

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill

Financial Memorandum

Introduction

1. As required under Rule 9.3.2 of the Parliament's Standing Orders, this Financial Memorandum is published to accompany the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill, introduced in the Scottish Parliament on 26 November 2019.
2. The following other accompanying documents are published separately:
 - Explanatory Notes (SP Bill 60–EN);
 - a Policy Memorandum (SP Bill 60–PM);
 - statements on legislative competence by the Presiding Officer and the Scottish Government (SP Bill 60–LC).
3. This Financial Memorandum has been prepared by the Scottish Government to set out the costs associated with the measures introduced by the Bill. It does not form part of the Bill and has not been endorsed by the Parliament.
4. The purpose of this Financial Memorandum is to set out:
 - best estimates of the administrative, compliance and other costs to which the provisions of the Bill would give rise, as well as likely efficiency savings;

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

- best estimates of the timescales over which such costs would be expected to arise; and
- an indication of the margins of uncertainty in such estimates.

5. This Financial Memorandum draws upon a variety of evidence sources to present estimations of the costs of implementing the requirements of the Bill. It does not provide a blueprint for how health boards or other relevant public authorities will implement the requirements.

6. This Financial Memorandum is structured as follows:

- background and overview;
- costs to health boards;
- costs to justice system;
- costs to other bodies, individuals and businesses;
- summary of overall estimated costs;
- CMO Taskforce ring-fenced budget.

Background and overview

7. The policy background to the Bill and further information about the role of the Chief Medical Officer for Scotland's rape and sexual assault Taskforce (CMO Taskforce), is fully described in the Policy Memorandum referred to above.

8. In terms of its financial impact, the Bill confers a statutory duty on health boards to provide certain forensic medical services to victims of sexual offences: an examination service and a retention service (also known as "self-referral", where a victim refers themselves for healthcare support, rather than being referred by the police). The "examination service" is an existing service already provided by all health boards, albeit under a Memorandum of Understanding between health boards and Police Scotland rather than as a specific statutory duty. The "retention service" is a new service for most health boards, although NHS Greater Glasgow & Clyde and NHS Tayside already provide forms of this service.

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

9. Since health boards already provide the examination service for police referral cases (either directly, through a regional arrangement or purchased provision), making this a statutory duty through this Bill will not in itself create additional costs. Any direct financial impact of the Bill therefore results from the additional demand for that examination service that may result from the introduction of self-referral across all health board areas, as victims are expected to be more likely to present initially to healthcare services than to the police.

10. These costs have been calculated as follows: firstly, by estimating the potential increase in demand that may result from this Bill in those areas that do not already provide a self-referral service, giving a number of additional forensic medical examinations (FMEs) that are expected to result from the Bill; then, by applying a unit cost to that number of additional FMEs. This results in the expected additional cost to health boards.

11. Downstream costs will also result to the justice system: the increased number of examinations of victims may result in an increase in the number of crimes reported to the police, a rise in the number of prosecutions, a proportion of which will result in convictions, prison sentences, and so on.

Margins of uncertainty

12. There is relatively little useful data available in respect of current use of forensic medical services for victims of sexual offences in Scotland and the rest of the UK, and accordingly the Scottish Government has modelled best estimates of future service demand and financial impacts. Where this is the case it has been indicated.

13. This analysis uses three scenarios to illustrate the potential range of estimates of the financial impact of the Bill. These are based on three different levels of projected service demand for FMEs – “low”, “medium”, or “high” (see paragraph 17 below) – and the estimates for these levels of demand are marked accordingly in the tables throughout.

14. The future collection and availability of service data will improve as a result of the work led by the Quality Improvement Subgroup of the CMO Taskforce, who have overseen the development of a single National Data Set and National Form for FME and associated healthcare. The intention is to commence national data collection from April 2020. This will enable

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

robust and consistent data to be gathered in all areas of Scotland which can be used to assess the efficacy of services; drive further quality improvements; and provide robust information upon which future service changes can be planned and provided.

