



Item No: 17

Meeting Date: Wednesday 23rd March 2022

Glasgow City Integration Joint Board

Report By: Jacqueline Kerr, Assistant Chief Officer (Adult Services)

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West of Scotland Sexual Assault and Rape Service - Update Report on Progress made in Developing a Regional Service

Purpose of Report:	The purpose of this paper is to update Glasgow City IJB on developments within the West of Scotland (WoS) Sexual Assault and Rape Centre (SARC) since the previous paper in January 2021. Specifically, to update on the following issues: • West of Scotland Boards' progress towards realising a service delivery model which will substantially improve local provision and support. Services in both Adults/Adolescents and Children's are proactively working towards the Healthcare Improvement Scotland standards. • Progress and status of the Test of Change (ToC) for the post of Forensic Nurse Examiner which will test the role of these nurses in completing appropriate Forensic Medical Examinations, relevant documentation processes and effectively providing professional opinion evidence in court to a standard that is accepted by the Lord Advocate.
Background/Engagement:	A Progress Report on developing this service was brought to the IJB in January 2021.

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	This has previously been considered in the following governance groups: • NHS GG&C Corporate Management Team • GCC Wellbeing, Empowerment, Community & Citizen Engagement City Policy Committee • Glasgow City IJB This update is also being reported to: • West of Scotland Programme Board • GCHSCP Adult Services Core Leadership
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Recommendations:	The Integration Joint Board is asked to: a) note the contents of this report and the efforts of staff across all Boards to secure the considerable progress made.
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Relevance to Integration Joint Board Strategic Plan:

Consistent with Partnership key priorities (p23-24)

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Outcomes 1, 3, 4, 5, 7, 8, 9
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Personnel:	Organisational Change process has been completed as required.
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Carers:	No specific implications.
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Provider Organisations:	None.
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Equalities:	An Equality Impact Assessment has been completed to assess the impact of the new service model on protected characteristic groups. The EQIA will be kept under review to ensure any emerging negative impacts are mitigated.
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Fairer Scotland Compliance:	This is addressed via the EQIA.
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Financial:	None
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Legal:	None
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Economic Impact:	None.
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Sustainability:	Chief Executives of the West of Scotland NHS Boards have approved recurring funding from April 2021 in order to sustain the service developments and continued delivery.
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Sustainable Procurement and Article 19:	None
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Risk Implications:	None
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Implications for Glasgow City Council:	GCC will wish to be assured that the recommendations arising from implementation of the regional service developments continue to make a significant contribution to improving the services provided to people who have experienced rape or sexual assault
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Implications for NHS Greater Glasgow & Clyde:	NHSGGC will wish to be assured that the recommendations arising from implementation of the regional service developments continue to make a significant contribution to improving the services provided to people who have experienced rape or sexual assault
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Direction Required to Council, Health Board or Both	
Direction to:	
1. No Direction Required	☒
2. Glasgow City Council	☐
3. NHS Greater Glasgow & Clyde	☐
4. Glasgow City Council and NHS Greater Glasgow & Clyde	☐

1. Purpose

1.1 The purpose of this paper is to update the Glasgow City IJB on developments within the West of Scotland (WoS) Sexual Assault and Rape Centre (SARC) since the previous paper in [January 2021](#). Specifically, to update on the following issues:

- West of Scotland Boards' progress towards realising a service delivery model which will substantially improve local provision and support. Services in both Adults/Adolescents and Children's are proactively working towards the Healthcare Improvement Scotland standards.
- Progress and status of the Test of Change (ToC) for the post of Forensic Nurse Examiner which will test the role of these nurses in completing appropriate Forensic Medical Examinations, relevant documentation processes and effectively providing professional opinion evidence in court to a standard that is accepted by the Lord Advocate.

2. Service Delivery Model

2.1 The WoS Sexual Assault Service delivery of a peripatetic model was agreed in July 2020 and recruitment to the nursing and medical workforce started. The agreed model was to ensure delivery of a 24 hour service 7 days per week in Glasgow with 1 doctor and 1 nurse; and the delivery of a peripatetic rota 7 days per week 0900 – 2100 hours with 1 doctor and 1 nurse covering Lanarkshire, Ayrshire & Arran and a second suite in Glasgow.

