

**TASKFORCE FOR THE IMPROVEMENT OF SERVICES FOR ADULTS, CHILDREN AND
YOUNG PEOPLE WHO HAVE EXPERIENCED RAPE AND SEXUAL ASSAULT**

**8th Meeting - Tuesday 6 November 2018
St Andrew's House, Conference Rooms C-D-E, Edinburgh, EH1 3DG
14.00 – 16.30**

Minutes

Attending

Dr Catherine Calderwood – Chief Medical Officer for Scotland, Scottish Government (Chair)
Colin Sloey – National Co-ordinator
Jane Johnston – Professional Social Work Advisor, SG (for Iona Colvin, Chief Social Work Advisor)
Dr Karen Ritchie – Deputy Director of Evidence, Healthcare Improvement Scotland (HIS)
Gill Imery – Her Majesty's Chief Inspector of Constabulary in Scotland
Detective Chief Superintendent Lesley Boal - Head of Public Protection, Police Scotland
Dr Pauline McGough – Clinical Director and Consultant in Sexual and Reproductive Health, Sandyford Clinic
Fiona Murphy – Director of National Services Division (NSD), NHS National Services Scotland
Professor Lindsay Thomson – Medical Director of the State Hospitals Board for Scotland
Sandy Brindley – Chief Executive, Rape Crisis Scotland
Dr Edward Doyle – Senior Medical Adviser for Paediatrics, SG and Associate Medical Director for Women's and Children's Services, NHS Lothian
Dr Alexandra Rice – Scottish Clinical Leadership Fellow, SG/NES
Tom Nelson – Director of Forensic Services, SPA Forensic Services
Vicky Carmichael – Deputy Head of CMO Taskforce, SG
Tansy Main – Head of CMO Taskforce Unit, SG
Michelle Harrity – CMO Taskforce (workforce lead), SG
Greig Walker – Bill Team Leader - Forensic Medical Services Bill, SG
Jane Russell – CMO Taskforce (administrative support), SG
Gerry McLaughlin – Chief Executive, NHS Health Scotland – NHS Chief Executive Representative
Louise Raphael – Associate Inspector, HMICS
Dr David Banks – Lecturer in Nursing, Queen Margaret University
Jess Davidson - Senior Clinical Forensic Charge Nurse, NHS Lothian

On Video-Conference

Professor Ronald MacVicar – Postgraduate Dean (NES)
Dr Louise Wilson - Representing Directors of Public Health, NHS Orkney

On Tele-Conference

Beth MacMaster, Barnahus lead, Violence Against Women and Girls and Barnahus Justice Unit.
Kate McKay, Clinical Director, Community Child Health, NHS GGC

Apologies

Sybil Canavan, Chair of Workforce and Training Subgroup and Head of People and Change at Glasgow City HSCP.

Saira Kapasi – Head of Violence Against Women and Girls and Barnahus Justice Unit

Iona Colvin - Chief Social Work Officer, SG

Anne-Marie Hicks – Head of Victims and Witnesses Policy, COPFS

Jim Crichton - Chair of Network Board, NSD and Chief Executive of the State Hospitals Board for Scotland

Anne Neilson – Director of Public Protection, NHS Lothian

Anil Gupta – COSLA

Judith Ainsley – Head of Child Protection, SG

Katie Cosgrove – Gender Based Violence Programme Lead, NHS Health Scotland

Professor Elizabeth Ireland, Chair NHS National Services Scotland, representing NHS Chairs

Dr Boyd Peters - Assistant Medical Director, NHS Highland (representing the Scottish Association of Medical Directors (SAMD))

Welcome and Introductions

1. Dr Catherine Calderwood (CC) welcomed everyone to the meeting. In particular, she welcomed new members of the Taskforce Unit within the Scottish Government (Michelle Harrity, Vicky Carmichael and Jane Russell) and Greig Walker (Bill Team Leader, Violence Against Women and Girls and Barnahus Justice Unit). CC also extended a welcome to Gerry McLaughlin, (Chief Executive, NHS Health Scotland) who replaces Elaine Mead as CE representative on the Taskforce and Dr Alex Rice who is a Scottish Clinical Leadership Fellow (SCLF), who observed the August meeting and has been working with Professor Ron MacVicar.

