

TASKFORCE FOR THE IMPROVEMENT OF SERVICES FOR ADULTS AND CHILDREN WHO HAVE EXPERIENCED RAPE AND SEXUAL ASSAULT

6th Meeting - Tuesday 15 May 2018

Saint Andrew's House, Conference Rooms C-D-E, Edinburgh, EH1 3DG

14.00 – 16.30

1. Welcome and introductions

Taskforce members present

Dr Catherine Calderwood – Chief Medical Officer for Scotland, Scottish Government (Chair)
Colin Sloey – National Co-ordinator
Dr Mini Mishra – Senior Medical Officer, SG
Tom Nelson – Scottish Police Authority, Director of Forensic Services
Karen Ritchie – Deputy Director of Evidence, Healthcare Improvement Scotland (HIS)
Dr Pauline McGough – Clinical Director and Consultant in Sexual and Reproductive Health, Sandyford Clinic
Professor Elizabeth Ireland - Chair NHS National Services Scotland, representing NHS Chairs Group
James Crichton – Chair of Network Board, NSD and Chief Executive of the State Hospitals Board for Scotland
Professor Lindsay Thomson – Medical Director of the State Hospitals Board for Scotland
Fiona Murphy – Director of National Services Division (NSD), NHS National Services Scotland
Gill Imery – Her Majesty's Chief Inspector of Constabulary in Scotland
Detective Chief Superintendent Lesley Boal - Head of Public Protection, Police Scotland
Kate Bell - Head of Service Change and Transformation, NHS Lanarkshire
Sandra Aitken – Child Protection Team Leader, Scottish Government
Katie Cosgrove – Gender Based Violence Programme Lead, NHS Health Scotland
Anne Marie Hicks – Head of Victims and Witnesses policy, COPFS
Sandie Barton – National Co-Ordinator, Rape Crisis Scotland (for Sandy Brindley – Chief Executive)
Anne Neilson – Director of Public Protection, NHS Lothian
Jane Johnston – Professional Social Work Advisor (for Iona Colvin, Chief Social Work Advisor)
Tansy Main – Rape and Sexual Assault Taskforce Lead, SG
Jana Sweeney – Rape and Sexual Assault Taskforce, SG

On tele/video-conference

Dr Louise Wilson – Representing Directors of Public Health, NHS Orkney
Prof Ronald MacVicar – Postgraduate Dean, North of Scotland Region of NHS Education for Scotland (NES)
Boyd Peters - Assistant Medical Director, NHS Highland (representing the Scottish Association of Medical Directors (SAMD))

In attendance

Yousaf Kanan - SG social researcher
Katherine Sangster – Jo Cox Memorial Fellowship, shadowing Dr Catherine Calderwood

Welcome and Apologies

1. Dr Catherine Calderwood (CC) welcomed everyone to the meeting and invited introductions. CC also introduced Colin Sloey (currently Deputy Chief Executive and Director of Strategic Planning and Performance at NHS Lanarkshire), as the new National Co-ordinator for the Taskforce (with effect from end July). His remit is to work collaboratively with Health

Boards and key partners to plan and co-produce a fully costed model for the delivery of high quality, cost effective, responsive and sustainable services - and to support the implementation of those plans. CC also noted that Dr Kate McKay had left her role in Government and thanked her for her contribution to the Taskforce.

2. Apologies were noted from the following:

Prof Elaine Mead – Chief Executive, NHS Highland

Dr Hilary Ansell – Lead Forensic Physician, SEAT Healthcare and Forensic Medical Services

Dr Fiona Wardle – Standards and Indicators Lead, Healthcare Improvement Scotland

Iona Colvin – Chief Social Work Advisor to SG

John Wood – CoSLA

Sandy Brindley – Chief Executive, Rape Crisis Scotland

Judith Ainsley – Child Protection, Scottish Government

Saira Kapasi – Violence against Women and Girls and Barnahus – Justice Lead, Scottish Government

Minutes

3. The minutes of the meeting held on 7 February 2018 were agreed as a true record subject to a change on page 7.

ACTION: Anne Marie Hicks to provide updated wording for page 7.

Action log

4. CC invited the sub group chairs in attendance to provide a brief update on their key open actions.

Workforce and Training (Elaine Mead)

- Elaine Mead gave apologies for the meeting. Refer to open and closed actions in action log.