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3. Sites

- 3.1 The new premises in Ayrshire and Arran – The Willows in Biggart Hospital, Prestwick - opened in June 2021, and it has successfully supported 10 cases out of a possible 32 cases to date.
- 3.2 Lanarkshire's facility – The Dunnock in Wishaw Hospital - became operational in August 2021. It has successfully supported 3 cases out of a possible 20 cases.
- 3.3 Reasons for the low numbers at these locations are reviewed and recorded. These include patient choice not wanting to be seen in their local area and therefore travelling to Glasgow or staffing issues (approaching end of shift as a case is referred, Covid impact on staff absences). Self-referrals are currently only seen in Glasgow, as are any overnight or weekend cases.
- 3.4 Glasgow's facility – now renamed Archway Glasgow, in William St Glasgow - is expected to be operational by the end of March 2022. This will increase capacity in Glasgow with the development of a second suite to support management of cases.

4. Workforce

- 4.1 To date all nursing posts have been appointed, trained and are effectively in place on the 2 rotas.
- 4.2 Medical recruitment is ongoing. After several rounds of advertising 3.4 WTE Speciality Doctor vacancies remain. A new Clinical Fellow post combined with Sexual Health Services in Sandyford was developed as a 1 year rotational post with 6 months in the Sexual Assault Service and 6 months in Sexual Health. This post was recruited to in August 2021 and has recently rotated. It will be evaluated towards the end of the 1 year appointment.
- 4.3 Although there are vacancies within the service the rota is being supported by doctors on nil hours contracts and this has led to the service now being a fully in-house model without the requirement of locum cover from an external company. The service progressed fully into this in-house medical model in June 2021.

5. Peripatetic Service

- 5.1 With the vacancies and delays to appointment, a staged approach was applied in the development of the second rota to support peripatetic working. A modified rota 1000 – 1800 hours began in June 2021 and then the full working rota 0900 – 2100 hours commenced in August 2021.

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6. Forensic Nurse Examiner

- 6.1 In agreement with the Lord Advocate the Chief Medical Officer Taskforce has funded 1.0 WTE nurse for a 23 month Test of Change (ToC) for nurse led forensic examinations.
This is being hosted in the WoS by NHS GGC and two 0.5 WTE Forensic Nurse Examiners have been in post since January 2021.
- 6.2 The ToC aims to satisfy the Lord Advocate and Ministers that Forensic Nurse Examiners:
- Have the requisite qualifications and experience to give opinion evidence in court as a skilled witness, which is critical to the effective investigation and prosecution of serious sexual crime.
 - Can maintain the integrity of the chain of evidence.
- 6.3 Within the ToC, there is a requirement to examine up to 100 cases (adult police referrals only). The nurses are required thereafter to provide evidence in court to a standard accepted by the Lord Advocate and ministers.
- 6.4 Unfortunately, activity has been low due to the continuing impact of Covid 19 restrictions, as well as the limitations caused by the tight criteria for cases. To date, 12 cases have been examined since the start of the ToC. It is currently paused due to nursing staff vacancies. Review and analysis of the reason why the case numbers were low was completed and discussions continue with the National Taskforce regarding the potential for future appointments and recommencement of the ToC.

7. Children's Service

- 7.1 Children's services have continued to be delivered by the respective board areas for children 0-12 years old. Archway Glasgow has continued to deliver adolescent services for all boards in the WoS region including Argyll and Bute and an SLA is in place supporting adolescents from Forth Valley.
- 7.2 Challenges remain for paediatric service delivery for Child Sexual Abuse / Exploitation across the WoS. Following an options appraisal process a paper was taken to the Chief Executives meeting outlining a proposal for a Short Life Working Group (SLWG) to review the current workforce, models of delivery, ability to train new doctors to ensure capacity is maintained with an overall aim to conclude a sustainable model for the region in the future.
- 7.3 The proposal was agreed by the Chief Executives to proceed with a SLWG. This was postponed due to Covid but it is hopeful that it will start early this year.
- 7.4 In support of the HIS standards for therapeutic and advocacy support for children, families and carers, Scottish Government funding supported a 12 month pilot Child and Family Support Worker post to map out current service availability, existing contracts and identify areas for development and any workforce requirements across the region in partnership with the Health & Social Care Partnerships. This was completed in conjunction with Children First and the post hosted in GGC.