2. CC noted that Dr Mini Mishra, Jana Sweeney and Diane Dempster have moved on and thanked them all for their significant and valued contribution to the work of the Taskforce. **Action:** CC requested that all Taskforce members ensure they send a deputy if they are unable to attend the meeting.

Minutes of Last Meeting

3. The minutes of the previous meeting on 7 August 2018 were agreed as a true record.

Action Log – Review

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

Matters Arising

5. CC reiterated that improving the experience for survivors is our top priority and reflected on the significant amount of time, energy and commitment being dedicated to this within Scottish Government, across all of the taskforce subgroups, in Health Boards, Police Scotland and key partners including Rape Crisis Scotland (RCS). CC noted that the SG has made a funding commitment of £2.5m in the current financial year and that resources within her team have increased to reflect the importance of this work. CC recognised that while there is still much to be done, progress has been made across a number of key areas including:

- The commitment in the Programme of Government to continue work to improve the gender balance of the workforce and to consult on legislation (addressing recommendations 1 and 7 of the HMICS report).
- SG funding has been provided for a Programme Manager to drive the Information Governance Short Life Working Group, the first meeting has been held and a draft framework is being developed.
- The HIS Quality Indicators are out for consultation from 3 October until 14 November. CC thanked Dr Fiona Wardle and Dr Karen Ritchie for all their work on this.
- CC thanked Dr Pauline McGough and her team for getting the adult clinical pathways document and national standardised form out for consultation (from 31 October until 30 January 2019) and noted that the children and young people clinical pathway is being prepared for consultation.
- Dr Eddie Doyle is now chairing a Children and Young People Expert Group (feeding in to the Delivery and Performance Subgroup), which has a remit to support Health Boards to improve their services in line with national standards as well as to support the development of the children and young people's clinical pathway and developments in relation to Barnahus.
- The FNE expert group (chaired by Associate Chief Nursing Officer Diane Murray) is to meet on 28 November to progress proposals for a pilot.
- The Delivery and Performance Subgroup chaired by Colin Sloey is meeting on 27 November, bringing together the Nominated Leads from each Health Board, regional planners and other key partners.
- Tansy and Colin are working very closely with Health Boards to review the self-assessments and costed proposals to improve the physical environment and to support development of the workforce needed to meet HIS standards and deliver the preferred model in the options appraisal report.
- The options appraisal report has been published and disseminated. CC thanked Kate Bell and her team for their significant contribution.
- Detailed work is on-going to finalise Health Board budget allocations based on their costed local improvement plans.
- The NES training has been updated to include inputs for both nurses and Doctors.
- The decontamination protocol is undergoing final stages of consultation before sign off and roll out across Scotland.

6. CC noted that a tremendous amount had been achieved and that she was indebted to everyone for their contribution. CC emphasised that this momentum will be maintained at the most senior levels and advised that this work is being closely scrutinised by the new Cabinet Secretary for Health and Sport and new Cabinet Secretary for Justice. She and Colin met them both on 13 September to brief them on the work of the Taskforce. Ms Freeman and Mr Yousaf recognised the importance of this agenda and were fully supportive of this service improvement being amongst the key priorities for NHS Board Chief Executives and their teams, whilst acknowledging that further work is required to deliver the objectives in the five year high level work plan. Ms Freeman also met with the NHS Chairs on 29 October to reiterate the importance of this work. This message was received loud and clear. CC also noted that both she and Ms Freeman meet with NHS Chief Executives regularly and will ensure this is kept high on their agenda.