Design and Delivery of Services (Elizabeth Ireland)

- No open actions under this group.

Clinical Pathways (Pauline McGough)

- 028 – **Disclosures of rape and sexual assault in sexual health services.** PM advised that routine enquiries are undertaken in specialist sexual health services and for all but the Island Boards this would be recorded on NaSH (the national sexual health Electronic Patient Record) – although the standard of recording across the country is variable. PM suggested that the easiest and possibly most accurate way to capture this information would be through self-taken histories prior to or at registration. Funding is currently being sought from individual Health Boards who run sexual health services, for a further upgrade to NaSH to allow this. Further resource would then be sought to pilot the on-line booking with a view expanding self-taken histories in the longer term. **Action now closed.**
- 029 – **Sexual Health workforce to support FME services.** PM advised that lead clinicians for the sexual health group are supportive of this in principle but that the availability of services and staff varies across the country (Island Health Boards have no specialist sexual health services for example). It was agreed that further work would need to be done to explore whether any of the existing workforce would have the capacity or desire to get involved in this area of work. This should be picked up by the workforce sub group. **Action to remain open but to transfer to workforce sub group to progress.**
- 030 – **RCS Reference Group.** PM and Graham Milne (GM) met the reference group in March 2018 to consult them on the current draft of the clinical pathway documents. Further detail was sought, particularly about how the support role and how the point of access will work in practice. **Action now closed.**

There was discussion about the inter-dependencies with the work of the other sub groups and the timing for the consultation of the pathways. Sandy Barton is on the clinical pathways group and will contribute to further iterations and will take them back to the reference group in due course.

- 033 – **Self-Referral Pathway.** PM updated that the draft has been circulated to pathways group and will be incorporated in the adult pathway with a separate flow chart until the point that they access services. **Action now closed.**
- 035 – **Hospital and Community Pharmacist training.** PM advised that discussions have been progressing around sexual violence disclosure training for pharmacists prescribing emergency contraception. Sandy Barton (RCS) and Elaine Paton (senior prescribing advisor, NHS GGC) have agreed with PM to include guidance on asking about rape and sexual assault in local protocols and to include this in professional training. Elaine Paton will raise as part of national Patient Group Directives work for pharmacists given that existing NES training around this is voluntary for pharmacists. **Action now closed.**
- 038 – **GP Training.** PM has contacted Ron MacVicar about how NES can support training for GPs who may be a first point of contact following a sexual assault. **Action remains open.**
- 049 – **Communications / Health literacy.** PM to ensure that communication (to GPs and the general public for example) are considered as part of each pathway. PM indicated that this work requires resource to take forward and will follow consultation on pathways. **Action remains open.**

- 057 – **Links between service model and pathways.** PM advised that she is liaising closely with Elizabeth Ireland about this. **Action now closed.**
- 059 – **Peer Support.** PM advised that peer support and review is in place for the new Sexual Offence Examiners (SOEs) in Archway but needs refinement. Discussions are underway with GP SOEs in NHS GGC and discussions with paediatricians is planned. **Action to remains open but to transfer to workforce subgroup / NES to progress.**

Quality Improvement (Fiona Murphy)

- 048 – **Quality Assurance.** Karen Ritchie and Fiona Murphy discussed where Quality Assurance sits between HIS and NSS. **Action now closed.**

Post meeting – update: The publication of the HIS standards provide the underpinning of external quality assurance and the development of associated indicators will facilitate a common data set being collected to support assessment against these standards.

The Police Care Network, hosted by NSS, supports Boards in quality improvement by providing a forum to support peer review of services against nationally agreed guidance and standards where available. This will include supporting NHS Boards to develop action plans for continuous improvement and developing aggregate national reports to provide a national picture and facilitate benchmarking where feasible.

The HIS Quality Framework provides the basis for HIS's new Quality of Care approach to external quality assurance. This approach places the emphasis on supporting continuous quality improvement. The Quality Framework provides guidance to services on what good quality care looks like and includes indicators on clinical excellence which encompasses performance against standards and best practice. Guidance on the use of the Framework and a self-assessment tool are to be published soon and these will allow services to carry out routine self-evaluation across organisations or within particular local services.

