



**GIG**  
CYMRU  
**NHS**  
WALES

Gwasanaethau Ymosodiad  
Rhywiol Cymru (GYRC)  
Welsh Sexual Assault  
Services (WSAS)

# **LEGACY STATEMENT**

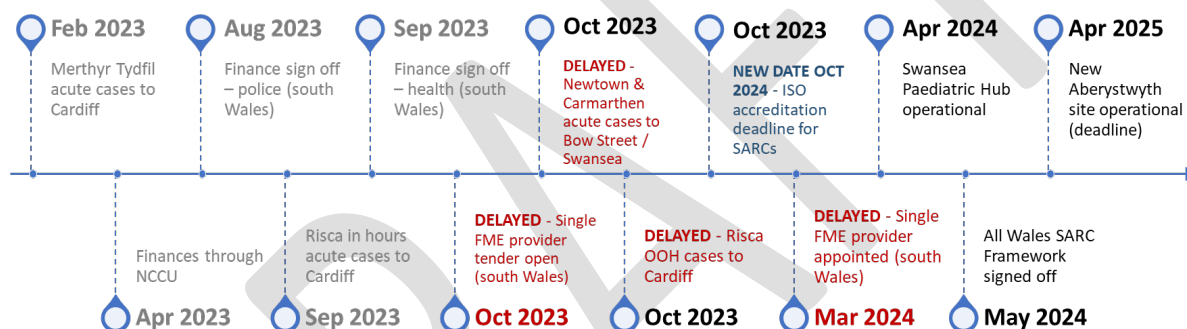
## **Welsh Sexual Assault Services**

# Legacy Statement

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## Introduction

The Welsh Sexual Assault Services Programme was commissioned in 2014 following a review by Welsh Government into the provision of sexual assault services across Wales. The programme was established to design and implement a model for the delivery of Sexual Assault Referral Centres across Wales. It is currently hosted in the NHS Wales Executive after transferring across from the NHS Wales Collaborative. The programme is jointly funded by Health and the Police which has been agreed via the Joint Commissioning Committee and the Police Chiefs and Police and Crime Commissioners. The programme is currently mid implementation of the hub and spoke model and development of a joint Health and Police commissioning framework. The high level milestones for the programme are outlined below.



## Background

Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, have agreed a new service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. This will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures robust governance arrangements.

The ambition is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the NHS working in partnership with policing and others.

The agreed regional model is based on a hub and spoke approach with three adult sexual assault referral centre (SARC) hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical examiner service and establishing an Welsh Sexual Assault Services (WSAS) Network and all Wales commissioning framework.

The new model has been staged in three phases:

- Phase 1 focuses on the implementation of the SARC hubs for children and adults and commissioning framework.
- Phase 2 is the implementation of the spokes which includes counselling, non-acute crisis workers and independent sexual
- Phase 3 is the forensic medical examiner provision.

Since decisions on the model were agreed in 2019, new standards for forensic medical examination were published that require staged implementation across England and Wales originally by October 2023 but this was later changed to October 2025.

The programme is currently hosted by the NHS Wales Executive after transferring from the NHS Wales Collaborative in April 2023.

### **Paediatric services**

The SARC regionalisation model, agreed by all parties, includes a second paediatric hub/service in Swansea (in addition to that in Cardiff), providing services for children up to 16<sup>th</sup> birthday. The aim is for the

majority of children to be seen and examined during the day and, as a minimum, to offer a paediatric assessment within 24 hours of referral.

At present, due to clinical workforce challenges, all children from the region are examined in Cardiff. This presents a significant issue due to the distance vulnerable children have to travel from the west of southern Wales. It also presents a challenge for Cardiff and Vale University Health Board (CVUHB) in ensuring a clinical rota to meet the needs of children requiring examination and associated reporting and balancing this with broader safeguarding responsibilities.

The key issues from a workforce perspective for paediatric services and to ensure delivery of the in-hours service will require:

- Addressing the difficulties with recruitment of paediatricians (this will require consideration of critical mass to enable clinicians to see minimum number of children to develop and retain skills and competencies)
- Consideration of a regional consultant paediatric rota for in and out of hours services (OOHS provided at Cardiff)
- Training of consultant paediatric workforce to manage older children
- Identified sessions in paediatricians' job plans for SARC clinical service provision, training and peer review
- Developing the role of paediatricians so they can undertake forensic and health assessment single-handed rather than requiring the presence of a forensic medical examiner (FME) as well as a paediatrician (see below)
- Financial resources to support training and appointment of suitable workforce

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role
- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government (WG) in Wales to implement a similar model. This has been raised with WG.

In recognition of their workforce leadership role in NHS Wales, the issues above have been raised with Health Education and Improvement Wales (HEIW) who are considering how they might support the programme, for example, with workforce modelling, through access to training, and by exploring the development of a multi-professional service in the longer term. HEIW has scheduled a meeting for 6 April 2021, with representation from the HEIW senior team, the SARC adult and paediatric clinical leads and the Collaborative. Representation from HEIW will be incorporated into the revised programme structure.

Whilst the above focusses on paediatrics due to the more pressing nature of the challenges, there will also be a requirement to consider the workforce planning for adults too.

### **Standards / ISO Accreditation**

Two documents regarding standards for forensic medical examination in cases of alleged sexual assault in England and Wales were published in May 2020 by the Forensic Science Regulator (FSR).

These define the codes of practice and conduct for forensic medical examinations and detail guidance on how to achieve the required standards, providing a foundation for SARCs and other medical examination facilities to achieve accreditation to international standards ISO 15189. The FSR has laid out the requirements for a staged implementation by all facilities by October 2025.

It is essential that ISO accreditation standards are met as, otherwise, evidence presented at court would be undermined and it will have a damaging impact on victim care.

Implications for police and NHS partners in Wales and key points to highlight are:

- We must meet full accreditation in the SARCs by October 2025 and to do that we must meet a number of milestones
- The building work on all 4 SARC sites has been completed
- There are new builds planned for SARCs in Cardiff and Aberystwyth so an interim model has been implemented
- The designated SARCs in the interim model would be at the existing premises at Cardiff CRI (CVUHB), Swansea (New Pathways) and Bow Street Aberystwyth (New Pathways)
- South Wales Police are the legal entity for the 3 southern police forces and North Wales Police are the legal entity in the North.

## Changes

When the Welsh Sexual Assault Services Programme was commissioned it was agreed that once the South Wales hub and spoke model was implemented it would become the Welsh Sexual Assault Services Network. It is proposed that the Network will undertake the following functions:

- commissioning on behalf of Health and Police
- service transformation
- performance monitoring and collation
- training and education
- liaison and work with Welsh Government departments,
- awareness raising and other relevant communications
- undertake specific projects
- development of service specification

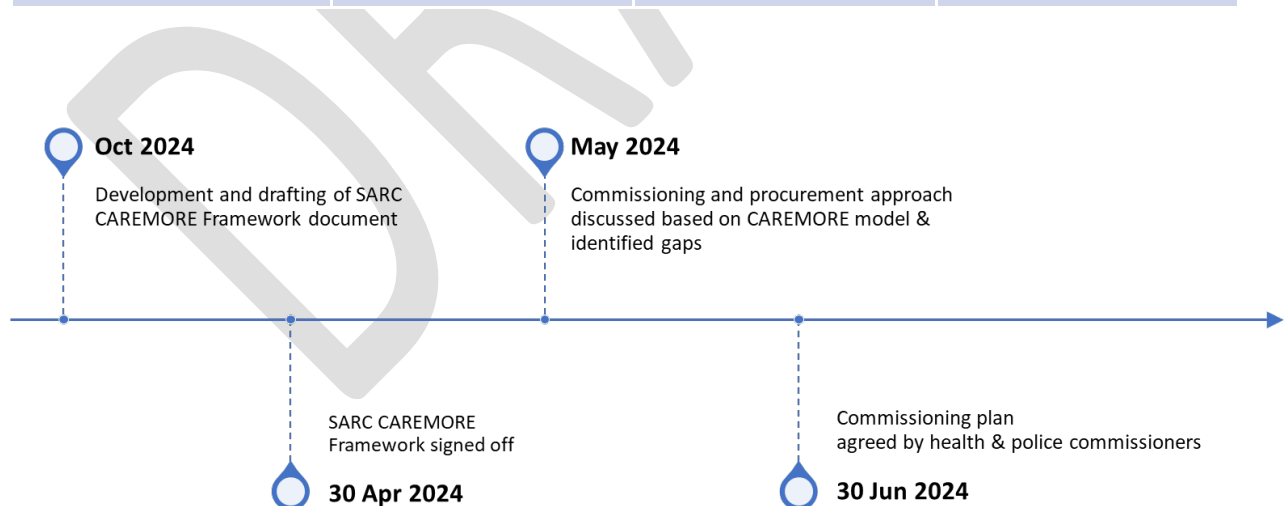
In addition to the above it has also been suggested that the Network could take on the ISO accreditation teams and responsibilities that currently sit with the Police. The details of this are yet to be explored.

## Commissioning

One of the core parts of the programme is the development of a sexual assault referral centre commissioning framework for Wales. The CAREMORE model is being used to develop the framework and it is anticipated that it will be finalised by April 2025.

The below table outlines the key milestones for each quarter in 23/24.

Q1 2023/24 Apr - Jun	Q2 2023/24 Jul - Sep	Q3 2023/24 Sep - Dec	Q4 2023/24 Jan - Mar
<ul style="list-style-type: none"> <li>Establish DAG</li> <li>Agree DAG TOR</li> <li>Develop outline SARC commissioning plan</li> <li>Stakeholder mapping</li> <li>Initiate SARC baseline assessment</li> </ul>	<ul style="list-style-type: none"> <li>Baseline position developed</li> <li>Advice sought from procurement</li> </ul>	<ul style="list-style-type: none"> <li>Task and Finish Group established to draft Framework</li> <li>Workshops held with professionals &amp; input for Framework collated</li> <li>Baseline position finalised</li> </ul>	<ul style="list-style-type: none"> <li>Draft CAREMORE descriptors</li> <li>Survivor input on Framework</li> <li>Finalise draft to present to Finance, Commissioning and Performance Group</li> </ul>



- Paper 1
- Paper 2
- Paper 3

## Transformation

There is a significant transformation element to the programme and future Network. The programme is looking to develop a National Strategy for Sexual Assault in 2024/25 that will work across the numerous partners that are involved with the provision of sexual assault services.

The transformative work done to date by the programme since reinstated in 2021 includes:

- Capital bids for ISO accreditation works completed across 4 sites in Wales
  - o Swansea (adult and 2<sup>nd</sup> South Wales paediatric site)
  - o Cardiff
  - o Aberystwyth
  - o Colwyn Bay
- Agreement for South Wales regional paediatric rota with all Health Boards either contributing or agreement to include in job descriptions for future consultants
- Development of national performance framework and retrospective 5 year performance report
- Development and launch of animations and youtube videos for SARC's
- Monthly training 'lunch and learn' sessions
- First All Wales RCPCH Forensic training ever held in Wales funded by HEIW

## Legacy statement

The Welsh Sexual Assault Services (WSAS) programme is a multiagency partnership programme of work that comprises of Health Boards, Police Forces, Police and Crime Commissioners and third sector partners. It is responsible for taking forward a new service model for the delivery of sexual assault services across Wales. The WSAS programme Board is chaired by the Director of the National Collaborative Commissioning Unit.

As a part of the programme's governance structure, the Board has provided scrutiny and assurance to the NHS Chief Executives and Chairs via the NHS Wales Health Collaborative Leadership Group in relation to quality, sustainability, safety, and delivery of the Sexual Assault Service model for Wales up until April 2023 when the NHS Collaborative became the NHS Executive. At that time it was requested that the accountability and decision making move to the WHSSC Joint Committee as the line of accountability that the NHS Collaborative had to the Chief Executives and Chairs was not be part of the NHS Wales Executive's governance structure. It is therefore agreed that as the interest and accountability for the delivery of the programme remains with the CEO's and Chairs this function will be fulfilled by the WHSSC/EASC Joint Committee from April 1<sup>st</sup> 2024.

It has also been agreed that the WSAS programme will be hosted within the NHS Executive until April 2024, at which time the programme will become the WSAS Network. It is proposed that the Network will have several key functions including:

1. Commissioning
2. Strategic direction
3. National drive and leadership
4. Performance monitoring
5. Collaborative service development
6. Communication and Engagement

## Asset Register

The team currently have the following assets:

3 x laptops

3x remote working set up including screens and keyboards.

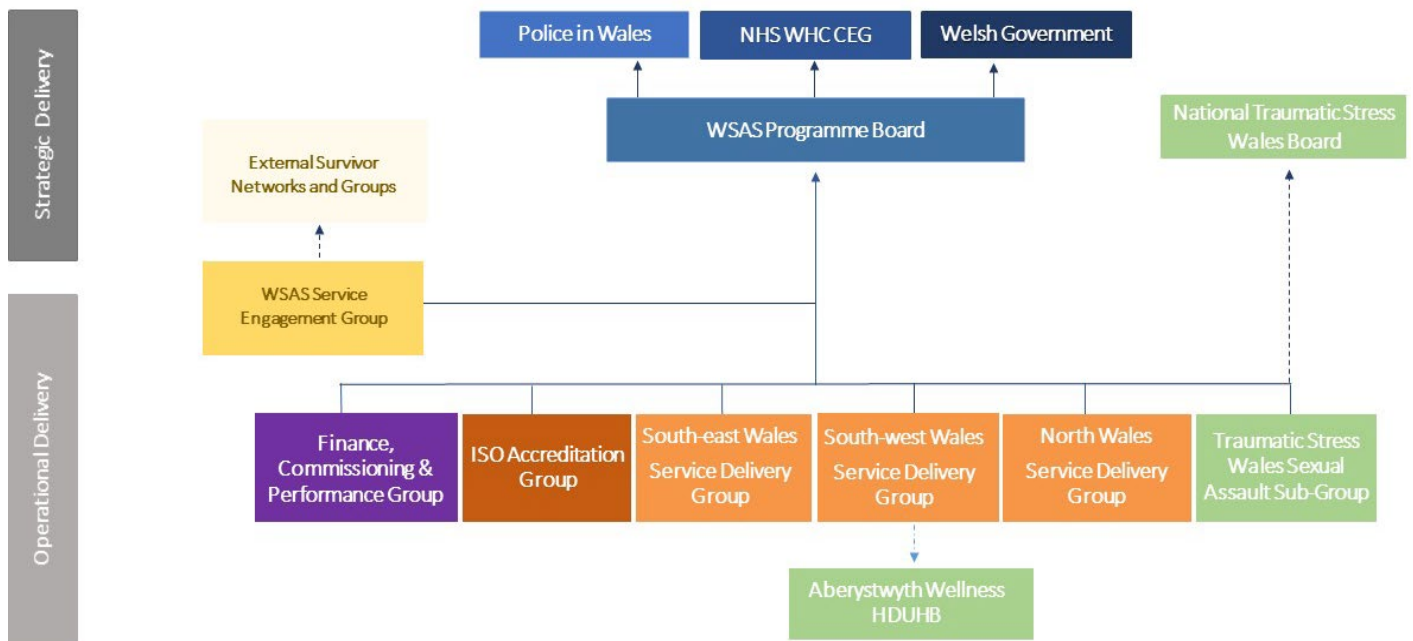
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## Programme Information

The Welsh Sexual Assault Services Board (WSAS Board) will provide scrutiny and assurance to NHS Wales Health Collaborative Leadership Group which consists of the CEOs and Chairs for the Health Boards in Wales and other stakeholders through their respective governance arrangements in relation to quality, sustainability, safety and delivery of the Sexual Assault Service model for Wales.

The overarching aim of the Board is to facilitate the development and implementation of a robust service model, ensuring a consistent, high-quality approach to the delivery of services that secure the best outcomes for victims of sexual assault and meets the agreed clinical and operational standards.

### Governance Structure (**Appendix 1**)



The Board is responsible for:

- Setting the direction
- Service models meeting accepted best clinical practice and relevant forensic, quality and safety standards.
- Demonstrating value for money in comparison to reasonable benchmarks
- Delivery of the workplan and associated objectives
- Ensuring that risks to the service/programme are identified
- Overseeing the governance arrangements and ensuring that they are fit for purpose
- Approving key recommendations in relation to development of SAS services across the region and ensuring that the resources needed are made available to the programme when required

- Delegating authority to the Programme Director to lead the Programme development
- Reporting progress to the NHS Wales Health Collaborative and other stakeholders through their respective governance arrangements.

## Membership

The Welsh Sexual Assault Services Board will, when required, be split into two distinct sections the operational service delivery and the strategic oversight and decision making. The health boards in some areas function as both providers and commissioners and will ensure that there is from different individuals for the operational elements and the strategic updates and decisions. The Board is chaired by the Managing Director of the National Collaborative Commissioning Unit.

- Health Boards:
  - Aneurin Bevan University Health Board (UHB)
  - Cardiff & Vale UHB
  - Cwm Taf Morgannwg UHB
  - Hywel Dda UHB
  - Powys Teaching Health Board (THB)
  - Swansea Bay UHB
  - Betsi Cadwaladr UHB
- Police and Crime Commissioner offices:
  - Gwent
  - South Wales
  - Dyfed Powys
  - North Wales
- Police forces:
  - Gwent
  - South Wales
  - Dyfed Powys
  - North Wales
- Regional clinical leads
- National Collaborative Commissioning Unit
- NHS Wales Collaborative
- Welsh Government
- New Pathways (Operational only)

## Supporting Groups

### Finance, Commissioning and Performance Group (FCPG)

The overarching aim of the Finance, Commissioning and Performance Group is to ensure that appropriate processes and documents are put in place to support the finance, commissioning and performance of sexual

assault services as the implementation component of the Welsh Sexual Assault Services (WSAS) programme. These documents are to be approved by the Board prior to the submission to the WSAS Board. The membership comprises of commissioners &/or finance representatives from health, police and the Offices of the Police and Crime Commissioners (OPCCs).

### **Service Delivery Groups (SDG)**

The Regional Service Delivery Group will be responsible for implementation and day to day delivery of the operational service model for Sexual Assault Referral Centre (SARC) hubs within the region. The overarching aim of the SDG is as follows:

- A focus on improving outcomes and client experience from the outset.
- Undertaking planning for the development and delivery of an integrated SARC hub service within the region
- Ensuring accommodation for the regional SARC hub is fit for purpose and meets required standards including capital, ISO etc.
- Ensuring sustainable workforce is in place to meet the requirements of the SARC hub within the region
- Ensuring services meet and are delivered in line with agreed policies, procedures and the service specification.
- Monitor capacity within regional SARC hub raising any concerns with the WSAS Board.
- Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensure the service model facilitates improved access and equity of access to SARC services.

The Service Delivery Group will comprise service providers and operational leads from health and the police within the region and will include Health, Police and 3<sup>rd</sup> sector operational leads.

### **ISO Accreditation Group**

This group has been stood down with the appointment of a new project lead for South Wales ISO (International Organisation for Standardization) accreditation. It is proposed that a new group is developed on an all-Wales basis and the governance will need to be agreed. This will require further discussion with Police colleagues who lead on the accreditation of the SARCs.

### **Service and Survivor Engagement**

The WSAS Service Engagement Group will provide scrutiny, advice, and feedback to the WSAS Programme as it implements changes to sexual assault referral services in Wales and delivers the new 'Hub and Spoke' service model. The new service model is driven by the needs of victims and will ensure that relevant clinical, forensic, quality and safety standards, and guidance are being met, and that robust governance arrangements are in place. Meetings and workshops will be run for Service Engagement Group members to discuss, develop, and shape a range of WSAS Programme activities.

