

Taskforce for the Improvement of Health Care & Forensic Medical Services for Adults, Children & Young People who have experienced Rape, Sexual Assault and Child Sexual Assault.

Quarterly Taskforce Meeting Meeting 13 - Minutes & Actions

Tuesday 25 February 2020

St Andrews House, Regent Road, Edinburgh.
EH1 3DG

Attendees:

- Colin Sloey (National Co-ordinator - CMO Taskforce, SG)
- Tansy Main (CMO Taskforce Unit Lead, SG)
- Vicky Carmichael (CMO Taskforce, SG)
- Dr Edward Doyle (Senior Medical Adviser for Paediatrics, SG and Associate Medical Director for Women's and Children's Services, NHS Lothian)
- Greig Walker (FMS Bill Team Leader, , SG)
- Michelle Harrity (CMO Taskforce, SG)
- Jennie O'Reilly (CMO Taskforce, SG)
- Beth Macmaster (VAWG unit, Barnabus Lead, SG)
- Rod Finan (Professional Social Work Adviser, SG)
- Sandy Brindley (Chief Executive, Rape Crisis Scotland)
- Sybil Canavan (Director of Workforce Healthcare Improvement Scotland)
- Anne Marie Hicks (Head of Victims and Witnesses Policy, COPFS)
- Carol Rogers (SPA National Lead Forensic Scientist - Sexual Offences)
- Karen Ritchie (Deputy Director of Evidence, Healthcare Improvement Scotland)
- Katie Brown (Equally Safe Policy Coordinator, Cosla)
- Martin Morrison (Chair of Quality Improvement Sub Group and Associate Director NHS National Services Scotland)
- Fil Capaldi (Detective Superintendent, Police Scotland)
- Billy Hislop (Manager, Information & Communication Technology, NHS Services Scotland)
- Lucy Dexter (Project Manager, PgMs, NHS NSS)

Tele / Video conference:

Telephone:

- Jillian Galloway (Chair of the self-referral Sub Group and NHS Tayside, Head of Justice Healthcare and Urgent Primary Care)
- Tricia Marwick (Chair, Fife NHS Board)

Apologies:

- **Chair – Dr Catherine Calderwood (Chief Medical Officer for Scotland)**
- Gary Jenkins (Chair of the Police care network, State Hospital GG&C)
- Iona Colvin (Chief Social Work Advisor, SG)
- Lindsay Thomson (Medical Director of the State Hospitals Board for Scotland)
- James Crichton (Chair of Network Board, NSD and Chief Executive of the State Hospitals Board for Scotland)
- Gerald McLaughlin (Chief Executive, NHS Health Scotland)
- Alan Denison (Dean of Postgraduate Medicine, NES)
- Katie Cosgrove (Gender Based Violence Programme Lead, NHS Health Scotland)
- Lesley Swanson (Child Protection, SG)
- Anne Neilson (Director of Public Protection, NHS Lothian)
- Joyce White (SOLACE representative)
- Deb Wardle (NES)
- Mark Burgess (CMO Taskforce, SG)
- Adam Bircham (CMO Taskforce, SG)

Agenda:

1. **Welcome and introductions:** Chair – Catherine Calderwood (CC)
2. **Apologies:** CC
3. **Minutes of previous meeting and Actions Log:** CC
4. **Matters arising:** CC
5. **Sub Group updates:** CC plus Sub Group chairs
6. **Agreed actions / next steps:** CC
7. **AOB:** CC
8. **Date of next meeting:** CC

1 & 2. Welcome, Introductions & Apologies

- Colin Sloey (CS) welcomed members to the meeting and explained that he was chairing as Dr Catherine Calderwood (CC) was meeting with the First Minister to address Covid-19 business. He extended her apologies to members.
- CS welcomed Lucy Dexter (LD) to the meeting who was observing.
- CS noted the above apologies.

3. Minutes of Last meeting and Actions Log

- CS invited members to review and agree the minutes as a true reflection of the previous meeting.
- The minutes were agreed with no amendments. CS noted that these would be published on the Taskforce webpage.
- CS noted that the open actions would be reviewed throughout the meeting.

