CMO Rape and Sexual Assault Taskforce
Tansy Main

Assistant Clerk
Health and Sport Committee

3 June 2020

Dear Clerk

Thank you for your email of 13 May in which you asked me to provide the Committee with some further information about the work of the CMO Taskforce.

Firstly, you asked if I had any further thoughts on the oral evidence session held with NHS Lanarkshire on 12 May. I note that Dr McLellan made reference to the fact that health boards are making improvements to their premises. That is indeed the case. In summary, when the CMO Taskforce was created in 2017, fit for purpose healthcare facilities already existed in NHS Grampian, NHS Western Isles, NHS Greater Glasgow and Clyde and NHS Lothian. An early priority for the Taskforce was to ensure that all Forensic Medical Examinations (FME) for adult victims of sexual crime, took place in an appropriate healthcare setting. As such, Taskforce funding has enabled new Scottish Sexual Assault Response Coordination (SSARC) services to open in NHS Dumfries and Galloway, NHS Tayside, NHS Fife and NHS Forth Valley, which means that examinations in those areas, no longer take place in a police station. New suites have also opened within NHS Orkney and NHS Shetland and NHS Western Isles received funding to move their existing suite from a GP surgery to an improved facility within the main hospital in Stornoway.

Prior to the COVID-19 pandemic, new SSARC services were due to open in NHS Ayrshire and Arran and NHS Lanarkshire and work was about to start in NHS Borders and at two separate sites in NHS Highland. You will appreciate that all capital projects had to pause when lockdown began, however these boards will prioritise the completion of this work as soon as it is practical to do so. Work on a new regional Centre of Expertise for the South East in Edinburgh and for the West of Scotland in Glasgow was also impacted by COVID-19 restrictions, but will also re-commence as soon as possible.

Dr McLellan also reflected on the challenge of increasing the number of female examiners. As noted in the Cabinet Secretary for Health's letter to the Convenor of 5 May 2020, we know from feedback from survivors and the organisations who represent them that this is one of the most important aspects of the care they receive. Based on the information provided to us by health boards, the number of female examiners in Scotland has increased by 30% since 2017 (to 61%). Continuously improving this figure remains a top priority for the Taskforce.

As I mentioned in my evidence of 17 March 2020, the Taskforce has provided funding to NHS Education Scotland (NES) since 2016/17, to deliver 'Essentials' foundation training in sexual offence examinations - with the aim of increasing the number of female Doctors available to undertake this work. Since then, NES have trained 118 Doctors, 70% of whom are female. The training has also been adapted to provide joint inputs for nurses involved in providing healthcare to victims of sexual crime. So far, 68 nurses have been trained, 97% of whom are female.

The Taskforce also fund NES to employ an Associate Post Graduate Dean (job-share), whose role is to continuously update and deliver this training.

I am pleased to inform the Committee that in response to COVID-19, we have asked NES to develop and deliver a virtual training package to ensure that demand from health boards can continue to be met. NES plan to begin delivery of this virtual training in early summer 2020. It is also hoped that the third NES national annual conference (organised and led by the Associate Post Graduate Deans and fully funded by the Taskforce for staff involved in the delivery of these services), will also be able to take place before the end of the financial year as planned.

A package of resources has been developed to ensure a consistent national approach to the pathways of care for victims of rape or sexual assault, as well as to the recording, collation and reporting of performance data. This package was due to be implemented on 1 April 2020 but had to be postponed due to COVID-19. I am pleased to inform the Committee that plans are being developed to deliver virtual training for health boards to prepare them for implementation of these resources before the end of this calendar year. Once implemented, new national forms and datasets will enable health board performance against the Healthcare Improvement Scotland (HIS) Standards and Quality Indicators to be robustly monitored and evaluated. In the interim, a performance framework has been put in place to ensure that the Taskforce can capture timeous information from health boards in order to monitor the improvement of services across key aspects of the HIS Quality Indicators - including the availability of female sexual offence examiners.