Health and Justice Collaboration Board

7. CC noted that she presented to the Board in June and that they are very supportive of the work of the Taskforce. They have been working with the Chief Officers of the Integrated Joint Boards to progress delivery of a commitment on increasing the mental health workforce by 800 by 2021-22. So far, 30 out of 31 IJBs have begun the process of recruiting additional mental health workers. This should help with our ambition to increase the trauma informed workforce for rape and sexual assault. The Board are also looking at how it can add value in

other areas particularly around Policing and Mental Health, Health and Social Care in Prisons and the CMO Taskforce.

Victims Taskforce

8. CC advised that Mr Yousaf announced on 7 October 2018 that he is to co-chair with the Lord Advocate, a dedicated Taskforce to improve victims' experiences of the justice system. The first meeting will take place later this year. Mr Yousaf is keen to hear directly from victims and their families about their experiences CC noted that we will work closely with colleagues in justice to ensure that links are made between each Taskforce and invited Sandy Brindley to comment. SB said that the victims taskforce has a broad remit but that it provides a helpful opportunity to improve outcomes for survivors and that it will complement the work of this Taskforce.

Police Care Network

9. CC noted that the last meeting took place on 1 November 2018 and that Vicky Carmichael attended to provide an update on the work of the Taskforce. Dr Jen Lowe (NHS Grampian) is the new Clinical Lead for the Police Care Network (from 1 December 2018).

Barnahus Update

10. CC advised that Beth McMaster is the lead on Barnahus for the Scottish Government Justice Directorate, but due to technical issues, was unable to dial in to the meeting. Tansy Main provided the following update on her behalf:

- Commitments are made in the Programme for Government and Equally Safe Strategy, to looking at how the Barnahus principles could operate in Scotland.
- The Cabinet Secretary for Justice will lead this, but will ensure close cross-Government collaboration.
- Ministers are also keen to link work on Barnahus to the Adverse Childhood Experiences (ACEs) agenda as two of the Scottish Government's four action areas around ACEs, relate to mitigating against childhood adversity and also ensuring a trauma informed workforce.
- The proposed direction of travel is to develop a Scotland-specific roadmap for Barnahus, based on the 10 Barnahus Quality Standards developed by the European PROMISE work, drawing from learning in Iceland and elsewhere.
- It is anticipated that this will give us a suite of standards that adapt the Barnahus concept to fit Scotland's health, care and justice systems. For the purposes of forensic medical examinations for children, this will utilise the HIS standards developed via the Taskforce.
- The work to develop a roadmap for Barnahus will be inclusive of the wide stakeholder base needed to deliver an improved multi agency response for children and would anticipate following a similar methodology to the standards development for the CMO Taskforce.
- To support this activity, representatives from Justice, Children and Families and Healthcare Improvement Scotland recently visited the Barnahus sites in Iceland and London to get more detail about the development of models there and understand the key enabling factors and challenges teams have faced.
- Officials are currently developing a more detailed plan for taking forward work on Barnahus and would anticipate reaching out to stakeholders before Christmas with more information.

Action: All - any questions on Barnahus to be sent to BMcM.

HMICS Update

11. CC invited Gill Imery to provide an update. GI advised that an update report has been drafted to reflect progress since March 2017 and that additions are being made to reflect information provided in Health Board local improvement plans. GI acknowledged the very real progress that has been made so far in response to the recommendations and welcomed the ongoing commitment of the Taskforce. The draft report will go to the Taskforce for a factual accuracy review w/c 19 November 2018 with a 2 week turnaround. A date for publication of the follow up report has not yet been confirmed but it may coincide with the 16 days of action against gender based violence (25/11 – 10/12).

AP: All - to note the November date for comment and review.

AP: TM to co-ordinate SG comments on the draft.

AP: TM - to ensure Board specific issues are shared with respective leads at Health Board level.

AP: TM- to liaise with SG and HMICS comms on date for publication.