4. Matters Arising

- CS updated the group on the work of the First Minister's National Advisory Council for Woman and Girls. They had published their annual report on 2 January 2020. Although there are no recommendations related directly to the Taskforce, the Advisory Council would maintain a keen interest in their previous recommendation regarding forensic medical examinations.
- CS noted that NES had held its annual conference on 24 January. The CMO was unable to attend but had sent a message which was read out on the day.
- CS noted that the conference was very informative and CS passed on CC's thanks to Alan Denison and the NES team for their work in pulling together and delivering the conference.
- CS also extended the thanks of the CMO and the Taskforce to Michelle Harrity (MH) who delivered the CMO's message to the conference.
- CS highlighted an article that the CMO had published in the Scotsman on 20 February 2020. It was well received on social media for a compassionate and empathetic account, which underlines the importance of the work the Taskforce are taking forward.
- CS noted that the Bill would be covered in more detail by Greig Walker later in the meeting. However CS wished to highlight that the CMO was due to give evidence to the Health and Sport Committee on 3 March 2020 with Tansy Main, Greig Walker and Dr Eddie Doyle providing support.

<ul style="list-style-type: none"> • CS updated the group that a package of resources including the national Adult Clinical Pathway, HIS Quality Indicators and the National Adult Dataset was due to launch on 1 April.
<ul style="list-style-type: none"> • CS thanked Lesley Boal for her work on the Taskforce and wished her well on her retirement. • CS confirmed that Detective Superintendent Fil Capaldi would be the new Police Scotland representative on the Taskforce.
<ul style="list-style-type: none"> • CS provided the latest updates from the Health and Justice Collaboration Board meeting held on 27 January 2020. • The Board were supporting NHS 24, Police Scotland and the Scottish Ambulance Service on the Mental Health Pathway project. • There was a joint vision for Health and Justice which focuses on how services interact and draws on user experience of those with multiple, complex needs. This would be published in September 2020. • The Board also endorsed an early proposal for inclusive Scotland. We expect that proposal to be available for wider circulation in the summer of 2020. This work focuses on how people with multiple disadvantages can be directly involved in service redesign. • The next meeting of the Health and Justice collaboration was scheduled for 28 April 2020.
<ul style="list-style-type: none"> • On the Victims Taskforce, CS noted it held its 5th meeting in December with a deep dive on the trauma informed Workforce work stream. • The Victims Centred Reference Group met with victims and their families to hear about their experience of the Criminal Justice system. Those experiences would help shape some of the work of the Victims Taskforce.
<ul style="list-style-type: none"> • Gary Jenkins (GJ) sent his apologies and therefore an update on the work of the Police Care Network was not provided. However, CS explained that the Police Care Network worked in tandem with the Taskforce, with common areas on both agendas. • Jillian Galloway (JG) updated that there would be a National Stakeholder event at the end of March 2020 in Stirling and that there would be a launch of the rebranding of the Police Care Network. • CS asked if invitations would go out for the event. JG said invites had been sent out and confirmed the event was being organised by NSS.
<ul style="list-style-type: none"> • CS updated the group that Rape Crisis Scotland had been working on a replacement for the blue book. The Taskforce Unit are currently reviewing that to ensure alignment with other Taskforce items. • CS asked Sandy Brindley (SB) to provide members with an update on the work. • SB explained that the booklet being developed would provide information to survivors following a rape. It was being designed with a view to relevant supplementary information leaflets being able to be included so survivors received an information pack that suited their needs. For example there would be a leaflet on forensic medical examination and self-referral in the future. • SB also explained that the Survivor Reference Group were preparing for a session to share their experiences with the Health and Sport Committee scrutinising the Forensic Medical Services Bill. • CS commented that the more lived experience we could document from survivors and their experiences of the forensic medical services, the closer we would get to our ambition of delivering person centred care.