HIS will institute a rolling programme of meetings with service providers to discuss the organisation's routine self-evaluation against the quality framework and any associated data focussing on areas of strength and where there are challenges. These meetings are designed to identify 'amber' warning signs and allow earlier supportive intervention which may include a more detailed review of a particular area or service or provision of improvement support.

Other Actions:

024 – **Barnahus.** TM advised that the Scottish Government are in the process of putting resources in place across justice, child protection and health to take forward work on Barnahus - in parallel to the work of the Taskforce. She summarised that:

- A follow up meeting with Children's 1st and the Iceland delegation was held on 1 May.
- There was an appetite to develop a framework and principles for Barnahus in Scotland which could be co-produced with children and young people with lived experience. Children's 1st will work with SG colleagues and others to progress this.
- There was also some discussion in this context, about the need for the children's pathway through services to take account of the different aspects of sexual abuse (familial, Child Sexual Exploitation, Human Trafficking etc) as well as the links to the wider domestic abuse and neglect of children.
- We will ensure that this work is closely linked to the multi-agency work being progressed by the clinical pathways and design and delivery of services sub groups, so that there is clarity about the service that all partners should be striving to deliver -

but with a very close eye on how this fits with and needs to reflect emerging developments around Barnahus.

- LB said that the meeting on 1 May provided a good space to discuss the barriers and opportunities in moving the model forward. JJ said it was important to agree the approach and the principles and then the model can be formed based on that. CC said we will continue to work closely across agencies to progress this work.
- **Action will remain open.**

046 – HMICS Update

- CC congratulated Gill Imery on her new post as Her Majesty's Inspectorate of Constabulary in Scotland.
- GI advised that the HMICS follow up report will focus on progress against the recommendations in the March 2017 report, but will also seek to capture wider activity under the Taskforce remit. Information has been received from Police Scotland and a similar request will be sent to the sub-group chairs for responses by the end of May. GI confirmed that the intention is for the report to go before parliament in the summer.
- Mini Mishra (MM) asked about communication with the Forensic Physician workforce. GI said that there isn't an easily accessible workforce network available but that she has been using a contact list from GM.
- CC suggested that Hillary Ansell, (Forensic Physician in Lothian), might be able to put Gill in touch with other people.
- Colin Sloey also suggested that Gill be provided with information on the new governance structure for the sub-groups.

Action: TM to provide GI with HA's details.

Action: TM to provide GI with contact details and information on the new sub-groups.

4. Matters Arising

- **Health and Justice Collaboration Board:**
- CC updated the Taskforce on the work of the Health and Justice Collaboration Board.
 - The last meeting was on 27 March, and focused entirely on mental health.
 - The Board considered research by Inga Heyman of Napier University on policing and mental health distress and concluded that there is a need to:
 - improve data and information sharing between public sector partners;
 - to develop new pathways and tools that allow services to match patients to appropriate services rather than trying to fit users into the existing system;
 - enable this through more effective inter-agency learning, addressing and understanding organisational cultures.
 - The Board also considered national and local approaches for improving access to mental health professionals across a variety of settings.
 - The next meeting is scheduled for 26 June 2018.
- CC also updated the Taskforce on the Holyrood conference focused on Healthcare in the Justice System ('Improving Outcomes, Reducing Reoffending') to be held on 20 June 2018.

Chief Executives Meeting

- CC updated the Taskforce on her presentation to the Chief Executives on 11 April 2018 (accompanied by MM and CS).

- CC explained that she asked Chief Executives to prioritise the improvement of forensic medical and healthcare services for victims and made five specific asks of them. These were to:
 1. Nominate a senior manager from each board to take leadership responsibility for the development of person centred, trauma informed services to victims of sexual crime.
 2. Move forensic medical examinations out of police settings and in to appropriate health and social care settings before the end of the financial year.
 3. Ensure that all doctors undertaking this work are trained in trauma informed care for victims of sexual crime before the end of the calendar year.
 4. Consider options for attracting and retaining the workforce needed to meet the HIS standards. For example, separating the forensic medical examination of victims of sexual crime from police custody work.
 5. Work towards having an appropriately trained nurse present during forensic medical examinations.
- CC said that the Chief Executives welcomed her presentation and committed to delivering upon her asks. She added that there was recognition of the need to consider both local and regional aspects to service delivery.
- CC advised that 8 of the 14 Territorial Health Boards have notified us of their nominated lead. CS and TM are in the process of arranging to meet with them all and are chasing up those who have not yet responded.
- All of the 8 special Health Boards have responded.