### **Traumatic Stress Wales Sexual Assault Steering Group (TSW)**

The Steering Group will identify existing provision and gaps, and develop, implement and monitor the delivery of integrated care pathways for sexual assault, in conjunction with the Local Health Board Leads, and with oversight from the TSW National Steering Group. It will bring together relevant stakeholders with relevant experience and expertise in this area to provide optimal input to ensure the TSW plans and delivers appropriate services across Wales for sexual assault, in line with its agreed principles and objectives.

### **Project Groups**

There are a number of project groups that have been set up in order established to address specific areas including:

1. Forensic Medical Examiners project
2. Paediatric Services Project
3. Independent Sexual Violence Advisor (ISVA) Oversight Board
4. Performance Group
5. Spokes subgroup
6. Commissioning Task and Finish Group

In addition to these groups, there are a number of other regular meetings that the WSAS team attend including:

1. Violence against Women Domestic Abuse and Sexual Violence (VAWDASV) National Board
2. VAWDASV Children and Young People (CYP) Blueprint Group
3. VAWDASV Research Network
4. Rape and Serious Sexual Offences (RASSO) Strategic Delivery Group
5. Criminal Justice Victims and Witnesses Taskforce
6. Honour Based Violence leadership Group
7. Traumatic Stress Wales (TSW) National Steering Group Meeting
8. Four Nations meeting
9. Childrens Commissioner Round table

10. Welsh Government cross departmental sexual assault meeting

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## Conclusion

It has also been agreed that the WSAS programme will be hosted within the NHS Executive until April 2024, at which time the programme will become the WSAS Network. It is proposed that the Network will have several key functions including:

- Commissioning
- Strategic direction
- National drive and leadership
- Performance monitoring
- Collaborative service development
- Communication and Engagement

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## Appendices:

### a. Section 1: Staffing information

<b>Staff Member</b>	<b>Job Title</b>	<b>Band</b>	<b>Cost (ToS)</b>	<b>Contract</b>
Anna Coote	Senior Project Manager	7	£64,187	Fixed term
Antigoni Mavrommati	Programme Administrator	5	£43,974	Fixed term
Joanna Williams	Programme Director	8d	£124,686	Fixed term
Ffion Morgan	Programme Administrator	3	£30,594	Part of admin pool

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**b. Section 2: Finance Information**

**i. Agreed Phase One funding model**

**Paper 4**

**c. Section 3: Governance and Corporate Issues information**

**i. Governance paper for Joint Committee 2023**

**Paper 5**

**d. Section 4: Programme information**

**i. Programme Handover document 2019**

**Papers 6-6.21**

**ii. Programme Restart 2021**

**Paper 7**

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Welsh Sexual Assault  
Services (WSAS)

## **Welsh Sexual Assault Services Programme**

### **Delivery Assurance Group**

### **Terms of Reference**

## 1. Purpose of the Delivery Assurance Group

The Delivery Assurance Group (referred to as 'the Group' from this point forward) will oversee the development, delivery and implementation of an All-Wales Sexual Assault Referral Centre Commissioning Framework using the CAREMORE model, providing assurance on this work to the Welsh Sexual Assault Services Programme's Finance, Commissioning and Performance Group.

The Group will operate at a strategic level with representatives from health and police. Group members will represent the views, expertise, and interests of their commissioning organisations.

## 2. Background

In 2019, the 'Proposal for a Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales' was agreed by health and police partner organisations.

The National Collaborative Commissioning Unit has been appointed as the lead commissioning organisation. As a first step, from April 2023 finances for the six SARCs within south Wales will be centralised through the NCCU.

A Commissioning Framework is needed to identify specific care standards and service specifications for SARC commissioning going forward, and it has been agreed to use the CAREMORE model.

CAREMORE has been evaluated as an approach for collaborative commissioning designed to improve quality and experience and reduce cost within integrated health and social care as published in the [Journal of Integrated Care](#).

The development of the Framework also provides an opportunity for commissioning organisations in north Wales to help shape an all-Wales approach for SARC provision, as North Wales service provision was not addressed as part of the original 'hub and spoke' proposal developed in 2019.

### The Commissioning Framework

The purpose of the Commissioning Framework is to outline:

- the requirements of... *'What Good Looks Like'* for sexual assault referral centres (commissioning)
- assurance for those requirements (quality)
- achievement of those requirements (delivery)

Sexual assault referral centre 'hubs' and 'spokes' commissioned in Wales, and the associated services and support that can be expected by individuals accessing these centres, whether adults (18 years old and over) or children and young people (17 years old and under).

The scope of services includes the following:

- 24-hour access to support and care, through in hours and out-of-hours provision
- Crisis worker support
- Forensic medical examinations
- Independent sexual violence advisor support
- Counselling and therapeutic services
- Provision of dedicated, forensically approved premises

### 3. Objectives

The objectives for the Delivery Assurance Group are to:

- Develop a baseline assessment of current SARC service provision
- Ensure a ‘co-production’ approach to the development of the Framework, working with survivors and a wide range of multi-agency professionals
- Oversee a review the 2019 SARC ‘hub and spoke model’ proposal for south, west and mid Wales, and its service specification, making recommendations for any updates that may be required
- Produce a draft Commissioning Framework to be signed off by the WSAS Programme’s Finance, Commissioning and Performance Group.
- Agree the onwards governance of commissioning and procurement arrangements, post April 2024

Indicative timescales below:

Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24
<ul style="list-style-type: none"> <li>• Establish DAG</li> <li>• Agree DAG TOR</li> <li>• Develop outline plan</li> <li>• Stakeholder mapping</li> <li>• Initiate SARC baseline assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Baseline position agreed</li> <li>• Agree care standards</li> <li>• Activity and resource envelope descriptors agreed</li> </ul> <p><b>Workshops &amp; Task and Finish Groups</b></p>	<ul style="list-style-type: none"> <li>• Agree model of care</li> <li>• Performance descriptors agreed</li> <li>• Operational arrangements aligned</li> <li>• Agree evaluation mechanism</li> </ul> <p><b>Workshops &amp; Task and Finish Groups</b></p>	<ul style="list-style-type: none"> <li>• Work programme for DAG based on previous work over last three quarter – to address gaps, build capability and capacity</li> </ul>

### 4. Responsibilities of Members

The Delivery Assurance Group will be accountable to the Welsh Sexual Assault Services Programme Board.

The Group will be responsible for (this list is not exhaustive):

- Establishing and monitoring task and finish groups, formed of relevant stakeholders and providers, which will develop specific areas of the Framework’s descriptors and models (this may include existing groups looking at FME, counselling and ISVA provision)
- Ensuring appropriate survivor involvement in the development of the Commissioning Framework

- Identifying elements of the original hub and spoke model specifications that may need to be reviewed/updated, using expertise from relevant professionals
- Overseeing the development and drafting of care standards; a model of care; operational arrangements; activity, performance, and resource descriptors; evaluation
- Ensuring the Commissioning Framework meets all statutory and legal requirements, guidance, policies
- Submitting the Draft Commissioning Framework and associated documents to the WSAS Programme Board for final sign off
- Ensuring that deadlines are met and all work is in alignment with the WSAS Programme's aims and objectives
- Notifying the Programme Board of any issues that affect the delivery and implementation of the Commissioning Framework

## 5. Membership

The Delivery Assurance Group should include relevant strategic level representatives from:

- Police forces
- Police and crime commissioners
- Health boards
- National Collaborative Commissioning Unit

These representatives are likely to be from finance, commissioning, or public protection teams, dependent on the organisation.

Further task and finish groups will be established for specific areas of work, with broader membership of these groups based on relevant skills, knowledge or experience, at both an operational and managerial level.

The Group's terms of reference and membership will be reviewed on an annual basis.

## 6. Meeting Protocol

### 6.1 Frequency of Meetings

The Group will meet virtually via Microsoft Teams on a monthly basis. The frequency of meetings will be reviewed after the first three formal meetings have taken place. Additional meetings may be convened at the discretion of the Chair.

### 6.2 Agenda Items

The Chair will agree the final agenda for each meeting. All members may ask for an item or paper to be included on the agenda.

### 6.3 Circulation of Papers

Agendas, supporting papers and minutes of the previous meeting will usually be circulated to members three days before each meeting.

## 6.4 Quorum

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative for each region (north Wales, south Wales, south west Wales). If the group is not deemed to be quorate, any decisions made will be regarded as provisional until ratified by a subsequent quorate meeting.

## 6.5 Deputies

While members must make every effort to attend, deputies will be allowed. Deputies will be assumed to have the full delegated authority of the member they represent.

## 6.6 Conduct of Urgent Business

Where urgent business is required to be conducted between meetings, the Chair will arrange for members' views to be sought by email, and the outcome will be reported at the next meeting.

# 7 Support

The Delivery Assurance Group will be supported administratively by the WSAS Programme Administrator. They will be responsible for:

- Scheduling of meetings.
- Sending invitations to attend meetings on behalf of the Chair.
- Preparing and circulating agendas, papers, and minutes.
- Maintaining and following up on a list of agreed actions.
- Facilitating the conduct of urgent business by email.

## **CAREMORE Task and Finish Group Terms of Reference**

### **Purpose**

The purpose of the CAREMORE Task and Finish Group is to draft the CAREMORE standards and descriptors for sexual assault referral centres in Wales.

### **Background**

A Commissioning Framework is needed to identify specific care standards and service specifications for SARC commissioning going forward, and it has been agreed to use the CAREMORE model.

The development of the Framework also provides an opportunity for commissioning organisations in north Wales to help shape an all-Wales approach for SARC provision, as north Wales service provision was not addressed as part of the original 'hub and spoke' proposal developed in 2019.

### **Objective**

The Task and Finish Group will:

- Work with the WSAS Team to plan workshops with professionals and survivors
- Collate ideas and feedback from workshops, as well as existing guidance and regulations, to develop draft CAREMORE model
- Provide summary document of how workshops have influenced the draft model
- Provide transparency of any follow-up questions or additional information sought from current providers
- Share draft model for additional feedback from professionals and survivors
- Finalise CAREMORE model for sign-off from DAG and FCP Group
- Handover to DAG for commissioning discussions and implementation

The group must ensure that the development of the model is carried out transparently and avoiding any advantage being given to existing providers. Disclosure of interests will also be essential.

### **Reporting**

The Task and Finish Group will report to the WSAS Delivery Assurance Group, which is overseeing the design, development and implementation of the SARC Commissioning Framework.

## Membership

A **small group** will be established with the following membership:

- WSAS Programme Team
- WSAS Programme Clinical Leads
- Representative from police force public protection team (one regional model representative and a representative from north Wales e.g. specialist police officer)
- Representative from Office for Police and Crime Commissioners (one representative for all four commissioners)
- A health board representative from planning / commissioning

Additional individuals may need to be invited to work with the group when specific expertise is required e.g. police and health finance for resource envelope.

## Timescales

The work is expected to be carried out from **October 2023 to March 2024**. The signed off CAREMORE model / framework should be handed over to the Delivery Assurance Group for implementation in April 2024.

## Outputs

The Group will produce the following **outputs**:

- **Care standards**
- **Activity descriptors**
- **Resource Envelope**
- **Model of care**
- **Operational arrangements**
- **Review of performance**
- **Evaluation**
- Overview of workshop feedback and how it has been used to develop the model
- Summary of any Q&As with existing providers

## Scope of work

The CAREMORE Commissioning Framework will be for all SARCs in Wales. As north Wales was not part of the original development of the SARC 'hub and spoke' model proposal, the development of the Framework needs to allow for different models of delivery.

The Framework will cover the services and support that can be expected by individuals accessing sexual assault referral centres, whether adults (18 years old and over) or children and young people (17 years old and under).

# What does good look like for sexual assault referral centres?

## COLLABORATIVE COMMISSIONING FRAMEWORK AGREEMENT

2024 - 2027

Version 0.2



A transformational programme for commissioning healthcare



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## FOREWORD

To be added

Commented [AC(E1)]: Who to be provided by? SH or JR?

DRAFT

## INTERPRETATIONS

Within this Workbook unless the context requires otherwise, the following words and phrases shall have the meanings as detailed:

Sexual Assault Referral Centre (SARC)	A dedicated facility to provide immediate and ongoing care within the context of a partnership arrangement between police, health and the third sector.
SARC Hub	<p>A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care.</p> <p>In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.</p>
SARC Spoke	A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector <b>but does not provide forensic medical examinations</b> . The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.
In hours	9am - 5pm Monday to Friday
Out of hours	5pm - 9am Monday to Friday, and Weekends/Bank Holidays
Crisis worker	Crisis Workers act as an advocate and represent the best interests of individuals when they first access a SARC. They provide information on options available to an individual, and the time and space needed to make any decisions about immediate care.
Independent Sexual Violence Advisor (ISVA)	Provide impartial information to the victim/survivor about their options, such as reporting to the police, accessing SARC services and specialist support such as pre-trial therapy and sexual violence counselling. ISVAs also provide information on other services that victims/survivors may require e.g. in relation to health and social care, housing or benefits.
Forensic medical examination	Examination performed to assess an individual for potential injuries and health needs, and to gather forensic evidence.
Acute	Assault/abuse has taken place within seven-day forensic window
Non-acute	Up to 12 months from date of the assault/abuse
Historic	Over 12 months from date of assault/abuse

Rape	Add legal definition
Sexual assault	Add legal definition
Serious sexual assault	Add legal definition

## DOCUMENT CONTROL

Date	Tracking	Version Control
24.01.23	Draft Sexual Assault Referral Centre Commissioning Quality & Delivery Framework commenced.	0.1

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# NATIONAL COMMISSIONING QUALITY & DELIVERY FRAMEWORK AGREEMENT FOR SEXUAL ASSAULT REFERRAL CENTRES

## INTRODUCTION

### Purpose

The purpose of this framework is to outline:

- the requirements of... *'What Good Looks Like'* for sexual assault referral centres (commissioning)
- assurance for those requirements (quality)
- achievement of those requirements (delivery)

These requirements are based upon evidence, insights, intelligence and products developed through the collaborative commissioning process and experiential learning from commissioning mental health and learning disability services, ambulance services and Emergency Departments across NHS Wales.

This Commissioning Quality and Delivery Framework Agreement is a “live” document to enable updating to take place as collaborative relationships/understandings of service provision and required improvements further develop between stakeholders. Updating will also take place as and when policy changes are agreed and implemented.

There are expectations placed on local health boards, police and crime commissioners, and police forces as well as local authorities to exploit the benefits enabled by this framework agreement.

### Principles

All partners directly involved in, and contributing to the ‘Sexual Assault Referral Centre Commissioning Quality and Delivery Framework Agreement’ should aim to:

- **Promote** the philosophy of Prudent Healthcare and application of its principles
- **Act** with consistency, transparency, reasonableness and fairness
- **Commit** to ensure the Agreement successfully delivers by promoting effective and efficient collaboration within & between organisations
- **Endorse** the delivery of the outcomes from the framework and quickly exploit any opportunities for improvement
- **Deliver** the benefits through widespread engagement and participation with all stakeholders

This PACED structure should be adopted at a national scale to ensure delivery of equitable outcomes for all.

### Scope

This Framework covers sexual assault referral centre ‘hubs’ and ‘spokes’ commissioned in Wales, and the associated services and support that can be expected by individuals accessing these centres, whether adults (18 years old and over) or children and young people (17 years old and under). The scope of services includes the following:

- a) 24-hour access to support and care, through in hours and out-of-hours provision

- a) Crisis worker support
- b) Forensic medical examinations
- c) Independent sexual violence advisor support
- d) Counselling and therapeutic services
- e) Provision of dedicated, forensically approved premises

## Sponsorship

The core funding for sexual assault referral centres will be provided in partnership by health and police, and centrally commissioned through the National Collaborative Commissioning Unit. Additional funding for specific roles and services may be sourced through the Ministry of Justice, Welsh Government and non-governmental organisations.

## Background

In 2013, Welsh Government commissioned a review to examine the extent to which the sexual assault referral centres (SARCs) fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the NHS Wales Health Collaborative.

In 2019, health boards, police forces, police and crime commissioners, in partnership with the third sector, agreed a new service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. This model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures robust governance arrangements.

The ambition is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the NHS working in partnership with policing and others.

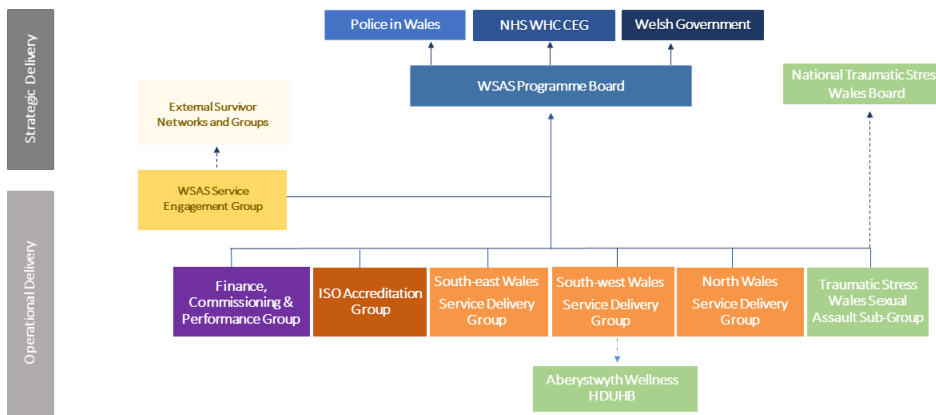
The agreed regional model is based on a 'hub and spoke' approach, with three adult sexual assault referral centre (SARC) hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen.

North Wales joined the programme of work in early 2022. The region has not altered its model of provision but partners in north Wales are fully involved with the programme, as part of an all-Wales approach to the delivery of sexual assault services.

## Governance

The governance arrangements clearly delineate the commissioning and delivery arms of the service.

In doing this, it will minimise the risk of conflict of interest for the different parties involved in SARC service provision across the region.



Commented [AC(E2)]: Governance image and text below will need to be updated with Network Governances once commissioning starts

### Welsh Sexual Assault Services (WSAS) Programme Board

The WSAS Programme Board membership includes representatives from health boards, police and crime commissioners, police forces, National Collaborative Commissioning Unit, NHS Wales Health Collaborative, Welsh Government and third sector. The WSAS Programme Board will be accountable to NHS Wales Health Collaborative, as the host for the Programme, and report to the Collaborative Executive Group and Police in Wales on a quarterly basis.

### Finance, Commissioning and Performance (FCP) Group

The FCP Group will take a lead role in ensuring that appropriate processes and documents are put in place to support the finance, commissioning and performance of sexual assault services as the implementation component of the Welsh Sexual Assault Services Programme. This group will comprise commissioning and/or finance representatives from health, police and OPCCs, and will report to the WSAS Programme Board.

### Regional Service Delivery Groups

A Service Delivery Group exists for each region:

- South East Wales Regional Service Delivery Group
- South West Wales Regional Service Delivery Group
- North Wales Regional Service Delivery Group

The Service Delivery Groups comprise of service providers and operational leads from health and the police within the region.

### Service and survivor engagement Group

The WSAS Service Engagement Group will provide scrutiny, advice, and feedback to the WSAS Programme as it implements changes to sexual assault referral services in Wales and delivers the new 'Hub and Spoke' service model. Meetings and workshops will be run for Service Engagement Group members and survivors to discuss, develop, and shape a range of WSAS Programme activities.

