HMICS

HM INSPECTORATE OF CONSTABULARY IN SCOTLAND

Progress Review of Provision of Forensic Medical Services to Victims of Sexual Crime

December 2018

Improving Policing Across Scotland

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HM Inspectorate of Constabulary in Scotland

HM Inspectorate for Constabulary in Scotland (HMICS) is established under the Police and Fire Reform (Scotland) Act 2012 and has wide ranging powers to look into the 'state, effectiveness and efficiency' of both the Police Service of Scotland (Police Scotland) and the Scottish Police Authority (SPA).[1]

We have a statutory duty to inquire into the arrangements made by the Chief Constable and the SPA to meet their obligations in terms of best value and continuous improvement. If necessary, we can be directed by Scottish Ministers to look into anything relating to the SPA or Police Scotland as they consider appropriate. We also have an established role in providing professional advice and guidance on policing in Scotland.

- Our powers allow us to do anything we consider necessary or expedient for the purposes of, or in connection with, the carrying out of our functions
- The SPA and the Chief Constable must provide us with such assistance and co-operation as we may require to enable us to carry out our functions
- When we publish a report, the SPA and the Chief Constable must also consider what we have found and take such measures, if any, as they think fit
- Where our report identifies that the SPA or Police Scotland is not efficient or effective (or best value not secured), or will, unless remedial measures are taken, cease to be efficient or effective, Scottish Ministers may direct the SPA to take such measures as may be required. The SPA must comply with any direction given
- Where we make recommendations, we will follow them up and report publicly on progress.
- We will identify good practice that can be applied across Scotland
- We work with other inspectorates and agencies across the public sector and co-ordinate our activities to reduce the burden of inspection and avoid unnecessary duplication
- We aim to add value and strengthen public confidence in Scottish policing and will do this through independent scrutiny and objective, evidence-led reporting about what we find.

Our approach is to support Police Scotland and the SPA to deliver services that are high quality, continually improving, effective and responsive to local needs.[2]

This review was undertaken by HMICS in terms of Section 74(2) of the Police and Fire Reform (Scotland) Act 2012 and is laid before the Scottish Parliament in terms of Section 79(3) of the Act.

[1] Chapter 11, Police and Fire Reform (Scotland) Act 2012.
[2] HMICS, *Corporate Strategy 2017-20* (2017).

Contents

Our review

This review considers the progress made since our report on the provision of forensic medical services to adult and child victims of sexual crime was published in March 2017, making ten recommendations for improvement.

In March 2017, a Taskforce was established by the Cabinet Secretary for Health and Sport, and the Cabinet Secretary for Justice, and is chaired by the Chief Medical Officer for Scotland. HMICS welcomes the introduction of this Taskforce, which is evidence of the Scottish Government's commitment to support and drive the necessary change.

The Taskforce published its high-level work plan in October 2017. The plan shows the priorities grouped under five areas: leadership and governance; workforce and training; design and delivery of services; clinical pathways, and quality improvement. It is very helpful to be able to see the agenda for change set out on one page along with timescales for key deliverables.

The energy, enthusiasm and dedication of the professionals involved in the Taskforce, and many more who are responsible for delivering the services to victims of sexual crime, continues to be commendable.

HMICS was pleased to see new national standards "Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults", being published by Healthcare Improvement Service Scotland in December 2017.

The new national standards are clear and unequivocal, yet provide sufficient flexibility to be delivered in a way that is appropriate in a local context. It is important that the standards are supported by a framework of quality indicators. These have been drafted and are currently out for consultation. HMICS is clear that the standards and quality indicators are only effective if they are monitored through an audit and inspection regime.

It is encouraging to see that the Programme for Government (September 2018) makes specific commitments about legislative change and the gender balance of professionals trained to carry out forensic medical examinations.

The Scottish Government has provided £2.5 million in 2018-19 funding to support health boards to improve healthcare facilities for forensic medical examinations by the end of March 2019. A further £3 million will be invested in 2019-20, and again in 2020-21, making the overall Scottish Government funding commitment £8.5 million over three years. An additional £1.5 million of Scottish Government has been allocated to Rape Crisis Centres over the next three years.

NHS Boards have submitted costed improvement plans to address issues relating to premises, workforce development and equipment, and have committed to ensuring that all forensic medical examinations take place in appropriate healthcare settings by the end of March 2019.

Notwithstanding all of the above, over 18 months on from our original report, all ten recommendations remain open and work in progress. Those involved in front line service delivery, including forensic physicians, paediatricians, support agencies and police officers, tell us that little has changed on the ground.

I am grateful to all of those who contributed information and participated in this process.

Gill Imery QPM
HM Chief Inspector of Constabulary in Scotland
December 2018

Recommendations from the 2017 report

Recommendation 1
The Scottish Government should review the legal basis for the current agreement between Police Scotland, the Scottish Police Authority and NHS Scotland to deliver healthcare and forensic medical services. This review should inform the nature and need for any refreshed national Memorandum of Understanding between the parties.

Recommendation 2
Police Scotland should work with the partners responsible for delivering the Archway service in Glasgow and the West of Scotland and strengthen its current governance arrangements to ensure the service is adequately resourced and meets the needs of the communities it serves.

Recommendation 3
The Scottish Government should engage with relevant agencies and stakeholders and bring forward proposals for establishing dedicated healthcare facilities across Scotland to meet both the healthcare needs of victims of sexual crime and the necessary forensic requirements. This should be informed by research and current best practice.

Recommendation 4
The Scottish Government should consider formally issuing the newly proposed national standards for the delivery of forensic medical examination for victims of sexual violence to all NHS Boards. These standards should be supported by a framework of publicly reported quality indicators and monitored through an effective audit and inspection regime.

Recommendation 5
Police Scotland should work with NHS Boards to urgently identify appropriate healthcare facilities for the forensic medical examination of victims of sexual crime. The use of police premises for the examination of victims should be phased out in favour of healthcare facilities as soon as is practicable.

Recommendation 6
The Scottish Government should work with relevant stakeholders and professional bodies including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop the role of forensic nurses in Scotland.

Recommendation 7
The Scottish Government should work with relevant stakeholders and professional bodies, including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop self-referral services for the victims of sexual crime. This should clarify the legal position for obtaining and retaining forensic samples in the absence of a report to the police and support formal guidance for NHS Boards and Police Scotland.

Recommendation 8
The Scottish Government should work with NHS Scotland to ensure that the existing healthcare ICT system (ADASTRA) is being used consistently for collating information on the volume and nature of forensic medical examinations across Scotland. This will inform future policy and decision making, including resourcing.

Recommendation 9

Police Scotland should work with the Scottish Police Authority and NHS Scotland to introduce standard operating procedures for the forensic cleaning of police premises which continue to be used for medical examinations. These should comply with current guidance.

Recommendation 10

Police Scotland should work with NHS Scotland to ensure suspected perpetrators of sexual abuse who are under 16 years old are not forensically examined within police custody facilities. The Criminal Justice (Scotland) Act 2016 defines a child as being a person under the age of 18 and consideration should be given to how this affects the treatment of child suspects in the context of forensic medical examinations.

Background and introduction

1. In March 2017, following a detailed review, HMICS published the Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime (hereafter referred to as 'the report'). The report issued 10 recommendations and outlined 31 key findings relating to various integral elements of service delivery in respect of the provision of forensic medical examinations to victims of sexual offences.

2. The report's findings and associated recommendations highlighted a number of critical issues including:

   - significant variations in service provision to victims of sexual offences
   - lack of strategic leadership and governance
   - no audit or inspection processes
   - lack of clarity of legislative framework in relation to service responsibility and the collection and retention of forensic samples
   - widespread use of police premises for forensic examinations
   - lack of choice regarding the gender of examiner
   - limited facilities for victims to self-refer to services for a forensic examination without reporting to police
   - challenges in the retention of sufficient numbers of paediatricians for child examinations
   - concerns regarding the forensic integrity of examination facilities.

3. The intention of this follow-up report is to measure progress against the recommendations. HMICS acknowledges the complexities, interdependencies and timescales associated with some of the recommendations and where appropriate we have ensured that these issues have been factored into our findings.

4. This follow-up report does not intend to repeat in detail the issues highlighted in the 2017 report therefore this document should be read in conjunction with the original report.[3]

5. Immediately prior to the publication of the report, in February 2017, the Cabinet Secretary for Justice commissioned Healthcare Improvement Scotland to develop new national standards to ensure a consistency of high quality service delivery for victims of sexual offences across Scotland.

[3] HMICS, Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime, March 2017.

6. Thereafter, on 30 March 2017 the Scottish Government appointed the Chief Medical Officer for Scotland to establish and lead the CMO Taskforce for the improvement of services for adults and children who have experienced rape and sexual assault. The Taskforce identified a number of areas in which it intended to provide leadership and to support Health Boards to develop services that better meet the needs of victims, including:

   - drive improvements in the provision of healthcare and forensic medical services for victims of sexual assault
   - provide the necessary leadership so that Health Boards commit to deliver trauma informed services to better meet the needs of victims
   - reduce unnecessary delays
   - address situations where victims have to travel unreasonable distances to be examined
   - tackle issues around the availability of female doctors to contribute to the delivery of these services
   - consider the HMICS report on current arrangements for forensic medical examinations in sexual offences cases in Scotland, including the recommendations about consistency in the standards of care and support for victims
   - ensure that NHS Boards are meeting the National Standards developed by Healthcare Improvement Scotland.

