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Gillian Martin MSP
Convener
Health, Social Care and Sport Committee

11 July 2022

Dear Convener,

I am writing to update you on progress made to improve NHS services for people who have experienced rape, sexual assault or child sexual abuse. This follows a letter from the former Cabinet Secretary for Justice, Michael Matheson, to the Health and Sport Committee dated 6 October 2017.

Mr Matheson's letter advised that a national Taskforce chaired by the Chief Medical Officer for Scotland, had been established to address recommendations in a report published by Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) in April of that year¹.

The CMO Taskforce had wide representation from across health, justice, social work and the third sector. It's vision was for consistent, person-centred, trauma-informed health care and Forensic Medical Examination (FME)² services and access to recovery for anyone who has experienced rape or sexual assault in Scotland. To deliver this vision, the former CMO published a five year plan³ setting out improvement activity across a range of issues under the Taskforce remit. Over the last five years, the Taskforce has worked closely with health boards and key multi-agency partners to deliver significant change, backed by £11.7 million of Scottish Government funding (to 2021-22).

Eight out of the nine recommendations under the remit of the CMO Taskforce have now been closed by HMICS. A summary of progress against each recommendation is provided at Annex A.

Two HMICS recommendations related to the need to clarify a Memorandum of Understanding between the NHS and Police Scotland. These related to the provision of healthcare and forensic medical services and the need to ensure consistent access to self-referral, so that someone can access healthcare and request a FME, without first having to make a report to

¹ [HMICS | Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime](#)

² A Forensic Medical Examination (FME) is a type of examination for people who have experienced rape or sexual assault and is carried out by a specially trained doctor, who may be able to collect evidence that could help the police to identify the person who carried out the assault.

³ [High Level Work Plan.pdf \(www.gov.scot\)](#)

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the police. In response, the Scottish Government brought forward landmark legislation to provide a clear legal framework for the provision of these services.

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (FMS Act), which enshrines the principles of trauma informed care, was unanimously approved by the Scottish Parliament in December 2020 and commenced on 1 April 2022.

The secondary legislation underpinning the Act, sets out that any evidence collected during a self-referral FME will be securely stored by a health board for 26 months, giving people time to decide on whether to make a police report.

Together, the FMS Act and the work of the Taskforce, has helped to deliver meaningful and lasting change. For example:

- A Sexual Assault Response Coordination Service (SARCS) is now operating in each territorial health board⁴ meaning that no-one who has experienced rape or sexual assault, has to go to a police station for a FME.
- Since 2017, the proportion of Sexual Offence Examiners (SOE) who are female has doubled to around 67% and 93% of FMEs are supported by a female forensically trained nurse. We know from listening to survivors, that this is one of the most important aspects of providing trauma informed care in these circumstances.
- A nurse coordinator is in post in every health board area to help ensure a smooth pathway of onward care and support for people who access a SARCS.
- SARCS staff are trained to provide medical, emotional and practical support to people in the days following an assault, in line with national clinical pathways.
- National Healthcare Improvement Scotland standards are in place underpinned by measurable quality indicators.
- People who access SARCS are empowered to ask questions before they decide to go ahead with any aspect of their care.

To help raise awareness of the self-referral service under the FMS Act, a national marketing campaign was launched in April 2022, fulfilling a commitment made by my predecessor Jeanne Freeman, during the passage of the Bill. The campaign directs people to NHS Inform⁵ where they can find more information about how to self-refer and the number for a dedicated, national telephony service run by NHS 24 which is available 24/7/365. So far, the main campaign video has had over 1.3m views on-line, resulting in almost 40,000 visits to the NHS Inform webpage and 80 people self-referring through NHS 24 (who would otherwise have had to go to the police to access a FME, or who may not have come forward to access healthcare at all).