### ISO Accreditation Group

This group was stood down with the appointment of new project lead for south Wales accreditation. A new group will be developed in early 2023 on an all-Wales basis, with the governance to be agreed.

### Traumatic Stress Wales (TSW) Sexual Assault Steering Group

The Steering Group identifies existing provision and gaps, and develops, implements, and monitors the delivery of integrated care pathways for sexual assault, in conjunction with the local health board leads, and with oversight from the TSW National Steering Group. It will bring together relevant stakeholders with relevant experience and expertise in this area to provide optimal input, to ensure TSW plans and delivers appropriate services across Wales for sexual assault, in line with its agreed principles and objectives.

## Core Requirements

Clients accessing sexual assault referral centres must receive services and support that act in accordance with good practice. [Good practice meaning the exercise of that degree of skill, diligence, prudence, risk management, quality management and foresight which would reasonably and ordinarily be expected from a skilled and experienced professional or clinician engaged in the provision of sexual assault services similar like those covered by these standards; including in accordance with any codes of practice or guidance published by any health board, Welsh Government, Parliament or otherwise.]

Clients accessing sexual assault referral centres must receive services and support in accordance with any relevant statutory legislation, plus any relevant codes of practice, guidance and policies published or endorsed by the Welsh Government or Criminal Justice Service.

Core Requirements	
Underpin service delivery across all of the five steps	
CR1	<p><b>Governance</b></p> <p>WSAS Programme Board must ensure:</p> <ul style="list-style-type: none"> <li>• that there are effective systems and processes in place to assure, patients, commissioners and other stakeholders, that they are providing high quality, evidence-based treatment and care through services that are patient focused;</li> <li>• external validation of governance arrangements.</li> </ul>
CR2	<p><b>Victim experience</b></p> <p>WSAS Programme Board must ensure:</p> <ol style="list-style-type: none"> <li>i. it undertakes victim and survivor engagement;</li> <li>ii. systems are in place to collect feedback from clients accessing SARC services and support, and their families or carers, on the experience of care;</li> <li>iii. a record of all complaints of whatever nature regarding any of its sexual assault referral centres is maintained.</li> </ol> <p>WSAS Programme Board must ensure that the views and comments are gathered through (i), (ii) &amp; (iii) using effective engagement mechanisms, which are then actively used to inform service improvement and development.</p> <p>WSAS Programme Board must ensure it has a system in place to record, investigate, report and learn from incidents and accidents.</p>

<b>CR3</b>	<p><b>Equity</b>                  WSAS Programme Board must ensure that clients have equal access to SARC services and support regardless of their location or the location of the incident.</p>
<b>CR4</b>	<p><b>Clinical Care</b>                  WSAS must ensure that all activities and programmes are:</p> <ul style="list-style-type: none"> <li>• developed from evidence-based practice and using a model that has measurable outcomes;</li> <li>• delivered by appropriately qualified and experienced staff educated in their use;</li> <li>• that the health, safety and wellbeing of clients who access services and support is not adversely affected by inadequate training, accountability, operational systems or arrangements.</li> </ul> <p>WSAS Programme Board must develop clinically-led national strategies for services which are then locally delivered.</p>
<b>CR5</b>	<p><b>Staffing</b>                  WSAS Programme Board must ensure:</p> <ul style="list-style-type: none"> <li>• staff members are appropriately recruited, educated and qualified for the services they provide;</li> <li>• staff have health &amp; wellbeing support;</li> <li>• there are workforce planning arrangements in place that identify staffing requirements and action plans such as recruitment and training to meet those requirements;</li> <li>• there are staff appraisal processes in place;</li> <li>• an adequate and safe establishment with the correct skill mix of staff to ensure the needs of the SARC clients are met;</li> <li>• systems are in place to manage unplanned absenteeism, holidays, vacancies, and emergencies.</li> </ul>
<b>CR6</b>	<p><b>Safety</b>                  WSAS Programme Board must ensure that any services it provides to the public and any patient interventions it undertakes protects public / SARC clients from avoidable harm and clinical risk.</p>

The overarching framework establishes for sexual assault referral centres within Wales:

- National care standards
- A uniform approach to measuring activity
- An agreement nationally on a model of care to enable optimisation of clinical outcomes and patient and staff experience.

The continued operation and development of the framework will also enable actions for providers and commissioning organisations to be identified for inclusion within respective annual delivery plans.

## PRODUCTION METHODOLOGY & ONGOING MAINTENANCE

### CAREMORE®

CAREMORE is an evidence-based award-winning collaborative commissioning methodology.

Each Section comprises Schedule(s) developed and created by stakeholders, and details the:

- product description;
- benefits of the product;
- its current status and
- its ongoing maintenance & development.

Schedules take the following formats:

- Completed schedules: titled final and version controlled under the Maintenance of Key Components section.
- Draft schedules: which are under development and not in their final version, so are marked draft and version controlled.

## SIGNATORIES TO THE COMMISSIONING FRAMEWORK

The Welsh Sexual Assault Services Programme Board have sanctioned this Commissioning Framework to become operational from xxxxxx for a minimum of a three (3) year period that is xxxxx to xxxxx.

SIGNED by or on behalf of the Parties on the date which first appears in this Commissioning Framework:

Signed by and on behalf of the  
Welsh Sexual Assault Services  
Programme Board (the  
Commissioning Collaborative)

.....  
[SIGN ABOVE & TYPE FULL NAME HERE]

Date: .....

.....  
[SIGN ABOVE & TYPE FULL NAME HERE]

Date: .....

Signed by and on behalf of the  
xxxxxx (the Providers)

.....  
[SIGN ABOVE & TYPE FULL NAME HERE]

Date: .....

.....  
[SIGN ABOVE & TYPE FULL NAME HERE]

Date: .....

## CARE STANDARDS

### Product

An evidenced set of care standards for sexual assault referral centres to ensure that the right expectations are defined for quality and safety.

### Benefits of defining Care Standards

To describe service requirements from a **client's** perspective across each step of their care pathway. This client care pathway will be known as the 'Model of Care' and its creation enables other key components of the framework relating to Activity, Resources and Performance to be established.

Such requirements should act in accordance with good practice, relevant statutory legislation, codes of practice, guidance and policies published or endorsed by the Welsh Government.

### Status

Schedule C1: Care Standards Descriptors

LINK: \_\_\_\_\_ Insert

### Ongoing Development

Care Standards across each step of the client care pathway to be developed collaboratively with stakeholders. Baseline position of *where we are now* (current positions) will be gathered. Evidence base supporting development of Care Standards will be incorporated into the Bibliography (A2 Schedule) as part of the framework.

### Maintenance

To be reviewed annually – informed by putting the care standards into everyday practice.  
To keep a Bibliography repository of relevant publications to inform the requirements.

## ACTIVITY

### Product

An accurate description of the activities within sexual assault referral centres to ensure that the right capacity is available to meet the right demand.

### Benefits of defining Activity

To understand the workload or demand related to each individual step for a patients' journey through sexual assault referral centres. The patient journey or patient care pathway will be described through the 'Model of Care.'

To enhance reporting for activity and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway, plus, wherever possible related & complimentary local health board services.

### Status

Schedule A1: Activity Descriptors

LINK: [Insert](#)

### Ongoing Development

Development of SARC reporting infrastructure to be developed in parallel with activity descriptors. Activity will be mapped against the care standards identifying the activity-based measures. Baseline exercise will capture existing activity measures for SARC services and identify gaps. This will enable:

- Reporting of SARC services mapped against Care Standards (specifically identify activity related measures)
- Reflection upon utilisation, learning & experiences
- Development of specific data sets to support service improvement

### Maintenance

tbc

## RESOURCE ENVELOPE

### Product

A comprehensive description of the assets which may be utilised and affected with the ambition of making the best use of all existing resources.

### Benefits of defining the Resource Envelope

To understand the resources available and their utilisation for each of the services provided under each step of the pathway within a sexual assault referral centre and be able to triangulate with activity and performance.

To enhance consistency of reporting for resources and have a baseline from which to track the impact of service changes, efficiencies and improvements within and across each step of the patient care pathway, plus wherever possible related and complimentary local health board services.

To have a transparent annual financial plan across sexual assault referral centres agreed and recognised by all contributing organisations and authorities. The reconciliation across all contributing parties will include any expectations on specific commissioning allocations which may be related to agreed service development priorities.

### Status

Schedule RE1: Resource Management Descriptors

LINK: [Insert](#)

Schedule RE2: Joint Annual Financial Management Control Plan –

LINK: [Insert](#)

### Ongoing Development

#### Schedule RE1

Development of SARC reporting infrastructure to be developed in parallel with activity descriptors. Activity will be mapped against the care standards identifying the resource-based measures. Baseline exercise will capture existing activity measures for SARC services and identify gaps. This will enable:

- Reporting of SARC services mapped against Care Standards (specifically identify resource related measures)
- Reflection upon utilisation, learning & experiences
- Development of specific data sets to support service improvement

#### Schedule RE2

Schedule to include:

- details of the financial contributions from organisations.
- requirements for funding to be released & associated responsibilities.
- expectations from 'additional' funding & impact upon control.

## Maintenance

DRAFT

## MODEL OF CARE

### Product

A common high-level model of care for sexual assault referral centres to ensure that people can access the right staff, at the right place, at the right time.

### Benefits of defining the Model of Care

To simplify an understanding of how a patient may pass through sexual assault referral centres in the form of a series of steps shown in simplified wiring diagram.

To establish a simple construct for the model of care which enables an enhanced understanding of the expectations and workings for each step to be described i.e. its standards, activity, associated resources, performance and operational management. Which in turn enables opportunities for improvement both within and between steps to be identified, plus related and/or complimentary Local Health Board services.

### Status

Schedule M1: High Level Description for the Model of Care – xxx

### Ongoing Development

Model of Care descriptor to remain extant alongside current Care Standards which may be updated following understanding of *where are we now* (current positions) for sexual assault referral centres described within Care Standards Section.

### Maintenance

To be reviewed annually.

## OPERATIONAL ARRANGEMENTS

### Product

The establishment of robust local mechanisms to ensure effective delivery with the right interaction between patients, professionals and organisations.

### Benefits of defining Operational Arrangements

To tie together process and relationship issues both within and outside sexual assault referral centres that relate to the: management of the framework itself; the efficient and effective running of the sexual assault referral centres; and opportunities for continuous improvement.

### Status

### Ongoing Development

#### Schedule 01

Development of wiring diagrams for operational arrangements within each SARC. Development towards a single operating model for SARC (including wiring diagram)

#### Schedule 02

Project tracker to identify the work packages required

### Maintenance

O1: To be reviewed annually

O2: To be used & maintained to track the development of the work packages required to deliver single SARC operating model

## REVIEW OF PERFORMANCE

### Product

An agreed system of performance measurement to ensure the right monitoring and management to deliver continuous improvement.

### Benefits of defining the Review of Performance

To bring together the key performance measures that give assurance on the meeting of the care standards which apply to each step of the patient pathway for sexual assault referral centres.

To provide a comprehensive suite of activity, resources and performance measures (repository) from which: what, who, when and how reporting arrangements can be determined to support the description of how performance should be monitored & reviewed.

### Status

Schedule R1: Performance Descriptors

LINK: [Insert](#)

Schedule R2: Repository of Activity, Resources, Performance measures & reporting arrangements – [xxx](#)

### Ongoing Development

#### Schedule R1

Development of SARC reporting infrastructure to be developed in parallel with activity descriptors. Activity will be mapped against the care standards identifying the resource-based measures. Baseline exercise will capture existing activity measures for SARC services and identify gaps. This will enable:

- Reporting of SARC services mapped against Care Standards (specifically identify performance related measures)
- Reflection upon utilisation, learning & experiences
- Development of specific data sets to support service improvement

### Maintenance

R1: annual review

## EVALUATION

### Product

**An agreed set of methods and criteria for judging the achievement of the right patient outcomes, from the right patient experience, at the right cost.**

### Benefits of defining Evaluation

To ensure that the impact from the creation of the framework itself to the impact of the products and changes it enables has a robust way of being evaluated. So that benefits may be quantified, with lessons learnt and shared.

To ensure a process is established and maintained for the robust evaluation of initiatives progressed by WSAS.

To continually learn, evidence & support 'how to evaluate' the achievement of 'what good looks like' going forward.

### Status

Schedule E1: Methods of Evaluation – xxx

### Ongoing Development

- 

### Maintenance

## MAINTENANCE OF KEY COMPONENTS

CAREMORE® Component	Schedule Reference & Name	Version	Status	Maintenance
Care Standards	C1 Care Standards descriptors			
Activity	A1 Activity Descriptors			
Resource Envelope	RE1 Resource management Descriptors			
Model(s) of Care	M1 High Level Description for the Model of Care			
Operational Arrangements	O1 Local Health Board Action Plan (under EDQDF) Master Version			
	O2 Putting Care Standards into Operational Practice			
Review of Performance	R1 Performance descriptors			
	R2 Minimum Data Set & reporting arrangements			
Evaluation	E1 Evaluation methods			

## WSAS Regional Funding Model for 2023/24 - 2025/26

### Summary of planned South Wales funding flows

#### Provider Service Funding Model - Phase 1 only

	Acute Adult	
	Cardiff	Swansea
	£000's	£000's
Model Phasing 2023/24 - Year 1	659	477
Model Phasing 2024/25 - Year 2	637	510
Model Phasing 2025/26 - Year 3	637	499

#### Commissioner Revenue Funding Model

	AB UHB	C&V UHB
	£000's	£000's
	Model Phasing 2023/24 - Year 1	264
Model Phasing 2024/25 - Year 2	299	251
Model Phasing 2025/26 - Year 3	306	257

<b>Current Baseline Commissioner Expenditure in 2022/23</b>	<b>140</b>	<b>273</b>
Uplift Required in 2023/24	124	(52)
Incremental Uplift Required in 2024/25	35	30
Incremental Uplift Required in 2025/26	7	6
<b>Recurrent Commissioner Revenue Funding from 2025/26</b>	<b>306</b>	<b>257</b>

<b>Totl uplift required over 3 years 2023/24 - 2025/26</b>	<b>166</b>	<b>- 16</b>
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\*Current Baseline Commissioner Contributions based on commissioner confirmation or 19/20 declared  
 Upon final approval of the financial model the existing baselines will be transferred in from HBs to NCCU  
 Assumption is NCCU (health) will invoice the relevent Police Commissioner for the agreed funding share  
 Implementation will be monitored and funded on an actual costs incurred basis not above the agreed pl

Hub			Programme Costs	Sub Total	Spoke			
Paeds					Merthyr	Risca	Camarthen	Newtown
Aberyswyth	Cardiff	Swansea	£000's	£000's	£000's	£000's	£000's	£000's
252	323	20	448	2,179	-	-	-	-
375	355	145	448	2,470	-	-	-	-
375	355	280	382	2,528	-	-	-	-

HB Commissioner Split				
CTM UHB	HD UHB	Powys HB	SB UHB	Total HB
£000's	£000's	£000's	£000's	£000's
199	174	57	174	1,089
226	198	64	198	1,235
231	202	66	202	1,264

Police Commissioner Split		
Dyfed Powys	Gwent	South Wales
£000's	£000's	£000's
277	295	517
314	335	586
322	343	600

<b>98</b>	<b>70</b>	<b>52</b>	<b>169</b>	<b>802</b>
101	104	4	6	287
27	23	8	23	146
5	5	2	5	29
<b>231</b>	<b>202</b>	<b>66</b>	<b>202</b>	<b>1,264</b>

<b>182</b>	<b>575</b>	<b>358</b>
95	(280)	159
37	39	69
7	8	14
<b>322</b>	<b>343</b>	<b>600</b>

<b>133</b>	<b>132</b>	<b>13</b>	<b>33</b>	<b>462</b>
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<b>139</b>	-	<b>233</b>	<b>241</b>
------------	---	------------	------------

estimates with inflation applied to 2022/23

I so the whole funding is aligned to commissioning responsibility

an levels

<b>Sub Total</b>
<b>£000's</b>
-
-
-

<b>Total</b>
<b>£000's</b>
2,179
2,470
2,528

lit
<b>Total Police</b>
<b>£000's</b>
1,089
1,235
1,264

<b>Total HB &amp; Police</b>
<b>£000's</b>
2,179
2,470
2,528

<b>1,116</b>
- 27
146
29
<b>1264</b>

<b>1,918</b>
260
291
58
<b>2,528</b>

-

<b>148</b>
------------

<b>610</b>
------------

Post	Hub			
	Acute Adult			Paed
	Cardiff £000's	Swansea £000's	Aberyswyth £000's	Cardiff £000's
<b>Phase 1</b>				
Consultant				140
Consultant Lead	28	28	14	
OOH Regional Consultant rota				70
SARC Manager	61	61		
SARC Deputy Manager	27	53	53	
Paediatric Sexual Health Nurse				32
Paediatric Crisis Worker				33
Day Crisis Worker	161	97	33	
Out of Hours Crisis Worker	56	25	25	
Supervision Crisis Worker	6	6	6	
Medical Secretary / Admi Support				19
Receptionist	34	34	34	
<b>Non Pay</b>				
Non Pay inc Travel/training	56	15	15	
Consumables	35	25	10	
Colposcopy contract	20	3	3	
Forensic cleaning	25	5	5	
Leasing / Accomodation Costs	56	50		
ISO Accreditation initial costs	30	30	30	
<b>Programme Costs</b>				
Programme Director				
Clinical Lead				
Senior Project Manager				
Senior Project Support				
Programme Administrator				
ISO Project Manager (1 year Oct23-24)				
<b>Non Pay</b>				
Non Pay - Travel/training etc				
10% Inflation Contingency	64	45	24	29
<b>Total Phase 1</b>	<b>659</b>	<b>477</b>	<b>252</b>	<b>323</b>

<b>Phase 2</b>				
Sexual Violence Advocate CJ				
Therapeutic Counselling				
Paediatric Advocacy Support Worker				

Day Crisis Worker B3				
Other Community based services				
<b>Total Phase 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

645

452

235

294

ads	Programme Office	Hub Sub Total	Spoke				
			Feb-23	Jun-23	Sep-23	Aug-23	
			Merthyr	Risca	Camarthen	Newtown	
Swansea	£000's	£000's	£000's	£000's	£000's	£000's	£000's
14		154					
		70					
		70					
		122					
		133					
		32					
		33					
		291					
		106					
		18					
		19					
		102					
		1149					
		86					
		70					
		26					
		35					
		106					
		90					
	119	119					
	70	70					
	60	60					
	42	42					
	34	34					
	32	32					
	50	50					
6	41	209					
20	448	3,328	0	0	0	0	0


			60	62	60	54
				53		
<b>0</b>	<b>0</b>	<b>0</b>	<b>60</b>	<b>62</b>	<b>60</b>	<b>54</b>

57

407

Spoke Sub Total	Model Total	Allocation Split	
		Health	Police
		50%	50%
£000's	£000's	£000's	£000's
0	154	77	77
0	70	35	35
0	70	35	35
0	122	61	61
0	133	66	66
0	32	16	16
0	33	17	17
0	291	145	145
0	106	53	53
0	18	9	9
0	19	10	10
0	102	51	51
0	86	43	43
0	70	35	35
0	26	13	13
0	35	18	18
0	106	53	53
0	90	45	45
0	119	60	60
0	70	35	35
0	60	30	30
0	42	21	21
0	34	17	17
0	32	16	16
0	50	25	25
0	209	105	105
0	2,179	1,089	1,089