As I highlighted in my oral evidence, another Taskforce priority is to develop the role of nurse sexual offence examiners in Scotland. The commencement of a Test of Change initiative to be hosted by NHS Greater Glasgow and Clyde, has been delayed due to the COVID-19 pandemic but revised timescales are being looked at as part of their recovery plan. The Taskforce are also funding priority places on a new Postgraduate Qualification course in Advanced Forensic Practice being developed at Queen Margaret University in Edinburgh. The September 2020 commencement of this course has also been impacted by COVID-19 and it is now due to start in January 2021. It is hoped that this qualification, which is the first of its kind in Scotland, will help to develop a multi-disciplinary sexual offence examiner workforce for the future – which is vital to increasing the number of females available to undertake this work as well as to supporting the long term sustainability of services.

Dr McLellan also referenced the need to ensure a consistent national approach to the retention and storage of evidence in self-referral cases. As I touched on during my oral evidence, a self-referral sub group under the remit of the Taskforce is already looking at the appropriate retention period to recommend to Ministers for self-referral samples, as well as what evidence is to be stored and how. Work is underway with key stakeholders including health boards, the Scottish Police Authority, Police Scotland, Rape Crisis Scotland and the Crown Office Procurator Fiscal Service, to develop a robust and detailed protocol to ensure both consistent implementation of the provisions of the Bill and that the ‘chain of evidence’ is maintained in a way that meets the requirements of the Scottish criminal justice system. This sub group are also working with NES to scope staff training requirements on the new protocol prior to implementation. The Chief Executive of Rape Crisis Scotland also chairs a group looking at how people will contact self-referral services, as well as options for a public awareness raising campaign.

Related to workforce and training, you also asked for further information about peer review networks across Scotland. There is an expectation by professional bodies, the courts and the General Medical Council, that peer review is undertaken as part of good medical practice. All health boards can access guidance on clinical peer review on the NES digital learning platform called Turas. This site also provides information on continuous professional development opportunities available elsewhere in the UK, including that offered by the Faculty of Forensic and Legal Medicine (FFLM).

In respect of rape and sexual assault specifically, each region in Scotland has a clinical lead responsible for peer support and review so that staff involved in this work can share learning and best practice. The Workforce and Training sub group of the Taskforce is working with these clinical leads to develop a consistency in approach to this across the country.

In the North, an Alliance has recently been established between NHS Grampian, NHS Tayside, NHS Highlands, NHS Orkney, NHS Shetland and NHS Western Isles, to support further intra-board collaboration, in recognition of the unique challenges faced in providing services in rural or remote areas of the region. However, a well-established network already exists to provide support for staff who are involved in the delivery of these services including telephone advice and peer support. Work is also underway to develop regular, virtual peer review meetings to link clinical staff working on the islands (who may not see many cases), with mainland counterparts with relative expertise, in order to both evaluate each other's work and provide continuous education and training through case based discussions.

In the South East, NHS Lothian host a peripatetic workforce for the region so that staff can travel to local SSARC services in NHS Fife and NHS Forth Valley. NHS Borders will receive the peripatetic service when their local SSARC is ready. Given their regional role, NHS Lothian host monthly peer review meetings which enable staff to raise issues regarding difficult cases that they have recently encountered, giving them support and offering solutions to others who may not have encountered these issues before. Multi-agency partners such as the COPFS, are also often invited to attend and discuss relevant topics. Work is also underway to develop peer support arrangements with the forensic nurses who provide custody healthcare, to ensure that learning can be shared between those teams.

As the Centre of expertise for the West region, NHS Greater Glasgow and Clyde currently lead on the delivery of sexual offence services at Archway. The region are currently finalising plans to recruit a peripatetic team who can travel to local SSARC services in NHS Lanarkshire and NHS Ayrshire, reducing the need for survivors in those localities to travel to Glasgow. NHS Dumfries and Galloway will continue to provide a FME service locally whilst benefiting from the remote support provided by the regional Centre of Expertise. Peer review is already in place for medical and nursing staff involved in the delivery of FME services at Archway, providing a supportive environment to discuss cases, share knowledge and expertise and to develop a peer network for ongoing support and CPD. This will continue as the regional model develops.

