NHS Board Meeting October 2021 Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB



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SUBJECT: SEXUAL ASSAULT AND RAPE SERVICES

1. PURPOSE			
This paper is coming to the Box	ard:		
For approval	For endorsement	To note	
2. ROUTE TO THE B	SOARD		
The paper has been:			
Prepared	Reviewed	Endorsed	

By the Forensic Medical Examination group.

3. SUMMARY OF KEY ISSUES

3.1 Background

NHS Boards worked (and continue to work) with a National Taskforce to improve forensic medical and health care services for victims of sexual crime. Boards are required to meet the National H.I.S. Standards for Forensic medical Examination, published in 2017. From April 2021 boards have been funding the developed services to expected standards. NHS Lanarkshire is an established member of a West of Scotland Regional Sexual Assault & Rape Service.

In addition, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill will come fully into law by April 2022. (Slight delay is noted due to the Covid Pandemic).

3.2 Progression from Historical Service Model

The service model that has historically been in situ has now been replaced by the new agreed West of Scotland (WOS) Regional Model. Unlike the historical model where NHS Lanarkshire had a Service Level Agreement with the regional Sexual Assault Referral Centre (SARC...known as 'Archway') operated by Glasgow City H&SCP, NHS Lanarkshire can now operate as a member of the Regional Service model, with its own SARC and throughcare services.

Since August 23rd 2021 The Dunnock Suite in Netherton House near University Hospital Wishaw, has been available to Lanarkshire patients and for use by the peripatetic practitioners (based at Archway) to conduct Forensic Medical Examinations and initiate any

other associated care and throughcare options for Lanarkshire patients. Lanarkshire naturally continues to have local support, care and throughcare services for patients/victims of sexual assault.

We have service contingency with appropriately trained paediatricians supporting children, Sexual Health Services (consultant led), GBV and arrangements / relationships with third sector organisations, namely Rape Crisis; Women's aid; and Say Women. A designated medical examination suite within UHW continues to be used for historic paediatric cases, with immediate serious trauma cases in children still going directly to Glasgow. It is however, planned that paediatric cases will be accommodated within the Dunnock suite (there is ongoing work in terms of the Children and Young Person's model nationally and regionally).

Over recent years, there has been a slow and steady shift, through patient choice, for victims to return to NHS Lanarkshire for all through care. Therefore the change factor is diminished and this development now enables the entire patient journey to be accommodated locally.

NHS Lanarkshire has of course, been integral to the development of the new regional model of service. And now that the Dunnock suite is operational, the full range of services (at this point for adults) can be delivered within Lanarkshire, subject to regional capacity.

3.3 Regional Capacity

The premises improvement work in three of the Boards (Lanarkshire, Ayrshire & Arran and Dumfries & Galloway) has been completed; with the plans for William Street Clinic in Glasgow having been refreshed due to the restrictions that Covid-19 had on the development work. When complete, the Archway Service will relocate to the nearby and refurbished William Street Clinic, as the regional Centre of Expertise.

This will have two forensic examination suites and be the central location for the operational management and service co-ordination of the regional service. Adult and adolescent patients from NHS GG&C and Argyll & Bute will be examined there. Patients in NHS Lanarkshire, NHS A&A and NHS D&G will be able to be examined in the new local facilities at University Hospital Wishaw, Biggart Hospital and Mountainhall Treatment Centre respectively; or if preferred at the William Street Clinic, depending on patient choice.

Due to logistical challenges primarily in relation to travel times/distance and the commitment to service stabilisation, NHS D&G will continue to provide locally all adult forensic examinations for victims of rape and sexual assault, but with a strengthened network relationship to the NHS GG&C-managed service.

It is important to note that some minor operational challenges exist in filling the Peripatetic rota due to ongoing challenges in recruitment. This is well communicated on a frequent basis along with monthly performance and quality reports generated at this point by Archway.

It is also important to be reminded that that there is a basic daytime rota of practitioners as well as a second rota operating 7 days, 9 am until 9 pm. Until a full 'staff in post' position is reached there may be occasions where cover is less than 100%. This may result in Lanarkshire patient having to be examined in Glasgow but this should be only as a last resort and in the interests of patient and staff safety and of quality. Additionally out of hours and overnight cases will still be managed by Archway.

3.4 Children's and Young Persons

There is ongoing development work on the Children's and Young Person's service model and this includes participation from NHS Lanarkshire personnel. Following initial work, a Short Life Working Group has been commissioned to refine the final options for this area of service. Geoff Ace and Sharon Adamson continue to lead nationally and regionally on this process and work on the nature of the service model, the number of active examination facilities/sites, as well as the composition of the practitioner Rotas will be addressed in this group. It is important to note that the preferred model will be required to align itself with the availability of appropriately qualified and trained examiners, ensuring that each individual practitioner is able to retain and develop competence levels by having sufficient exposure to cases. Therefore the number of examiners is also a crucial factor.

Chief executives of Health Boards will receive correspondence in the near future about this part of the work and will be expected to delegate appropriate support for the group and the work required to conclude the new model.

3.4 NHS Lanarkshire Sexual Assault Referral Centre

As noted earlier The Dunnock Suite is now available for use. Lanarkshire leads and associated staff members have worked jointly with the clinical team from Glasgow to complete the operational functionality of the suite. NHS Lanarkshire leads have also facilitated familiarisation visits and 'testing' activities for the practitioners who are members of the Peripatetic Rota, based in Glasgow.