Costs to health boards

Understanding potential demand for self-referral services

15. In order to estimate demand for forensic medical services, NHS National Services Scotland (NSS)¹ Information Services Division (ISD)² – on behalf of the CMO Taskforce – undertook a review of the available evidence³. ISD is currently part of NSS and provides health information, health intelligence, statistical services and advice that supports the NHS in progressing quality improvement in health and care and facilitates robust planning and decision making. The ISD analysis drew on an extensive range of data sources, including: Recorded Crime in Scotland; The Scottish Crime and Justice Survey (SCJS); Rape Crisis Scotland; The National Sexual Health IT System (NaSH); the Archway Service in Glasgow; South East Healthcare and Forensic Medical Service; and Tayside Custody Healthcare and Forensic Medical Service.

16. The ISD analysis presented a range of data limitations in the field – relating to the variable completeness, quality, and time periods of the available data, as well as variation in service provision. However, despite the limitations, the ISD analysis estimated demand for (adult) FMEs at

¹ NSS' formal legal name is the Common Services Agency for the Scottish Health Service. It is referred to as "the Agency" in the text of the Bill.

² The functions of ISD will be carried out by Public Health Scotland from 1 April 2020 as provided for in the Public Health Scotland Order 2019.

³ "Demand Information to Support CMO Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault", updated December 2018 (ISD).

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

between 15 and 20 (central estimate of 18) per 100,000 of the population, per annum.⁴

17. Data on rates of self-referral was provided by NHS England for two areas – London and Warwick. This data suggests that adult self-referrals constitute around 20% of police referrals. Using this assumption, and applying it to the ISD estimates described above, the following three scenarios were created:

- Low – there will be an increase in demand for FME (as a result of the Bill’s introduction) at the rate of 3 cases per 100,000 of the Scottish population (per annum).
- Medium (central estimate) – there will be an increase in demand for FME at the rate of 3.6 cases per 100,000 of the Scottish population (per annum).
- High – there will be an increase in demand for FME at the rate of 4 cases per 100,000 of the Scottish population (per annum).

18. In some health board areas, the Bill’s introduction is not modelled to result in an increase in demand for self-referral services. This is because the board is considered an “early adopter” either because it already offers a form of self-referral (NHS Tayside and NHS Greater Glasgow and Clyde) or because the board has access to the self-referral service in NHS Greater Glasgow and Clyde under a Service Level Agreement (NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Lanarkshire). It is reasonable to model no increase in demand in those areas as a direct result of the Bill, as the services are already being provided. In the tables below, these boards are identified with an asterisk.

19. It is not possible to predict the impact of a range of external factors on future demand. These might include a general increase in awareness of available services, changes in wider social norms, changes in crime rates, high profile cases in the media, other campaigns, etc.. In addition, there is

⁴ From “Demand Information to Support CMO Taskforce for the Improvement of Services for Victims of Rape and Sexual Assault”, paper from ISD to the CMO Task Force, Dec 2018.

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

a hidden population of victims who are currently not known to services at all and we cannot predict how the Bill could impact on their willingness to come forward.

Additional demand by territorial health board in 2021-22

20. In order to calculate the total expected increase in demand for self-referral in each health board area as a result of the Bill’s introduction, the low, medium and high rates of demand per 100,000 have been applied to the NRS population estimates⁵ for each territorial health board. The results across the 14 territorial health boards for financial year 2021-22 – the financial year following commencement (assuming the Bill is passed by the Parliament in 2020) – is set out in the table below.

Table 1: Additional demand breakdown 2021-22

	Expected additional self-referral (low)	Expected additional self-referral (medium)	Expected additional self-referral (high)
Grampian	15	17	19
Highland	8	10	11
Orkney	1	1	1
Shetland	1	1	1
*Tayside	-	-	-
Western Isles	1	1	1
North	24	29	33
Borders	3	3	4
Fife	9	11	12
Forth Valley	8	9	10
Lothian	22	27	30

⁵ Population estimates – and projections – are taken from the National Records of Scotland (NRS) in order to provide an estimate of the number of people – aged 16 and above – in Scotland. The Bill provides that under 16s may not access self-referral, for reasons explained in the Policy Memorandum.