National Co-ordinator

- CC advised that in order to 'operationalise' the work of the Taskforce, CS - in his role as national coordinator - will chair a new Planning and Implementation sub group (supported by TM and JS). This will succeed the Design and Delivery of services sub group led by EI, following the completion of the Options Appraisal exercise.
- CS provided an update on the next steps that were set out to the Health Board nominated leads following the Chief Executive meeting:
 - To deliver the 5 'asks' set out by the CMO, each nominated lead should establish a Short Life Working Group with representatives from adults and children's services in their locality, including multi-agency partners such as Police Scotland and local Rape Crisis Centres.
 - The first priority for the SLWG will be to undertake a self-evaluation against the new HIS standards (by the end of July).
 - A gap analysis can then inform the development of a draft local improvement and implementation plan (by end August). CS and TM will support HBs with this work.
 - In parallel to this activity at Board and regional level, work is underway at a national level, to undertake an options appraisal exercise (by summer 2018) to evaluate the best service model and service configuration for Scotland. Each Health Board cluster/region will be invited to nominate a representative to contribute to this work.
 - When the preferred model and configuration are agreed by the Taskforce, nominated leads can use this information together with the information from their self-evaluation exercise, to finalise their local (costed) improvement and implementation plan by early September, in harmonisation with national and regional plans.

- CS and TM will work with territorial chief executives to identify which elements of the local improvement plans need to be delivered on a regional basis and to agree a prioritised, national, capital expenditure plan for 2018/19 by the autumn.

Network Board Update

- Jim Crichton updated the Taskforce on the key priorities of the Network Board. He welcomed Colin Sloey's appointment and the new governance arrangements that have been put in place.
- FM also welcomed the clarity of accountability and stated that the network will continue to offer support to the Taskforce.
- Dr Lindsay Thomson (LT) queried the relationship and information sharing between the police care network and the other networks.
- JC confirmed that all the networks are cross-populated and share information as appropriate. The Chairs also have joint meetings which help to align the work of the Network to the broader health and justice agenda.

5. Sub group updates

Legislation and Governance (SG)

- RAG report for noting.
- CC asked the taskforce to note the slight name change from leadership to legislation to more clearly reflect the role of this sub group. Dr Mini Mishra (MM) advised that the Cabinet Secretary for Health and Sport, the Cabinet Secretary for Justice and the Lord Advocate had indicated their support for legislation but that we are not yet in a position to say anymore on that.
- CC noted that discussions with Ministers are on-going and that she hopes to be in a position to provide an update very soon.
- CC stated that a draft governance diagram, narrative and Terms of Reference have been circulated and will be discussed under Item 6. The Taskforce will review these annually.

Design and delivery of services – Elizabeth Ireland

- RAG report for noting.
- EI said that whilst she recognised that there had not been a formal exploration of other options, a large amount of work has been put in to the consideration of the hub and spoke model presented at the February meeting. She added that the CMO had since asked her to sponsor a formal options appraisal exercise, involving those with lived experience and other agencies, with a formal report presented to the Taskforce meeting in August. EI noted that a Short Life Working Group will be established to take forward this work. A wider group of multi-agency stakeholders will be invited to contribute to an Options Appraisal event on the 27th of June in Edinburgh.. She added that it will be a rigorous process designed to give reassurance to the Cabinet Secretaries and the CMO that recommendations are based on a robust evidence base.
- EI emphasised that it was critical to identify the right model including the physical environment, workforce and IT. The design and delivery of services group will then pass the baton to Colin Sloey's Planning and Implementation sub group.
- CC advised that Kate Bell from NHS Lanarkshire has expertise in carrying out formal options appraisal exercises and has been brought in to support Elizabeth with the delivery of this work. .
- KB said that she would bring objectivity to the process, building on the engagement undertaken by EI and GM to bring together a wider event on the 27 June. Attendees will rank, weigh and score the options and she will then do a sensitivity analysis. She

said that she will work with the SLWG to pull together the materials for the event and will deliver a report to EI before the 12th of July. KB informed the taskforce that the information pack for the event will be sent 7 days in advance and that the voice of lived experience will be a key focus of the day.