Subgroup Updates – RAG Status Reports

Legislation

12. CC referred to the revised governance structure showing a link between the CMO Taskforce and Justice Victims Taskforce as well as reflecting the creation of the Information Governance SLWG, FNE expert group, Dr Eddie Doyle's Children and Young People Expert Group and the Barnahus multi-agency group.

13. CC added that the work of the Legislation and Governance Subgroup has evolved since the high level work plan was published in October last year and that the main actions under the heading of 'Leadership and Governance' (such as arrangements for the future quality assurance of services) are now being taken forward jointly by the Delivery and Performance and Quality Improvement Subgroups. The action to 'expand the available workforce whose evidence is permissible in court' is now being progressed by the Forensic Nurse Examiner Expert Group, following the roundtable event in June. The Leadership and Governance subgroup has therefore evolved to focus on addressing recommendations 1 and 7 of the HMICS report and to progress the commitments made in the Programme for Government to consult on proposals to clarify the legislation in this regard. CC invited Greig Walker (as Bill Team Leader and chair of the Legislation Subgroup), to provide an update on this work.

14. GW advised that he took up post on 5 November and comes from a legal background. Whilst the bill team will sit within Justice, Cab Sec Health is the lead Cabinet Secretary for the Bill. He noted that he is in the process of recruiting two members of staff and that his aim is to publish a consultation document by the end of the year. A year 4 slot has been identified for this Bill but the legislative timetable may be impacted by Brexit. GW also noted that the working title is the 'Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill' but that this may change in the process of instructing the Bill. CC noted that the legislation will support the work of the Taskforce and support the continuous improvement of services.

Workforce and Training

15. CC noted that due to Elaine Mead's resignation from the Taskforce and other related factors, actions under the remit of this subgroup have primarily been driven by NES and the SG. The group met for the first time under Sybil Canavan's chair on 5 November 2018 but she has given her apologies for the Taskforce meeting. RMacV was invited to provide an update in SC's absence. Actions from the most recent meeting included:

- Terms of reference shared and confirmed (circulated for comment).
- Additional potential membership identified and further invites proposed to include Forensic Physician representatives, Crown Office and Children and Young Person's representative.
- Schedule of meetings established.
- Actions include looking at workforce data, role of nurses and corroboration arrangements, workforce model, IT to support peer review, Drs Ts and Cs.
- The group intends take a more robust, programme management approach to ensure that priorities and resources are aligned and risks and inter-dependencies effectively managed.

16. These actions were noted and CC invited an update on the work that NES is progressing. RMacV advised that NES has established an annual update day for sexual offences examiners and the first was held on 2nd Nov 2018 in Glasgow for 100+ delegates. He thanked CMO for providing an input to this.

17. With regard to training, RMacV confirmed that 36 new examiners from 11 Health Boards (32 of whom are female), have attended the 'Essentials in Sexual Offences Forensic Examination and Clinical Management (Adults and Adolescents): Best Practice for Scotland'. Two more intakes are planned, in December 2018 and March 2019, with 32 doctors and 24 nurses expected to attend each course. NES are progressing the development of regional peer support groups, and local (practice-based) learning.

18. NES data shows that of the 36 Forensic Physicians who've gone through training, 28 have engaged with NES through a survey and 14 have gone into relevant roles. He noted that barriers remain in some areas relating to the availability of posts, areas where the role is tied to custody work and localities where some services are still in the process of being set up. CC reiterated the need to ensure that this training translates in to an improvement in the gender balance of the workforce. Members agreed that there is a need to consider what changes need to be made to ensure that the training and the role fits with expectations of those attending. RMacV noted that NES will take forward individual engagement with attendee's to explore this further. Sandy Brindley noted that we need to review the issue of dual rotas, so that we don't lose good people who might not be interested in the custody work. RMacV noted that this was more to do with service design than workforce. Pauline McGough advised that she was meeting with Rhoda McLeod and Sybil Canavan to discuss a service perspective on workforce issues and the new standards developed.

AP: PMcG - to meet with Rhoda McLeod and SC to take this forward and feed back to TM and CS.