To reflect the new legislative landscape and that the actions set out in the 5 year plan have largely been delivered, the CMO Taskforce had its final meeting in May 2022. Work relating to the HMICS recommendation to develop the role of nurse sexual offence examiners in Scotland continues to be led by the Scottish Government, in close collaboration with health boards and the Crown Office Procurator Fiscal Service.

⁴ NHS Borders SARCS expected to be operational in August 2022.

⁵ www.nhsinform.scot/sarcs

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To ensure continuous national leadership for the improvement and development of SARCS, the Scottish Government are funding the establishment of a National Strategic Network (NSN) under National Services Scotland (NSS), chaired by a health board Chief Executive. The NSN will help to help ensure consistency and the highest standards of patient care across all 14 health boards.

The NSN has already begun work in collaboration with Scottish Government and other multi-agency partners, to determine their key priorities for the next three years, building on the strong foundations laid by the CMO Taskforce. Scottish Government funding will also enable someone with lived experience to undertake a remunerated role as part of the NSN team. This will sit alongside wider activity under the remit of the NSN, to ensure that the voice of people with lived experience remains central to this work.


In parallel to the NSN, a Scottish Government led SARCS Programme Board is being established to monitor implementation of the FMS Act across Scotland and to consider any recommendations for improvement brought forward by NSN.

In accordance with the requirements of the Act, Public Health Scotland will produce an annual report which will be laid before Parliament. The first of these reports, (which will provide an overview of health board performance against the Healthcare Improvement Scotland Standards and Quality Indicators), will be published in spring 2023.

Throughout the lifetime of the Taskforce, listening to the views of people with lived experience has been pivotal in helping to transform the way these services are delivered. A survivor called Charlotte, whose experience of services before 2017 heavily influenced the work of the Taskforce, told us in May 2022 that she now felt *“optimistic and hopeful”* about how much services have improved and that she has been *“amazed at the pace of change”*. Charlotte also welcomed the fact that the *“voices and opinions of survivors have been at the core.”* Another survivor, who did not wish to be named, told us that the support she received from her local SARCS made her feel *“able to go forward and live a full life”* and that *“such support can help someone to survive the trauma that a rape or sexual assault can cause.”*

I would like to take this opportunity to thank former members of the Health and Sport Committee for their considered scrutiny of the FMS Act and current members for their scrutiny of the underpinning regulations. I would also like to record my thanks to the current and previous CMO for their leadership of the Taskforce and to all its members over the last five years for their unwavering commitment to this work – particularly during the challenges of the pandemic.

Lastly, I would also like to express my deepest gratitude to the people whose courage to tell us about their lived experience, has helped to ensure that the development of SARCS in Scotland has been informed by people who have experienced this type of trauma. I am confident that in the months and years ahead, we'll see the continuous development and improvement of SARCS under the rightful stewardship of the NHS.



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HMICS Recommendation	Action taken	HMICS Status
<p>1 The Scottish Government (SG) 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 (MoU) between the parties.</p>	<ul style="list-style-type: none"> The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 commenced on 1 April 2022. This goes further than the HMICS recommendation to review the MoU. 	<p>Closed</p>
<p>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.</p>	<ul style="list-style-type: none"> The Archway service in Glasgow has an agreed clinical governance structure in place, which links to the NHS Greater Glasgow and Clyde Health Board Clinical Governance Committee. Scottish Government officials continue to engage with NHS GG&C colleagues to assess regional service delivery against the Healthcare Improvement Scotland Standards and Quality Indicators. Supported by CMO Taskforce funding, a new regional Centre of Expertise for the West of Scotland is due to open in Glasgow in Summer 2022, replacing the existing SARCS in the city. 	<p>Closed</p>
<p>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.</p>	<ul style="list-style-type: none"> Taskforce funding has been provided to enhance existing or create new Sexual Assault Response Coordination Services (SARCS) in each of the 14 territorial health boards, supported by a regional centre of expertise. Forensic medical examinations for people who have experienced rape or sexual assault, no longer take place in a police station. The CMO Taskforce published a national SARCS specification document, informed by best practice, to ensure consistency in the creation of trauma informed healthcare environments, which comply with the necessary forensic requirements. 	<p>Closed</p>