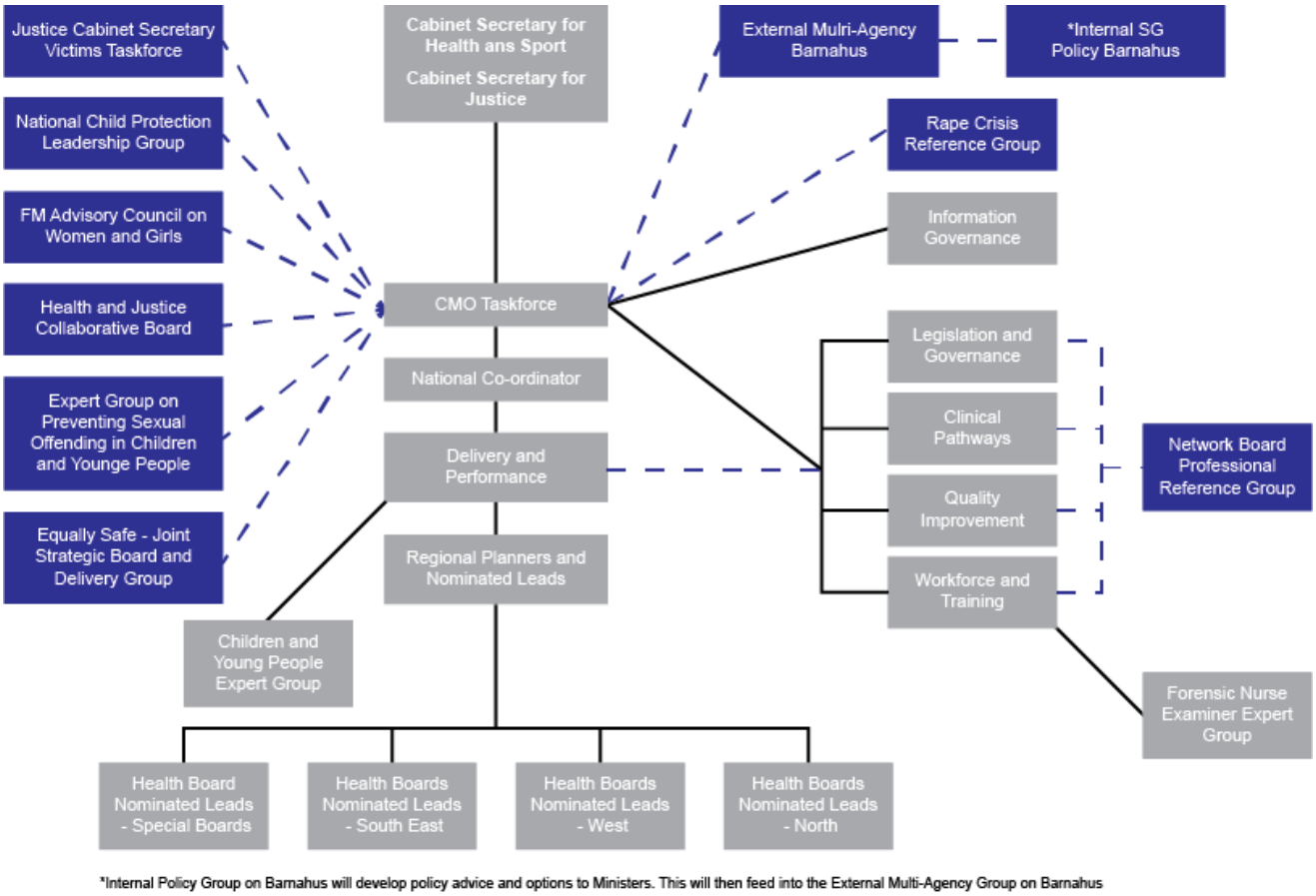
7. Formal Terms of Reference were subsequently published on 12 February 2018 and the work of the Taskforce is documented and updated on a dedicated webpage on the Scottish Government website.

8. The Taskforce reports directly to the Cabinet Secretary for Health and Sport, and Cabinet Secretary for Justice and provides updates to the Scottish Government's Health and Justice Collaboration Board, jointly chaired by the Directors of both disciplines. This joint strategic leadership is essential given the significant interconnection between health and justice in relation to forensic medical services. The Taskforce is supported by a Rape and Sexual Assault Taskforce Unit and a Bill team, in which Scottish Government has invested £400,000 per year in staff costs.

9. The Taskforce structure was designed with the delivery of the above principles in mind resulting in the establishment of five sub-groups: Leadership and Governance (now evolved into Legislation and Governance), Design and Delivery, Workforce and Training, Quality Improvement and Clinical Pathways. The respective sub-group Chairs and group membership were drawn from a wide range of relevant organisations with appropriate experience and knowledge including health, justice, social work and the third sector. Leadership is provided through the Taskforce and commitments made by Health Board Chief Executives, Regional Planning Directors and Nominated Leads in each Board with responsibility for delivering improvements. Further, the work of the Taskforce is supported by a Reference Group that represents the experience of victims, with a remit to provide advice and guidance to ongoing Taskforce work and inform decision making. As outlined hereafter, the Design and Delivery sub-group has since been superseded by the Delivery and Performance sub-group.

CMO Taskforce Governance Structure

Table 1:



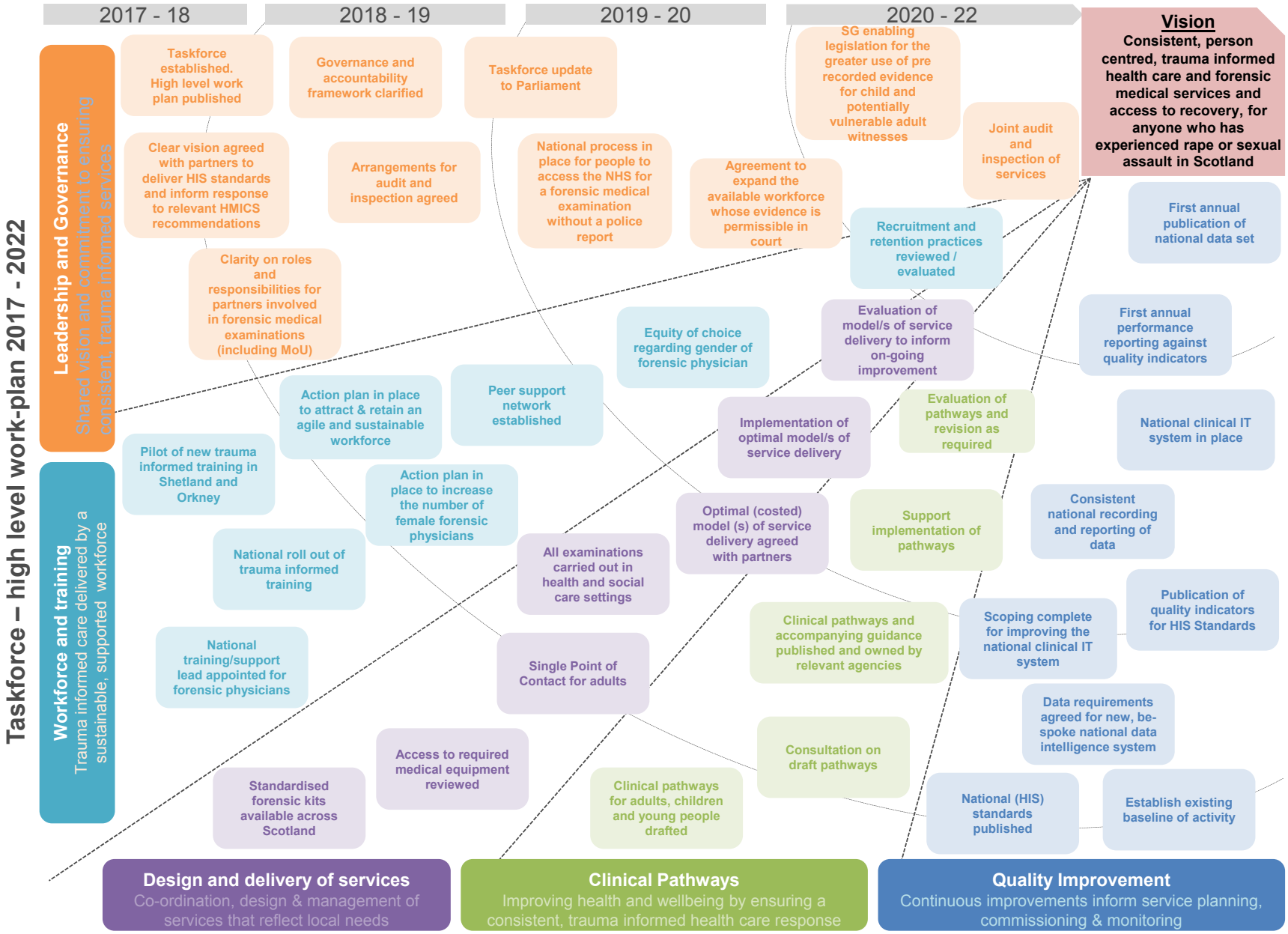
*Internal Policy Group on Barnahus will develop policy advice and options to Ministers. This will then feed into the External Multi-Agency Group on Barnahus

10. In October 2017, the Taskforce published a High Level Work Plan, which provides a framework of improvement measures with clear target timescales across a 5-year programme of work until 2022. Leadership and governance are integral elements of the workplan, with regular updates being provided to Scottish Ministers. The workplan objectives and target timescales are discussed further and throughout this report as they relate to the recommendations.

11. The Scottish Government's commitment to achieving improvements in service provision that is based on the needs of victims was reinforced by the then Cabinet Secretary for Justice in a Ministerial statement to the Scottish Parliament on 9 May 2017. Further, the improvement of forensic medical services to victims of sexual crime was identified as a priority for the Scottish Government in their Programme for Government published in September 2017. This commitment was reinforced in the Programme for Government published in September 2018.

12. HMICS welcomes this continuous commitment and suggests that it is critical to achieving the service improvements that are unanimously accepted as essential. Financial constraints and competing demands have consistently been cited as the main obstacles to delivering sustainable change in this area therefore we welcome the commitment Scottish Government made for additional funding of £2.5 million in 2018-19, with further investment of £3 million in 2019-20 and £3 million in 2020-21. This means the overall Scottish Government funding commitment for improving healthcare and forensic medical examination services for victims of rape and sexual assault amounts to £8.5 million over the three years 2018-21.