- CS invited Sybil Canavan (SC) to provide the NES update in Alan Denison's absence.
- The NES Essentials training course was being held on 15 and 16 March. Applications were being processed and attendance on the course was subject to endorsement from Health Board leads.
- 12 Doctors from Glasgow, Lothian and Tayside (6 male, 6 female) were waiting for approval to attend.
- 11 nurses from Glasgow, Lanarkshire and Shetland were also awaiting approval.
- 17 nurses (14 female and 3 male) had had their attendance confirmed. However, these numbers would be subject to change.
- CS commented that it was excellent that the numbers were building up.
- MH explained that work with NES had been ongoing to make the application process more robust. She explained that the application form now asks for mandatory written endorsement from Health Board leads confirming their approval of the application and their support in helping those applicants move on to rotas. NES would send a report to MH letting her know who attended training and the Health Board Lead's name so that the Taskforce Unit could monitor who had successfully moved onto rotas and facilitate meaningful conversations with Health Board Leads around any challenges to that.

5. Sub Group Updates

Legislation

- CS informed the group that in addition to the RAG report for noting there was also a copy of the Easy Read summary of the Forensic Medical Services Bill which was published in January 2020.
- CS passed on the CMO's thanks to Greig Walker (GW) and Stef Dinwoodie (SD) for all their work on this.
- CS invited GW to update members on the work of the Bill.
- GW explained that they produced an Easy Read document to help people understand the Bill and participate in the legislative process.
- GW encouraged members of the group to share the document with colleagues and their organisations.
- GW explained that the CMO's session on 3 March with the Health and Sport Committee would be a closed session. The session on 10 March would also be closed due to the attendance of survivors.
- Public sessions could be followed through a live web link. A transcript would be available afterwards. These sessions would start on 17 March with GW, TM and ED providing support and end on 31 March with the Cabinet Secretary giving evidence.
- GW asked members if any organisations had been asked to give evidence. Police Scotland, COPFS and Rape Crisis Scotland confirmed that they had.
- GW encouraged members to approach either him or Tansy Main (TM) with any concerns.

Self-Referral

- CS informed members they had a RAG report and driver diagram for noting.
- CS invited Jillian Galloway (JG) to update members on the work of the Sub Group.
- JG commented that the Sub Group had met twice and the Terms of Reference (ToR) had been updated. They had received nominations from all three Health Board regions.
- JG noted that two Task and Finish groups had been created, one to develop a National Protocol and another in relation to access to services. Both groups had met once.
- The Self-Referral group was due to meet again on 9 March 2020.

- TM noted that the work the group were doing was really important and would be highlighted by the CMO during her Committee evidence session.
- Eddie Doyle (ED) highlighted that there was a note in JG's update about 16 and 17 year old young people accessing self-referral and noted the need to ensure appropriate alignment with the work of the Clinical Pathways Sub Group and the review of national Child Protection guidance being led by colleagues in the Children and Families Directorate within SG.
- CS said this would be added to the agenda of the next Sub Group chairs meeting and asked that specific reference be made in both JG's and ED's update reports that this work was being progressed together.

Previous Action:

- The ToR was to be updated to reflect members representing Health Boards and social work. Action closed

New Action:

- CS and AB to ensure alignment of Clinical Pathways and Self-referral was on the next Sub Group Chairs meeting agenda.
- JG and ED to make specific reference to working together on 16 and 17 year olds and self-referral in their update reports.

Clinical Pathways

- CS asked members to note the RAG report and finalised Adult Clinical Pathway.
- CS invited Eddie Doyle (ED) to update members on the work of the Clinical Pathways Sub Group and the Children and Young People Expert Group.
- ED set out the proposal to launch the package of resources on 1 April supported by a series of roadshows across Scotland throughout March.
- ED advised that the only outstanding product of the Clinical Pathways Sub Group is the Children and Young People Pathway. He asked that members agree that this work be taken forward by the Children and Young People Expert Group. There were no objections to the proposal.
- VC highlighted to members that the Adult Clinical Pathway was embargoed and would be so for the next couple of weeks. She asked members not to share it at that time.