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<p>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 health boards. These standards should be supported by a framework of publicly reported quality indicators and monitored through an effective audit and inspection regime.</p>	<ul style="list-style-type: none"> • Healthcare Improvement Scotland (HIS) Standards were published 2017. • HIS Quality Indicators which underpin the standards were published March 2020. • A suite of documents including national clinical pathways for adults and for children and young people; national forms for healthcare assessment and forensic examination for adults; revised pro-forma for children and young people and national data sets for all ages, are in place to support consistent service delivery as well as the recording, collation and reporting of performance data for all ages. • An interim performance framework, which captures key performance data against the HIS Quality Indicators is in place to monitor health board performance. • The first validated national report to be produced by Public Health Scotland will be available around Spring 2023. 	<p>Closed</p>
<p>5 Police Scotland should work with health 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.</p>	<ul style="list-style-type: none"> • As per recommendation 3. 	<p>Closed</p>
<p>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.</p>	<ul style="list-style-type: none"> • The Scottish Government are committed to continuing work to develop the role of nurse sexual offence examiners in Scotland, which is key to developing a multi-disciplinary workforce for the future. • Work is underway in close collaboration with the Crown Office Procurator Fiscal Service, to progress a Test of Change to allow nurses to undertake examinations and give evidence in court. • Taskforce funding was provided for priority places on a Postgraduate qualification in Advanced Forensic Practice at Queen Margaret University in Edinburgh – the first of its kind in Scotland. • The first nurses graduate in July 2022 and work is underway to scope out how they might be involved in the Test of Change. 	<p>Open</p>

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	<ul style="list-style-type: none"> Funding has also been provided to develop a forensic practice facility at QMU to support nurses and clinicians across Scotland to maintain their skills. 	
<p>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 health boards and Police Scotland.</p>	<ul style="list-style-type: none"> See status against recommendation 1. The legislation provides consistent national access to self-referral services. A national protocol to support consistent delivery of self-referral was developed with partners, to ensure clarity about health board responsibilities under the Act in relation to the retention, storage and destruction of evidence. The Scottish Government are funding a dedicated national telephony service provided by NHS 24, for people to self-refer for a FME 24/7/365. A national marketing campaign to raise awareness of the new self-referral service went live in April 2022, signposting people to information on NHS Inform www.nhsinform.scot/SARCS 	Closed
<p>8 The Scottish Government should work with NHS Scotland to ensure that the existing healthcare IT 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.</p>	<ul style="list-style-type: none"> Going a step further than the HMICS recommendation, the Taskforce funded the development of a bespoke national clinical IT System for FME services (called Cellma), which was implemented prior to commencement of the FMS Act on 1 April 2022. A Service Management Board under NSS is being established to ensure 'business as usual' management of Cellma. 	Closed
<p>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.</p>	<ul style="list-style-type: none"> A national decontamination protocol (approved by the Lord Advocate), was developed in close collaboration with the Scottish Police Authority, Police Scotland, the COPFS and health boards to ensure consistent practice in all health board settings where examinations take place. Decontamination is in addition to NHS standard cleaning procedures already in operation. A national environmental monitoring regime is underway to enable the Scottish Police Authority to monitor and assess health board compliance with the decontamination protocol. 	Closed
<p>10 Police Scotland should work with NHS Scotland to ensure suspected perpetrators of sexual abuse who are</p>	<ul style="list-style-type: none"> Responsibility for this recommendation rests with Police Scotland and the NHS. HMICS are now working in partnership with 	Closed

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<p>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.</p>	<p>Healthcare Improvement Scotland to design and implement an inspection programme for the provision of healthcare services for people in police custody, however the focus for these inspections has not yet been agreed.</p>	
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