Table 2:


Taskforce – high level work-plan 2017 - 2022
2017 - 18
2018 - 19
2019 - 20
2020 - 22
Vision
Consistent, person centred, trauma informed health care and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland
Leadership and Governance
Shared vision and commitment to ensuring consistent, trauma informed services
Workforce and training
Trauma informed care delivered by a sustainable, supported workforce
Taskforce established. High level work plan published
Governance and accountability framework clarified
Taskforce update to Parliament
SG enabling legislation for the greater use of pre recorded evidence for child and potentially vulnerable adult witnesses
Joint audit and inspection of services
Clear vision agreed with partners to deliver HIS standards and inform response to relevant HMICS recommendations
Arrangements for audit and inspection agreed
National process in place for people to access the NHS for a forensic medical examination without a police report
Agreement to expand the available workforce whose evidence is permissible in court
Recruitment and retention practices reviewed / evaluated
First annual publication of national data set
Clarity on roles and responsibilities for partners involved in forensic medical examinations (including MoU)
Equity of choice regarding gender of forensic physician
Evaluation of model/s of service delivery to inform on-going improvement
First annual performance reporting against quality indicators
Action plan in place to attract & retain an agile and sustainable workforce
Peer support network established
Implementation of optimal model/s of service delivery
Evaluation of pathways and revision as required
National clinical IT system in place
Pilot of new trauma informed training in Shetland and Orkney
Action plan in place to increase the number of female forensic physicians
Optimal (costed) model (s) of service delivery agreed with partners
Support implementation of pathways
Consistent national recording and reporting of data
National roll out of trauma informed training
All examinations carried out in health and social care settings
Clinical pathways and accompanying guidance published and owned by relevant agencies
Scoping complete for improving the national clinical IT system
Publication of quality indicators for HIS Standards
National training/support lead appointed for forensic physicians
Single Point of Contact for adults
Data requirements agreed for new, be-spoke national data intelligence system
Access to required medical equipment reviewed
Consultation on draft pathways
Standardised forensic kits available across Scotland
Clinical pathways for adults, children and young people drafted
National (HIS) standards published
Establish existing baseline of activity
Design and delivery of services
Co-ordination, design & management of services that reflect local needs
Clinical Pathways
Improving health and wellbeing by ensuring a consistent, trauma informed health care response
Quality Improvement
Continuous improvements inform service planning, commissioning & monitoring

Service Demand

13. Police Scotland's management statistics reveal that the number of sexual crimes reported to police has increased. In the fiscal year immediately following publication of the report (April 2017 to March 2018) the total number of sexual crimes recorded by Police Scotland had increased by 12.2% (an increase of 21.5% on the full year data cited in the 2017 report, namely 2015-16). Within that, recorded rape had increased by 20% (an increase of 26% from 2015-16). Of recorded rapes between 2015-16 and 2017-18, the number relating to those crimes reported more than one year from the date of the incident increased by 27%. Notably, the number of rapes that were reported to police within seven days increased by 26%.

14. In the same time scale, in respect of children under 16 years of age, there was an increase of 2% of recorded sexual crimes and an increase of 27.8% in recorded rape.

15. Tables 3, 4 and 5 below show Police Scotland figures for sexual crime and rape over the past five years.

Table 3: Total Group 2 Crimes (sexual crimes) Reported 2013-2018 (adult and child victims)[4]

Fiscal year (April to March)	Total Group 2 crime (sexual crime including rape)	Number of reported rapes
2013-2014	8,829	1,698
2014-2015	9,724	1,810
2015-2016	10,407	1,714
2016-2017	11,128	1,781
2017-2018	12,487	2,136

Table 4: Group 2 Crimes Reported within seven days and more than one year from commission (adult and child victims)

Fiscal year (April to March)	Total Group 2 crime (sexual crime including rape)	Number of reported rapes	Number of rapes reported within 7 days of commission	Number of rapes reported more than one year after commission
2013-2014	8,829	1,698	387	580
2014-2015	9,724	1,810	368	668
2015-2016	10,407	1,714	363	672
2016-2017	11,128	1,781	364	738
2017-2018	12,487	2,136	459	852

Table 5: Proportion of Group 2 Crimes (including rape) where the victims are under 16 years of age

Fiscal year (April to March)	Total Group 2 crime (sexual crime including rape)	Number of victims of sexual crime aged under 16	Number of rapes	Number of victims of rape aged under 16 years
2013-2014	8,829	3,183 (36.3%)	1,698	287 (16.9%)
2014-2015	9,724	3,886 (40.1%)	1,810	347 (19.2%)
2015-2016	10,407	4,495 (44.7%)	1,714	331 (19.3%)
2016-2017	11,128	3,933 (35.3%)	1,781	331 (18.6%)
2017-2018	12,487	4,593 (36.8%)	2,136	423 (19.8%)

[4] The difference in the total number of Group 2 crimes and total number of rapes since the 2017 report can be accounted by the continual process of reclassification of crimes by Police Scotland as a result of investigatory and audit processes.

16. This data relates to crimes reported to the police therefore no inference can be drawn from these figures alone whether the prevalence of rape is on the increase or decline.

17. The 26% increase in reports of rape committed within seven days of the incident is of significance as these are the cases where forensic evidence is most likely to be gleaned from a forensic medical examination. That said, further potential evidential opportunities, such as traces of old or healing marks or injuries, could be identified beyond the seven day period. A forensic medical examination would also be valid in these circumstances. Indeed, scientific developments and the potential for evidential capture of marks and injuries are such that police and medical professionals require to think beyond seven days.

18. Determining an accurate picture of demand for forensic medical examination services is challenging. Current data capture is poor and, with few exceptions, there are no facilities available for victims to refer themselves for a forensic medical examination without firstly reporting to the police. The 2014-2015 Scottish Crime and Justice Survey found that almost 3% of adults had experienced at least one form of serious sexual assault since the age of 16 and that only 17% of those respondents who had been subjected to 'forced sexual intercourse' had reported it to the police.

19. Through the work to produce the 2017 report, HMICS found there was no consistent system for collating information on the volume and nature of forensic medical examinations in Scotland. This is still the case: not all health boards record this data and Police Scotland does not routinely keep a record. It was pointed out that the regional collaboration between NHS Lothian, NHS Borders and NHS Fife (South East region) was the most effective in terms of information gathering but there does not seem to have been any effort to replicate their approach in other areas of the country.

20. There have been improvements in the recording of paediatric medical child protection cases, with every health board now gathering information for a minimum dataset on the standard child protection examination proforma, which was introduced by the Managed Clinical Networks in 2017. In some areas (notably NHS Lothian, NHS Borders and NHS Fife) more detailed child sexual abuse data has been collated since 2010.

21. Notwithstanding the challenges in accurately assessing the requirement for forensic medical services, it is reasonable to conclude that demand will continue at current levels with no sign of decreasing. Indeed, indicative crime statistics, anticipated improvements in service delivery with associated positive publicity, and the introduction of self-referral facilities would all combine to create an increase in demand for healthcare and forensic medical examination services in the future.

Recommendation 1

The Scottish Government should review the legal basis for the current agreement between Police Scotland, the Scottish Police Authority and NHS Scotland to deliver healthcare and forensic medical services. This review should inform the nature and need for any refreshed national Memorandum of Understanding between the parties.

22. The report highlighted the lack of clarity in legislation relating to forensic medical services, in particular the wording of Section 31 of the Police and Fire Reform (Scotland) Act 2012. The National Memorandum of Understanding between the Police Service of Scotland and NHS Scotland (MOU) covers the transfer of function from police to NHS Boards, with the forensic medical services being delivered by health boards but remaining a function and responsibility of the Scottish Police Authority under Section 31 of the Act.

23. The report noted that the MOU was not legally binding and relied largely on the goodwill of all parties to adopt standards and agree the level of service to be provided. This led to practical difficulties in holding parties to account for effective delivery of forensic medical services, hence the recommendation for legislative clarity.

24. In response, in its Programme for Government published on 4 September 2018, the Scottish Government committed to consulting on proposals to clarify in legislation the responsibility for sexual offence forensic medical examinations to ensure that access to healthcare, as well as a forensic medical examination for victims of rape and sexual assault, is an NHS priority and consistently provided for throughout Scotland.

25. The Scottish Government has intimated an intention to introduce a Bill in the next parliamentary year to address these issues. Such a Bill will be required to navigate the requisite consultation and due parliamentary process. A dedicated Bill Team has been selected to develop this particular piece of work and the resultant Legislation and Governance sub-group has evolved from the previous Leadership and Governance sub-group. A draft consultation document is currently being developed.

26. HMICS welcomes this commitment from the Scottish Government, however the legislative process has been slow to start and will inevitably take some time. In the meantime, victims are not seeing the improvements to services.

27. The difficulties associated with the lack of pace can be overcome if the relevant stakeholders wholeheartedly accept the rationale for change, and commit accordingly in the knowledge that the new legislation will place responsibility for forensic medical services clearly within the remit of the NHS.

28. We would urge stakeholders to resist delaying the preparatory work and development of suitable infrastructures until legislation is in place, and to embrace the need to improve services for victims of sexual crimes.

Recommendation 2

Police Scotland should work with the partners responsible for delivering the Archway service in Glasgow and the West of Scotland and strengthen its current governance arrangements to ensure the service is adequately resourced and meets the needs of the communities it serves.

29. Archway in Glasgow remains the only Sexual Assault Referral Centre (SARC) in Scotland, having been established in 2006. Over the years however, while the model of service delivery has remained consistent, the ability to deliver the service has gradually been eroded and significant and persistent challenges relating to the availability of the service have been evident. This has been largely due to difficulties in recruiting and retaining health professionals, resulting in Archway being unavailable for considerable periods of time (particularly out-of-hours, overnight and at weekends). As outlined in the 2017 report, this has in part been as a result of funding provision that has remained fairly static since Archway's inception.