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

South East	42	51	56
*Ayrshire & Arran	-	-	-
*Dumfries & Galloway	-	-	-
*Greater Glasgow & Clyde	-	-	-
*Lanarkshire	-	-	-
West	-	-	-

Source: Scottish Government calculations based on NRS and ISD data

Totals may not sum due to rounding

* No additional self-referral anticipated in “early adopter” areas

Additional demand nationally: 2021-22 to 2025-26

21. In order to estimate additional demand for self-referral examination in future, the projected rates of additional demand in 2021-22 (set out in Table 1) were divided by the total Scottish population (aged 16+) to estimate the number of additional self-referrals in Scotland. This estimate was then applied to NRS Population projections for Scotland from 2021 onwards. These future low, medium and high scenarios for additional demand for self-referral per annum nationally over the five-year period are shown in Table 2.

Table 2: Future additional demand

		2021-22	2022-23	2023-24	2024-25	2025-26
Population 16+		2,244,226	2,250,925	2,257,738	2,265,676	2,273,660
Additional demand	Low	67	68	68	68	68
	Medium	81	81	81	82	82
	High	90	90	90	91	91

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

Source: Scottish Government calculations based on NRS and ISD data.

Totals subject to rounding and users should note, figures for 2021 in table 2 have been uplifted to reflect 2021 population projections.

Projected costs for additional demand for examinations

22. In order to provide an estimate of the costs likely to be incurred as a result of the additional number of FMEs that may occur, it was necessary to derive an approximate unit cost of a FME from health boards. The model of service delivery and therefore cost of a FME differs across the country due to a number of factors including workforce model and geography. The Scottish Government's Urban-Rural Classification was applied to each health board in order to generate a unit cost that reflected the proportion of the health board that could be considered as either "rural" or "urban". This resulted in the following breakdown – Urban £3,000, Urban/Rural £3,635 and Island £5,724⁶. The estimated unit cost of a FME in Shetland is £12,372. This is higher than the other island health boards as local circumstances require a different model of service delivery.

23. As noted above, there are limitations to identifying an exact cost per case in each health board area due to variations in the service models and a current lack of robust data. For some health boards, staff involved in FME for victims of sexual crime, have wider roles and it has not been possible to accurately attribute how much of their time is spent specifically on this provision. For other health boards, particularly where there are lower case numbers, it has been easier to identify costs. As data collection improves over time as part of the wider CMO Taskforce work, it will enable officials to revisit these figures and update the costs more accurately.

24. Applying the above methodology to the range of additional demand estimates set out above in relation to self-referral yields the following results for the first year of the Bill's introduction:

⁶ "Island" cost refers to Orkney and Western Isles health boards only. A separate figure for Shetland was used in the analysis owing to a different model of service delivery.

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

Table 3: Additional costs of FME, by region

2021-22	Low			Medium			High		
	Urban	Urban/ Rural	Islands	Urban	Urban/ Rural	Islands	Urban	Urban/ Rural	Islands
Grampian	£26,730	£20,448		£32,077	£24,537		£35,641	£27,263	
Highland	£5,650	£22,536		£6,780	£27,044		£7,534	£30,049	
Orkney			£3,202			£3,842			£4,269
Shetland			£6,972			£8,367			£9,296
*Tayside									
Western Isles			£3,864			£4,637			£5,152
North	£32,381	£42,984	£14,038	£38,857	£51,581	£16,846	£43,174	£57,312	£18,718
Borders	£3,819	£5,866		£4,583	£7,039		£5,092	£7,821	
Fife	£22,744	£5,968		£27,293	£7,161		£30,326	£7,957	
Forth Valley	£18,765	£4,890		£22,518	£5,868		£25,020	£6,520	
Lothian	£60,898	£7,656		£73,077	£9,187		£81,197	£10,208	
South East	£106,226	£24,379		£127,472	£29,255		£141,635	£32,505	
*Ayrshire & Arran									
*Dumfries & Galloway									
*Greater Glasgow & Clyde									
*Lanark- shire									
West									
Total	£220,008			£264,010			£293,344		