HB Commission				
AB UHB	C&V UHB	CTM UHB	HD UHB	
24.2%	20.3%	18.3%	16.0%	
£000's	£000's	£000's	£000's	
19	16	14	12	
8	7	6	6	
8	7	6	6	
15	12	11	10	
16	13	12	11	
4	3	3	3	
4	3	3	3	
35	30	27	23	
13	11	10	8	
2	2	2	1	
2	2	2	2	
12	10	9	8	
10	9	8	7	
8	7	6	6	
3	3	2	2	
4	4	3	3	
13	11	10	8	
11	9	8	7	
14	12	11	10	
8	7	6	6	
7	6	5	5	
5	4	4	3	
4	3	3	3	
4	3	3	3	
6	5	5	4	
25	21	19	17	
0	264	221	199	174

0	981	0	981
0	466	233	233
0	0	0	0

0	0	0	0
56	47	43	37
0	0	0	0

236	236	118	118		29	24	22	19
<b>236</b>	<b>1,683</b>	<b>351</b>	<b>1,332</b>	<b>0</b>	<b>85</b>	<b>71</b>	<b>64</b>	<b>56</b>

			Police Commissioner Split				
			Dyfed Powys	Gwent	South Wales	Total Police	
			Population	21.0%	24.0%	55.0%	100.0%
			Demand	22.0%	24.0%	54.0%	100.0%
			Equal Shares	33.3%	33.3%	33.3%	100.0%
r Split			<b>Weighted Police %</b>	<b>25.4%</b>	<b>27.1%</b>	<b>47.4%</b>	<b>100.0%</b>
Powys HB	SB UHB	Total HB		£000's	£000's	£000's	£000's
5.2%	16.0%	100.0%					
£000's	£000's	£000's		£000's	£000's	£000's	£000's
4	12	77		20	21	37	77
2	6	35		9	9	17	35
2	6	35		9	9	17	35
3	10	61		15	16	29	61
3	11	66		17	18	31	66
1	3	16		4	4	8	16
1	3	17		4	4	8	17
8	23	145		37	39	69	145
3	8	53		13	14	25	53
0	1	9		2	2	4	9
0	2	10		2	3	5	10
3	8	51		13	14	24	51
2	7	43		11	12	20	43
2	6	35		9	9	17	35
1	2	13		3	4	6	13
1	3	18		4	5	8	18
3	8	53		13	14	25	53
2	7	45		11	12	21	45
3	10	60		15	16	28	60
2	6	35		9	9	17	35
2	5	30		8	8	14	30
1	3	21		5	6	10	21
1	3	17		4	5	8	17
1	3	16		4	4	8	16
1	4	25		6	7	12	25
5	17	105		27	28	50	105
<b>57</b>	<b>174</b>	<b>1,089</b>	<b>0</b>	<b>277</b>	<b>295</b>	<b>517</b>	<b>1,089</b>

0	0	0	250	266	465	981
12	37	233	59	63	111	233
0	0	0	0	0	0	0

6	19	118		30	32	56	118
<b>18</b>	<b>56</b>	<b>351</b>	<b>0</b>	<b>339</b>	<b>361</b>	<b>632</b>	<b>1,332</b>

Post	Hub			
	Acute Adult			Paed
	Cardiff £000's	Swansea £000's	Aberyswyth £000's	Cardiff £000's
<b>Phase 1</b>				
Consultant				140
Consultant Lead	28	28	14	
OOH Regional Consultant rota				70
SARC Manager	61	61		
SARC Deputy Manager	27	53	53	
Paediatric Sexual Health Nurse				64
Paediatric Crisis Worker				33
Day Crisis Worker	161	97	33	
Out of Hours Crisis Worker	56	25	25	
Supervision Crisis Worker	6	6	6	
Medical Secretary / Admi Support				19
Receptionist	34	34	34	
<b>Non Pay</b>				
Non Pay inc Travel/training	56	15	15	
Consumables	35	25	10	
Colposcopy contract	20	3	3	
Forensic cleaning	25	5	5	
Leasing / Accomodation Costs	56	100	133	
ISO Accreditation ongoing costs	10	10	10	
<b>Programme Costs</b>				
Programme Director				
Clinical Lead				
Senior Project Manager				
Senior Project Support				
Programme Administrator				
ISO Project Manager (1 year Oct23-24)				
<b>Non Pay</b>				
Non Pay - Travel/training etc				
10% Inflation Contingency	62	48	34	29
<b>Total Phase 1</b>	<b>637</b>	<b>510</b>	<b>375</b>	<b>355</b>
<b>Phase 2</b>				
Sexual Violence Advocate CJ				
Therapeutic Counselling				
Paediatric Advocacy Support Worker				
Day Crisis Worker B3				
Other Community based services				

<b>Total Phase 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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625

482

337

294

ads	Programme Office	Hub Sub Total	Spoke				
			Feb-23	Jun-23	Sep-23	Aug-23	
			Merthyr	Risca	Camarthen	Newtown	
Swansea	£000's	£000's	£000's	£000's	£000's	£000's	£000's
70		210					
		70					
		70					
		122					
		133					
32		96					
16		49					
		291					
		106					
		18					
10		29					
		102					
		0					
		86					
		70					
		26					
		35					
		289					
		30					

	119	119					
	70	70					
	60	60					
	42	42					
	34	34					
	32	32					
	50	50					
17	41	232					
145	448	2,470	0	0	0	0	0

			60	62	60	54	
				53			

0	0	0	60	115	60	54
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171

407

Spoke Sub Total	Model Total	Allocation Split	
		Health	Police
		50%	50%
£000's	£000's	£000's	£000's
0	210	105	105
0	70	35	35
0	70	35	35
0	122	61	61
0	133	66	66
0	96	48	48
0	49	25	25
0	291	145	145
0	106	53	53
0	18	9	9
0	29	15	15
0	102	51	51
0	0		
0	86	43	43
0	70	35	35
0	26	13	13
0	35	18	18
0	289	145	145
0	30	15	15

HB Commission			
AB UHB	C&V UHB	CTM UHB	HD UHB
24.2%	20.3%	18.3%	16.0%
£000's	£000's	£000's	£000's
25	21	19	17
8	7	6	6
8	7	6	6
15	12	11	10
16	13	12	11
12	10	9	8
6	5	4	4
35	30	27	23
13	11	10	8
2	2	2	1
4	3	3	2
12	10	9	8
10	9	8	7
8	7	6	6
3	3	2	2
4	4	3	3
35	29	26	23
4	3	3	2

0	119	60	60
0	70	35	35
0	60	30	30
0	42	21	21
0	34	17	17
0	32	16	16
0	50	25	25
0	232	116	116
0	2,470	1,235	1,235

14	12	11	10
8	7	6	6
7	6	5	5
5	4	4	3
4	3	3	3
4	3	3	3
6	5	5	4
28	24	21	19
0	299	251	226
0	299	251	226

0	981	0	981
0	466	233	233
0	0	0	0
236	236	118	118

0	0	0	0
56	47	43	37
0	0	0	0
29	24	22	19

236	1,683	351	1,332	0	85	71	64	56
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			Police Commissioner Split				
			Dyfed Powys	Gwent	South Wales	Total Police	
			Population	21.0%	24.0%	55.0%	100.0%
			Demand	22.0%	24.0%	54.0%	100.0%
			Equal Shares	33.3%	33.3%	33.3%	100.0%
			<b>Weighted Police %</b>	<b>25.4%</b>	<b>27.1%</b>	<b>47.4%</b>	<b>100.0%</b>
Powys HB	SB UHB	Total HB		£000's	£000's	£000's	£000's
5.2%	16.0%	100.0%					
5	17	105		27	28	50	105
2	6	35		9	9	17	35
2	6	35		9	9	17	35
3	10	61		15	16	29	61
3	11	66		17	18	31	66
2	8	48		12	13	23	48
1	4	25		6	7	12	25
8	23	145		37	39	69	145
3	8	53		13	14	25	53
0	1	9		2	2	4	9
1	2	15		4	4	7	15
3	8	51		13	14	24	51
2	7	43		11	12	20	43
2	6	35		9	9	17	35
1	2	13		3	4	6	13
1	3	18		4	5	8	18
8	23	145		37	39	69	145
1	2	15		4	4	7	15

3	10	60		15	16	28	60
2	6	35		9	9	17	35
2	5	30		8	8	14	30
1	3	21		5	6	10	21
1	3	17		4	5	8	17
1	3	16		4	4	8	16
1	4	25		6	7	12	25
6	19	116		29	31	55	116
<b>64</b>	<b>198</b>	<b>1,235</b>	<b>0</b>	<b>314</b>	<b>335</b>	<b>586</b>	<b>1,235</b>

0	0	0		250	266	465	981
12	37	233		59	63	111	233
0	0	0		0	0	0	0
6	19	118		30	32	56	118

18	56	351	0	339	361	632	1,332
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Post	Hub			
	Acute Adult			Paed
	Cardiff £000's	Swansea £000's	Aberyswyth £000's	Cardiff £000's
<b>Phase 1</b>				
Consultant				140
Consultant Lead	28	28	14	
OOH Regional Consultant rota				70
SARC Manager	61	61		
SARC Deputy Manager	27	53	53	
Paediatric Sexual Health Nurse				64
Paediatric Crisis Worker				33
Day Crisis Worker	161	97	33	
Out of Hours Crisis Worker	56	25	25	
Supervision Crisis Worker	6	6	6	
Medical Secretary / Admi Support				19
Receptionist/call handler	34	34	34	
<b>Non Pay</b>				
Non Pay inc Travel/training	56	15	15	
Consumables	35	15	10	
Colposcopy contract	20	3	3	
Forensic cleaning	25	5	5	
Leasing / Accomodation Costs	56	100	133	
ISO Accreditation ongoing costs	10	10	10	
<b>Programme Costs</b>				
Programme Director				
Clinical Lead				
Senior Project Manager				
Senior Project Support				
Programme Administrator				
ISO Project Manager (1 year Oct23-24)				
<b>Non Pay</b>				
Non Pay - Travel/training etc				
10% Inflation Contingency	62	47	34	29
<b>Total Phase 1</b>	<b>637</b>	<b>499</b>	<b>375</b>	<b>355</b>
<b>Phase 2</b>				
Sexual Violence Advocate CJ				
Therapeutic Counselling				
Paediatric Advocacy Support Worker				
Day Crisis Worker B3				

Other Community based services				
<b>Total Phase 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

625

472

337

294

Programme Office	Hub Sub Total	Spoke			
		Feb-23 Merthyr	Jun-23 Risca	Sep-23 Camarthen	Aug-23 Newtown
Swansea £000's	£000's	£000's	£000's	£000's	£000's
140	280				
	70				
	70				
	122				
	133				
64	128				
33	66				
	291				
	106				
	18				
19	38				
	102				
	86				
	60				
	26				
	35				
	289				
	30				

	119	119			
	70	70			
	60	60			
	42	42			
		0			
		0			
	50	50			
24	41	238			
280	382	2,528	0	0	0

			60	62	60
					54

				53		
0	0	0	60	62	60	54

244

407

Spoke Sub Total	Model Total	Allocation Split	
		Health	Police
		50%	50%
£000's	£000's	£000's	£000's
0	280	140	140
0	70	35	35
0	70	35	35
0	122	61	61
0	133	66	66
0	128	64	64
0	66	33	33
0	291	145	145
0	106	53	53
0	18	9	9
0	38	19	19
0	102	51	51
	86	43	43
	60	30	30
	26	13	13
	35	18	18
0	289	145	145
0	30	15	15

HB Commission			
AB UHB	C&V UHB	CTM UHB	HD UHB
24.2%	20.3%	18.3%	16.0%
£000's	£000's	£000's	£000's
34	28	26	22
8	7	6	6
8	7	6	6
15	12	11	10
16	13	12	11
15	13	12	10
8	7	6	5
35	30	27	23
13	11	10	8
2	2	2	1
5	4	3	3
12	10	9	8
10	9	8	7
7	6	5	5
3	3	2	2
4	4	3	3
35	29	26	23
4	3	3	2

0	119	60	60
0	70	35	35
0	60	30	30
0	42	21	21
0	0	0	0
0	0	0	0
0	50	25	25
0	238	119	119
<b>0</b>	<b>2,528</b>	<b>1,264</b>	<b>1,264</b>

14	12	11	10
8	7	6	6
7	6	5	5
5	4	4	3
0	0	0	0
0	0	0	0
6	5	5	4
29	24	22	19
<b>0</b>	<b>306</b>	<b>257</b>	<b>231</b>
<b>0</b>	<b>306</b>	<b>257</b>	<b>231</b>
<b>0</b>	<b>306</b>	<b>257</b>	<b>231</b>

0	981	0	981
0	466	233	233
0	0	0	0
<b>236</b>	<b>236</b>	<b>118</b>	<b>118</b>

0	0	0	0
56	47	43	37
0	0	0	0
29	24	22	19

53	53								
289	1,736	351	1,332	0	85	71	64	56	

			Police Commissioner Split				
			Dyfed Powys	Gwent	South Wales	Total Police	
			Population	21.0%	24.0%	55.0%	100.0%
			Demand	22.0%	24.0%	54.0%	100.0%
			Equal Shares	33.3%	33.3%	33.3%	100.0%
			<b>Weighted Police %</b>	<b>25.4%</b>	<b>27.1%</b>	<b>47.4%</b>	<b>100.0%</b>
Powys HB	SB UHB	Total HB		£000's	£000's	£000's	£000's
5.2%	16.0%	100.0%					
7	22	140		36	38	66	140
2	6	35		9	9	17	35
2	6	35		9	9	17	35
3	10	61		15	16	29	61
3	11	66		17	18	31	66
3	10	64		16	17	30	64
2	5	33		8	9	16	33
8	23	145		37	39	69	145
3	8	53		13	14	25	53
0	1	9		2	2	4	9
1	3	19		5	5	9	19
3	8	51		13	14	24	51
2	7	43		11	12	20	43
2	5	30		8	8	14	30
1	2	13		3	4	6	13
1	3	18		4	5	8	18
8	23	145		37	39	69	145
1	2	15		4	4	7	15

3	10	60		15	16	28	60
2	6	35		9	9	17	35
2	5	30		8	8	14	30
1	3	21		5	6	10	21
0	0	0		0	0	0	0
0	0	0		0	0	0	0
1	4	25		6	7	12	25
6	19	119		30	32	56	119
<b>66</b>	<b>202</b>	<b>1,264</b>	<b>0</b>	<b>322</b>	<b>343</b>	<b>600</b>	<b>1,264</b>

0	0	0		250	266	465	981
12	37	233		59	63	111	233
0	0	0		0	0	0	0
6	19	118		30	32	56	118

18	56	351	0	339	361	632	1,332
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Post	Hub			
	Acute Adult			Paed
	Cardiff £000's	Swansea £000's	Aberyswyth £000's	Cardiff £000's
<b>Phase 2</b>				
Sexual Violence Advocate CJ				
Therapeutic Counselling				
Paediatric Advocacy Support Worker				
Day Crisis Worker B3				
Other Community based services				
<b>Total Phase 2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

	Programme Office	Hub Sub Total	Spoke			
ads			Feb-23 Merthyr	Jun-23 Risca	Sep-23 Camarthen	Aug-23 Newtown
Swansea	£000's	£000's	£000's	£000's	£000's	£000's
			60	62	60	54
				53		
	0	0	60	62	60	54

Spoke Sub Total	Model Total	Allocation Split	
		Health	Police
		50%	50%
£000's	£000's	£000's	£000's
0	981	0	981
0	466	233	233
0	0	0	0
236	236	118	118
53	53		
<b>289</b>	<b>1,736</b>	<b>351</b>	<b>1,332</b>

HB Commission			
AB UHB	C&V UHB	CTM UHB	HD UHB
24.2%	20.3%	18.3%	16.0%
£000's	£000's	£000's	£000's
0	0	0	0
56	47	43	37
0	0	0	0
29	24	22	19
<b>85</b>	<b>71</b>	<b>64</b>	<b>56</b>

			Police Commissioner Split				
			Dyfed Powys	Gwent	South Wales	Total Police	
			Population	21.0%	24.0%	55.0%	100.0%
			Demand	22.0%	24.0%	54.0%	100.0%
			Equal Shares	33.3%	33.3%	33.3%	100.0%
r Split			<b>Weighted Police %</b>	<b>25.4%</b>	<b>27.1%</b>	<b>47.4%</b>	<b>100.0%</b>
Powys HB	SB UHB	Total HB		£000's	£000's	£000's	£000's
5.2%	16.0%	100.0%					
0	0	0		250	266	465	981
12	37	233		59	63	111	233
0	0	0		0	0	0	0
6	19	118		30	32	56	118
<b>18</b>	<b>56</b>	<b>351</b>	<b>0</b>	<b>339</b>	<b>361</b>	<b>632</b>	<b>1,332</b>

# Assumptions

- 1 Staffing for Cardiff SARC has been agreed by the service and the recruitment has started. Th
- 2 The costs for the Swansea and Aberystwyth adult hubs are based on the Cardiff staffing corr
- 3 The childrens hubs in Cardiff and Swansea have the same staffing compliments with the add
- 4 The timescales for the Swansea and Aberystwyth hubs have not been finalised as yet
- 5 There will need to be more work done on the roles to be included in the spokes - including t
- 6 Crisis workers in the spokes will be available 8am-8pm (as agreed with police)
- 7 The Swansea Manager will also cover Aberystwyth
- 8 The ISVA & CYPISVA costs will be picked up by the Police and therefore not included in the n
- 9 The counselling costs are to be agreed
- 10 The staffing models have been agreed with clinicians and service providers as the staff requi
- 11 Salary Scale is NHS
- 12 Crisis workers 2 different JD's - Hubs B4 & Spokes B3

ere costs will start to be incurred in approximately 3 months  
impliment and reduced (in consultation with clinicians and providers) to reflect the predicted demand at e  
lition of the additional cost of the regional rota being hels in Cardiff.

he role of the crisis workers, ISVA's and counselling - with the latter 2 being take forward by separate ta

odel assumptions

ired to run the services as part of the new model.

each site

sk and finish groups



GIG  
CYMRU  
NHS  
WALES

Gwasanaethau Ymosodiad  
Rhywiol Cymru (GYRC)  
Welsh Sexual Assault  
Services (WSAS)

# Welsh Sexual Assault Services (WSAS) Programme Governance

**Author(s):**

Joanna Williams WSAS Programme Director

**Date: October 2023**

**Version: 0.1**

**Purpose and Summary of Document:**

This document provides an overview of the current governance structure for the Welsh Sexual Assault Services Programme.

## SITUATION

Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, are taking forward a new service model for the delivery of sexual assault services in South Wales, Dyfed Powys and Gwent. This will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures robust governance arrangements.

The ambition is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the NHS working in partnership with policing and others. The agreed regional model in South Wales is based on a hub and spoke approach with three adult sexual assault referral centre (SARC) hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea.