30. To address the availability issue, out-of-hours cover has largely been provided by forensic physicians, more recently by a cadre of doctors from the Custody Offender Medical Services (COMS). Whilst this is clearly not the ideal service delivery model, as an interim arrangement it is reported as working satisfactorily with improved communication, peer review and joint training arrangements between Archway and COMS staff. It is of note however that the majority of COMS doctors are male. Notwithstanding, the collaborative approach to overcome interim issues is worthy of highlight and is indicative of what can be achieved.

31. Contemporary Archway figures reveal that in the fiscal year April 2016 to March 2017 Archway dealt with 239 cases (215 adults, 24 adolescents). Of these, 205 (85.7%) were examined by Archway doctors and 16 by forensic physicians from COMS. In the 16 months from April 2017 to July 2018 Archway dealt with 395 cases (338 adults, 57 adolescents). Of these 333 (84.3%) were examined by Archway doctors and 41 by COMS doctors. However, there is limited qualitative data to show how many of those cases involved unacceptable delays where victims have had to wait until Archway is open to access the service. Sexual Offence Liaison Officers (police officers) are encouraged to submit the NHS Service User Review Form when they encounter issues relating to forensic medical examinations, including any delays due to Archway service provision, however this does not extend to measuring the negative impact on the victim's experience.

32. Of note, 80 of 395 cases (20%) from April 2017 to July 2018 relate to members of the public who had self-referred without reporting to the police.

33. These figures reveal little change since those cited in the 2017 report. The case remains that those victims presenting out-of-hours are unlikely to receive essential health and wellbeing services including emergency contraception, a clinical assessment or onward referral.

34. Since publication of the report, Archway secured £445,000 from the Health and Social Care Partnership contingency fund for one year only. This has facilitated the recruitment of an additional nine doctors, taking the number of doctors to 18.

35. Similar challenges relating to the provision of nurses have been met with the implementation of a new post of joint Custody/Sexual Offences Nurses to service out-of-hours requirements (the two dedicated Archway nurses cover business hours). It is an instruction that sexual offences duties will take precedence over custody when required and management at Archway report no issues thus far with this arrangement.

36. Following the requisite training and shadowing arrangements, Archway forecast that they will be in a position to extend their hours of availability from 8am to midnight, seven days a week from 1 September 2018. Whilst this still does not meet the initial design specification for services, it is a significant improvement on current availability. Work to scope peak demand would further inform whether this is indeed an improvement in line with requirements.

37. Forensic physicians who responded to the request for feedback report no change in the service to victims at present and continue to highlight frustrations in relation to the gaps in the Archway rota, however most anticipate improvements when the recruitment and training process relating to the new doctors is complete.

38. HMICS made strong comment on the alternative facilities that were in use at the time of the previous report, stating these were "unacceptable". The police station in question is no longer used as an alternative location for forensic medical examinations of adult or adolescent victims of sexual crimes, and this change is welcomed by HMICS. However, in the absence of any alternative healthcare facilities, Archway is now the only available location serving a large percentage of the population and given the issues of availability of the Archway service, will inevitably lead to unacceptable delays.

39. Discussions are in an advanced stage to relocate Archway from its current site to alternative premises in Glasgow City Centre early in 2019. If approved, the transition of existing health board premises will provide improved facilities.

40. Matters relating to Archway are discussed at the West of Scotland Regional Planning Meeting where Police Scotland is represented, however the business of this group is significantly broader than Archway. In addition, a short-life multi-agency Operational Group was established principally to address the issues raised in our report, and more recently to benchmark against the HIS standards. We welcome the establishment of the Archway Implementation and Service Development Group and its aim to work with the Archway leadership team and Glasgow City Health and Social Care Partnership to develop a model that best meets the needs of victims as well as meeting the requirements of the HIS standards and the Barnahus principles. However, we are conscious that the additional funding provided to Archway was limited to one year and in that regard the service currently remains fragile. None of the structures mentioned above, in their current format, are capable of providing the long term strategic governance required to address the need for a business plan that includes long term funding arrangements.

Recommendation 3 (see recommendation 5 below)

Recommendation 4

The Scottish Government should consider formally issuing the newly proposed national standards for the delivery of forensic medical examination for victims of sexual violence to all NHS Boards. These standards should be supported by a framework of publicly reported quality indicators and monitored through an effective audit and inspection regime.

41. Our 2017 report highlighted the significant variation in service provision across Scotland and referred to the 2013 Minimum Standards for the provision of forensic examinations in sexual offences cases produced by a multi-agency Short Term Working Group. Whilst the minimum standards were agreed in principle by the Cabinet Secretaries for Justice and Health, they were not formally issued to health boards. Despite the efforts of the Adult Sexual Assault Services Delivery Group (a sub-group of the National Coordinating Network for Healthcare and Forensic Medical Services for People in Police Care), the standards were not universally acknowledged and little progress was made in terms of implementing them. This was found to have contributed to the disparity of service provision across the country.

42. In advance of the publication of our report, in February 2017, the Cabinet Secretary for Justice commissioned Healthcare Improvement Scotland (HIS) to develop new national standards to ensure a consistency of high quality service delivery for victims of sexual offences across Scotland.

43. As a result, a multi-agency project group was established in May 2017 and following an appropriate consultation process, the Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults (hereafter referred to as the HIS standards) was published in December 2017.[5]

44. The five standards are underpinned by the following key principles:

> **Standard 1:** Each NHS board demonstrates the leadership and commitment required for a co-ordinated response to meet the needs of people who have experienced rape, sexual assault or child sexual abuse, including forensic examinations, immediate clinical needs assessment and aftercare.
>
> **Standard 2:** Each NHS board ensures that people who have experienced rape, sexual assault or child sexual abuse receive person-centred and trauma-informed care.

[5] http://www.healthcareimprovementscotland.org/

Standard 3: Each NHS board ensures that the facilities and equipment for forensic examinations are appropriate, safe and effectively managed.

Standard 4: Each NHS board ensures that staff have the knowledge, skills and competency to deliver healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse.

Standard 5: Each NHS board ensures that forensic examinations of people who have experienced rape, sexual assault or child sex abuse are recorded using consistent documentation and data

45. Each standard is formatted to include a statement of the required level of performance; rationale explaining why the standard is important; a list of criteria describing the required structures, processes and outcomes; what a person receiving care should expect; what a member of staff should expect and what the standards mean for organisations, with examples of evidence to confirm that the standard has been met.

46. HMICS welcomes the publication of these standards and in particular the emphasis on the requirement for a person-centred and trauma-informed service. Of particular note is the inclusion of the opportunity for victims to request the gender of examiner; examinations taking place in health settings or designated multi-agency settings (aligned to recommendations 3 and 5); the availability of standardised sampling kits and colposcopes; and consistent documentation and data collection (aligned to recommendation 8).

47. The HIS standards should provide an unequivocal framework from which NHS boards can structure their services within their own geographical context and, if implemented universally, will contribute significantly to a consistency of service to sexual crime victims regardless of where in the country they are located.

48. HMICS strongly believes that the new national standards can only be effective if they are accompanied by a robust audit and inspection process. Draft quality indicators have been compiled and are subject of a consultation process that is expected to be complete during December 2018. The ongoing work to arrive at meaningful correlated quality indicators is essential to implementing and maintaining the standards.

Recommendation 3

The Scottish Government should engage with relevant agencies and stakeholders and bring forward proposals for establishing dedicated healthcare facilities across Scotland to meet both the healthcare needs of victims of sexual crime and the necessary forensic requirements. This should be informed by research and current best practice.

Recommendation 5

Police Scotland should work with NHS Boards to urgently identify appropriate healthcare facilities for the forensic medical examination of victims of sexual crime. The use of police premises for the examination of victims should be phased out in favour of healthcare facilities as soon as is practicable.

49. Recommendations 3 and 5 will be addressed collectively as they are linked and intrinsic to the overall model of service delivery.

50. The report indicated the widespread use of police premises to conduct forensic medical examinations and highlighted that, not only was the use of police buildings unacceptable, significant concerns had been raised about the suitability of those in use with regard to available equipment (both consumables and essential examination equipment including colposcopes), forensic decontamination arrangements, lighting and general aesthetics. Most examinations outwith Archway are conducted by male doctors and in many areas without formal care pathways that address both the health and support needs of victims. For example, advocacy services are now in place across the country, however Rape Crisis Scotland highlights that the service has the potential to assist more victims but this is currently hampered by the absence of clear referral arrangements in some areas.

51. The Chief Medical Officer and Chair of the CMO Taskforce met with NHS Chief Executives on 11 April 2018 and directed the following as priorities:

- Move all forensic medical examinations out of police settings and into appropriate health and social care settings by the end of the financial year 2018/19
- Ensure that all doctors undertaking the work are trained in trauma informed care for victims of sexual crime by December 2018
- Consider options for attracting and retaining the workforce required to meet the HIS standards (e.g. enabling other staff groups, such as those providing sexual health services to undertake forensic medical examinations)
- Work towards having appropriately trained nurse present during a forensic medical examination.