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

Source: Scottish Government calculations

Totals subject to rounding

* No additional self-referral anticipated in “early adopter” areas

25. As can be seen from the above table, the additional annual cost for health boards, arising from self-referral services following commencement of the Bill, ranges from £220,008 to £293,344 (central estimate £264,010).

26. Over the longer term, total additional costs were calculated by taking the total cost figures (as above), and multiplying this by expected future demand. This is shown in Table 4, below. This table also shows the five-year Net Present Value (NPV) figures. NPV is the discounted value of a stream of either future costs (or benefits). A discount rate – 3.5% as per HM Treasury guidance – is used to convert all costs (and benefits) to “present values”, so that they can be compared. Calculating the present value of the differences between the streams of costs (and benefits) provides the NPV of an option. The NPV is the primary criterion for deciding whether government action can be justified.

Table 4: Future additional demand and net present value

	2021-22	2022-23	2023-24	2024-25	2025-26
Population 16+	2,244,226	2,250,925	2,257,738	2,265,676	2,273,660
Additional demand (from table 2)					
Low	67	68	68	68	68
Medium	81	81	81	82	82
High	90	90	90	91	91
Total cost (£)					
Low	£222,636	£223,301	£223,976	£224,764	£225,556
Medium	£267,163	£267,961	£268,772	£269,717	£270,667
High	£296,848	£297,734	£298,635	£299,685	£300,741
Average cost (per FME)	£3,307	£3,307	£3,307	£3,307	£3,307
NPV (5 years) 2021-2025 (£)					

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

Low	£1,010,000
Medium	£1,210,000
High	£1,350,000

Source: Scottish Government calculations based on NRS and ISD data.

Totals subject to rounding

27. As can be seen from table 4⁷, the five-year (2021-22 to 2025-26) net present value ranges from £1,010,000 to £1,350,000 (central estimate £1,210,000).

Costs to justice system

28. The financial impacts of the Bill on the justice system are subject to significantly more uncertainty than the direct costs of providing an examination. However, given that the justice costs associated with pursuing sexual offending cases can be high, it is important to model these costs, where possible, to understand the scale of impact that may be felt, and the impact of the Bill on the costs of overall numbers of cases progressing through the criminal justice system. The crime of rape must be prosecuted in the High Court of Justiciary, Scotland’s superior criminal court, and other sexual offences, if not tried in the High Court, are likely to be tried before a sheriff and jury (known as solemn, as opposed to summary, criminal proceedings).

29. Based on the forecasts in this financial memorandum of approximately 70 to 90 additional self-referral examinations being carried out each year, and the fact that the limited available evidence suggests that a large majority of self-referrals will result in a crime being reported to police, it is reasonable to estimate that the primary costs of the Bill to the justice system will be those associated with “additional” reported crimes. In Northern Ireland, evidence suggests that 80% of people who access self-referral services eventually report to the police. However, it is anticipated that, in Scotland, this will be partly offset by fewer police referrals. It would be reasonable to expect that these offset referrals would have a higher chance of resulting in a reported crime than the “additional” cases that this

⁷ Users should note, figures for 2021 in this table have been uplifted to reflect 2021 population projections

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

costing is based on. An assumption of 60% was developed to capture this – lower than the rate suggested as an average for other UK services but still a majority of cases.