AP: R MacV to provide tracking data on those who have completed the training.

Delivery and Performance

19. CC invited Colin Sloey (CS) to provide an update. CS advised that this subgroup succeeds the Design and Delivery Subgroup chaired by Elizabeth Ireland and their Options Appraisal report. This group will be working with Nominated Leads, Regional Planners and key stakeholders to plan and implement the agreed model for the delivery of healthcare and forensic medical examination services for individuals who experience rape and sexual assault in Scotland. CS advised that a Terms of Reference had been circulated for comment.

AP: All – Comments on ToR to CS by 14 November 2018.

20. CS noted that all actions in the RAG Report are green or blue and that he and TM are working with the Health Board Nominated Leads to help realise the ambitions of the options appraisal exercise – specifically looking at issues that will support the successful delivery of the agreed model (including premises, equipment and building the capacity and capability of the workforce). He explained that each Health Board should have established its own local multi-agency groups to co-produce their local improvement plan in line with the options appraisal and HIS standards. The aim is to agree costed plans for each Board and a 3 year resource plan for Scotland. LT queried the scale of the funding and how services will be protected going forward. CS advised that there is funding of £2.25m in 2018/19 an indication of funding for a further two years, but that there is a need to look beyond this to ensure that what we create now can be sustained going forward.

21. CS added that each Board will be supported to build the local infrastructure, supported by a centre of expertise and that at least two regions are looking to develop a peripatetic workforce to help deliver both value for money and sustainability. CS emphasised that we are not just looking at the inputs needed to build the service, but at how we measure the impact this has on people with lived experience and that we will continue to support and challenge boards to this end.

Stock Take Report

22. CS advised that the Stock take report is a dynamic document which provides an update on the 10 recommendations from the HMICS Report and the CMO 5 Asks acknowledging that whilst much has been achieved so far, there is still a lot to do. Gerry McLaughlin commented on how useful he found the report.

AP: All – comments on Stock Take Report to CS.

AP: CS - to provide an update on the Stock take report at every Taskforce meeting.

Summary of Location of Existing Services

23. CS advised that this paper sets out the location of existing services together with individual Board plans for the future location of FME services, with the priority that all examinations take place in an appropriate healthcare setting by the end of the financial year.

AP: CS - to provide an update on the Summary of Location of Existing Services at every Taskforce.

Quality Assurance SBAR

24. CS advised that this paper recommends that a SLWG jointly chaired by SG and HIS is convened to develop proposals to transition to a healthcare led external quality assurance process in future. Karen Ritchie noted that the process should be risk based and proportionate, with targeted quality assurance - focussing attention where it is needed. TF members agreed the recommendation in S-BAR. GI noted that HMICS would reserve its independent and statutory mandate for inspecting policing but would welcome Health taking the lead on quality assurance of Health Board functions in future, noting that she would be happy to provide input if required.

AP: KR and CS – take forward the recommendations in the paper.

Children and Young People Expert Group

25. CC thanked Eddie Doyle (ED) for ensuring Children and Young People remain an important focus for the Taskforce. ED summarised the ToR for his group and advised that they will meet for the first time on 12 December and will produce a report for the February meeting of the Taskforce. It was noted that ED is linking the work of his group, with the parallel activity being taken forward by SG in relation to Barnahus as well as the work of the clinical pathways subgroup in relation to children and young people.

AP: All – Children and Young People Expert Group ToR circulated for comment and review by 14 November 2018. Comments to ED.

AP: ED to provide update to February meeting.

Forensic Decontamination Protocol

26. CC invited Vicky Carmichael (VC) to provide an update. VC advised that the draft decontamination protocol paper was produced in response to the HMICS report and it relates to defined FME suites only. The paper has gone out to NHS Infection Control Managers and Nurses Network and the National Policy Guidance and Outbreak Consensus Group for comment. Following feedback the protocol would be finalised and submitted to the Lord Advocate for approval. Tom Nelson (TN) noted that the protocol should raise standards, not just change them and that there is a need to consider how the decontamination of suites will be audited for the purpose of quality assurance. It was noted that just because a protocol is in place, that doesn't guarantee that the site is forensically clean (particularly if dual purpose rooms).