Location of forensic examinations

52. The following table shows the location of examination facilities as outlined in the report against the updated position across health board areas at June 2018, 15 months thereafter:

Table 6: Location of forensic medical exam facilities

Health Board	Police Division	Examination Suite	Out of Hours facility	Updated position as at June 2018
NHS Grampian	A – North East	Forensic Medical Suite, Health Village, Aberdeen	Forensic Medical Suite, Health Village, Aberdeen	No change (satisfactory)
NHS Forth Valley	C – Forth Valley	Falkirk Police Station	Falkirk Police Station	No change
NHS Tayside	D - Tayside	Medical suite, Police Station, West Bell Street, Dundee	Medical suite, Police Station, West Bell Street, Dundee	No change
NHS Lothian	E – Edinburgh	Royal Victoria Hospital, Edinburgh	Royal Victoria Hospital, Edinburgh	Medical suite, Police Station, Civic Centre, Livingston pending interim facility Astley Ainsley Hospital (now operational since Sept 2018)
	J - Lothian & Borders	Royal Victoria Hospital, Edinburgh	Royal Victoria Hospital, Edinburgh	Medical suite, Police Station, Civic Centre, Livingston pending interim facility Astley Ainsley Hospital (now operational since Sept 2018)
		Medical Suite, Police Station, Civic Centre, Livingston	Medical Suite, Police Station, Civic Centre, Livingston	No change

NHS Borders	J – Lothian & Borders	No facility – travel to Edinburgh	No facility – travel to Edinburgh	No change
NHS Greater Glasgow & Clyde	G - Glasgow	Archway, Sandyford Clinic, Glasgow (not 24/7)	Medical Suite, Baird Street Police Station, Glasgow	Archway, Sandyford Clinic, Glasgow (24/7)
NHS Greater Glasgow & Clyde	K – Renfrewshire & Inverclyde	Archway, Sandyford Clinic, Glasgow (not 24/7)	Medical Suite, Baird Street Police Station, Glasgow	
NHS Greater Glasgow & Clyde	L – Argyll & West Dunbartonshire	Sub-division – West Dunbartonshire Archway, Sandyford Clinic, Glasgow (not 24/7)	Sub-division – West Dunbartonshire Medical Suite, Baird Street Police Station, Glasgow	
NHS Highland	N – Highland & Islands	Victim Medical and Interview Suite, Dalneigh Crescent, Inverness (police building)	Victim Medical and Interview Suite, Dalneigh Crescent, Inverness (police building)	No change
		Medical Suite, Wick Police Station	Medical Suite, Wick Police Station	No change
NHS Western Isles		Springfield Medical Practice, Stornoway, Western Isles	Springfield Medical Practice, Stornoway, Western Isles	No change (satisfactory)
NHS Shetland		Gilbert Bain Medical Centre	Gilbert Bain Medical Centre	Gilbert Bain Hospital Maternity Unit, Lerwick
NHS Orkney		No service provided	No service provided	Balfour hospital, Kirkwall
NHS Fife	P – Fife	Forensic Medical Suite, Divisional Police HQ, Glenrothes	Forensic Medical Suite, Divisional Police HQ, Glenrothes	No change
NHS Lanarkshire	Q – Lanarkshire	Archway, Sandyford Clinic, Glasgow (not 24/7)	Medical Suite, Baird Street Police Station, Glasgow	Archway, Sandyford Clinic, Glasgow (24/7)
NHS Ayrshire & Arran	U – Ayrshire	Archway, Sandyford Clinic, Glasgow (not 24/7)	Medical Suite, Baird Street Police Station, Glasgow	
NHS Dumfries & Galloway	V – Dumfries & Galloway	Loreburn Street Police Station, Dumfries	Loreburn Street Police Station, Dumfries	No change

53. It is clear from the above table that limited progress has been made in terms of relocating the examination facilities in police buildings to a health setting. The loss of the medical suite serving Edinburgh, East Lothian, Midlothian and Scottish Borders as a result of a fire at the Royal Victoria Hospital in May 2017 was unforeseen, although at the time of our report in March 2017, the hospital itself had closed and urgent work was already underway to identify alternative premises. After the fire, initial "short term" arrangements were put in place at West Lothian Civic Centre, Livingston, which were not ideal, prior to another interim facility being made available at the Astley Ainslie Hospital, Edinburgh (Civic Centre, Livingston was being used to replace Edinburgh facility between May 2017 and September 2018).

54. While discussions and arrangements in respect of identification of alternative facilities are at various stages of maturity, the current position (November 2018) is that victims of sexual crime are still undergoing intimate forensic examinations in police premises at Falkirk, Dundee, Livingston, Inverness, Wick, Glenrothes and Dumfries. Advanced discussions have taken place to relocate services from Inverness and Dumfries police premises to Raigmore Hospital and Dumfries and Galloway Royal Infirmary respectively. It is encouraging to note that all NHS Boards have committed to identifying suitable healthcare facilities before the end of March 2019, and the funding made available from Scottish Government to enable this to take place is most welcome.

55. The Design and Delivery sub-group of the CMO Taskforce was tasked to develop options in respect of the service delivery model (discussed in more detail hereafter) however this should not inhibit the relevant health boards from conducting the necessary scoping and feasibility work to facilitate punctual implementation of a forthcoming approved model.

Availability of colposcopes

56. In March 2017 we highlighted that forensic physicians in Tayside, Dumfries, Shetland and Wick did not have access to a colposcope, an instrument that is capable of magnifying marks or injuries that would otherwise not be visible to the naked eye. The potential to enhance evidential opportunities by use of a colposcope therefore is obvious. NHS Highland moved a colposcope from Inverness to Wick and and provided a new one to Inverness. Taskforce funding was provided to NHS Orkney and NHS Shetland to purchase a colposcope.

57. Despite the importance of such a piece of equipment and its modest cost, there are still no colposcopes available for use at Dundee or Dumfries, which is unacceptable. This issue features in the Local Improvement Plans from the respective board areas and it is anticipated that funding will be provided as part of the reconciliation process described hereafter.

Care Pathways

58. The Clinical Pathways sub-group of the Taskforce was tasked with developing appropriate pathways suitable of meeting the immediate and longer term clinical and support needs of victims.

59. The draft Clinical Pathways and Guidance for Healthcare Professionals working to support adults who present having experienced sexual assault or rape document is currently subject of a consultation process. The paper seeks to outline an ‘evidence informed model of care’ with:

- processes for supporting the immediate health and wellbeing of individuals
- processes for initiating recovery using trauma informed practice
- guidance on how to assess and manage clinical risk, ongoing safety and the provision of ongoing support and follow up
- processes for collection of forensic evidence, if required
- the legal framework and policy context in Scotland
- processes for providing evidence for judicial processes.

60. As highlighted in the report, the absence of clear care pathways into associated and follow on services including sexual health, ongoing support and advocacy is detrimental to victims and has an adverse impact on future demand within the health service. The provision of a holistic approach where services are collectively brought to the victim rather than reliance on the victim seeking out individual disciplines is the essence of care provision. This would be the case in any other circumstances should a patient present to any A&E or to a GP. The emphasis therefore should be on ‘guidance on how to assess and manage clinical risk, ongoing safety and the provision of ongoing support and follow up’, whilst affording boards enough latitude to deliver within their individual existing structures.

61. Relationships and networks between the third sector support agencies and statutory organisations vary across the country. As health boards develop their models of service delivery, they should recognise the positive contribution local support agencies can provide and consider integration of these services into their care pathway.

62. Further, the recently announced Scottish Government's Mental Health Strategy is focused on increasing access to mental health professionals across the country with 800 additional health professionals intimated. Given the well documented mental health impact of rape and sexual crime, it is essential that this strategy features significantly in both the adult and children's care pathways.

63. The draft adult pathway guidance was delivered behind schedule and, more critically, the draft care pathway for children and young people (expected in July 2018) now estimated for delivery early in 2019, which is significantly behind schedule.

Design and delivery of services

64. Work to develop a person-centred model of delivery of services for victims of sexual crime has been the principal task of the Taskforce Design and Delivery sub-group. A multi-agency short life working group was subsequently established to design, develop and oversee an options appraisal process.

65. Following research and consultation, a formal options appraisal stakeholder event was held on 27 June 2018. The event was convened to consider options and deliver a preference in respect of two key areas; the specification of service model and the service configuration. The stakeholder group was formed of 50 attendees from a multi-agency background including Healthcare Improvement Scotland, various Health Boards, Scottish Government, Rape Crisis Scotland, Police Scotland, NSPCC and Scottish Police Authority Forensic Services.

66. The group was asked to consider four options in each of the two key areas, one option in each being to retain the status quo. They ultimately selected the following preferences:

- Model of Service Delivery:
  Option 4 – Multi agency service for adults, children and young people who have experienced sexual assault and rape (acute and historic).
- Configuration of Service Delivery:
  Model D – Local services which meet the HIS standards, delivered as close as possible to the point of need and supported by a service of excellence.

67. The group expressed a unanimous view that the emphasis should be on locally delivered services, supported by a centre of excellence. HMICS shares this view.

68. The findings of the options event were presented to the Taskforce in August 2018 where they were approved. This service specification is critical in assisting boards to design a model of delivery that is required to comply with both the approved options as outlined and the HIS standards.

69. In recognition that this aspect of the Taskforce business is moving from design and delivery to an operational model, the Design and Delivery sub-group has been replaced by the Delivery and Performance sub-group. To create a structure capable of providing the appropriate strategic leadership and governance, Scottish Government has appointed a National Co-ordinator who will lead this group and liaise, support and assist the nominated board leads and chief executives to plan and co-ordinate a fully costed service model.

70. In the 2018-19 financial year, funding of £2.5 million (plus £250,000 to support the work of the Taskforce sub groups) has been made available by Scottish Government to help facilitate improvements to services for victims of rape and sexual assault, in line with Taskforce priorities. A further £3 million has been allocated for 2019-20 and again for 2020-21, bringing the Scottish Government financial commitment to £8.5 million 2018-21. Financial constraint has long been cited as a barrier to change and HMICS welcomes this financial commitment.

71. Nominated board leads have completed a self-assessment against the HIS standards and subsequent gap analysis exercise. Both processes informed the development of Local Improvement Plans aligned to the approved model and configuration of service delivery. These costed plans address shortfalls in areas including premises, workforce development and equipment. Individual board Improvement Plan submissions require to be approved and reconciled against the additional funding provision and the Taskforce anticipates the completion of this process by November 2018.

72. The development of approved, supported and costed plans that facilitate improvements at regional and individual board level, aligned to the recommendations and the HIS standards, is regarded as a significant step towards delivery of a victim focussed service in appropriate settings.

73. The three regional groups in Scotland – South East; North of Scotland and West of Scotland – have established delivery groups to collaborate on regional aspects of service delivery.