30. Scottish Government Justice Analytical Services produced the following costing, based on the costs of the criminal justice system dataset⁸. Based on an assumption that 60% of additional self-referral examinations will lead to reported crimes, and that 15 to 30% of reported crimes will result in criminal proceedings (prosecutions), and weighting the various reported average costs of the criminal justice system by the percentage chance that the case progresses to various stages (for example, to completed High Court of Justiciary proceedings, or to a custodial sentence), the costs of proceedings could reasonably be expected to be within a range of £700,000 to £2,000,000. An estimate of the costs to individual organisations (SCTS – the Scottish Courts and Tribunal Service, SLAB – the Scottish Legal Aid Board, COPFS – the Crown Office and Procurator Fiscal Service and SPS – Scottish Prisons Service) is set out in table 5 below. Note that the large range of estimates reflects a high level of uncertainty about potential costs.⁹

Table 5: Modelled costs to justice system

	2021-22	2022-23	2023-24	2024-25	2025-26
Low demand scenario					
SCTS	£70,000	£70,000	£70,000	£70,000	£70,000
SLAB	£70,000	£70,000	£70,000	£70,000	£70,000

⁸ <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/Publications/costcrimjustscot/costcrimjustdataset>

⁹ These estimates should be caveated by the fact that for more serious sexual crimes, proceedings are likely to be more complex than the average proceeding heard, irrespective of the level of court it is heard at. However, there is not a strong evidence base to inform how the costs that these cases create differ from other crimes – for example serious assault proceedings or financial crimes – that can also involve extremely costly proceedings. As a result, an average cost across all crime groups has been employed.

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

	2021-22	2022-23	2023-24	2024-25	2025-26
COPFS	£320,000	£320,000	£320,000	£320,000	£320,000
SPS	£0	£140,000	£140,000	£210,000	£280,000
Total	£460,000	£600,000	£600,000	£670,000	£740,000
Medium demand scenario					
SCTS	£140,000	£140,000	£140,000	£140,000	£140,000
SLAB	£130,000	£130,000	£130,000	£130,000	£130,000
COPFS	£590,000	£590,000	£590,000	£590,000	£590,000
SPS	£0	£260,000	£260,000	£390,000	£520,000
Total	£860,000	£1,120,000	£1,120,000	£1,250,000	£1,380,000
High demand scenario					
SCTS	£200,000	£200,000	£200,000	£200,000	£200,000
SLAB	£190,000	£190,000	£190,000	£190,000	£190,000
COPFS	£870,000	£870,000	£870,000	£870,000	£870,000
SPS	£0	£380,000	£380,000	£570,000	£760,000
Total	£1,260,000	£1,640,000	£1,640,000	£1,830,000	£2,020,000

Source: SG Analysis, 2019¹⁰

31. Due to data limitations, this is a highly caveated estimate. It represents an illustration of the impact of the Bill on the costs of additional numbers of cases progressing through the criminal justice system as opposed to a robust prediction of marginal costs to justice partners. In addition to all the caveats associated with the forecasts of self-referral take up, there are a large number of uncertainties about how this take up could affect the justice system. Work by Scottish Government Justice Analytical Services suggests that the projected increase in self-referral examinations outlined in Table 2 could reasonably be expected to result in around 40 to 55 additional reported crimes per annum (60%). Based on recorded crime and criminal proceedings data, these 40 to 55 additional reported crimes could be expected to lead to an additional 5 to 12 completed proceedings

¹⁰ Analysis as described in this paper, based on Recorded Crime Data and Criminal Proceedings Data for 2017-18 and the Costs of the Criminal Justice System in Scotland Dataset. All are available at: <https://www2.gov.scot/Topics/Statistics/Browse/Crime-Justice/Publications>

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

heard at the High Court each year. Typically, a third of these cases would result in a conviction, assumed to be six years in length, with five years of that sentence served in a prison. This could be associated with seven to 20 prison places per annum over the longer term – although clearly the additional prison population would take time to build up, whereas the costs related to trials would materialise over the shorter term – depending on the pace with which the system would deliver these trials.