AP: All – Review and comment by 23 November 2018.

AP: TN to provide a paper to the next Taskforce on options on how to ensure clarity of expectation to achieve forensic decontamination compliance of Forensic Medical Examination suites.

AP: CS and KR to discuss how to gather data for the purpose of quality assurance.

Clinical Pathways

27. CC thanked everyone involved in the preparation of the draft Adult Clinical Pathway for consultation and invited PM to provide an update. PM noted her particular thanks to the project manager (Lucy Ferguson) whose post has been funded by SG, as well as to Vicky Carmichael and HIS. The consultation has begun and an online survey has been distributed to key stakeholder groups. The consultation will run for a period of 3 months (from 31 October – 30th January) to take into consideration the Christmas holidays. Discussions between SG, NSS and HIS will continue to plan face-to-face engagement events – likely to take place in January 2019. PM encouraged everyone to respond to the consultation and to share it with their networks.

AP: All – members to respond to the consultation document and share with their respective networks.

28. Development of the Children and Young People Clinical pathway will continue and the subgroup are working to produce a draft for consultation. Preliminary discussions have taken place between SG, HIS and NSS around the timing for a consultation. An update will be provided at the next Taskforce.

AP: PMcG to provide a update on the Children and Young People Pathway at the next Taskforce.

Quality Improvement

29. Fiona Murphy (FM) was invited to provide an update. FM confirmed that the draft Quality Indicators have been developed and are out for consultation. Work on the national data set is progressing but noted that there are complexities with the national form which are being looked at jointly by the Clinical Pathways and Quality Improvement Subgroup leads – particularly around compliance with GDPR, Information Governance and Privacy Impact Assessments. PM queried the ‘home’ for the clinical pathways documents and national form. CS noted that there is a need to look at this as well as other national ‘products’ from the Taskforce and agreed to pick up with PM separately.

30. FM added that the ambition is to provide an electronic platform for the national form to help support data gathering for the quality indicators. Work is also progressing on an outline business case for national IT system. A further workshop was required to consult on the ‘must, should, could’ elements of the system. A business case will then be developed to progress an options appraisal (updating/enhancing Adatastra, buying a product off the shelf, or building something new). CS said that he will look at the budget in years 2 and 3 with a view to making provision for this once the outcome of this options appraisal exercise is known.

AP: CS to speak to PM about home for Taskforce products.

AP: FM to send business case to TM.

Survivor Reference Group

30. Sandy Brindley (SB) was invited to provide an update. This group have been tasked with considering a name for services delivered in Scotland (local services and centres of expertise) and that work is ongoing. The group is currently being polled to confirm a date for their next meeting.

31. A question has been added to the adult clinical pathway consultation about information needs for survivors which will also be looked at as part of HIS focus groups. RCS is also being commissioned by Justice to produce a short information leaflet for survivors in the immediate aftermath of a rape.

32. SB noted that there has been a positive response to the podcast recorded by a rape survivor TM suggested sending a link to the podcast to attendees of the NES conference on 2 November 2018. This was agreed.

AP: TM to facilitate circulation of the podcast to NES conference attendees.

Any Other Business

None, CC thanked everyone for their attendance and contribution.

Date of next meeting

- 7 February 2019 – 14.00-16.00, Conference Rooms C, D, E SAH

Future dates:

- May 7th 2019 – 14.00-16.00, Conference Rooms C, D, E SAH
- August 6th 2019 – 14.00-16.00, Conference Rooms C, D, E SAH
- November 5th 2019 – 14.00-16.00, Conference Rooms C, D, E SAH
- February 7th 2020 - 14.00-16.00, Conference Rooms C, D, E SAH