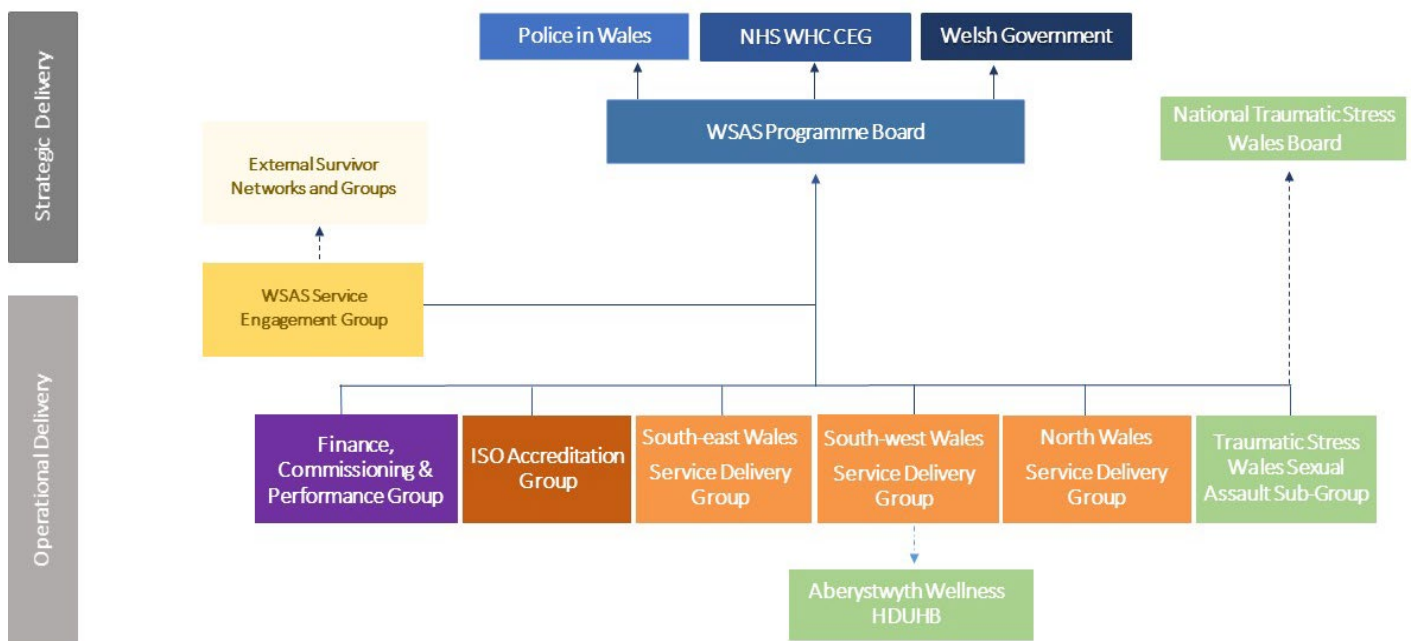
The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen.

## BACKGROUND

The Welsh Sexual Assault Services Board (WSAS Board) will provide scrutiny and assurance to NHS Wales Health Collaborative Leadership Group which consists of the CEOs and Chairs for the Health Boards in Wales and other stakeholders through their respective governance arrangements in relation to quality, sustainability, safety and delivery of the Sexual Assault Service model for Wales.

The overarching aim of the Board is to facilitate the development and implementation of a robust service model, ensuring a consistent, high-quality approach to the delivery of services that secure the best outcomes for victims of sexual assault and meets the agreed clinical and operational standards.

### Governance Structure (**Appendix 1**)



The Board is responsible for:

- Setting the direction
- Service models meeting accepted best clinical practice and relevant forensic, quality and safety standards.
- Demonstrating value for money in comparison to reasonable benchmarks
- Delivery of the workplan and associated objectives

- Ensuring that risks to the service/programme are identified
- Overseeing the governance arrangements and ensuring that they are fit for purpose
- Approving key recommendations in relation to development of Sexual Assault Services across the region and ensuring that the resources needed are made available to the programme when required
- Delegating authority to the Programme Director to lead the Programme development
- Reporting progress to the NHS Wales Health Collaborative and other stakeholders through their respective governance arrangements.

## ASSESSMENT

### Membership

The Welsh Sexual Assault Services Board will, when required, be split into two distinct sections the operational service delivery and the strategic oversight and decision making. The health boards in some areas function as both providers and commissioners and will ensure that there is from different individuals for the operational elements and the strategic updates and decisions. The Board is chaired by the Managing Director of the National Collaborative Commissioning Unit.

- Health Boards:
  - Aneurin Bevan University Health Board (UHB)
  - Cardiff & Vale UHB
  - Cwm Taf Morgannwg UHB
  - Hywel Dda UHB
  - Powys Teaching Health Board (THB)
  - Swansea Bay UHB
  - Betsi Cadwaladr UHB
- Police and Crime Commissioner offices:
  - Gwent
  - South Wales
  - Dyfed Powys
  - North Wales
- Police forces:
  - Gwent
  - South Wales
  - Dyfed Powys
  - North Wales
- Regional clinical leads
- National Collaborative Commissioning Unit
- NHS Wales Collaborative
- Welsh Government
- New Pathways (Operational only).

## Supporting Groups

### **Finance, Commissioning and Performance Group (FCPG)**

The overarching aim of the Finance, Commissioning and Performance Group is to ensure that appropriate processes and documents are put in place to support the finance, commissioning and performance of sexual assault services as the implementation component of the Welsh Sexual Assault Services (WSAS) programme. These documents are to be approved by the Board prior to the submission to the WSAS Board. The membership comprises of commissioners &/or finance representatives from health, police and the Offices of the Police and Crime Commissioners (OPCCs).

### **Service Delivery Groups (SDG)**

The Regional Service Delivery Group will be responsible for implementation and day to day delivery of the operational service model for Sexual Assault Referral Centre (SARC) hubs within the region. The overarching aim of the SDG is as follows:

- A focus on improving outcomes and client experience from the outset.
- Undertaking planning for the development and delivery of an integrated SARC hub service within the region
- Ensuring accommodation for the regional SARC hub is fit for purpose and meets required standards including capital, ISO etc.
- Ensuring sustainable workforce is in place to meet the requirements of the SARC hub within the region
- Ensuring services meet and are delivered in line with agreed policies, procedures and the service specification.
- Monitor capacity within regional SARC hub raising any concerns with the WSAS Board.
- Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensure the service model facilitates improved access and equity of access to SARC services.

The Service Delivery Group will comprise service providers and operational leads from health and the police within the region and will include Health, Police and 3<sup>rd</sup> sector operational leads.

## **ISO Accreditation Group**

This group has been stood down with the appointment of a new project lead for South Wales ISO (International Organisation for Standardization) accreditation. It is proposed that a new group is developed on an all-Wales basis and the governance will need to be agreed. This will require further discussion with Police colleagues who lead on the accreditation of the SARCs.

## **Service and Survivor Engagement**

The WSAS Service Engagement Group will provide scrutiny, advice, and feedback to the WSAS Programme as it implements changes to sexual assault referral services in Wales and delivers the new 'Hub and Spoke' service model. The new service model is driven by the needs of victims and will ensure that relevant clinical, forensic, quality and safety standards, and guidance are being met, and that robust governance arrangements are in place. Meetings and workshops will be run for Service Engagement Group members to discuss, develop, and shape a range of WSAS Programme activities.

## **Traumatic Stress Wales Sexual Assault Steering Group (TSW)**

The Steering Group will identify existing provision and gaps, and develop, implement and monitor the delivery of integrated care pathways for sexual assault, in conjunction with the Local Health Board Leads, and with oversight from the TSW National Steering Group. It will bring together relevant stakeholders with relevant experience and expertise in this area to provide optimal input to ensure the TSW plans and delivers appropriate services across Wales for sexual assault, in line with its agreed principles and objectives.

## **Project Groups**

There are a number of project groups that have been set up in order established to address specific areas including:

1. Forensic Medical Examiners project
2. Paediatric Services Project
3. Independent Sexual Violence Advisor (ISVA) Oversight Board
4. Performance Group
5. Spokes subgroup
6. Commissioning Task and Finish Group

In addition to these groups, there are a number of other regular meetings that the WSAS team attend including:

1. Violence against Women Domestic Abuse and Sexual Violence (VAWDASV) National Board
2. VAWDASV Children and Young People (CYP) Blueprint Group
3. VAWDASV Research Network
4. Rape and Serious Sexual Offences (RASSO) Strategic Delivery Group
5. Criminal Justice Victims and Witnesses Taskforce
6. Honour Based Violence leadership Group
7. Traumatic Stress Wales (TSW) National Steering Group Meeting
8. Four Nations meeting
9. Childrens Commissioner Round table
10. Welsh Government cross departmental sexual assault meeting.

## Financial Governance

In order to implement phase one of the model and to meet the ISO accreditation standards, there has been a new service model agreed that has been phased over a 3-year period. The Health Boards' 50% contribution to phase one of this model is an uplift of **£347k** in year one and **£506k** over the 3 years to the full implementation. The required funding contribution has been included in the NCCU plan through the WHSSC /EASC planning process. The 50% Police funding already having been agreed through their internal governance processes.

**Table One: Health phase one totals and uplift from baseline**

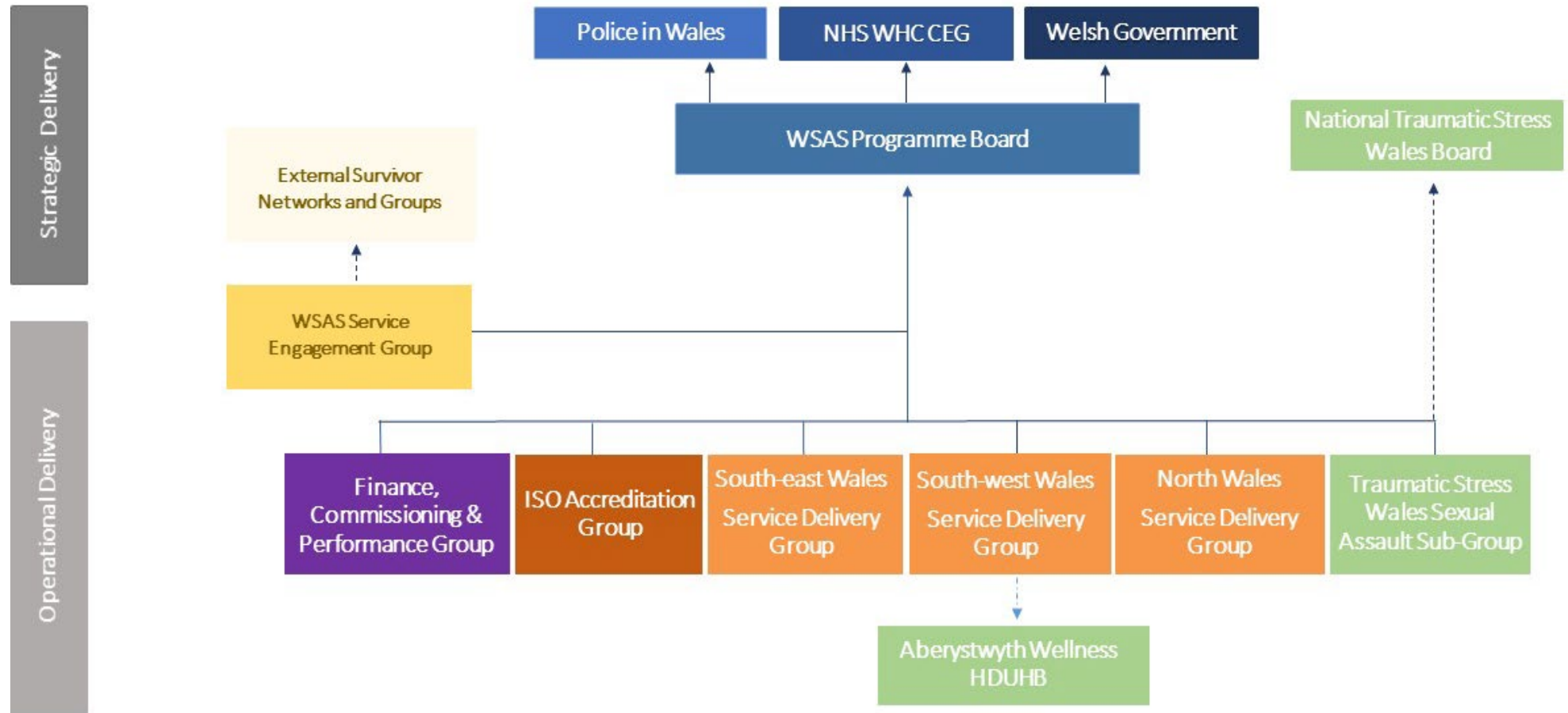
<b>Year</b>	<b>Health 50% funding £000's</b>	<b>Uplift from baseline (£000)</b>
2023-24	1,149	347
2024-25	1,274	124
2025-26	1,308	35

It is anticipated that there will be elements of the model that will be provided by Health and elements that will be provided by independent/third sector providers, the phase one model has however been costed based on NHS pay scales. It should be noted that the composition of the funding contained within the baseline payment is not known. There are currently services contained within phases 2 and 3 which are additional and still need to be paid directly to providers until these costs and splits are agreed.

## RECOMMENDATION

Further information or clarification on the programme governance can be provided on request from Jo Williams, Programme Director WSAS.

## Appendix 1 – Governance Structure





**SARC Handover – to complete**

<b>Action</b>	<b>Lead</b>	<b>Current position</b>	<b>Supporting doc</b>	<b>Supporting links</b>
Sign off recommendations	?	Signed off by all Boards. Went to Powys Board in December. Agreed. Formal response awaited		
Identifying commissioning organisation	Marie Davies	Original discussion at CEO forum, identified Powys as potential option. Powys has indicated they will not be able to take up this role Letter sent to NCCU (Shane Mills) requesting support to explore potential option for commissioning  Paper in draft for CEO forum ?January		
Host organisation for SARC programme moving forward	Marie Davies	Proposed the network move to sit under NHSWHC in line with other networks. Regional planning support to come from Marie Davies. Commissioning arm to sit under lead commissioning organisation. Discussion with Rosemary Fletcher, Director NHSWHC 27 <sup>th</sup> November 2019  Paper in draft for CEO forum ?January		
Agree and implement new governance structure to take forward next phase of the work.	Network Manager	New governance structure in draft for consideration at January Project Board meeting. Draft terms of reference for: AOB, P&C, ODNB, Service engagement group, Regional Delivery Groups for approval by Project board in January.		
Service engagement group	Network Manager	Initial contact made with service providers current and potential future.		

		<p>Formal invite to group still needs to be issues</p> <p>CHC updated and added to group</p>		
Appointment of network manager (will replace current Programme Manager support RH) and support		<p>JDs have been drafted and sent to PHW matching team (November 2019)</p> <p>ActionPoint call 1681946 - JD request for banding - SARC Network Manager</p> <p>ActionPoint call 1668649 - Job Evaluation - Programme Support Officer</p> <p>Funding approved for 0.5wte band 5, 0.5wte band 8c</p>		
Identify Chairs to lead Assurance and Oversight Board, Commissioning and Procurement Board & Operational Delivery Network	Project Board	<ul style="list-style-type: none"> <li>• Current Chair of Project Board, Maria Battle: suggest remains chair of AOB</li> <li>• Operational Delivery Group – Network Manager</li> <li>• C&amp;P – tbc</li> <li>• Service Engagement Group – to be nominated by members. Will have a period of tenure.</li> </ul> <p>Recommended Memberships to go to Project Board in January 2020</p>		
Financial arrangements		<p>Cath David, C&amp;V remains link at present.</p> <p>Funding agreed to support the adult and paediatric hubs, network and commissioning roles only to date. Financial framework for 2020/21 to be developed. This will assume the following from 1<sup>st</sup> April is split 50:50 health:police</p> <ul style="list-style-type: none"> <li>• Full children’s service (with exception of increase in age) in place in C&amp;V</li> <li>• Network roles (clinical, manager, support, commissioning) in place</li> </ul>		

<p>Confirm extension of contracts for regional leads</p>	<p>C&amp;V – Cheryl Evans</p>	<p>Initial discussions with adult leads, agreed 12 month extension with reduction to x1 session for lead mid &amp; west Wales x1 session for lead south east Wales</p> <p>Current lead for paed to retire in March. Request from individual as to whether they can continue for further 12 months as the transitional lead? NB: job descriptions asks for individual to have clinical commitments as there are none within the role.</p> <p>Discussion to be had with finance support C&amp;V regarding continuation of current funding arrangements (HB only) until end of March Funding to move to HB/Police from April as part of new service model.</p> <p><b>Need to explore new contracts from 1<sup>st</sup> April with agreed host organisation.</b></p>		
<p>SARC hub Aberystwyth</p>	<p>Hywel Dda UHB – Sian Passey/Helen Munro</p>	<p>The recommendation approved is the move to a hub in Aberystwyth, Swansea and Cardiff.</p> <p>Work is progressing to develop new accommodation to support a SARC hub in Aberystwyth as part of the Hywel Dda UHB integrated Wellness Centre in Aberystwyth.</p> <ul style="list-style-type: none"> <li>• Formal project in place led by Health Board.</li> <li>• Representatives to sit on project board – Lisa Humphreys, Helen Munro</li> <li>• Sub group to be set up comprising current and future service providers, health, police, VAWDASV lead M&amp;WW, capital planning HD</li> </ul>		

		<p>UHB, that will report through the Health Board governance structure.</p> <ul style="list-style-type: none"> <li>• Will need to provide accommodation for SARC hub and associated spoke facilities</li> <li>• Representative (Helen/Lisa) will need to be the link into the wider project to provide updates</li> <li>• New build will need to meet ISO standards</li> </ul> <p>Consideration may need to be given to moving to a single hub Aberystwyth prior to the move to new build as a means of addressing the implications of ISO for the wider Dyfed Powys area.</p>		
SARC Hub Cardiff (adults and children)	C&V UHB Cheryl Evans/Alison Mott	<p>New SARC being developed. Business case into Welsh Government. Being led through C&amp;V Capital Planning at present</p> <p>New build will need to be ISO standards.</p> <p>Consideration may need to be given to moving to a single hub in the south east region 'Ynys Saff SARC' prior to the move to new build as a means of addressing the implications of ISO for Risca.</p>		
SARC Hub Swansea Adult	New Pathways	<p>New pathways currently provide this service. They own a building in SA1, purchased and refurbished 2019 via VAWDASV funding from Welsh Government. Some additional ICF funding provided by Swansea Bay UHB.</p> <p>Some additional New pathways services also provided from building.</p>		

		<p>Unclear on status regarding ISO accreditation.</p> <p>Clarification is required on how this aligns.</p>		
Commissioning of SARC Hub services		<p>It is a requirement of a statutory bodies to go through procurement for services provided by non-statutory bodies. This may include services in Aberystwyth and Swansea. Clarification sought on the service in Ynys Saff SARC and Paediatrics in Swansea Bay as currently provided through a statutory body as core service provision.</p> <p>Advise is being taken from NHSWSSP legal services.</p>		
ISVA audit	C&V	<p>Proposal approved by Project board – to be funded from money agreed for posts for 19/20.</p> <p>To note:</p> <ul style="list-style-type: none"> <li>• Several potential organisations available.</li> <li>• Nic Cowley (NHSWSSP) has identified Sarah Yellen and Claire Salisbury as the contact for SARC work.</li> <li>• Formal specification to be developed (Sarah Y to send template) to progress process</li> </ul>		
ISO accreditation	Police - Matt Sedgebeer	<p>Meeting being established across the forces to look at implications of ISO 6<sup>th</sup> December).</p> <p>Report will be produced which</p> <ul style="list-style-type: none"> <li>• Identifies current status of sites (review ISO assessment)</li> <li>• Clarifies who is responsible for forensic ISO status of Swansea SARC, Ynys Saff, Sapphire Suite</li> <li>• Clarifies timelines</li> <li>• Costs associated with meeting accreditation</li> <li>• Plans for meeting and sustaining accreditation</li> <li>• Option for Dyfed Powys – 1 site, versus 3 sites</li> </ul>	 Powerpoint - ISO Accreditation SARC N  Operational-procedu res-and-equipment-fc	