Previous Actions:

- The Clinical Pathways Sub Group were given authority to approve the final Adult Pathway once late feedback had been incorporated – Action closed
- The National Form had been signed off but the impact assessment needed to be completed - Action Closed
- The guidance for frontline professionals was to be concluded and linked to Anne Marie Hicks (AMH) for COPFS to approve – Action closed

New Action:

- Finalise the launch of the Adult Clinical Pathway in March and confirm the roadshow dates – VC and ED

Barnahus

- CS invited Beth MacMaster (BMac) to update members on her work.
- BMac highlighted that the timetable for agreeing a draft set of standards had slipped slightly. They had been aiming to have a set finalised by the end of 2020. However, the third substantive set was currently with the Care Inspectorate and Healthcare Improvement Scotland for review.
- BMac noted that there was still work to do to decide what was in scope and what was out of scope. The standards need to be aspirational but the Nordic approach would need to be adapted considerably for Scotland.
- BMac anticipated that draft set of standards should be available for the Taskforce in spring 2020.

Delivery and Performance

- CS noted there was a Stocktake paper, a RAG report and a Risk Register for noting.
- CS invited Vicky Carmichael (VC) to give a brief update on the Information Sharing Agreement which was an outstanding action from the previous meeting.
- VC explained that following the consultation exercise they had received feedback which was quite complex and they were still working through that. Once that had been completed it would be shared with the Taskforce and the Health and Justice Collaboration Board who were looking to undertake a similar exercise and were keen to learn from our experience.
- CS noted that the RAG actions were a green status.
- The Taskforce stocktake paper noted the progress of the group. CS highlighted that the work had many interdependencies and that any slippages must be brought to his attention.
- CS noted that the Taskforce Unit are working with Health Board Nominated Leads and other key partners to build workforce capacity and capability; to develop premises that are fit for purpose; and to ensure the right staff and equipment are in place.
- Anne-Marie Hicks (AMH) noted that the COPFS are eager to work with partners to prepare for the introduction of self-referral services, to ensure that processes and procedures take cognisance of the requirements of the criminal justice system.
- GW said that the CMO would be writing to the Dean of the Faculty of Advocates to emphasise that we wanted to work with them to address any concerns.
- TM highlighted that Alisdair Macleod from COPFS was on the Self-Referral group and that his input had been invaluable.
- SB asked if the number of examinations being carried out by female doctors was being recorded.
- CS commented that it was not consistently being collected at the moment, but the quality indicators that were being launched would gather that data from April 2020.
- Martin Morrison (MM) asked if there was an updated co-dependencies map.
- VC commented that the map required updating. VC and CS agreed to take that forward.
- CS highlighted the Risk Register to members and asked that the Sub Groups update their own Risk Registers.
- CS highlighted Risks TF8 and TF8a which were linked to the National Clinical IT system. He noted that these had now been brought back on track and we were in a position to reduce their risk status. CS commented that MM would apprise further as part of his update.
- CS explained to members that he and TM had quarterly meetings with Board Nominated Leads in relation to performance.
- CS also commented that he and VC attended a Board Chairs meeting at which they were asked to produce Board specific performance reports. These were issued in January 2020.

Feedback on the content, and the usefulness of report as a way to retain focus, had been positive.

Previous Action:

- IC to link with national coordinator to discuss how adult support and protection services can be integrated in to the FME service model. – Action closed

New Actions:

- CS and VC to produce an updated co-dependencies map.

Quality Improvement

- CS noted that there was an Outline Business Case (OBC) and a RAG report for noting. He invited Martin Morrison (MM) to provide an update on the work.
- MM noted that the OBC had been updated and that they were now working from version 1.4 with some tidying up required in timings, costs and requirements.
- MM highlighted that the procurement process could not wait until the next Taskforce meeting for sign off.
- CS explained to members that they were seeking Taskforce delegated authority to proceed with the procurement process on the basis of the OBC. Any other issues that needed to be agreed out with the Taskforce meeting would be discussed electronically.
- MM noted that the latest version of requirements now included support for images and the need to be able to share those securely within the system. He also noted that they would need to ensure the right infrastructure, security and GDPR standards were in place.
- GW highlighted to MM that the Bill stated evidence must either be destroyed at the end of the retention period or the survivor can instruct destruction at any point.
- MM commented that there would be no electronic interface between the new system and the Justice system and that there would be a 'human' filter for the sharing of any sensitive information or images.
- ED asked if the health record would be accessible to other parts of the health system. MM noted that this was not currently in scope and it would be an isolated system. CS agreed the group were satisfied that the issues had been addressed.
- TM commented that in some Health Boards the forensic form was scanned and added to the NASH system to save the survivor having to retell their story when they go for a sexual health examination.
- MM noted that this was not an option at that time but going into a tendering process, NASH may be one of the suppliers. There was currently no automatic integration.
- MM stated that they had received legal advice on the procurement process and were considering the options. Billy Hislop (BH) said a full procurement exercise for a contract of high monetary value would be advisable.
- CS asked members for their approval to proceed. This was agreed.
- CS noted that there would still need to be some conversations regarding affordability.
- CS thanked MM for getting the project back on track.