- CC said that thanks to the work of all the subgroups, the Taskforce is now in a more mature and informed position to consider the optimal model of service which works for all of Scotland.
- EI said that she was looking into survivor focus groups to ensure the options appraisal is informed by the views of those with lived experience. CC asked Sandy Brindley to work with EI and KB on this. EI asked for up to date membership of the sub groups from TM.
- Lesley Boal (LB) said that we need to ensure child protection and social work are involved. EI said that IJBs will be represented. Jane Johnstone (JJ) echoed this and said we would want close involvement of the Chief Officers and Chief Social Worker. KB said she would bring her social work background too and that it would be helpful to identify representatives today.
- CS said that KB will ensure appropriate multi-agency and geographic representation and invited Taskforce members to send any other suggestions to Jana Sweeney. KB said she would share the options appraisal pack with the wider group.
- EI thanked CC and others for their support. She stated that TM will be putting together the case for change and that a hold the date will be coming out soon.

Action: KB, EI and SB to work to ensure survivors are involved in the options appraisal process.

Action: JS to provide an updated list of sub-groups.

Action: Taskforce to send name suggestions for event to JS

Action: KB to circulate the options appraisal pack.

Action: TM to pull together the case for change

- JS updated on work to consider options regarding how service users access health services following a rape or sexual assault. This work is now under the remit of the Planning and Implementation sub group to be led by Colin Sloey. JS has had initial meetings with NHS 24 and Rape Crisis Scotland to discuss possible routes of entry in to services and is also looking at other options such as the English model of a direct line in to the SARCs. JS will arrange focus groups in conjunction with RCS to capture the views of people with lived experience and will look to appraise the different options over the coming months with input from key stakeholders. She added that the aim is to ensure a trauma-informed response which links closely with the agreed model of service and the clinical pathways.
- MM highlighted that there should be more than one single point of contact
- EI stated that NHS 24 could provide a key part of the healthcare response and that other points of contact will need to be considered in line with the service model.

Social Research – Yousaf Kanan

- YK advised that he has finalised his literature review on international best practice on forensic medical and healthcare services for victims of rape and sexual assault. This has been circulated for noting.

- AMH said that the report also seemed to suggest that it was the position of the Crown that prevents nurses from giving expert evidence in court in Scotland. AMH added that she was not keen on the language in the report around “trepidation” of the COPFS. She added that although the research provides information about existing practise in other countries, there is no analysis about how realistic these options are in a Scottish context.
- YK responded that the report responds to the Taskforce’s original asks but that a feasibility study of different options would be a separate piece of work. He added that the word “trepidation” reflects the perception of stakeholders rather than his own views. He agreed that the wording could be changed to make this clearer.
- GI and CC supported the comment that it wouldn’t be appropriate to change the language as there is a perception that the COPFS is reluctant to take evidence from Forensic Nurse Examiners (FNEs).
- AMH emphasised that it is critical that forensic medical services are sufficient to satisfy the specific requirements of the Scottish legal system in terms of the adequacy, admissibility and reliability of the factual and expert opinion evidence which would be required to be led in court in relation to a criminal prosecution.
- She added that the Crown are however willing to look at proposals for a pilot of FNEs and that this should be reflected in the report.
- It was agreed that AMH and JK would liaise to agree wording that best reflects this.
- CC advised that there will be a roundtable discussion on 28 June to explore the possibility of a pilot of FNEs (to both do examinations and give evidence in court) and that the Crown have been supportive of this work.
- PM asked if the report was all about adult women because there is a lack of evidence on other groups, such as men and children.
- YK noted that the majority of the available literature relates to women over 16 but he recognised that services need to be different for men. He added that a literature review of children’s services would need to be a separate piece of work.
- PM asked if there is an existing body of literature around children’s services. TM offered to circulate some of the materials from the Barnahus work.
- LB said that there was plenty of research done in Iceland but there is a gap, even within child protection, for men and boys and that this needs to be addressed - especially considering the recent increase in men and boys reporting sexual assault.
- SB suggested that the model of service should use the term ‘survivors’ instead of male/female, which is non-gendered and inclusive of trans and non-binary individuals. PM agreed.
- YK noted that an evaluation of different international approaches was not within the scope of his literature review. He added that it is difficult to compare data between countries but that this can be done within countries where similar data collection processes are used.
- There was agreement that the data used needs to be fit for purpose and looked at through an equalities lens.
- CC thanked YK for his work and asked for any comments to be sent directly to him.