		<ul style="list-style-type: none"> <li>• Option for Risca – upgrade vs timelines to move adults to Ynys Saff SARC</li> </ul>		
Children’s model - Swansea	SB UHB – Sam Williams	<p>Previously provided by Swansea Bay UHB from Singleton Hospital. Currently only historic service being provided, remaining service suspended due to workforce issues.</p> <ul style="list-style-type: none"> <li>• Work being led by Sam Williams, Service Manager children.</li> <li>• T&amp;F groups established across M&amp;WW to develop service model. this will need to include input from Hywel Dda UHB consultants.</li> <li>• Once a sustainable workforce model has been developed (in-hours only), consideration will need to be given to the accommodation to support this</li> <li>• Costs will need to be identified to support accommodation and a funding stream identified. This is likely to be through the WG capital planning process.</li> <li>• Financial envelop reflects that identified by service leads through the SARC work.</li> </ul>		
Children’s model - Cardiff	C&V UHB	<p>Currently provided from Ynys Saff SARC for all acute cases across south mid and west Wales up to 14 years and historic cases.</p> <ul style="list-style-type: none"> <li>• Work has been led by Alison Mott (lead clinician) to date. Will need to be led by service manager moving forward.</li> <li>• Working to develop options for in-hours/out of hours service provision that is sustainable and has buy-in from community paediatrician</li> <li>• Opportunities may exist to</li> </ul>		

		<ul style="list-style-type: none"> <li>Financial envelop reflects that identified by service leads through the SARC work.</li> </ul>		
Interim children's service	C&V UHB – Alison Mott	<p>An evaluation is taking place of the interim model led by Alison Mott, clinical lead.</p> <p>Initial findings suggest the move to fixed clinics in hours has minimised the demand for out of hours. Consideration therefore needs to be given to fixed clinics 7 days a week. This may potential change the model for out of hours service provision.</p> <p>Intentions to move from interim model to full service model from 1<sup>st</sup> April 2019.</p>		
List of policy documents required	ODN	Draft pulled together as issues arise. Will need to form part of the work programme for the delivery network.		
FME provision		<p>Move to a single contracted service agreed as the direction of travel.</p> <p>Preference for a NHS provided service.</p> <p>FME T&amp;F group in place, model being developed and costed for a possible NHS service model.</p>		
Work plan for next phase				
Link with north Wales				

## Proposal for Regional Sexual Assault Referral Centre (SARC) Model for South, Mid and West Wales

<b>Author:</b>	Rachel Hennessy, Programme Director
<b>Executive Lead:</b>	Deputy Director Strategy and Planning, C&V UHB
<b>Approved by:</b>	SARC Project Board
<b>Date document approved:</b>	1 <sup>st</sup> August 2019
<b>Caring for People, Keeping People Well:</b>	This proposal is key in delivering outcomes that matter to people and providing sustainable services through delivering care across sectors
<b>Financial impact:</b>	Section 6.
<b>Quality, Safety, Patient Experience impact:</b>	This proposal will provide a more accessible and sustainable service for some of the most vulnerable adults and children across South, Mid and West Wales
<b>Health and Care Standard Number:</b>	2.7 Safeguarding Children at Risk and 3.1 Safe and Clinically Effective Care
<b>Equality Impact Assessment:</b>	Section 7.

### Assurance and Approval

- Financial scrutiny and assurance has been provided by the Chief Finance Officers for police and PCCs across South, Mid and West Wales July 2019
- Health boards have considered the financial proposal through their financial representation on the SARC Project and via CEO forum
- The SARC Project Board has approved the service model and costs associated with implementation of phase 1: adult and paediatric SARC hubs, commissioning and network on August 2019

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## **Executive Summary**

This paper details the recommendations for the reconfiguration of Sexual Assault Referral Centres (SARCs) across South Mid and West Wales. This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

This Final Report was considered and approved by the SARC Project Board 1<sup>st</sup> August 2019. This report will be considered and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes presently located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles.

The total costs of phase 1 will be split 50:50 between health and police, with each sector required to contribute £578,159 per year.

<b>Proposed model phase 1</b>	
Health contribution	£581,909
Police contribution	£581,909
<b>total</b>	<b>£1,163,817</b>

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations, including Police Chief Finance Officers, to support moving forward with phase 1

### **Phase 2 and 3**

- Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740 ) and counselling (£394,450). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

**SARC V0.8**  
**05.08.19**

- Phase 3 will look at the forensic medical examination service. £666,619 was identified as the associated cost of the FME service in the original modelling work.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will require detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

Assuming there are no further increases in costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of £1,375,353 across the commissioning organisations.

<b>Regional model</b>	
Costs of current model	£1,659,360
Costs of proposed model	£3,034,713
<b>Difference</b>	<b>£1,375,353</b>

Based on a 50:50 split, Health Boards and police would each be required to contribute around **£1,517,357**.

## **1. SITUATION**

This paper provides an overview of Phase 2 of the Sexual Assault Referral Centre (SARC) project since its inception in June 2018. It provides an overview of progress and outlines the key areas for discussion. There remains a commitment from all agencies to the delivery of a service that is clinically safe, sustainable and meets the needs of the population of Wales. It must also demonstrate value for money.

Further integration between health and the police in the delivery of forensic services continues to be a priority, with a joint commitment to the delivery, in the future, of a public sector provided forensic medical service. This paper needs to be considered in conjunction with the proposed financial framework to support the model (attachment 1). An overarching proposed timeline is also attached (attachment 2.)

On approval of this report by the SARC Project Board, the recommendations will need to be considered through internal governance structures for health, police and Police and Crime Commissioners (PCC) as the commissioning organisations. Any further changes to the service model or funding requirements will also need to be considered by the individual commissioning organisations through their internal governance structures.,

## **2. BACKGROUND**

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

The remainder of this paper provides details on the service models and recommendations made by the Project to support a regional SARC service model.

### **3. ASSESSMENT AND ASSURANCE**

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

**SARC Hub:** 'A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care'.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (with access to emergency Intrauterine Device (IUD) fitting) and Sexually Transmitted Infection (STI) risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

**SARC Spoke:** 'A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations'. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community.

The table in attachment 3 provides a more detailed outline of the services available at the hub and spokes.

The work to develop a preferred service model for the region is underpinned by these definitions, a set of key principles and a baseline data set (attachment 4).

A series of multi-agency option appraisal workshops have taken place and the outcomes used to inform the final model. The finding of the Equality Impact Assessment (EIA) undertaken in Phase 1 has also been considered.

### **3.1 Childrens Services**

There remains a commitment to the original modelling work (2015), which identified two paediatric SARC hubs (Swansea and Cardiff) to provide paediatric acute and historic services across the region – ongoing support will be provided from the more local SARC spokes.

However, difficulties with recruitment of paediatricians in Swansea in 2018 resulted in a proposal to move to an interim model where acute presentations of children under the age of 14 from across the region are being seen at Ynys Saff SARC, Cardiff. Prior to this, children under the age of 13 were seen at Abertawe Bro Morgannwg (ABM) University Health Board (UHB) in hours, including acute presentations, for the population of Swansea and Ceredigion, Carmarthenshire, Pembrokeshire and parts of Powys. Historic cases will continue to be seen in Swansea, Cardiff and Abergavenny. Out of Hours acute paediatric cases up to 14 years of age will continue to be referred to Cardiff.

Due to the challenges associated with providing a sustainable service in Swansea, it was important to review the proposal for a two-hub paediatric model in terms of feasibility and achievability. On review there was support to increase the age of the paediatric hub to children up to 16 years, in line with national guidance and services in North Wales and an option appraisal exercise took place, the outcome of which was support for a two-hub model across the region.

Following this recommendation, a focus group comprising paediatricians across the region was brought together to look at the feasibility of the model and the necessary actions to support implementation. In line with the service model in England, the paediatricians also felt there would be benefits to developing their role so that they could undertake forensic and health assessment single handed rather than requiring the presence of a forensic examiner as well as a Paediatrician.

The focus group also acknowledged that in order to deliver a future service for children in Swansea (which replicates the in-hours service in Cardiff), appropriate accommodation still needs to be identified, that will meet forensic standards and standards associated with the provision of children's services. A formal options appraisal will need to be undertaken and costed. The outcome will need to be considered by the commissioning organisations. Options may include developing a combined adult and child hub on health premises in

Swansea, exploring the opportunity to 'lease' accommodation from the third sector, or paediatrics remaining stand-alone in an improved environment within Singleton or Morriston Hospital. Benefits of a joint model include the ability to access counselling, and staff experienced in the court process and police interviews, so overall better support for families. A joint model would also provide the benefits of being able to integrate adolescents into SARC services without them having to choose between adult and children's services

Both the interim and proposed service model for children have been developed with the intention of minimizing the number of cases needing to be seen out of hours, although an out of hours service will continue to be available in line with the existing service model.

The proposed service model recognises the importance of having an experienced workforce to ensure the quality received by children is of the highest standard. In order to achieve this standard a critical mass is required to enable clinicians to see a minimum number of children to develop and retain the skills and competencies required to provide a high quality service. It is important a child is seen by the most appropriate individual as the trauma of being seen by the wrong person may be as bad as the assault. At present, the small number of children accessing the service means that it is only possible to achieve this at two sites across the region. The aim is for the majority of children to be seen during the day, and as a minimum, be able to offer a paediatric assessment within 24 hours of referral. This may include the opportunities to explore an out-of-hours rota, which flexes across sites (Swansea and Cardiff) in the future.

In drawing together the conclusions of this work, a number of recommendations are being made to the project board.

**In hours: proposal**

- *Two paediatric SARC hubs (Swansea and Cardiff) will provide services for children up to their 16<sup>th</sup> birthday. Children can expect a joint examination with a paediatrician and forensic examiner for acute presentations and a single examination by a paediatrician for historic presentation.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the Forensic Medical Examiner (FME). Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the in-hours proposal will require:

- Training of consultant paediatric workforce to manage older children. In general, paediatricians across the NHS see children up to the age of 16 years, except in certain circumstances e.g. cardiac/renal/cystic fibrosis etc .
- Identification of accommodation for paediatric SARC hub to considered as part of a formal multi-agency costed option appraisal.
- Identified sessions in paediatrician's job plans for SARC clinical service provision, training and peer review
- Financial resources to support training and appointment of suitable workforce

**Out of hours: proposal**

- *One paediatric SARC hub (Ynys Saff SARC) will provide services for children across the whole region up to their 16<sup>th</sup> birthday. Children can expect a joint examination with a paediatrician and forensic examiner.*
- *Children 16-17 will continue to have a forensic examination at the appropriate local SARC Hub by the FME. Health needs will be considered at each SARC with appropriate signposting. This model will be subject to review and open to change following evaluation of the model for younger children.*

Delivery of the out of hours model will require:

- Training of consultant paediatric workforce to manage older children
- Consideration of a regional consultant paediatric rota for in and out of hours service at Cardiff, supported by a daily fixed clinic and European Working Time Directive (EWTD) compliant.

**Forensic examinations for children: proposal**

- *Paediatricians will be appropriately trained to undertake forensic medical examination for children presenting at the paediatric SARC hubs.*

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.

- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

### 3.1.1. Children living in Powys

Powys covers a large geographical area in the middle of Wales. Services to support the population of Powys may be commissioned from Health Boards in both North and South Wales and from NHS England, taking into consideration the requirements of the population. Further consideration has been given to the proposed children's model, i.e. paediatric SARC Hubs in Swansea and Cardiff and the impact on children in North Powys. Since late 2016, when the SARC provision in Telford closed, there has been no formal pathway in place for children residing in North Powys. Betsi Cadwalader UHB have stepped in to support PTHB on an ad hoc informal basis in the interim.

When considering indicative travel times (Attachment 6) it was felt more equitable for children in North Powys to access SARC services in North Wales, rather than Cardiff or Swansea – ongoing support would be from the more local SARC spoke in Newtown. Whilst there has been no provision for North Powys resident requiring access to SARC services from North Wales previously, it is felt this would be the most beneficial model for children in this region requiring access to FME services. In concluding this the following recommendation is being made for children in North Powys:

- *There is a commitment to developing pathways for children up to their 16<sup>th</sup> birthday, who live in North Powys to access SARC services in Colwyn Bay, North Wales, if they require a forensic medical examination.*

Delivery of service for children in North Powys will require:

- Discussions with Betsi Cadwalader/North Wales Police regarding the preferred model.
- Clear pathways to be developed
- A funding agreement to support cases being seen in North Wales

### Timelines

The Interim children's model is for an initial period of twelve months. However, there are no plans to withdraw this service before the preferred service model is implemented.

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

Further work is required to determine the time frame to support paediatricians undertaking forensic examinations of children.

### **3.2 Adults services**

Services are currently provided by third sector across the region with the exception of in Cardiff and Vale where the service is provided by NHS Wales. All SARC's across the region currently offer the facility for adults to undergo a forensic examination. They are currently located in Merthyr Tydfil, Risca, Ynys Saff Cardiff, Swansea, Carmarthen, Newtown and Aberystwyth.

In Phase 1, the SARC project agreed the principle of a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff, Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown – towns with existing SARC's). The decision on a hub and spoke model and the number of hubs in the region was made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region.

Phase 2 reviewed the model, activity, service specification and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. Therefore, after extensive discussion and review of the supporting information, a revised service model was agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with the two spokes in Newtown and Carmarthen. In this model, access to forensic services for the north of the region would be retained. Clients in the south of the region, would access the nearest SARC Hub at either Swansea or Aberystwyth depending on where they are resident. This model will support the holistic needs of the clients, increased sustainability and the opportunity for greater integration between sectors, including a closer alignment with the sexual health services. It would also provide more equitable

coverage as part of a strategic model of sexual assault services across South, Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystwyth.

Data used to underpin the service planning process suggest there are approximately 1654 over 16 year olds with an initial presentation at a SARC across the region (2017/18). Of this figure only 306 underwent a forensic medical examination and therefore would be required to attend the SARC Hub in the recommended model. The remaining 1348 would receive service from their nearest SARC spoke. Individuals presenting at the SARC Hub (306 cases) would return to their nearest SARC spoke or health board providing sexual health services, for follow-up support after the acute examination.

Table 1 gives an overview of how activity levels (The number of individuals presenting for a forensic and health examination, would change based on the introduction of three SARC hubs in Aberystwyth, Cardiff and Swansea.

Table 1. changes in activity levels based on 2017/18 data

<b>Region</b>	<b>SARC</b>	<b>Current number requiring FME</b>	<b>Proposed number requiring FME</b>
Mid and West Wales	Aberystwyth*	13	24
	Newtown	11	0
	Carmarthen	30	0
<b>South West Wales</b>	Swansea*	<b>53</b>	<b>83**</b>
South East Wales	Ynys Saff Cardiff*	86	199
	Risca	67	0
	Merthyr	46	0
	<b>Grand total</b>	<b>306</b>	<b>306</b>

\*will be SARC hubs providing forensic and health examinations in the proposed model  
 \*\* It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

Whilst the preferred model clearly offers a number of benefits for clients accessing the service, there are a number of areas, which need to be considered when moving forward with implementation of the recommended service model.

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

Concerns have been expressed that at times there could be multiple cases attending a single SARC Hub. This is not a unique situation and there are examples across the country where SARCs have multiple cases presenting at the same time. In these circumstance cases will be assessed, managed and prioritised based on the needs of victim rather than by the area in which they reside. This service will need to be supported by clear operational protocols and performance monitored closely. During phase 1 (2015/16) modelling work looking at a service model with three SARC hubs, calculated that based on current demand, very few days of the year would have more than one case presenting at the same time.

Welsh Government has also given approval for redevelopment of the SARC in Cardiff, which will have additional capacity to accommodate the increase in demand from Risca and Merthyr Tydfil SARCs resulting from the change in model as well as having the ability to accommodate potential increase in demand.

South East Wales proposal:

- *A single adult hub to support South East Wales, at Ynys Saff SARC, Cardiff (which will also provide spoke services to Cardiff and Vale population) supported by spokes in Risca and Merthyr Tydfil.*

South West Wales proposal:

- *A single adult hub to support South West Wales (will also support a proportion of Hywel Dda population) provided in Swansea, which will also provide spoke services to Swansea population.*

Mid and West Wales Proposal:

- *A single adult hub to support Mid and West Wales provided in Aberystwyth, (which will also provide spoke services), supported by additional spokes in Newtown and Carmarthen.*

When considering the overall model for the provision of adult services there are a number of other areas for consideration, which may help to address concerns relating to governance and access to services:

- Alignment of SARC hubs with health boards, allowing for strengthened governance processes.
- Services (both hub and spoke) may continue to be provided by the third sector, however, operational lines of governance and accountability for SARC provision would be through a health board for the SARC hub service, via the commissioning infrastructure.
- This model would provide the professional and clinical governance structure to support the appointment of clinical coordinators in each centre, alongside the third sector, creating a more integrated service. At present with the exception of Ynys Saff SARC Cardiff, there is no clinical input (with the exception of visiting FMEs) to provide a link between the SARCs and the health service requirements of the individual client accessing the service.
- Future opportunities may exist to provide outreach provision using health premises for follow up medical treatment and psychological support.
- Further consideration needs to be given to the benefits and opportunities for developing local SARC spokes in other areas of the region.
- Spokes continue to be provided by the third sector where appropriate. Whilst there will be a core service specification within a spoke, local police forces/PCCs may choose to commission additional services from the third sector/health to meet the requirements of the local population. That would be at the discretion of the local police force/PCC and outside the remit or costings of this proposal.
- A task & finish group will need to be established to develop the detailed work, including costs associated with the 'spokes' to support the SARC hubs. This will also need to consider therapeutic required.

### **Timelines**

On approval of the proposed models, work will commence immediately to progress with the procurement process to support implementation of the new model. It is anticipated that elements of the new model would be in place 2020/21 but it will take up to three years to fully implement the 'hub and spoke' model.

### **3.3 Forensic Examination Service**

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is

realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

Currently commissioned by individual police forces across the region: Gwent Police; South Wales Police and Dyfed Powys Police. Three private providers are commissioned alongside a number of self-employed doctors in Gwent. There are concerns with the current model regarding sustainability, clinical governance and limited engagement with local health services.

The proposed model to move towards and NHS provided FME service, if agreed, will require further work to develop a detailed costed model which will independently of this report need to be considered and agreed by the individual commissioning organisations.

In the interim, there is clear agreement that Health and the Police will take an integrated approach to developing and monitoring existing forensic services and wherever appropriate, as existing contracts end, there is a collective agreement to move forward with implementing the principles of the agreed model.

#### **FME Proposal**

- *‘Two private providers for South Wales Police/Gwent Police and Dyfed Powys Police, with a move to single provider once current contractual arrangements come to an end.*
- *There is a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.*

Delivery of the FME proposal will require:

- Identification of a lead commissioning police force to support the implementation of a single provider.
- A phased approach due to differing lengths of existing contracts.
- Establishing a task and finish (T&F) group comprising health and police organisations, to develop a detailed service model and associated costs, which addresses both health and forensic needs of the client and ensures standards and guidelines are met.
- Development of a clear model to support an NHS provided FME service, including training requirements which will need to be fully costed and appropriate funding streams identified if required. Due to time needed to train clinicians to carry out a forensic medical examination competently

and to national standards, training may need to start before current contracts have expired.