32. It is unclear what impact the availability of self-referral will have on crimes that are currently reported to the police. It could be that where a victim accesses a self-referral service, evidence will be improved, and this would lead to less complex and costly court cases, however it may also increase the conviction rate, and possibly the likelihood of guilty pleas, resulting in higher costs for the prison system. Alternatively, it could lead to more proceedings being taken forward, which would result in an increase in court related costs, with associated convictions rates and sentencing decisions affecting prison costs.

33. Table 5 does not include a costing of the additional costs of investigation to Police Scotland and the Scottish Police Authority (SPA). This is due to a lack of evidence on how to forecast these costs accurately. For example, a Home Office analytical paper suggests the “unit costs” associated with police investigation of a rape or attempted rape in England and Wales are as high as £7,000 per incident (adjusted for inflation), with investigation costs per reported crime significantly higher¹¹ given that the same paper includes an estimate that for each reported crime of rape or attempted rape, there are 2.4 unreported crimes. As such, the average investigation cost per reported crime could be inferred as almost £25,000. In addition to this broad variance in “unit costs”, it is not at all clear that these costings could be translated to a Scottish context, and no Scottish specific evidence is available.¹² The uncertainty is therefore significantly higher even than this range suggests, as it only reflects the difference

¹¹ <https://www.gov.uk/government/publications/the-economic-and-social-costs-of-crime>

¹² The Home Office costings are based on data from police forces in England and Wales in 2006-07 with reasonable adjustments made (see pages 51-55 for a further discussion).

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

between low and high demand scenarios for the service, and not differences in cost between Scotland and police forces in England and Wales.

34. The COPFS has recruited 140 extra permanent staff following an extra £3,600,000 of Scottish Government funding in 2018 in response to an increasingly complex caseload, including sexual offence cases.

Costs to other bodies, individuals and businesses

Local authorities

35. There are no direct costs to local authorities – the Bill does not impose any statutory duties on them. To the extent that self-referral will require modest adjustments to working practices when local authorities support vulnerable people it is considered that the costs of changing practices will be minimal. For example, it is generally the case today that to access a FME there must be a police report – in future it is proposed there will be a national, co-ordinated model whereby a person over 16 can generally self-refer without the need for a police report at the outset. Local authorities may play a role in supporting someone to make that decision. Where a local authority becomes aware of a child or young person under the age of 16 who has experienced sexual abuse, existing duties to report this to the police will apply. Further details on these exceptional cases and applicable guidance is set out in the Policy Memorandum.

Third sector

36. Rape Crisis Scotland services and other third sector bodies that support and represent victims of sexual offences were supportive of the Scottish Government's consultation proposals to legislate to introduce a national, co-ordinated model of self-referral. These bodies are expected to play an important part in raising awareness of self-referral and ensuring victims over 16 can access their legal right to self-refer. The Scottish Government considers that costs on the third sector to support the Bill's implementation will be modest.

Individuals

37. The Scottish Government does not consider that the Bill will impose new costs on victims or other individuals. Under current practice, for

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

individuals requiring transportation or other support to access FME this is likely to be provided by Police Scotland and/or another statutory or third sector service.

Businesses

38. The Scottish Government does not consider that the Bill will impose any new costs on businesses.

Summary of overall estimated costs

39. The summary table below gives an overview of the overall estimated costs associated with the Bill as set out above. These include the costs to health boards and to the justice system resulting from the anticipated additional demand of approximately 70 to 90 cases across Scotland in the first year of implementation.

Table 6: Summary of overall estimated costs resulting from the Bill

	Para	2021-22	2022-23	2023-24	2024-25	2025-26
Low demand scenario						
Costs to health boards						
Cost of FME service	15-27	£222,636	£223,301	£223,976	£224,764	£225,556
Costs to justice system						
Costs to SCTS	28-34	£70,000	£70,000	£70,000	£70,000	£70,000
Costs to SLAB	28-34	£70,000	£70,000	£70,000	£70,000	£70,000
Costs to COPFS	28-34	£320,000	£320,000	£320,000	£320,000	£320,000
Costs to SPS	28-34	£0	£140,000	£140,000	£210,000	£280,000
Costs to Scottish Administration and other bodies						
Additional costs	35-38	£0	£0	£0	£0	£0
Total costs		£682,636	£823,301	£823,976	£894,764	£965,556
Medium demand scenario						
Costs to health boards						
Cost of FME service	15-27	£267,163	£267,961	£268,772	£269,717	£270,667
Costs to justice system						