Across all regions, the COVID-19 restrictions have impacted on the ability for face to face peer review, but all health boards are committed to re-instating these as part of their recovery plans and to looking at how virtual tools can support this going forward. In addition, individual health boards are responsible for day to day clinical supervision and for ensuring that support is in place to mitigate the risk of vicarious trauma. All staff should also have the opportunity to shadow and undertake reflective practice on the cases they see to ensure ongoing consideration and incorporation of trauma informed principles into their practice.

With regard to children and young people, the three regional Managed Clinical Networks (MCN) for child protection have well established peer learning and review arrangements in place (covering physical and sexual abuse), to support development and maintenance of skills and knowledge for general and specialist staff involved in child protection cases (up to the age of 16, or up to 18 if the young person is vulnerable, has additional support needs or a disability). Case audits are also presented and discussed at regional MCN meetings. Every month, a virtual, inter-region child protection ‘complex case forum’ also takes place to enable staff to discuss particularly difficult cases and to share learning.

To support a pro-active culture of learning between peers, the Royal College of Paediatrics and Child Health also run national peer learning sessions twice a year, with each region taking a turn to host and present cases (which can be delivered virtually).

The West of Scotland region is also currently looking to enhance their peer review sessions specifically for adolescents (ages 13 – 15) to reflect the volume of post pubescent presentations of sexual abuse in the region. Across Scotland, multi-agency case discussion often takes place through training organised by local child protection committees.

You also asked about utilising a 'once for Scotland' approach, including a shared pathway for consistent service provision across Scotland. As noted above, the package of resources developed by the Taskforce in collaboration with multi-agency partners, will support health boards to deliver the CMO Taskforce vision for consistent, trauma informed, person centred services across the country. A key element of this package is a new clinical pathway for adults who have experienced rape or sexual assault. This pathway, which is the first of its kind in Scotland, sets out the high quality care and treatment people should expect and aims to ensure that the healthcare needs of the individual are paramount.

Further to this, I am now able to confirm that the first national clinical pathway for Children and Young People (CYP) will also be published before the end of this calendar year. The pathway will cover any child or young person up the age of 16 who discloses sexual abuse (or up to 18 if the young person is vulnerable, has additional support needs or a disability). Work to update the CYP pathway (which has already been out to public consultation), is being led by the Taskforce CYP Expert Group chaired by Dr Edward Doyle who also gave evidence on 17 March. The Expert Group will ensure that the pathway takes into account the findings of the Independent Care Review and that it is further strengthened to ensure alignment with wider Scottish Government led policies including Getting It Right For Every Child (GIRFEC), Adverse Childhood Experiences (ACEs), Barnahus and the revision of the National Guidance for Child Protection in Scotland.

The CYP pathway has been developed by professionals from the CMO Taskforce, the regional Child Protection MCNs, as well as paediatricians and key stakeholders across justice, social work and the third sector, including Children's 1st. The aim of the pathway is to ensure that the needs of the child or young person as well as those who care for them, are always put first. The pathway will be updated following the Parliament's scrutiny of the FMS Bill.

Finally, you asked for further information about multi-agency working. As set out in the Cabinet Secretary's letter of 5 May, the national SSARC service specification document[1] published in December 2019, was developed in partnership with key stakeholders, including health boards, Rape Crisis Scotland, Police Scotland and the Scottish Police Authority. The purpose of this document is to help ensure consistency in approach to the development of services across the country – reflecting the Taskforce ambition for trauma informed, age appropriate healthcare settings which are designed and delivered by health boards in close collaboration with their multi-agency partners. For example, this will enable Police Scotland to interview someone without needing to take them to a police station and in some areas, third sector partners are also able to provide support under the one roof.

[1] https://www.gov.scot/publications/rape-sexual-abuse-or-child-sexual-abuse-medical-services-guide-for-service-providers/

In addition, the three regions all have established, multi-agency delivery groups to develop and implement plans for the continuous improvement of their local services and to collaborate on regional aspects of service delivery. Myself and the national coordinator, Colin Sloey, work very closely with all of the regional groups, as well as health board Chief Executives, to ensure close alignment with the national Taskforce vision and other related national activity such as Barnahus. The Bill will underpin this existing multi-agency working.

I hope this information is helpful to the Committee but please do not hesitate to get in touch if you require anything further from me or my colleagues.

Yours sincerely

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