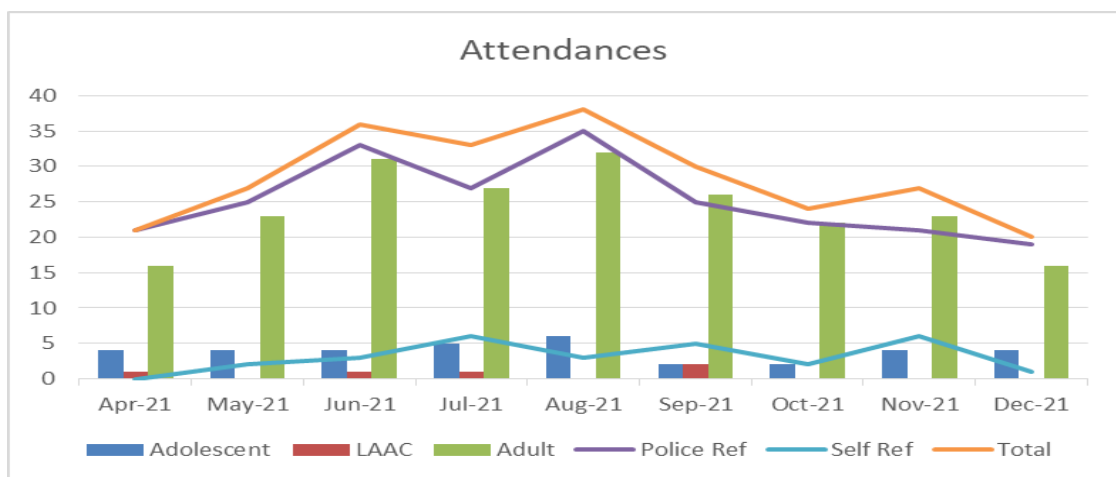
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- 7.5 Year 1 has been concluded and identified initial key recommendations in service delivery across the region. Continued funding to take the project to March 2023 has been secured and discussions are ongoing to develop the information further to develop a strategic plan for service development where required across the WoS. Glasgow City HSCP has offered to host this post, and discussions are ongoing with the other Board areas. It is hoped that this work will contribute to the development of the Barnahus model for children and young people.

8. Activity and Performance

- 8.1 Activity levels have remained variable due to the impact of COVID but would appear to be returning to more normal levels of pre-covid activity with a range of 20 – 38 cases per month during 2021 attending for a Forensic Medical Examination.



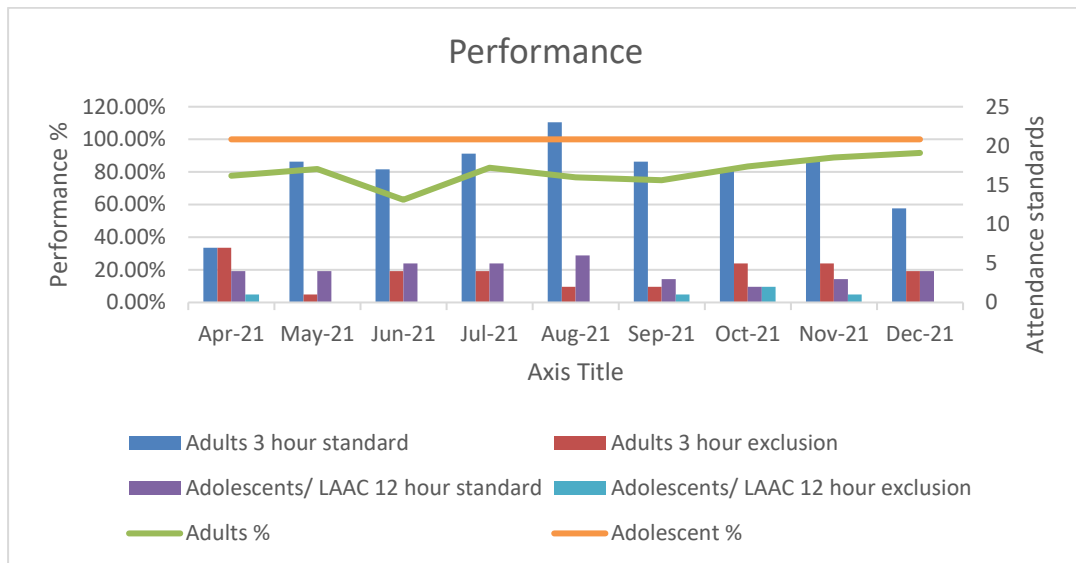
- 8.2 Annual activity has decreased overall since 2018-19 by around 24%. However there was an activity increase of 11% between 2018-19 and 2019-20, and the further fall in activity in 2020-21 can be attributed to the restrictions put in place for Covid-19.
- 8.3 The majority of referrals each year are from the Police with the proportion of self-referrals remaining low at less than 10%. Self-referral activity levels are expected to increase with the implementation in April 2022 of the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021. This will increase public awareness of the ability to self-refer to Sexual Assault Services to allow them time to consider whether they want to report to the police. Activity will be monitored throughout the West region as well as collectively for the whole of Scotland.