This document relates to the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill (SP Bill 60) as introduced in the Scottish Parliament on 26 November 2019

	Para	2021-22	2022-23	2023-24	2024-25	2025-26
Costs to SCTS	28-34	£140,000	£140,000	£140,000	£140,000	£140,000
Costs to SLAB	28-34	£130,000	£130,000	£130,000	£130,000	£130,000
Costs to COPFS	28-34	£590,000	£590,000	£590,000	£590,000	£590,000
Costs to SPS	28-34	£0	£260,000	£260,000	£390,000	£520,000
Costs to Scottish Administration and other bodies						
Additional costs	35-38	£0	£0	£0	£0	£0
Total costs		£1,127,163	£1,387,961	£1,388,772	£1,519,717	£1,650,667
High demand scenario						
Costs to health boards						
Cost of FME service	15-27	£296,848	£297,734	£298,635	£299,685	£300,741
Costs to justice system						
Costs to SCTS	28-34	£200,000	£200,000	£200,000	£200,000	£200,000
Costs to SLAB	28-34	£190,000	£190,000	£190,000	£190,000	£190,000
Costs to COPFS	28-34	£870,000	£870,000	£870,000	£870,000	£870,000
Costs to SPS	28-34	£0	£380,000	£380,000	£570,000	£760,000
Costs to Scottish Administration and other bodies						
Additional costs	35-38	£0	£0	£0	£0	£0
Total costs		£1,556,848	£1,937,734	£1,938,635	£2,129,685	£2,320,741

*Users should note, health board figures for 2021 in this table have been uplifted to reflect 2021 population projections

40. It is important to note that the health board figures represent a total cost across all 14 territorial health boards.

CMO taskforce ring-fenced budget allocation 2018-19 to 2020-21

41. The Scottish Government funding allocated to health boards outlined in the paragraphs below do not result from the Bill. They cover the programme of work carried out under the remit of the CMO Taskforce in 2018-19 and 2020-21, totalling £8,500,000, that will have concluded by the time the Bill is commenced. The figures are given here purely for context, and to illustrate the levels of investment made to support health boards to

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meet Healthcare Improvement Scotland (HIS) Standards in advance of commencement.

42. This funding is being used to: develop the workforce both in terms of increased capacity and improved skills and competencies; to improve the physical environment within which forensic medical services are delivered; to purchase essential core equipment and to support health boards to implement the local improvement plans they have prepared against assessments of compliance with the HIS Standards; and to prepare for forthcoming legislation.

43. This funding has also been used to progress a range of key projects that require national co-ordination. For example, funding has been provided to NSS to provide project management support to develop the information management systems and the business case for a new national IT system; to NHS Education Scotland to provide dedicated training for sexual offence examiners and forensically trained nurses and to provide peer support to enable trained clinicians to maintain their skills and competencies in this field; and to ISD to carry out data analysis to support service planning and to produce a data collection template to support the production of an annual official statistics report.

44. It is anticipated that costs beyond this, where they exist at all, will be picked up as part of the core services of these health boards.

45. Table 7 below sets out how this funding has been deployed to date.

Table 7: CMO Taskforce budget allocation

	2018-19	2019-20	2020-21
Board allocations – revenue	£297,810	£2,034,783	£2,229,456
Board allocations – capital	£282,374	£1,932,360	£1,370
Board allocations – colposcope	£161,625	£350,196	£58,366
Special board allocations	£212,312	£406,425	£532,923
Total	£954,121	£4,723,764	£2,822,115

Source: CMO Taskforce internal programme budget

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Financial Memorandum

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