations out of police settings and in to healthcare settings.
- A consultation on legislative proposals to improve and clarify the law closed in May. Consultation responses have been published on the Scottish Government's Citizen Space Consultation Hub. <https://consult.scotland.gov.uk/> A consultation analysis report of the key findings will be published shortly.
- Standardised, modular forensic medical kits available across the country.
- New national contract in place for colposcopes and funding provided where required.
- Publication of HIS national standards and interim quality indicators.
- A consultation on the draft national Information Governance Protocol launched on how information in relation to victims of sexual crime is shared between health and police.
- A national Forensic Medical Examination DNA Decontamination Protocol has been approved by the Lord Advocate and is being rolled out across NHS Boards.
- Funding provided to NSS to scope out requirements for a national clinical IT system and to develop national datasets for children, young people and adults.
- A draft Adult Clinical Pathway has been consulted on and is being finalised.
- The draft Children and Young People Clinical Pathway has been consulted on and the responses are currently being analysed with a report presenting the findings to follow in due course.
- The SG has funded NES to revise the training for staff to make it more portable, including for remote locations. In addition to face-to-face training, new training materials have been developed and made available on-line, so that they can be accessed at any time.
- NES have trained 94 doctors in Sexual Offences Examinations, 77% of whom are female. Training has been adapted to provide joint inputs for nurses involved in providing healthcare to victims of sexual crime.
- SG funding to NES for two clinical leads to mentor and support trainees and to support the development of regional peer support networks so that all staff involved in this work, can share learning and best practice.
- Taskforce funding provided to recruit more nurses to act as chaperones or to ensure an individual receives appropriate follow up healthcare and support.
- An expert group has been established to develop the role of nurse sexual offence examiners. This multi-disciplinary approach is vital to ensuring that people are offered a choice of the gender of examiner involved in their care.
- An expert group has been established specifically to focus on service improvements for children and young people.
- The SG has commissioned HIS, in partnership with the Care Inspectorate, to develop Scotland-specific standards for Barnahus, based on the European PROMISE quality

standards. These outline best practice for countries who wish to develop a genuinely child-centred approach to delivering justice, care and recovery for children who have experienced trauma.

Taskforce Priorities for the Next Six to Twelve Months

- Introduce a Bill in the current parliamentary session to bring forward legislation to improve the way in which forensic medical examinations and associated healthcare is delivered and introduce a self-referral model for victims of sexual crime for those who wish to have a forensic medical examination without first reporting a crime to the police.
- Supporting greater multi-agency and regional collaboration to deliver and improve services.
- Publication of the adult clinical pathway and consultation on the children and young people's clinical pathway.
- Development of a national self-referral pathway.
- National information governance protocol to be published.
- Continue work with NES and other key stakeholders to attract and retain more female staff.
- Support Health Boards to improve access to recovery services and therapeutic support.
- Specification document for healthcare and FME facilities published.
- Networked colposcope solution agreed and implementation signed off.
- National IT system under development.
- National standardised form finalised and implemented in all NHS Board areas.
- Develop a national Environmental Monitoring Protocol to support the implement of the DNA Decontamination Protocol.
- Develop a model to ensure quality assurance and delivery against the Healthcare Improvement Standards and Indicators.