Action: AMH to provide new wording to YK

Action: TM to shared additional research from Barnahus

Action: Taskforce to send any additional comments to YK

Clinical pathways – Pauline McGough

- PM advised that the RAG report and draft action points from the meeting on 18 April were circulated for noting.
- She advised that the draft adult pathway and accompanying document have been circulated for comment and that she would welcome honest feedback. PM thanked

Hannah Cornish and Louise Scott for their work on this. PM is now looking at the resources required to progress consultation on the adult pathway. She added that the children and young people's pathway remains skeletal, but they have identified a mechanism to take that forward through the MCN chairs.

- PM noted that at the last taskforce meeting, she agreed that the national standardised form should come under the remit of her sub group and that this will be looked at on their 29 May meeting.
- GI said there needs to be a push on getting the national form agreed and published.
- PM said the draft form is based on older versions, is already around 30 pages long and does not contain all the information that people want. GI recognised that consensus will be difficult to achieve. CC felt that this reminder from GI might help drive consensus.
- LT asked what formal consultation process is in place for this. PM said that the draft had been produced by a small, multi-agency working group and that wider consultation with clinicians and others would follow.
- Returning to the clinical pathways, SB asked how the CYP pathway will marry up with the Barnahus model. PM said they need to take cognisance of policy developments in this area and that she is liaising with SG colleagues and others on this. JJ agreed that the pathway needs to be about protecting children and can't be done in isolation.

Action: PM to circulate the draft adult and children's pathways for comment prior to consultation

Action: Taskforce members to provide feedback on draft pathways to PM

Action: PM to ensure engagement on Barnahus/CYP pathway with social work and child protection colleagues.

Quality Improvement – Fiona Murphy

- FM advised that the RAG report and ISD demand paper had been circulated for noting.
- She re-iterated that the group's 3 main tasks as set out in the high level work plan are: development of national Standards and Quality Indicators (work already started); Quality Assurance of Standards (HIS working with them to develop the Quality Framework for self-assessment) and the Information Management and Technology infrastructure.
- FM said that this was a circular group, informed by everything else that was going on in the Taskforce. She also highlighted the difficulties around assessing the data within the demand paper due to the lack of available sources. LT and GI thanked FM for her work and said the demand paper was very useful
- FM advised that ISD will consult on draft data sets for adult and paediatric forensic medical examinations which is required for ongoing quality improvement of services; performance management of services; and future research. These will be circulated after the meeting - comments sought by 25 May.
- FM also advised that she has submitted a business case to SG on behalf of NSD for funding to scope requirements for a clinical IT System to support the healthcare and forensic medical examinations for victims of rape and sexual assault. She added that a lot of this data will come from the national standardised form and that they will assess existing clinical IT systems before making any recommendation about new product development.

Action: Taskforce to provide feedback on the draft data set to FM by 25 May.

Workforce and Training – Elaine Mead

- Ron McVicar (RM) provided an update. The RAG report was circulated for noting.
- RMcV explained that the essentials in sexual offence examinations course has been revised and that 36 new examiners from 11 Health Boards (32 of whom are female), have been trained so far. Two more intakes are planned until March 2019, to train existing doctors and to attract new ones.
- He added that he will liaise with the nominated leads in each Health Board on their specific educational and training needs. NES are also looking at options to adapt the training to make it more directly relevant to nurses working in this area.
- MM asked about the time scales in place for establishing peer support groups. RMcV said that he put a business case in to SG and is waiting for confirmation of funding. TM confirmed this is being looked at. CS asked for a breakdown of the 36 new examiners across each of the Health Boards so he can take follow this up with the nominated leads. RMcV agreed to share that information.
- RM added that SG agreed to take forward work around doctors T&Cs and that EM has sought a nomination from Chief Executives for a HR Director to support this work, together with SG Health Workforce colleagues.