74. Discussions are at an advanced planning stage between Edinburgh City Council, Midlothian Council, East Lothian Council, NHS Lothian, Police Scotland, Scottish Government and Children 1st to examine the feasibility of an Equally Safe Multi Agency Centre (ESMAC) in Edinburgh for gender based violence and child protection. This proposal incorporates a multi-agency, multi-purpose facility that includes a 'Barnahus' model in respect of children and adolescents as well as adult forensic medical facilities and associated follow-on and support services. While HMICS welcomes the ongoing work to develop this concept, we would highlight that this is a model that will take time to develop and that cannot necessarily be replicated elsewhere. It is important to note therefore that areas should not feel the need to follow this model; delivery of appropriate services to victims within the now approved guidelines and structures is the principal objective.

Recommendation 6

The Scottish Government should work with relevant stakeholders and professional bodies including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop the role of forensic nurses in Scotland.

75. The inclusion of a trained nurse during forensic medical examinations is regarded as best practice and considerably beneficial to the experience of the victim. The involvement of forensic nurses is limited to Archway and Dundee, and in both cases that role involves one of 'chaperone' to the victim, forensic decontamination of the room and assisting in labelling forensic samples. This is unchanged from the publication of the report in March 2017.

76. Rape Crisis Scotland feedback data since April 2017 continues to record positive comments from victims in relation to the role of the forensic nurse:

'Nurse at Archway was so lovely…….. she was brilliant'

'the nurse especially was really supportive'

77. There is a long history of discussion around the possibility of extending the forensic nurse role to include the examination of victims. One of the previous barriers was the perception that the use of forensic nurses could in some way impact negatively on criminal justice proceedings. This is not a perception shared by HMICS.

78. Our 2017 report highlighted that Sexual Assault Nurse Examiners (SANEs) have been in use in England from as early as 2001. The Scottish Government commissioned some in-house academic research more broadly around forensic medical services provision that included a more focussed look at the potential for a forensic nurse led model. This research concluded that, with the appropriate safeguards in place to ensure there was no compromise to any criminal justice process, there was scope to consider the use of nurses to conduct forensic examinations. Similar findings were reached during a 2014 study commissioned by Archway: A review of evidence regarding the potential use of Forensic Nurse Examiners in cases of sexual assault in Scotland.[6]

79. In February 2018, the Lord Advocate intimated an openness to consider the broader use of forensic nurses and to consider proposals for a pilot.

80. Subsequently, in June 2018 a roundtable stakeholder event was convened by the Royal College of Nursing to facilitate further discussions and develop the concept. At this event COPFS reaffirmed the Lord Advocate's position in that he welcomes any proposal to utilise forensic nurse examiners in sexual assault cases across Scotland provided certain criteria relating to training, accreditation and continuous professional development are met. The main areas discussed and to be considered going forward were:

- Scope – what would a Forensic Nurse Examiner pilot look like
- Scrutiny – how would this be monitored and evaluated
- Governance and assurance
- Workforce
- Education and training

81. It was agreed at this event to establish a short life working group under the remit of the Workforce and Training sub-group of the Taskforce to develop proposals for a pilot. This includes discussions with Higher Education Institutions regarding the development of a postgraduate qualification in advanced forensic nursing. The Crown Office Procurator Fiscal Service has an advisory role on this group.

82. This is regarded as a positive move that strikes an appropriate balance between developing services that are efficient and victim focussed, while ensuring no compromise to the criminal justice process. The progress made in respect of this recommendation evidences and supports the findings in the report, in that the perceived barriers are not insurmountable.

Recommendation 7

The Scottish Government should work with relevant stakeholders and professional bodies, including NHS Scotland, Police Scotland and the Crown Office and Procurator Fiscal Service to develop self-referral services for the victims of sexual crime. This should clarify the legal position for obtaining and retaining forensic samples in the absence of a report to the police and support formal guidance for NHS Boards and Police Scotland.

[6] Ali Jarvis, A review of evidence regarding the potential use of Forensic Nurse Examiners in cases of sexual assault in Scotland.

83. The reasons for victims' reluctance to report to the police are varied and well documented. Individuals must have access to forensic examinations on a self-referral basis to ensure that forensic evidence is captured and retained for future use should the person decide to report to the police. Everyone should have access to health and support services, regardless of whether or not they have reported a crime to the police.

84. There is no change to the 2017 position in that only Archway and Dundee, are in a position to provide self-referral facilities.

85. As documented in the report and elsewhere in this review, in many areas of Scotland, forensic medical examinations still take place within police premises, which makes self-referral for examinations impossible. As such this recommendation is interdependent on the progress of recommendation 5.

86. We acknowledge that discussions about future service specification and design have covered self-referral facilities. We welcome the terms of HIS Standards criteria 2.9 that states:

    All adults who refer themselves to services can access:

    a) health and support services irrespective of whether or not they have reported to the police, and
    b) forensic examinations to ensure that forensic evidence is not lost due to delay caused by uncertainty about whether to report

87. Our report highlighted the lack of clarity in respect of the legal basis on which medical samples can be retrieved and stored without the report of a crime and therefore in the absence of an instruction from police or COPFS. The HIS standard cannot be met without clarity of the legal position.

88. As mentioned in the update to recommendation 1 above, the Scottish Government has intimated an intention to introduce a Bill to clarify that the provision of forensic medical services is the function and responsibility of health boards. Within this Bill they intend to take the opportunity to address the issue of self-referral evidence capture and provide health boards with a legislative basis on which they can perform this function. HMICS regards the provision of facilities to self-refer as crucial and therefore welcomes this development.

Recommendation 8

The Scottish Government should work with NHS Scotland to ensure that the existing healthcare ICT system (ADASTRA) is being used consistently for collating information on the volume and nature of forensic medical examinations across Scotland. This will inform future policy and decision making, including resourcing.

89. The challenges in obtaining basic information for the report, such as the number of forensic physicians across Scotland, the number of forensic examinations conducted and the nature of those examinations highlighted significant shortcomings in data collection and information gathering processes. Further efforts to collate some of this information during the evidence gathering phase of this review revealed that some of these challenges remain, despite the availability of the NHS national IT system, ADASTRA across Scotland. The absence of meaningful, quality data is a barrier to the effective co-ordination, structuring and future-proofing of services.

90. Further to recommendation 8 above, Standard 5 of the new HIS Standards states:

- Each NHS board ensures that forensic examinations of people who have experienced rape, sexual assault or child sexual abuse are recorded using consistent documentation and data collection.

91. It is the responsibility of the Quality Improvement sub-group of the CMO Taskforce to address this issue and to ensure that the necessary infrastructure is in place to improve data collection arrangements that supports service delivery.

92. A scoping exercise has been conducted by National Services Scotland (NSS) IT to establish the business and technical requirements for a national IT clinical system relating to forensic medical examinations for victims of rape that is capable of providing data and information at both local management and national level.

93. The QI sub-group has intimated a timeline of December 2018 to complete the necessary stakeholder engagement and scoping exercise, with an options paper expected in May 2019.

94. Information Services Division has been funded by the Taskforce to conduct a parallel and complementary piece of work to establish a consistent and relevant national data set. The objectives of the data set are described as being designed to:

- assist services in monitoring and improving services for the health and care of those individuals affected by rape and sexual assault
- support a number of the quality indicators currently being developed by Healthcare Improvement Scotland.

95. Taskforce funding has been provided to develop the business case to consider options for an IT system, which include enhancing ADASTRA or developing a new system. It is difficult to understand why options other than utilising the existing national ADASTRA system would be considered, particularly given the funding previously provided by Scottish Government. This introduces delay, which is unhelpful given the pressing need for accurate data and information to inform decisions about service design and delivery.

96. The QI sub-group are also committed to addressing the requirement for a suite of quality indicators to support the implementation and monitoring of the HIS Standards, as outlined in Recommendation 4 of the report.

97. A short life working group has been established to take this forward with an extensive consultation process intimated, followed by draft indicators that are expected at the end of December 2018.

98. The Taskforce High Level Workplan indicates that the three correlated issues relating to this recommendation, namely consistent data collection; meaningful quality indicators and an IT system with an efficient recording and processing capability will be delivered by the end of 2019-20.

99. It is suggested that alternative arrangements for submission, recording and analysis of standardised data and quality indicators should be implemented when these elements have been approved without any delay that may be incurred in waiting for an associated IT system.

Recommendation 9

Police Scotland should work with the Scottish Police Authority and NHS Scotland to introduce standard operating procedures for the forensic cleaning of police premises which continue to be used for medical examinations. These should comply with current guidance.

100. The Faculty of Forensic and Legal Medicine (FFLM) is the authority on issues of cross contamination relating to forensic evidence and have issued guidance on measures required to prevent same. Further, the Forensic Science Regulator (FSR), while having no statutory power in Scotland but as an agreed partner with Scotland's authorities, issued interim guidance to SARCs in England and Wales in response to cross contamination concerns they found.

101. The HMICS report highlighted critical concerns in relation to the robustness of the cleaning regimes in examination facilities throughout Scotland and the associated forensic integrity threats. Given that, as outlined in the updates to recommendations 3 and 5 above, it is likely that police estate will continue to be used to conduct forensic medical examinations of victims until such times as the relevant HIS standard is met, this is an issue that primarily sits with Police Scotland and SPA.

102. In response to this recommendation SPA included cross contamination as a threat on the Forensic Services Risk Register and Police Scotland has established a Forensic Decontamination Short Life Working Group chaired by the Special Crime Division's National Rape Task Force with representation from across the territorial police divisions, SPA, NHS, COPFS, Custody Healthcare and Police Scotland Estates. This Working Group continues to meet in order to monitor progress and to ensure details of decontamination are recorded in a manner that is auditable and accountable.