Previous Actions:

- CS and KR to discuss how to gather data for the purpose of quality assurance. – Action completed
- Martin Morrison to bring National Clinical IT Solution Outline Business Case to August Taskforce. – Action completed
- QI Timeline to be updated and brought to next Taskforce meeting. – Action completed

New Actions:

- MM to proceed with OBC and bring update paper to next meeting.

Workforce and training

- CS summarised the open actions and invited Sybil Canavan (SC) to provide an update.
- The Queen Margaret University course in Advanced Forensic Practice, had been further delayed and would now not commence until September 2020.
- MH explained that an update to Ministers was being submitted and it would form part of a wider update that would be circulated to Health Boards.
- As validation of the course was not due until April 2020 all enquiries would have to be directed informally to Dr David Banks.
- SC confirmed that once the course was validated she would go out to Boards asking for nominations for Taskforce funded places, based on strict criteria.
- SC noted that the action relating to Terms & Conditions of GPs contracts was being progressed by Dave Macleod and MH.
- TM and MH planned to meet with Katie Cosgrove on 11 March. MH would then be able to provide an update on the Community Pharmacy Test of Change (ToC) for the Taskforce.
- MH planned to meet with Craig McCorkindale at Scottish Courts on 27 February to scope out a ToC on giving evidence remotely. MH suggested that scoping would take approximately a month, the ToC would last somewhere between three to six months and an evaluation report would be produced one month after the ToC concluded.
- MH noted that the Remote Evidence Test of Change, in addition to testing the benefits to the justice system of having forensic physicians or sexual offence examiners giving their evidence remotely, it would also seek to gather information how this may affect the recruitment and retention of staff.
- MH confirmed the proposal had not yet been fully developed but initial thoughts included using 3 examiners in 3 different geographic locations and settings i.e. a Court, a Health Board and a GP surgery.
- MH commented that they were going to bring a report to the Taskforce meeting in May.
- TM highlighted to members that the court service had been very positive in progressing the change.

Previous Actions:

- The Pharmacy test of change paper had been approved and KR and LW were to link up with TM to look at the implementation - Action remains open.
- MH to complete an analysis of how many doctors have attended Essentials training and how many of those doctors have successfully transitioned on to rotas - Action closed.

New Actions:

- MH to develop a robust proposal for the Remote Evidence Test of Change for the May Taskforce.
- MH to provide an update on the Community Pharmacy Test of Change for May Taskforce.

6. Agreed actions / next steps

CS reviewed the agreed actions from the meeting:

- CS and AB to ensure alignment of Clinical Pathways and Self-referral was on the next Sub Group Chairs meeting agenda.
- JG and ED to make specific reference to working together on 16 and 17 year olds and self-referral in their update reports.
- Finalise the launch of the Adult Clinical Pathway in March and confirm the roadshow dates – VC and ED.
- CS and VC to produce an updated co-dependencies map.
- MM to proceed with OBC and bring update paper to next meeting.
- MH to develop a robust proposal for the Remote Evidence Test of Change for the May Taskforce.
- MH to provide an update on the Community Pharmacy Test of Change for May Taskforce.

7. AOB

- There was no other business.

8. Dates of next meeting

CS thanked everyone for their attendance and contribution.

The next meetings are scheduled on the following dates:

- 7 May 2020
- 20 August 2020
- 19 November 2020
- 25 February 2021

CS reminded members of the need to send an able deputy if they are unable to attend.