Action: RMcV to send CS breakdown of examiners locations

Action: CS to discuss workforce needs with Health Board nominated leads

Action: TM to speak to Elaine Mead about progressing work around T&Cs

User Reference group – Sandie Barton

- SB advised that the RCS feedback reports were circulated for noting.
- She explained that RCS want to ensure that survivors do not have to repeatedly re-tell their story when contacting services. She added that a multi-agency response taking account of factors such as access and messaging in the context of e.g. gender, age (including children's services) and learning disabilities. Agencies should be aware that they can refer survivors to RCS and the National Advocacy Project.
- EI asked who is looking at communication materials for survivors
- PM said that it sits with the clinical pathways group and that RCS is consulting with survivors about information needs.

COPFS – Anne-Marie Hicks

- AMH said that COPFS are involved in 2 main areas - on-going work around FNEs; and legislation for the provision of forensic medical services.
- CC said that she was grateful for the Crown Office's continued involvement and that this was key to the successful delivery of the Taskforce vision.

6. Taskforce Stock-take Governance Model

- CC said that one year on since the creation of the Taskforce, the time is right to review the governance arrangements. Sub group chairs were asked to undertake a stock-take exercise to re-visit the remit and membership of their groups. This feedback informed a draft new governance model and accompanying narrative which was discussed with JC, FM, CS, MM and TM - and then circulated to the sub group chairs for comment.
- CC said that the aim is to 'operationalise' the work of the taskforce and provide clarity about lines of accountability going forward. A Planning and Implementation Sub-

Group, chaired by Colin Sloey will support Health Boards to cost and deliver the agreed model. The NHS nominated leads will report into this group.

- The Design and Delivery subgroup will cease to exist after 7 August 2018.
- The Terms of Reference have been amended to reflect these changes.
- CC added that the SG will continue to lead work of legislation and governance sub group and to provide support to the workforce and training sub group.
- The Network will provide a multi-agency, professional reference group function to advise and support the Taskforce and its sub groups on areas where they hold specific expertise.
- EI said that Nominated Leads of Territorial Boards need to be added in to the governance diagram. She also highlighted that Planning and Implementation needs to dovetail into regional planning.
- CS said that he will be meeting with regional planners this month to ensure that they are linked in.
- **Taskforce members agreed the new governance arrangements and revised ToR.**

Action: Diane Dempster to publish the updated information on the website.

7. Next steps

- CC invited CS to summarise key next steps:
 - CS and TM to work with Health Board Nominated Leads on their self-assessment against the HIS standards, which will then be used to inform a gap analysis. NHS Lanarkshire has already started this process and their approach will be shared with other Boards.
 - Kate Bell will lead work with the SLWG on the Options Appraisal exercise for the model and configuration of services.
 - The Taskforce high level work plan will be revised to reflect the governance arrangements agreed today and circulated for comment.
 - A prioritised capital expenditure plan will be developed based on proposals from Health Boards.
 - FM can ensure that the core data set is available and can help us to understand what we need by means of information systems.
- FM said that the Taskforce needs to ensure that stakeholder groups feel included in this process (including social work) and suggested that we need a communications strategy.
- CS agreed and said we also need to set out clearly what success looks like.
- JS advised that she is working on a communications plan and that this will be circulated for comments shortly.
- CS added that it would be helpful if the HMICS follow up report highlights the progress made and the plans in place to progress this work, whilst also reflecting that there is still work to be done. GI said that she will try to strike that balance. LT noted that she put a paper to the Scottish Association of Medical Directors in March 2018, to get them on board with the national standards and that this would be a helpful route for disseminating further information to the workforce.

Action: JS to progress the communications plan and present to the Taskforce

8. Any Other Business

- CC invited any other business.

- RM advised that NES are running an annual update course for SOE on 2 November.
- YK said that he is happy for people to get in touch to discuss his work and to assist with service user focus groups (noting that there is always a self-selection bias).
- CC noted that it had been a positive meeting with clear progress being made and thanked members for their contribution.

9. **Date of next meeting**

- Tuesday, 7 August 2018 – 14.00 - 16.30 – Conf Rms C,D,E, SAH

Future dates:

- Tuesday, 6 November 2018 – 14.00 - 16.30 – Conf Rms C,D,E, SAH

CC advised that Diane Dempster will circulate dates for 2019