103. Initial action taken included the issue of a Force Memo in an attempt to reduce the immediate risks, the development of SPA Decontamination Guidelines for Forensic Medical Examination Suites and the development of a force form and protocol to record decontamination measures before and after examinations.

104. The principles of the guidelines also apply within the custody setting in respect of suspect examinations and an appropriate implementation plan is required from Police Scotland Criminal Justice Services Division to ensure that the guidelines are being met in respect of the various custody facilities now located across Police Scotland.

105. Since the publication of the report, Sodexo has secured the soft facilities management contract with Police Scotland that includes decontamination responsibilities. Police Scotland Estates have assumed responsibility to ensure Sodexo comply with the requirements of the guidelines and protocol where decontamination cannot be delivered by on-site health professionals.

106. SPA Forensic Services acknowledges the requirement for an environmental swabbing process and are considering how this could be implemented in a manner acceptable to meet the criminal justice and health requirements.

107. The focus now afforded this issue is welcomed but a robust governance structure with clear lines of responsibility and an associated monitoring regime is required in both a victim and suspect setting to ensure compliance and to withstand judicial scrutiny. The governance arrangements should be applicable to the current service delivery model but should also be suitable for transition to a health setting model in respect of victim examinations.

Table 7: Location of custody examination facilities (for suspects)

Health Board	Police Division	Custody Examination Suite	Updated Position – June 2018
NHS Grampian	A – North East	Custody Suite, Kittybrewster, Aberdeen	Custody Suites Aberdeen, Elgin and Fraserburgh (and secondary centres)
NHS Forth Valley	C – Forth Valley	Custody Suite, Falkirk Police Station Custody Suite, Stirling Police Station (weekends)	Custody Suites Falkirk and Stirling
NHS Tayside	D – Tayside	Forensic Medical Suite, Police Station, West Bell Street, Dundee	Custody Suites Dundee, Perth and Arbroath
NHS Lothian	E - Edinburgh	Custody Suite, St Leonard's Police Station, Edinburgh	Custody Suites Edinburgh, Livingston, Dalkeith, Hawick (and secondary centres)
	J - Lothians	Dalkeith, Livingston and St Leonard's Police Station, Edinburgh	
NHS Borders	J - Borders	Custody Suite, Hawick	
NHS Greater Glasgow & Clyde	G - Glasgow	Various Custody Suites within Glasgow	Custody Suites Stewart St, London Rd, Baird St, Aikenhead Rd, Govan, Partick and Maryhill, all Glasgow
NHS Greater Glasgow & Clyde	K – Renfrewshire & Inverclyde	Custody Suites in Clydebank, Govan or Greenock	Custody Suites Greenock and Paisley
NHS Greater Glasgow & Clyde	L – Argyll & West Dunbartonshire	Sub division – West Dunbartonshire Custody Suite, Clydebank Police Station	Custody Suites Clydebank, Oban, Lochgilphead, Campbletown, Dunoon and Rothesay
NHS Highland		Sub division – Argyll & Bute Custody Suites in Oban, Lochgilphead, Dunoon, Campbeltown, Rothesay	
NHS Highland, Western Isles, Orkney, Shetland	N – Highlands & Islands	Various Police Custody Suites	Custody Suite, Burnett Road, Inverness (and secondary centres)
NHS Fife	P - Fife	Various Police Custody Suites	Custody Suites Dunfermline, Kirkcaldy and Levenmouth
NHS Lanarkshire	Q - Lanarkshire	Various Police Custody Suites	Custody Suites Motherwell, Coatbridge, Hamilton, Lanark, East Kilbride and Cumbernauld
NHS Ayrshire & Arran	U - Ayrshire	Various Police Custody Suites	Custody Suites Ayr, Saltcoats, Kilmarnock (and secondary centres)
NHS Dumfries & Galloway	V – Dumfries & Galloway	Custody Suite, Loreburn Street Police Station, Dumfries	Custody Suites Dumfries and Stranraer (and secondary centres)

Recommendation 10

Police Scotland should work with NHS Scotland to ensure suspected perpetrators of sexual abuse who are under 16 years old are not forensically examined within police custody facilities. The Criminal Justice (Scotland) Act 2016 defines a child as being a person under the age of 18 and consideration should be given to how this affects the treatment of child suspects in the context of forensic medical examinations.

108. An initial scoping exercise conducted by Police Scotland confirmed that the majority of suspects of sexual abuse under the age of 18 are examined within custody medical suites (listed in table 7) by forensic physicians without the presence of a paediatrician.

109. Police Scotland highlight the issues associated with any perceived requirement to transport an individual held in police custody to another location for medical examination, including the potential to disadvantage that person by extending their period of custody longer than is necessary. Further, such an arrangement may be detrimental to the criminal justice process as a delay in obtaining samples may impede the capture of best evidence.

110. The National Coordinating Network for Healthcare and Forensic Medical Services for People in Police Care (Police Care Network) is leading a multi-agency group, which had its inaugural meeting in September 2018, to develop this issue. Further, Police Scotland's Criminal Justice Services Division are working with key stakeholders to develop Criminal Justice Hubs to enhance existing custody facilities and provide safe places which focus on wellbeing and provision of appropriate support service. This should address a critical deficit in the availability of places of safety for children and young people who come into the criminal justice system. Frequently, front line officers have no alternative but to rely on a place of last resort, namely a police station. This issue was highlighted during the consultation process in relation to the proposal to raise the age of criminal responsibility (ACR) from 8 to 12.

111. The rationale behind the proposal for the Criminal Justice Hub model is aligned to recommendation 10, in that children should not be treated in the same manner as adults without any distinction or recognition of their status as a child, and alternative arrangements should therefore be put in place. HMICS is not prescriptive in respect of what those alternative arrangements should be beyond them being distinct from those applicable to adults.

112. Police Scotland's Criminal Justice Services Division has undertaken a review of all custody medical suites. Liaison will continue between the Criminal Justice Services Division and Specialist Crime Division to identify opportunities to integrate the requirements of recommendation 10 within Criminal Justice Hubs. HMICS agree that any bespoke custody facilities in respect of children and young people should naturally include forensic medical examination facilities that are subject to the same national decontamination standards.

Location of victim examinations

Table 8: Medical examinations of children who are victims currently take place in the following locations

Health Board	Police Division	Examination Suite	Out of Hours facility	Updated Position – June 2018
NHS Grampian	A – North East	Aberdeen Royal Children's Hospital	Aberdeen Royal Children's Hospital	Aberdeen Royal Children's Hospital Dr Grays Hospital, Elgin 13-15 yrs - Aberdeen Royal Children's hospital
NHS Forth Valley	C – Forth Valley	Children's Ward, Forth Valley Royal Hospital, Larbert	Children's Ward, Forth Valley Royal Hospital, Larbert	No change 13-15 yrs will attend Archway
NHS Tayside	D – Tayside	Medical Suite, Seymour House, Dundee (co-located with Social Work Department Police Public Protection Unit)	Medical Suite, Seymour House, Dundee (co-located with Social Work Department Police Public Protection Unit)	No change 13-15 yrs also attend this facility
NHS Lothian	E - Edinburgh	Royal Hospital for Sick Children, Edinburgh	Royal Hospital for Sick Children, Edinburgh	No change 13-15 yrs also attend this facility or West Lothian Civic Centre, Livingston
	J - Lothians	Royal Hospital for Sick Children, Edinburgh	Royal Hospital for Sick Children, Edinburgh	St John's hospital no longer used
NHS Borders	J - Borders	Borders General Hospital, Melrose	Borders General Hospital, Melrose	Out of hours now Royal Hospital for Sick Children, Edinburgh
NHS Greater Glasgow & Clyde	G - Glasgow	Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	No change 13-15 yrs will attend Archway
NHS Greater Glasgow & Clyde	K – Renfrewshire & Inverclyde	Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	No change 13-15 yrs will attend Archway
NHS Greater Glasgow & Clyde	L – Argyll & West Dunbartonshire	Sub division – West Dunbartonshire Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	Sub division – West Dunbartonshire Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow	Sub division – West Dunbartonshire Royal Hospital for Children, Queen Elizabeth University Hospital, Glasgow or Royal Alexandra Hospital, Paisley 13-15 yrs will attend Archway
NHS Highland		Sub division – Argyll & Bute Dependent on location of paediatrician in Oban or Lochgilphead in NHS premises	Sub division – Argyll & Bute Dependent on location of paediatrician in Oban or Lochgilphead in NHS premises	No change
NHS Highland	N – Highlands & Islands	Victim Medical and Interview Suite, Dalneigh Crescent, Inverness (police building)	Victim Medical and Interview Suite, Dalneigh Crescent, Inverness (police building)	No change
		Medical Suite, Wick Police Station, Wick	Medical Suite, Wick Police Station, Wick	Children will be taken to Victim Medical and Interview Suite, Dalneigh Crescent, Inverness (police building)
NHS Western Isles		Health Centre, Stornoway, Western Isles	Health Centre, Stornoway, Western Isles	For the Western Isles, victims are either examined by local CP Paediatrician or are required to travel to Argyle & Bute Health Authority for examination.
NHS Shetland				In respect of Orkney and Shetland children and adolescent victims are required to travel off island to NHS Grampian Health Authority at Aberdeen. This requires a flight from either Kirkwall, Orkney or Sumburgh, Shetland to Aberdeen.
NHS Orkney				
NHS Fife	P - Fife	Victoria Hospital, Kirkcaldy (not 24hrs)	Royal Hospital for Sick Children, Edinburgh	No change other than Royal Hospital for Sick Children, Edinburgh is used on Tuesdays / Thursdays in addition to ooh
NHS Lanarkshire	Q - Lanarkshire	Medical Suite, Wishaw General Hospital	Medical Suite, Wishaw General Hospital	No change 13-15 yrs - Archway
NHS Ayrshire & Arran	U - Ayrshire	Ward 1A, Paediatric Ward, Crosshouse Hospital, Kilmarnock	Ward 1A, Paediatric Ward, Crosshouse Hospital, Kilmarnock	No change 13-15 yrs - Archway
NHS Dumfries & Galloway	V – Dumfries & Galloway	Medical Suite, Wishaw General Hospital Ward 1A, Paediatric Ward, Crosshouse Hospital, Kilmarnock	Medical Suite, Wishaw General Hospital Ward 1A, Paediatric Ward, Crosshouse Hospital, Kilmarnock	Age 0 – 12 years old Medical Suite, Wishaw General Hospital 13 – 15 years - Archway

113. In general, the facilities available for child examinations are suitable and appropriate however, not surprisingly, due to the geographical spread of the north of the country, children are still having to travel considerable distances and incur significant time delays, neither of which is acceptable. Paediatric cases from Orkney and Shetland are required to travel to Aberdeen which involves a flight. Similarly, Highlands cases are seen in Inverness, again in some cases involving significant travel delays, in excess of 2 hours being not uncommon. Island Boards retain their own arrangements.