April - March	Attendances	Police	Self	% Self
18 - 19	335	306	29	8.7
19 - 20	372	341	31	8.3
20 - 21	254	229	25	9.8

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- 8.4 A key performance measure for the service is that adults are seen within 3 hours of confirmation that a Forensic Medical Examination is required after referral, or within 12 hours for adolescents. For adults, performance in this area from April to December 2021 ranged from 63 – 92 % with an average 79% of patients accessing the service within 3 hours. For adolescents this has remained consistently 100% in patients accessing the service within 12 hours.



- 8.5 A regular focused review of the reasons for lapse of 3 hours determines whether this was due to the service being unable to support the patient (for example if the forensic suite was already in use) or whether it was due to reasons out with the control of the service (exclusions - for example patient choice, distance to travel, clinical reasons). From April to Dec 2021, 38 lapses occurred (of 216 adult cases) which the service had capability to support and 32 were exclusions.

April 2021 – December 2021

Attendances	3 hr achieved	3 hr lapse	3 hr potential	Exclusion	% target achieved
216	146	38	184	32	79.35%

Lapse code	Reason for Lapse	
1	Facility in use	26
2A	Staffing - FME availability	5
2B	Staffing - Nurse availability	1
2C	Staffing - sex preference	0
2D	Staffing - Shift change	6
3	Police delay	2
4	Patient request	10
5	Appropriate Adult	4
6	Interpreter	1
7	Distance/travel	1
8	Clinical	3
9	Other	11

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9. National Developments

9.1 The WoS Sexual Assault Service has been proactively involved in the development of services from a national perspective and continues to support the work ongoing including:

- Implementation of the Forensic Medical Services Act in April 2022 – board readiness assessments are completed monthly and boards are being assisted with processes required to comply with the requirements for self-referral. Standard Operating Procedures are in place in service and being shared across boards from Archway Glasgow processes.
- Self-referral training has been taken forward nationally with NHS Education for Scotland (NES) and the team in Archway Glasgow have supported the delivery of elements of this.
- In conjunction with the enactment of the self-referral process the service has supported development of the pathways with NHS 24, national communications process, patient information development and the development of a National hub to take referrals from NHS 24 and communicate appropriately with relevant boards.
- As part of the taskforce work there was an expectation that a national IT system would be in place in each board area to support consistent documenting and reporting of cases of rape, sexual assault or child sex abuse. Work has been ongoing with extensive participation from representatives of each NHS Board within the WoS – including clinical, eHealth and managerial representation. The projected start date for this is 22nd March 2022.
- Community Pharmacy pilot to support disclosure, support and information provision in patients attending pharmacy for Emergency Contraception who may have experienced a sexual assault.

10. Update on Asks

10.1 The update on the status of NHS GGC on the 10 Asks of the CMO Taskforce is provided in a table in Appendix 1.

11. Recommendations

11.1 The Integration Joint Board is asked to:

- a) note the contents of this report and the efforts of staff across all Boards to secure the considerable progress made.

	Ask	Status	Comments
1	Nominate a senior manager from each board to take leadership responsibility for the development of person centred, trauma informed services to victims of sexual crime.		
2	Move forensic medical examinations 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 needed to meet the HIS standards. For example, separating the forensic medical examination of victims of sexual crime from police custody work.		The service has achieved an all-female rota due to the separation from Police Custody work. Challenges remain and consideration is being made to different ways of attracting medical staff.
5	Work towards having an appropriately trained nurse present during forensic medical examinations.		
6	Ensure timely delivery of the multi-agency objectives set out in the costed local improvement plans, including Board approved capital projects.		New premises in Glasgow are due to be operational at the end of March 2022

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	Ask	Status	Comments
7	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.		
8	Prepare for forthcoming legislation; the introduction of a national model for self-referrals and the potential for an increase in demand for these services.		
9	Ensure there is readiness within local and regional delivery teams for compliance with agreed national documentation and data collection requirements.		Awaiting the National IT system to be implemented successfully
10	Plan for service sustainability beyond the life of SG ring-fenced funding (end of 2020-21).		