Since the date of opening (23rd August 2021) the Suite has not as yet been used. There have been 6 cases from Lanarkshire in that time but due to the aforementioned Rota constraints, presentation in the out of hours periods, and in one case the need for an appropriate adult to be secured, none of these cases were seen in Lanarkshire.

NHS Lanarkshire lead has been in discussion with the Regional manager and has conveyed the requirement for Lanarkshire patients to be accommodated within Lanarkshire at all possible opportunities unless (by patient choice), Glasgow is preferred.

The work and activity of the Lanarkshire SARC and the associated service delivery, and throughcare will from this point be monitored by introducing a monthly reporting meeting where the Regional Service Manager and clinical team will meet with our lead and associated stakeholders to share, discuss and analyse all associated factors such as;

- General activity (number of cases seen)
- Referral sources
- Operational/IT or E-Health Issues arising
- Governance issues
- Specific patient care issues
- Updates or developments in the regional service
- Performance against the HIS standards

Established Support Care & Clinical Governance structures for Lanarkshire will have a direct link to a newly established Regional governance structure (bespoke to the SARC

services) and will simultaneously report through the existing NHS Lanarkshire Clinical Governance structures.

A Regional Communication exercise is being planned so that a formal announcement of the West of Scotland response to the development of the legislation and the model is uniform and consistent. We will afterwards consider a local communication event or awareness piece, based on the changes for patients. This will be more likely to coincide with the full implementation of the new legislation and the general onset of receiving self-referred patients who do not wish the criminal justice sector involvement (as supported by the legislation).

3.5 General

NHS Lanarkshire continues to meet and work jointly with the members of the CMOP Taskforce, providing a platform for discussion and support based on our performance returns and update reports. This relationship continues to endorse the need for highly patient centred, trauma informed service delivery as well as offering general guidance and support to Board leads.

3.6 Retention of Forensic Evidence

As noted in previous updates to the Board, the HIS Standards around Forensic Medical Examinations (as supported by the new legislation) require Boards to store samples from examinations in line with nationally agreed collection and retention policies. NHS Lanarkshire participated in and contributed to the national consultation process on the issue of Retaining Forensic Evidence, especially in those cases where a victim of a sexual assault has self-referred and has had a forensic examination with access to support and through care but who at that point may not have decided to involve or inform the criminal justice authorities.

NHS Lanarkshire was aligned in its view with all other Board areas and associated stakeholders that a period of 26 months was agreeable, and we submitted our conclusions with supporting narrative from a variety of stakeholders.

In order to ensure that forensic evidence retained at the Dunnock suite is safeguarded appropriately, Lanarkshire leads have worked with Glasgow and our Regional partners, establishing a suitable level of security at the Dunnock Suite. External Window security; Logging processes for anyone entering the suite; Internal door locking security; CCTV coverage; and appropriate storage and freezer capacity were all installed in the latter stages of the Suite's development. NHS Lanarkshire lead offered and conducted site visits and walkthrough meetings with relevant Police and legal authorities, as well as clinical and other staff such as Fire safety and Health & Safety personnel.

Standard operating procedures have been jointly developed with regional partners which are bespoke to the Dunnock Suite. These cover all aspects of evidence retention including logging, storage and also disposal at the appropriate point in time.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives		AOP		Government policy	
Government directive		Statutory requirement		Achieving Excellence/	
				local policy	
Urgent operational issue		Other			
This paper aligns to the foll Three Quality Ambitions		g elements of safety and c	quality	improvement:	
Safe		Effective		Person Centred	
Six Quality Outcomes:					
Everyone has the best sta	rt in 1	ife and is able to live lone	er he	ealthier lives: (Effective)	

6. MEASURES FOR IMPROVEMENT

Staff feel supported and engaged; (Effective)

Healthcare is safe for every person, every time; (Safe) Best use is made of available resources. (Effective)

Healthcare Improvement Scotland 5 key standards for Healthcare and Forensic Medical Services for people who have experiences rape, sexual assault or child sex abuse, with progress reported via Scottish Government. Work is ongoing around the creation of a national performance framework.

People are able to live well at home or in the community; (Person Centred)

Everyone has a positive experience of healthcare; (Person Centred)

A monthly performance report is available composed by the Regional Service Manager and local monitoring meeting for Lanarkshire will commence in November 2021.

7. FINANCIAL IMPLICATIONS

The West of Scotland Health and Social Care Delivery Plan Board agreed that the future regional model should be seven days per week and the financial implications have been rehearsed in previous reports on this initiative. Financial information is available on request. Boards have been responsible for the financial cost of the service from April 2021.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The developments around forensic services sit on the North Partnership register, but consideration may at any point be given to visibility on the corporate register.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	Effective partnerships	Governance	and	
		accountability		

Use of resources	Performance Management	Equality	
Sustainability Management			

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

The regional model will be subject to a full Equality and Diversity Impact Assessment.

11. CONSULTATION AND ENGAGEMENT

Three engagement events were held, including victims of rape and sexual assault, as part of the national process for developing the new model.

Detailed consultation on the aforementioned legislation was conducted across NHS Lanarkshire and the other NHS Boards.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve		Endorse	Identify further actions	
Note	\boxtimes	Accept the risk	Ask for a further report	
		identified		

The Board is asked to:

- Note the progress made in the delivery of a local service with functional Forensic Examination facility
- Note the progress made in developing the new regional model and working towards the five HIS standards
- Note any potential financial risks associated with the new regional model;

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

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