114. Further work is required to develop arrangements to alleviate the additional distress incurred by victims and families that this creates. This is keeping with the views of the stakeholder group at the aforementioned options event who were clear in emphasising that the emphasis should be on local delivery.

Data collection, Managed Clinical Network (MCN) Standards and Quality Indicators

115. The MCN standards and quality indicators (QI) were issued to health boards in November 2017. Some areas have conducted a full audit however others have embarked on an initial benchmarking exercise against the standards in advance of a full audit. There will be a requirement for some synergy between these QIs and those that are being developed in respect of the HIS standards.

116. All areas have been collecting the nationally agreed minimum data set since 2017. This is facilitated by the standard child protection examination form that was introduced in 2017, from which the minimum data set is drawn. This is recognised as good practice.

Availability of Paediatricians

117. From the responses received from the MCN, the West reported an improved situation with MCN training due for delivery in September that is anticipated to further alleviate any issues with rotas. The South East MCN is able to provide 24/7 cover to NHS Lothians, NHS Borders and NHS Fife. The North report that there is good cover during the working week however out of hours services continues to be a challenge.

118. Police Scotland reports a particular problem in Fife where paediatric cover is only available Monday, Wednesday and Friday. Whilst the South East MCN can provide cover for Fife, this means children from the area have to travel to access service in Edinburgh on Tuesdays, Thursdays, at weekends and out of hours. Forth Valley's cover is extremely limited outside core business hours with the majority of acute cases examined the next day having been advised not to wash, and children in Dumfries & Galloway are having to travel considerable distances due to the lack of paediatric cover in the area.

119. There is no evidence of improvement in the issues that were highlighted in the report in respect of vulnerabilities in paediatric cover in some areas and this remains an issue that requires immediate attention. In common with the findings in respect of the locations of examinations, it is entirely inappropriate to have children travelling significant distances, incurring considerable time delays and, in some cases, being asked not to wash.

Adolescents

120. From the evidence gathered for this review, the picture of the service for adolescents remains variable. There are no bespoke facilities across the country so examinations take place either within a setting that has been designed for children, or within adult facilities.

121. The extension of operational hours at Archway should alleviate the disparity in the west where, out with Archway hours adolescents were being seen by a child medical examiner and a nurse and this is a positive step. As the statistical data from Archway above indicates, they have experienced an increase in the number of adolescents seen there.

122. HMICS is encouraged by discussions in respect of the relocation of Archway that will include additional examination facilities, and the ESMAC model in the east (outlined hereafter) as both should provide improved facilities for adolescent examinations.

Interagency Referral Discussions (IRD)

123. There remains some disparity around IRDs. Police Scotland report some shortcomings in planning arrangements, particularly relating to adolescents with a resultant adverse impact on care pathways. Further, feedback from West MCN highlight a need for national IRD guidance. Police Scotland has embarked on an internal IRD training programme but recognise that this should be aligned to multi-agency training.

Child and Young Persons Care Pathways

124. As mentioned above, the timescale relating to the draft pathway relating to children and young people has not been met. The issues highlighted by Police Scotland and the West MCN in respect of IRD underline the need for clear and consistent pathways. Further, police highlight that mental health aftercare services for children and young people are too reliant on third sector organisations rather that NHS. The funding arrangements relating to third sector providers creates a significant vulnerability if this continues to be the default option.

Service Providers

125. HMICS sought to engage with the same range of service providers involved in the report. NSPCC provided a comprehensive response, having had significant involvement in the work of the Taskforce and its sub-groups. They highlight the distinction between adult and child pathways and the need for a mental health and emotional assessment as part of the forensic medical examination; with appropriate pathways established. Further, those pathways to recovery should be structured to ensure that recovery services are available to all children who disclose abuse, even when a forensic medical examination is not conducted. NSPCC reinforces the comments of police in respect of therapeutic recovery services that sits too frequently with third sector providers with funding challenges.

Other Issues

Services for male victims of sexual crime

126. Further to our 2017 report, this review would wish to emphasise that services for forensic medical examinations are delivered to both men and women. The issues highlighted in the 2017 report in relation to barriers to reporting for male victims of sexual crime remain, however there has been little progress in developing appropriate and specific services.

Workforce and Training

127. Our report outlined persistent issues with the recruitment and retention of forensic physicians and the resultant challenges relating to sufficient cover, particularly in some areas; and the lack of female forensic physicians featured significantly in the feedback from victims via Rape Crisis Scotland.

128. The Taskforce commissioned NHS Education Scotland to redesign the Essentials in Sexual Offences Management and Court Skills course to make it more accessible, including for remote and rural locations. The course has been accredited by the FFLM and provides joint training inputs to both nurses and doctors. Taskforce funding has been provided to train up to 100 additional doctors between 2017-2019. The course has been delivered to 35 new examiners from 11 health boards with a further two courses scheduled for December 2018 and March 2019. Of significance is the fact that 31 of the new examiners are female. HMICS welcomes this positive action to recruit more doctors and the particular emphasis on recruiting females.

129. It should be noted however that, feedback from newly recruited doctors via the Workforce and Training sub-group, indicates considerable enthusiasm for involvement with sexual offences forensic medical examinations but a strong disinclination towards the custody healthcare responsibilities integral to the role. It is clear therefore that simply recruiting more doctors, even where that relates to a significant uplift of female doctors, will not in in itself be enough to address the issues relating to doctor availability. We therefore strongly advocate for further work to consider the separation of the sexual offence examination and custody healthcare functions.

130. As a result of the aforementioned directive to health board Executives from the chair of the Taskforce, it is anticipated that all medical staff involved it the delivery of forensic medical examinations will have completed the NES training by March 2019.

131. Existing forensic physicians who responded to our survey report that they have a knowledge of the CMO Taskforce and of the HIS standards, however as at July 2018, their broader level of involvement in consultation and development of service delivery is varied. In carrying out this review, HMICS experienced similar difficulties in contacting and consulting with forensic physicians as was experienced during the work for the previous report in 2017.

Standardisation

132. The approval and roll out of standardised, modular forensic medical kits across the country is a positive development. Similarly, a standardised adult forensic examination form is in its final stages of consultation and approval. While these developments are to be commended, it has taken several years to get them both to this stage; the requirement for a standardised examination form for example was highlighted in the aforementioned Minimum Standards report published in 2013. This is an example of some of the challenges and barriers to achieving collaboration and consensus in this area of business.

Victim Feedback

133. Rape Crisis Scotland provided access to the feedback from victims from March 2017 to October 2018. The single most negative issue raised by victims remains that of being examined by a male doctor:

> *'I felt very uncomfortable with the male doctor'*
>
> *'….I didn't like being examined by a male doctor'*
>
> *'I had to wait till next day, I couldn't shower or anything, even waiting there would have been better than waiting at home.'*

Positive comments included:

> *'I was really nervous but they kept me calm'*
>
> *'It was scary but they were nice'*

134. Further however, from this feedback it is clear that victims are still experiencing significant delays in accessing medical examinations. As recently as October 2018 there was feedback outlining a delay of 48 hours, during which time the victim was requested not to wash. This remains an unacceptable situation, and one that causes significant distress at a traumatic time.

135. The feedback from victims' experiences is essential to shaping the service. It is critical therefore that full use should be made of the knowledge and experience of the members of the Taskforce Reference Group to consult as part of decision making.

SOLO Feedback

136. A questionnaire was circulated to Police Scotland SOLO officers requesting feedback on areas including time taken to arrange medical examinations, distances to travel, equipment available and any other issues they wished to comment on. Responses were received from all but 2 of the divisional areas.

137. In general SOLOs across the country report no great issues in the time taken to arrange a forensic medical although some challenges were reported in terms of the time taken for the doctor to actually attend the examination facility or when a female doctor is requested. All areas reported having to travel distances, on occasions significant distances, to access forensic medical facilities; with 2 hour journeys and 150 mile round trips having been highlighted as examples. Comment was made about the negative impact this has on victims. There continues to be issues in some areas relating to the stocking of consumables including swabs, and the replacement of equipment such as light bulbs.

138. A large number of SOLOs highlighted the lack of female doctors available and the negative effect this has on victims. They are particularly concerned about the distances they are having to travel to convey victims to medical examinations and the inevitable time delays that are a consequence of this. They are however generally complementary about the quality of the examinations and the doctors conducting them.

National Co-ordinating Network for Healthcare and Forensic Medical Services

139. The role of the Network Board in delivering improvements in forensic medical services has been unclear since the establishment of the CMO Taskforce, however they now feature in the governance structure of the Taskforce in a support/advisory capacity. Their remit will now include providing professional advice in support of Taskforce work as well as assisting with the implementation of the approved service model and service configuration.

Lifelong audit / quality improvement / education arrangements

140. Our report highlighted the lack of audit and inspection processes for services across Scotland. Acknowledging the ongoing work to develop QIs, it is critical that a formal structure is established to ensure quality improvement, continuous professional development, audit and inspection. Given that quality improvement and education is the remit of HIS, this responsibility may be best placed with them.

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