- Health to support police forces in monitoring and managing existing FME contracts.
- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

### **Timeline**

On approval of the proposed models, work will commence to establish a joint health/police task and finish group to take forward the work required to move to a fully costed and detailed service model. It is anticipated that elements of the new model would be in place 2020/21 as forces move towards a single private provider for the region. However, it is anticipated it may take up to ten years to fully implement the preferred NHS provided FME services. This will also be subject to approval of funding by individual organisations.

## **4. COMMISSIONING INTENTIONS**

As public bodies providing the funding to SARC services, there is a statutory obligation on health and the police to account for their spend and a requirement to go through an open and transparent public procurement process where a commercial contract is required, which in the current and proposed service model is the case. The exception to this will be the service at Cardiff and Vale (C&V) UHB and children's services at Swansea Bay UHB, which, as existing NHS services currently funded by NHS and Police, provides for the local population (and will not change), can be excluded from a procurement process. This exemption would be based upon case law & codified under the Public Contracts Regulations (Reg 12(7)) where public-to-public collaboration, which is purely in the public interest can be exempt from the regulations. This exemption would need to ensure it meets the tests required under law.

As health is the assumed lead commissioning organisation, following recommendation in phase 1, guidance has been sought from NHS Wales Shared Services regarding any formal processes required to formally appoint contracts between health as the lead organisation and the service provider/s. NHS Wales Shared Services are the All Wales organisation, which supports procurement of contracts, which cross several health regions. Shared Services will need to lead the procurement process and a procurement board established under the wider SARC project structure.

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services

are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

Contracts that are currently in place with third sector are limited and agreements in the main are extended year on year with majority of agreements/contracts currently to April 2020.

#### **Proposal**

- *A formal procurement process, led by NHS Wales to appoint the hubs and spokes across the regional service model.*

This will require:

- Joint collaboration between health and the police to develop a clear service specification and in taking forward the procurement process.
- Development of a clear commissioning and procurement process to address separately the requirement for SARC hubs and spokes in line with agreed phasing of the service model. There will need to be a level of flexibility to ensure local needs are considered and additional finance streams can be accessed, alongside meeting core service requirements.
- Support from Welsh Government to manage any concerns associated with taking forward the process
- Resources from NHS Wales Shared Services to lead the procurement process.
- Agreement on the financial model to support the approved service model and appropriate funding identified. This funding will need to be ring-fenced once approved in order to account for the time it will take to go through the procurement process, award contracts and implement the model.
- Additional detailed assessment, legal input, a governance process/board in place, a definitive statement of service requirements and a panel of end users/stakeholders to assist with any evaluative work.

#### **Timeline**

It is anticipated that the actual procurement will take several months to complete, with non-FME contracts awarded and services in place by April 2020.

## **5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK**

It is recommended an All Wales SARC Welsh Delivery Network , comprising a multi-agency Operational Deliver Network alongside the joint commissioning board and lead commissioning organisation should be established. Unlike the SARC Project, the network would include north Wales.

The SARC Network would be a multiagency forum and provide a platform to engage with third sector and the public, as well as linking the different strands (health and Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) in Welsh Government. It would lead the development and implementation of an All Wales service strategy and act as a specialist point of contact. It would provide evidence based and timely advice to the Welsh Government and the lead commissioner to assist the service in discharging its functions and meeting their responsibilities. It would also be responsible for undertaking planning for the development and delivery of an integrated SARC service on an all Wales basis and determine services to be procured in Wales, advise, audit and monitor performance and clinical governance and lead in the development of care pathways and service specifications.

The SARC Network will also be the vehicle through which specialised SARC services for adults and children can be planned and commissioned on an all Wales basis in an efficient, economical and integrated manner and will provide a single decision-making framework with clear remit, responsibility and accountability. This will include the management of a ring-fenced budget.

The Network will also support the development, implementation and monitoring of a single database across the region which will monitor activity, performance, delivery against standards, outcome measures and support future service planning.

Phase 1 (2015/16) of the SARC Programme identified the need for an independent lead commissioning organisation from health, a joint commissioning board and a move to develop pooled budgets. In line with phase 1 (2015/16) recommendations, Phase 2 (2018/19) has looked further at developing the model needed to support the delivery of the SARC service for the region. The SARC model appears unique in that there does not appear to any other clear examples in Wales where funding is provided across health and another public body (other than local authority). It is recognised that to deliver this model, a formal commissioning structure is required, including a lead commissioning organisation, and a joint commissioning board.

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative

commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a). Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

As the host organisation for delivery of the SARC programme of work and as the largest service provider it is also recommended C&V UHB is appointed to host the Operational Delivery Group as part of the overarching Delivery Network.

**Proposal**

- *An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation A lead commissioning organisation is identified*
- *C&V takes on the role as lead provider organisation*

This will require:

- Formal recognition by Welsh Government of a SARC Welsh Delivery Network as the specialist advisory body on SARC services for Wales
- Support from Welsh Government, including finances for establishing a SARC Welsh Clinical Network including regional clinical leads and a network manager.
- Engagement from commissioners, providers and service users as appropriate
- Health Boards to identified a lead commissioning organisation

**Timeline**

Further discussions are required with the commissioning organisations to identify a lead commissioning organisation and develop the commissioning framework with clear governance structures and terms of reference. The appointment of the lead commissioning organisation needs to take place as a priority.

It is proposed that the Project Board will formally close and handover to the Network once the relevant lead organisations have been identified and the supporting structure established. A 6-12 month leading time is anticipated.

## **6. FINANCES**

### **6.1 Financial assumptions**

The financial model in phase 1 was based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes alongside the spokes in the hubs and a regional component. The revised model retains a commitment to this service model. In addition, agreements supported by the project board in phase 1 have been upheld throughout phase 2. In line with this the following assumptions underpin the finance modelling work:

- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- Clinical supervision is managed within the resources identified in the proposed model.
- Cardiff infrastructure costs have been excluded.
- Out of Hours referrals will reduce due to extended opening times and proposed expansion to daily clinics.
- Paediatrician out of hours are minimal, and costs are based on the current model in Cardiff and Vale

The costs for the current model for comparative purposes have been reviewed and updated and are provided in detail in attachment 1a. The costs, including grants, which have been factored into the model, are those provided by representatives from health, police and third sector as nominated, who are member of the SARC finance T&F group.

Funding streams included relate only to those in health and police allocated to SARC services. They do not include any additional grants received by New Pathways for other service provision, which may or may not relate to SARC services

Management of the finances will be through the lead commissioner and associated joint commissioning board. The payment process will need to be determined once the lead commissioner and joint commissioning board is in place.

### **6.1 Revised Costs and Phasing**

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall

model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This programme of work is seen as a ten-year transformational programme of change.

Delivery of the service model has been split into three distinct stages:

- Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network
- Phase 2: Implementation of SARC Spokes
- Phase 3: Implementation of FME model.

Costs have been agreed in principle for recommendation to individual Boards, by representatives of the commissioning organisations to support moving forward with phase 1

Attachment 1a shows the detailed costs associated with phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network and the proposed phasing of those costs in line with the agreed model for this part of the work (attachment 1b).

**It is proposed that the implementation of Phase 1: Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network will costs £1,163,817.**

**6.2 Financial Impact for commissioning organisations of Phase 1:** Implementation of SARC Hubs for adults and children, establishing the commissioning framework and network

It was and continues to be acknowledged that the financial situation for the NHS and for the police service is increasingly challenging and, likewise, third sector organisations are at risk due to uncertainties in respect of funding from statutory bodies, grant funding and charitable funding.

In line with the financial modelling in Phase 1 (2015/16), costs have been split 50:50 between health boards and the police forces/police and crime commissioner offices. It was acknowledged that there is no specific guidance on the respective responsibilities of statutory partners for sexual assault services and services provided within SARCs other than responsibility for forensic medical examination within Wales, which remains with police forces. In light of this the Phase 1 Project Board agreed to take a pragmatic approach to recommendations for a future funding model. This was a shared funding

model, with a 50:50 split between the NHS and the police/PCCs that would then be further split based on population shares.

Table 2. Distribution of Costs based on 50:50 split

<b>Proposed model phase 1 (2015/16)</b>	
Health contribution	£581,909
Police contribution	£581,909
<b>total</b>	<b>£1,163,817</b>

The costs currently incurred by Health Boards to support the interim children's model will be consider as part of the contribution by Health Boards to the final model and not as a cost they will incur in addition to that of the final model.

As identified in Phase 1 (2015/16), costs incurred by each Health Board will be based on a split by resident population. Table 3 outlines these anticipated costs by Health Board, based on the boundary changes, which came into being 1<sup>st</sup> April 2019. A similar pragmatic approach has been taken to the split by police force region. However, this is for visual purposes only and is only notional. Further work will be required by the police organisations to determine an appropriate proportional split of their funding contribution.

A more detailed piece of work will need to be undertaken led by the lead commissioning organisations and joint commissioning board to determine the final commissioning model.

Table3. Distribution or costs phase 1.

Estimated health board split*:- (based on population shares)	Resident populations	%	phase 1 £
Cardiff & Vale	493446	20%	118,219
Aneurin Bevan	587743	24%	140,811
Cwm Taf Morgannwg	443368	18%	106,222
Swansea Bay	387570	16%	92,854
Hywel Dda	384239	16%	92,056
Powys	132515	5%	31,748
<b>Total Health Boards</b>	<b>2428881</b>	<b>100%</b>	<b>581,909</b>

Estimated police force region split*:-			phase 1
(based on population shares)	Resident populations	%	£
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658
South Wales Police	1324384	55%	320,050
<b>Total police region</b>	<b>2428881</b>	<b>100%</b>	<b>581,909</b>

- **Revenue costs**

The workforce model has been developed in line with the principles of the service specification developed in Phase 1 (2015/16) and reviewed with existing SARC managers.

As advised by the finance team in Phase 1 (2015/16), the cost of the workforce are based on NHS Wales Agenda for Change (A4C) pay scale (mid-point and including on-costs). There was recognition that the pay structures differ in the public sector to the third sector and that there was no standard pay structure across the third sector. It is acknowledged, however, that these costs only apply to NHS provided services and therefore are notional as a procurement process will need to take place for SARC services outside those currently provided by the NHS.

- **Non pay costs**

Non-pay costs comprise all costs not associated with payment of the workforce. This includes general consumables, drugs, travel, ISO accreditation etc. Costs to support the non-pay have been identified in the financial model.

To support the delivery of Phase 1 (Implementation of SARC Hubs for adults and children and establishing the commissioning framework and network), the non-pay cost included in the financial case is based on the current non-pay costs incurred by Ynys Saff SARC as the only existing integrated SARC hub for the region providing health and forensic assessment. There is also an additional £20,000 included to reflect the anticipated increase in travel costs for service users associated with a move to three hubs. A clear operating policy will need to be developed to support this. The non-pay costs will need to be monitored closely by the joint commissioning board.

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystwyth will need to be

included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

The police throughout the UK have always provided specialist forensic consumables to allow for quality assurance from suppliers. No changes to this model have been considered to date.

- **Capital Costs**

Capital costs have not been included in phase 1 or 2 as the focus of the project has been on reconfiguration of existing services.

Therefore, there is an assumption that equipment including scopes, consumables etc. that currently support forensic service at the SARC sites, that will no longer host a forensic facility, will be transferred to the new SARC Hubs.

Whilst it is not possible to go into significant detail regarding capital costs at this stage, it is possible to clarify some high level principles associated with management of capital costs. There is also an assumption that existing funding streams will continue until a formal change to the commissioning model is in place. Any changes to revenue and capital responsibilities outside those agreed by Boards in September, will also need to be agreed through a clear joint commissioning framework and will be developed through the proposed joint commissioning and procurement board, with representatives from health, police forces and police and crime commissioners

Where a SARC hub is located on health premises and requires capital investment, a business case for capital costs, which may collectively include the costs of equipment, fixtures, fittings and inclusion of examination facilities to meet ISO standards, would be developed by the Health Board hosting the SARC Hub and considered through existing NHS capital planning processes. Development of the business case would require endorsement from police colleagues.

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital

requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

Where a SARC hub is located on an NHS site, ongoing responsibility associated with the maintenance of the site will also be the responsibility of the host Health Board.

- **Transitional Costs**

Transitional costs to support the implementation of the recommended service model e.g. commissioning and Network development, have been built into the overarching finances. Health Boards will continue to support a Programme director to lead the work. Police forces have indicated a commitment to identifying resource to support the Programme Director in the next phase of the work.

- **Additional costs**

It is recognised that the costs associated with the recommended model are only those identified as 'direct costs'. Both health and the police incur significantly more costs associated with SARC service provision, as part of their wider service delivery.

Consideration will need to be given to how any unforeseen costs will be accommodated. This will need to be considered by the joint commissioning board.

### **6.3 Future costs associated with Phase 2 and Phase 3.**

It is acknowledged that further work is required to develop detailed models and associated costs of delivery for the 'spoke' services and FME services. It is recognised that each proposed phase can be considered independently. Each phase will require a separate business case and approval from individual organisations to proceed with implementation. An organisation which currently incurs the costs associated with providing the services to be considered in phases 2 and 3, will continue to do so until a detailed model and financial framework has been agreed and the new model commissioned and implemented.

Phase 2 will look at the provision of the SARC spokes. £1,180,191 was allocated in the original modelling work to accommodate this area for ISVAs (£785,740) and counselling (£394,450) (figures have been uplifted for agenda for change banding and inflationary increases). Significant work will be required to look at therapeutic requirements and costs, which has been excluded from work to date.

Phase 3 will look at the forensic medical examination service. £666,619 (figure has been uplifted for inflation) was identified as the associated cost of the FME service in the original modelling work.

Assuming there are no further increases costs following the detailed work required in stage 2 and 3 this would result in a total model costing £3,034,713.

For comparative purposes, this would mean an additional investment in the region of **£1,432,995** across the commissioning organisations.

Table 4. Differences between current and proposed costs

<b>Regional model</b>	
Costs of current model	£1,601,758
Costs of proposed model	£3,034,713
<b>Difference</b>	<b>£1,432,995</b>

There is no additional funding identified to support the proposed increase in costs above the current service level at present. However, following the work of the NHS Wales Health Collaborative (2016), the Cabinet Secretary for Health wrote to Health Boards outlining his intention that future funding requirements as detailed in the NHS Wales Health Collaborative financial assumptions should be ring-fenced from 2016/17 onwards. This equals £1,684,453.

## **7. EQUALITY IMPACT ASSESSMENT**

An EIA was undertaken in phase 1 (2015/16) of the project, which was used to inform the initial recommendation to the SARC Project Board. This work included review of national evidence and formal engagement with key stakeholders to identify the potential impact on protected characteristic groups. The EIA has been updated to reflect the work in Phase 2 (2018/19) (attachment 6). As Phase 2 continues to follow the principles in Phase 1, the EIA continues to underpin the recommendations in this paper.

It is anticipated that further formal engagement will be required. This will need to be proportional and undertaken in collaboration between health organisations and police organisation. Advice is also being sought from the Community Health Councils in Wales, who had been engaged at the earlier stages of the Project in Phase 1.

## 8. RECOMMENDATIONS TO THE SARC BOARD

Significant work has taken place with partner agencies over the last 12 months in order to bring forward proposals for a regional SARC service model.

The Project Board are now asked to approved the following recommendations:

<p>Recommendation 1.</p>	<p>There should be two paediatric hubs (<i>Swansea and Cardiff</i>) providing in-hours services for children up to their 16<sup>th</sup> birthday.</p> <p><i>Training and recruitment of staff will be required and a costed optional appraisal to identify appropriate accommodation in Swansea that meets forensic standards and standards for children's services.</i></p>
<p>Recommendation 2.</p>	<p><i>There will be one paediatric hub (Ynys Saff SARC) that will provide services <u>out of hours</u> for children across the region up to their 16<sup>th</sup> birthday,</i></p>
<p>Recommendation 3.</p>	<p><i>Children 16-17 will have their forensic examination undertaken by an FME at the appropriate local SARC Hub at all times.</i></p> <p>This will be subject to evaluation and review moving forward.</p>
<p>Recommendation 4.</p>	<p><i>There will be a commitment to developing appropriately trained paediatricians to undertake forensic medical examination for children presenting at the paediatric SARC hubs.</i></p> <p><i>It is anticipated this will take 3-5 years due to training requirements.</i></p>
<p>Recommendation 5.</p>	<p><i>There is a commitment to developing pathways for children up to their 16<sup>th</sup> birthday, who live in North Powys to attend for service in Colwyn Bay, North Wales, if they require a forensic medical examination.</i></p>

<p>Recommendation 6.</p>	<p><i>There will be a single adult hub in South East Wales, at Ynys Saff SARC, Cardiff which will provide services to the populations of South East Wales</i></p> <p><i>SARC Spokes for the region will be in Risca and Merthyr Tydfil.</i></p> <p><i>Ynys Saff SARC Hub will also act as a spoke for Cardiff and Vale region.</i></p>
<p>Recommendation 7.</p>	<p><i>There will be a single adult SARC hub in South West Wales provided in Swansea, which will provide services to the population of South Dyfed Powys region and Swansea.</i></p> <p><i>Swansea SARC Hub will also act as a SARC spoke for the Swansea region.</i></p>
<p>Recommendation 8.</p>	<p><i>There will be a single adult SARC hub in Dyfed Powys provided in Aberystwyth, which will provide service to the population of Mid and West Wales.</i></p> <p><i>SARC Spokes for the region will be in Newtown and Carmarthen.</i></p> <p><i>Aberystwyth SARC Hub will also act as a SARC spoke for the Aberystwyth region.</i></p>
<p>Recommendation 9.</p>	<p><i>There will be a commitment from Police organisation to move towards a single provider for FME services across the region.</i></p> <p><i>This will be phased over 3-5 years due to existing contractual arrangements.</i></p>
<p>Recommendation 10.</p>	<p><i>There will be a commitment from Health organisations and police organisations to developing an NHS provided FME service throughout Wales.</i></p>

	<p><i>This will require a commitment to formal training of healthcare professionals and recognition within job plans for trainers and trainees on a regional basis. This will also require commitment to management of new/existing contracts with private providers to support the training of clinicians.</i></p> <p><i>Funding will need to be clearly identified to support the training and running of an NHS provided model.</i></p> <p><i>It is anticipated this will take 5-10 years due to training requirements.</i></p>
<p>Recommendation 11.</p>	<p><i>There will be a formal joint procurement process (health and police), led by NHS Wales to appoint the hubs and spokes across the regional service model.</i></p> <p><i>Consideration will need to be given to ensuring there is flexibility in the process to meet local population needs alongside the core requirements of the new service model.</i></p>
<p>Recommendation 12.</p>	<p><i>An All Wales SARC Delivery Network is established, comprising an Operational Delivery group and a joint Commissioning Board with a lead commissioning organisation.</i></p>
<p>Recommendation 13.</p>	<p><i>A Lead commissioning organisation from health is appointed to establish and manage the contracts and commissioning framework as part of the Delivery Network</i></p>
<p>Recommendation 14.</p>	<p><i>C&amp;V UHB is formally appointed to host the Operational Delivery Group as part of the Delivery Network</i></p>

