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To: NHS Board Chief Executives

**Copy to: NHS Board Chairs
NHS Board Nominated Leads**

30 March 2020

Chief Medical Officer for Scotland Taskforce to Improve Healthcare and Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse.

Dear Colleague

I am writing to provide an update on the work of the above Taskforce in light of COVID-19 and to provide some information on next steps.

As you are acutely aware, the NHS are facing unprecedented challenges in responding to the rapidly evolving, Coronavirus pandemic. With that in mind, my officials are in the process of reviewing and re-prioritising all Taskforce related activity in order to minimise, as far as possible, any non-essential asks of you and your staff at the current time. Tansy Main from my Directorate will be in touch with your Nominated Lead to provide an update on that as soon as we are able.

With regard to other areas of the Taskforce's work, my team presented to all Board Chief Executives and Chairs prior to Christmas, to tell them about the package of resources which has been developed to support Health Boards to deliver the Taskforce vision for consistent, trauma informed and person-centred services across the country. These were due to be implemented from 1 April 2020.

The package includes: the final Healthcare Improvement Scotland (HIS) Quality Indicators¹; a standardised national healthcare assessment and forensic form; national datasets to monitor Health Board performance against the Indicators; the first national clinical pathway for adults; a summary clinical pathway for wider health professionals and national guidance and documentation to support implementation. Together, these resources would, for the first time, enable a consistent national approach to the recording, collation and reporting of data in relation to healthcare and forensic medical services for victims of sexual crime. A series of roadshows were planned to provide face to face training to ensure that key personnel in the Territorial Health Boards fully understood how these knit together and what their role would be in ensuring a successful, national rollout.

¹http://www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_indicators.aspx

Roadshows took place in NHS Shetland and NHS Orkney earlier this month and further events were scheduled for Stornoway, Glasgow, Aberdeen and Edinburgh to provide training for the remaining 12 Health Boards. Regretfully however, these had to be cancelled due to the COVID-19 situation.

The Cabinet Secretary for Health and Sport and I have therefore agreed that it is not feasible to expect Health Boards to implement these new ways of working at the current time – particularly given that staff have not had the opportunity to undertake the necessary training. My officials will be in touch to rearrange the roadshows and to confirm a revised implementation date as soon as it is practical to do so.

On 9 March 2020, HIS published the final Quality Indicators underpinning the 2017 Standards, which put beyond doubt the standard of high quality care someone should expect following a rape or sexual assault. All Health Boards are expected to continue to work towards delivering the requirements set out in the Quality Indicators, albeit formal data collection to monitor performance against these will not now commence from 1 April as planned. The national coordinator for this work, Colin Sloey, has however developed an interim performance framework to help you track progress and report on where improvements are being made.

Colin and Tansy will shortly be in touch with your Nominated Lead to discuss this, as well as the impact of COVID-19 on the delivery of your local improvement plan and any associated risks.

More immediately, whilst I fully appreciate the current pressure you are facing, I do require reassurance that your healthcare and forensic medical examination service will be maintained as part of your core service during the pandemic and that contingency plans are in place to ensure that any risk to the delivery of this vital service is being proactively managed and mitigated.

Lastly, may I also take this opportunity to thank you and your staff for your continued leadership and commitment which is helping to save lives and keep Scotland safe.

Yours sincerely,

Dr Catherine Calderwood
Chief Medical Officer for Scotland.