Attachment 1 Proposed Financial Framework May 2019

	JULY 19 VERSION PHASE1 COSTS		
	Proposed		
	wte	band	£000s
<b>Adult SARC HUB</b>			
Sarc Manager	2	8a	114,579
Regional SARC Co-ordinator - South East Wales, South West, Mid & West Wales	2	6	78,575
Crisis worker	5	4	132,797
clinical lead/nurse	2	6	78,575
Crisis workers on call out of hours (adults)	2.5	4	66,399
<b>Children's SARC hub-</b>			
Consultant	2		257,142
Crisis worker	2	4	53,118
clinical coordinator	1.32	4	35,058
Paediatric/sexual health nurse	1.64	6	64,430
Paediatrician on call costs (intensity banding)			41,606
Crisis workers on call (children)	1	4	26,559
<b>Clinical Network/regional costs:-</b>			
Clinical Lead (Adult)	0.2		25,714
Clinical Lead (Children)	0.2		25,714
Network Manager	0.5	8c	40,462
Network/Data support (inc in above)	0.5	5	15,945
Commissioning lead	0.5		28,644
Non pay spend			78,500
<b>Total</b>	<b>53.86</b>		<b>1,163,817</b>

**Attachment 1b. staging of costs associated with implementation of the SARC hubs for adults and children**

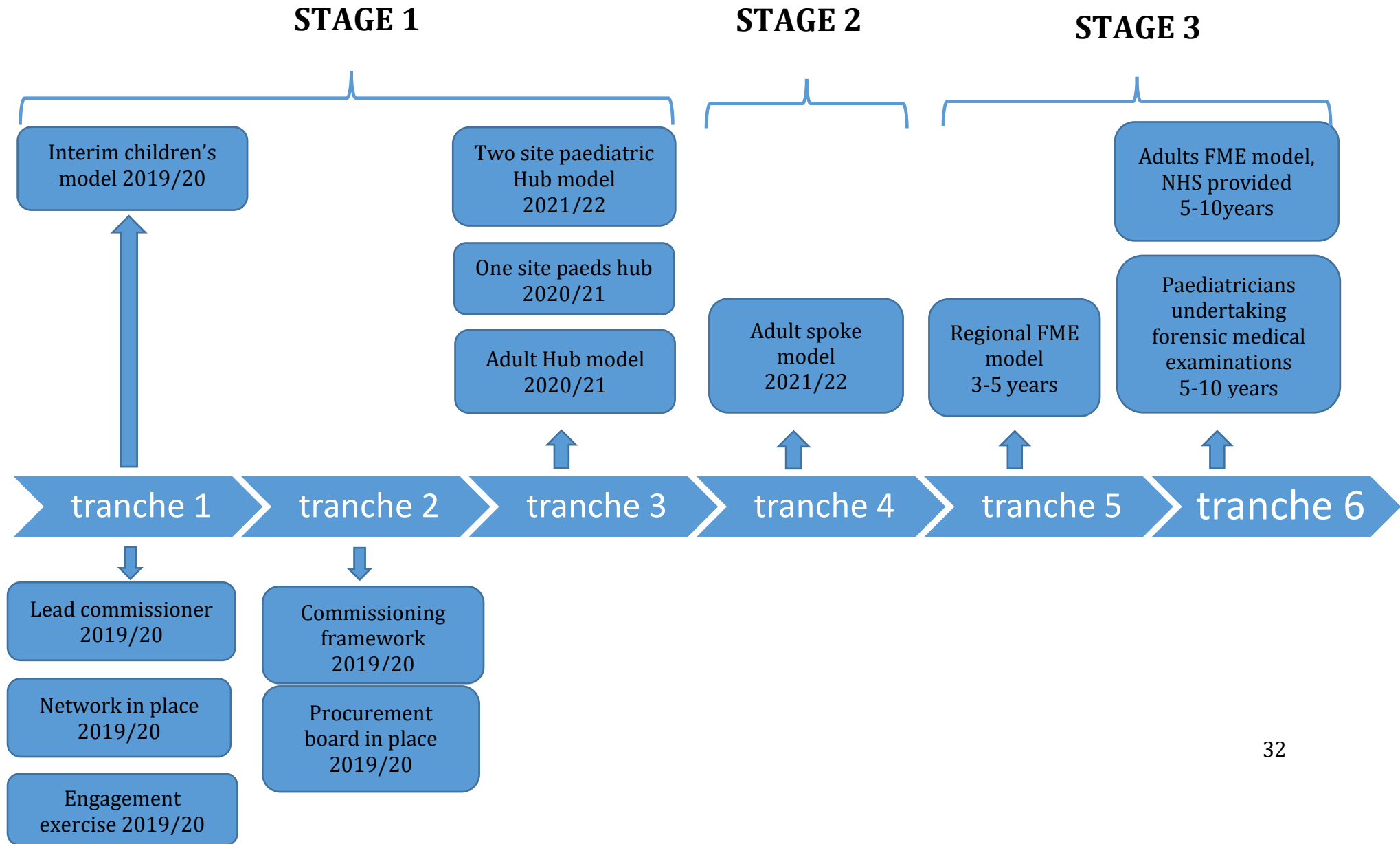
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the service model for 'spokes' (ISVAs, Counselling) is agreed for implementation prior to 21/22, this figure may change.

<b>phase 1 SARC hubs</b>	<b>19/20 £</b>	<b>20/21 £</b>	<b>21/22</b>
Current costs	510,467		
Interim Children's Model	219,633		
Revised Hub Model (Adults)		470,925	470,925
Revised Children's Model		273,039	477,913
Lead Commissioner	14,322	28,644	28,644
Network	53,917	107,835	107,835
Non pay	58,176	78,500	78,500
<b>Total</b>	<b>856,515</b>	<b>958,943</b>	<b>1,163,817</b>
Current costs	510,467	510,467	510,467
<b>Increased costs</b>	<b>346,048</b>	<b>448,476</b>	<b>653,350</b>

Financial contribution based on population. Appropriate proportionality split to be further determined by police organisations.

	Population	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
Aneurin Bevan	587743	24%	61,409	114,249	140,825
Cardiff & Vale	493446	20%	51,557	95,919	118,231
Cwm Taf Morgannwg	443368	18%	46,325	86,184	106,232
Hywel Dda	384000	16%	40,122	74,644	92,007
Powys	132515	5%	13,846	25,759	31,751
Swansea Bay	387570	16%	40,495	75,338	92,863
<b>Total Health Boards</b>	<b>2428642</b>	<b>100%</b>	<b>253,753</b>	<b>472,092</b>	<b>581,908</b>
	Population shares	%	year 1 19/20	Year 2 - 20/21	Year 3 - 21/22
South Wales Police	1283000	54%	18,432	255,029	314,353
Gwent police	577000	24%	8,289	114,694	141,373
Dyfed Powys Police	515000	22%	7,399	102,369	126,182
<b>total police</b>	<b>2375000</b>	<b>100%</b>	<b>34,120</b>	<b>472,092</b>	<b>581,908</b>
<b>grand total</b>			<b>287,872</b>	<b>944,184</b>	<b>1,163,817</b>

### Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

<b>Service Specification</b>	<b>Hub</b>	<b>Spoke</b>
Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care and ongoing support in a safe place	X	
The SARC has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance, the European Working Time Directive and agreed forensic standards	X	
Dedicated forensically approved premises and a facility with decontamination protocols following each examination to ensure high quality forensic integrity and a robust chain of evidence	X	
Access to forensic medical examiners (FME) and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for adults and children. Clients should also be able to choose the gender of the forensic examiner for their clinical examination.	X	
The forensic practitioners should be managed by health with joint funding from Health and Police to meet both health and forensic needs of the victim	X	
The medical consultation including risk assessment of self harm, together with an assessment of vulnerability and sexual health.	X	
There is immediate access to emergency contraception, post- exposure prophylaxis (PEP) or other acute, mental health or sexual health services. Follow-up as needed is coordinated through the spokes to local services	X	
Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	X	X
Co-ordinated interagency arrangements are in place, including local third sector service organisations supporting victims and survivors.	X	X
Safeguarding boards (for children and adults) through will work with the Commissioning bodies to support the delivering of appropriate care pathways and standards across the service model.	X	X
Minimum dataset and appropriate data collection procedures in each SARC to ensure quality improvement and service user safety (including involvement with audit and risk management)	X	X
Access to support, advocacy and follow up through an independent sexual violence advisor (ISVA) service, to all victims, locally based, including support throughout the criminal justice process, should the victim choose that route		X
Access to appropriate therapeutic support for adults and children to support recovery from the trauma and trauma responses, provided by suitably qualified therapeutic professionals e.g. counsellors		X

## Attachment 4: Key Principles underpinning service modelling

### Childrens services

- National guidance (FFLM/ Royal College of Paediatric and Child Health (RCPCH) 2015) recommends that the service for the clinical evaluation of children will ideally see children up to the age of 18, but definitely up to their 16<sup>th</sup> birthday.
- Assessments for children must be undertaken by a qualified medical practitioner with appropriate competences (FFLM/ RCPCH 2012). Where one doctor does not have all the competences for an acute presentation, joint assessment with a paediatrician and forensic examiner is required.
- Paediatricians need to undertake a minimum of 20 forensic examinations per year, in order to maintain their skills. Consideration needs to be given as to how competencies can be maintained due to low numbers e.g. peer review.

### Adult services

The option appraisal workshop in 2015, which looked at the service model for adults appraised options based on the following benefit criteria: safety and quality, sustainability and future proofing, access, equity, achievability, acceptability. The principles of this criteria have been considered when making the final recommendation for adult services,

Each SARC hub needs to:

- Be clinically safe and sustainable.
- Have clear clinical governance structures in place and lines of accountability
- Meet the service specification for a Hub
- Meet national guidance and standards associated with providing a SARC hub.

In addition to the above, each SARC spoke needs to:

- Meet the service specification for a spoke.

### FME services

- Clinically safe and sustainable
- Forensic nurses are not able to examine children on their own
- FME practitioners cannot be directly employed by health, SLA will be required with police
- Any private contract arrangements will need to require the provider to identify a specific rota for FME SARC services.
- FME practitioners are able to prescribe Emergency Contraception (EC), human immunodeficiency virus (HIV), postexposure prophylaxis (PEP) etc on site (this excludes follow up treatment at present)
- Clear clinical governance structure in place

Each FME service must meet:

- service specification
- FFLM national guidance on training and supervision and provide evidence of doing so
- Minimum caseload requirements - FFLM recommends 20 cases per year
- European working time directive (EWTD) rota compliance minimum 1:6 non resident on call

Attachment 5: Baseline data set (2017/18) to underpin planning process

**Table 1. Total number of cases and demographics**

Age	<16	16-17	18+	total
<b>No. individuals attending SARC</b>	<b>440</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 2. Total number of cases and demographics**

Age	<16	16-17	18+	total
<b>Male</b>	57	9	205	<b>271</b>
<b>Female</b>	382	160	1275	<b>1817</b>
<b>Trans</b>	1	1	4	<b>6</b>
<b>Other</b>	0	0	0	<b>0</b>
<b>Prefer not to say</b>	0	0	0	<b>0</b>
<b>Total</b>	<b>440</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 3. Assault type**

Age	<16	16-17	18+	total
<b>Acute</b>	130	51	472	<b>653</b>
<b>Non acute</b>	210	76	338	<b>624</b>
<b>Historic</b>	100	43	672	<b>817</b>
<b>total</b>	<b>440</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 4. Breakdown by area of residency by health board \***

	Health Bord	<16	16-17	18+	total
Area of residency by health board	Abertawe Bro Morgannwg UHB	106	40	236	<b>382</b>
	Aneurin Bevan UHB	70	30	354	<b>454</b>
	C&V UHB	120	32	424	<b>576</b>
	Cwm Taf UHB	60	36	172	<b>268</b>
	Hywel Dda UHB	53	21	187	<b>261</b>
	Powys HB	27	10	78	<b>115</b>
	other	4	1	33	<b>38</b>
<b>Total</b>		<b>440</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 5. Breakdown by area incident took place by police force**

	Police Force	<16	16-17	18+	total
area incident took place:	Gwent police	69	32	317	<b>418</b>
	South Wales Police	282	104	825	<b>1211</b>
	Dyfed Powys Police	79	29	242	<b>350</b>
	other	10	5	100	<b>124</b>
<b>total</b>		<b>203</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 6. Acute Forensic medical examination undertaken**

		<16	16-17	18+	total
forensic medical examination undertaken:	Yes	77	34	272	383
	No	240	101	1116	1457
	declined	114	35	15	164
	other	9	0	28	37
	unknown			53	53
<b>Total</b>		<b>440</b>	<b>170</b>	<b>1484</b>	<b>2094</b>

**Table 7. Acute Forensic medical examinations undertaken by region by SARC**

Region	SARC	<16*	16 - 17	18+	total
Mid and West Wales	Aberystwyth	0	1	12	13
	Newtown	2	0	11	13
	Carmarthen	3	6	24	33
	<b>total</b>	<b>5</b>	<b>7</b>	<b>47</b>	<b>59</b>
South West Wales	Swansea	5	7	46	71
	Sapphire Suite, Singleton Hospital	18	0	0	18
	<b>total</b>	<b>23</b>	<b>7</b>	<b>46</b>	<b>89</b>
South East Wales	Ynys Saff Cardiff,	33	5	81	119
	Risca	11	6	61	78
	Merthyr	5	9	37	51
	<b>total</b>	<b>49</b>	<b>20</b>	<b>179</b>	<b>248</b>
	<b>Grand total</b>	<b>77</b>	<b>34</b>	<b>272</b>	<b>383</b>

\*Data is based on flows as health boards prior to new boundaries coming into place 1<sup>st</sup> April 2019. Prior to this date Bridgend residents flow to Ynys Saff SARC CandV UHB. There is no change intended to this flow at present. However, this activity will need to be acknowledged under Cwm Taf Morgannwg UHB post 1<sup>st</sup> April 2019 rather than Swansea Bay UHB (formerly ABM UHB).

\*\*It is assumed that figures for SARCs other than Ynys Saff relate to children 14-16 as current model of care enables children >14 to have a forensic examination at a local SARC. Under the preferred model all children up until the age of 16 will be seen at a paediatric SARC hub.

NB: minimum caseload requirements are 20 cases per annum for a forensic examiner.

	Aberystwyth	Brecon	Cardiff	Carmarthen	Colwyn Bay	Fishguard	Haverford West	Llandrindod Wells	Merthyr	Machynllaeth	Newtown	Pembroke Dock	Risca	Swansea	Welshpool
Aberystwyth	0	1h 43	2h 33	1hr 20	2hr 19	1hr 28	1hr 43	1hr 08	2hr	32min	1hr 08	1hr 57	2hr 32	1hr 55	1hr 26
Brecon	1hr 43	0	1h 02	1h 13	4h 59	2h 08	1h 51	43min	30 min	1h 41	1hr 23	1hr 51	59min	1hr 04	1hr 40
Cardiff	2hr 33	1h 02	0	1hr 17	4hr 01	2hr 11	1hr 54	1hr 37	35min	2hr 34	2hr 16	1hr 50	25min	56min	2hr 34
Carmarthen	1hr 20	1h 13	1hr 17	0	3hr 35	59min	41min	1hr 22	1hr	1hr 48	1hr 59	41min	1hr 22	40min	2hr 16
Colwyn Bay	2hr 19	4h 59	4hr 01	3hr 35	0	3hr 42	3hr 56	2hr 30	3hr 36	1hr 47	1hr 54	4hr 11	3hr 53	4hr	1hr 35
Fishguard	1hr 38	2h 08	2hr 11	59min	3hr 42	0	25min	2hr 57	1hr 53	1hr 55	2hr 29	40min	2hr 14	1hr 32	2hr 47
Haverford West	1hr 43	1h 51	1hr 54	41min	3hr 56	25min	0	2hr	1hr 38	2hr 09	2hr 37	20min	2hr	1hr 18	2hr 55
Llandrindod Wells	1hr 08	43min	1hr 37	1hr 22	2hr 30	2hr 57	2hr	0	1hr 05	1hr 07	39min	2hr	1hr 33	1hr 41	57min
Merthyr	2hr	30 min	35min	1hr	3hr 36	1hr 53	1hr 38	1hr 05	0	2hr 02	1hr 44	1hr 34	36min	43min	2hr 02
Machynllaeth	32min	1h 41	2hr 34	1hr 48	1hr 47	1hr 55	2hr 09	1hr 07	2hr 02	0	45min	2hr 20	2hr 31	2hr 22	55min
Newtown	1hr 8	1hr 23	2hr 16	1hr 59	1hr 54	2hr 29	2hr 37	39min	1hr 44	45min	0	2hr 33	2hr 12	2hr 20	21min
Pembroke Dock	1hr 57	1hr 51	1hr 50	41min	4hr 11	40min	20min	2hr	1hr 34	2hr 20	2hr 33	0	2hr	1hr 18	2hr 54
Risca	2hr 32	59min	25min	1hr 22	3hr 53	2hr 14	2hr	1hr 33	36min	2hr 31	2hr 12	2hr	0	1hr 02	2hr 31
Swansea	1hr 55	1hr 04	56min	40min	4hr	1hr 32	1hr 18	1hr 41	43min	2hr 22	2hr 20	1hr 18	1hr 02	0	2hr 35
Welshpool	1hr 26	1hr 40	2hr 34	2hr 16	1hr 35	2hr 47	2hr 55	57min	2hr 02	55min	21min	2hr 54	2hr 31	2hr 35	0

Proposed pathways for Childrens Services - In-hours		
<b>Paediatric Hub Cardiff</b>	<b>Paediatric Hub Swansea</b>	<b>North Wales SARC</b>
Cardiff	Swansea	Machynllaeth
Merthyr	Aberystwyth	Newtown
Risca	Carmarthen	Welsh Pool
Brecon	Fishguard	
Llandrinod Wells	Haverfordwest	
	Llandrindod Wells	
	Pembroke Dock	

Proposed Pathways for Adult services		
<b>Cardiff SARC Hub</b>	<b>Swansea SARC Hub</b>	<b>Aberystwyth SARC Hub</b>
Cardiff	Swansea	Aberystwyth
Merthyr	Carmarthen	Fishguard
Risca	Fishguard	Llandrindod Well
Brecon	Haverfordwest	Machynllaeth
	Haverfordwest	Newtown
	Pembroke Dock	Welsh Pool

Proposed pathways based on indicative travel times

**SEXUAL ASSAULT SERVICES PROJECT, SOUTH, MID AND WEST WALES -  
Phase 2  
EQUALITY IMPACT ASSESSMENT EVIDENCE DOCUMENT  
March 2018**

## **About this document**

This technical document has been produced to provide background evidence to support information provided within proposal for the reconfiguration of regional sexual assault services referral centre (SARC) model across South, Mid and West Wales.

This document is meant as a reference guide, it does not provide exhaustive detail. It aims to provide an overview of how the proposals for reconfiguration of SARC services may affect different groups within our population. It is a living document and will be added to by information gathered through all stages up to and including delivery of services where actual impact will be monitored.

This document builds on the initial EIA developed in Phase 1 of the Project, which includes evidence collected through engagement with clients of the SARCs, carers, equality groups and stakeholders

### **1. Background**

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCS fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across mid, south and west Wales, led by the NHS Wales Health Collaborative (phase 1) - a Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

In Phase 1, the SARC project developed a 'hub and spoke' service model, based on national guidance. This resulted in a model with three hubs (Cardiff Swansea, Carmarthen) and four spokes (Merthyr Tydfil, Risca, Aberystwyth and Newtown) – towns where SARCs already existed.. The decision on a hub and spoke model and the number of hubs in the region made following an extensive option appraisal process, where consideration was given to safety and quality, sustainability and future proofing (including the ability to meet critical mass and minimum caseload requirements), access, equity, achievability and acceptability.

This model was agreed in principle subject to a further review following concerns raised by Dyfed Powys Police regarding access to forensic services for the population in the north of their region. In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project

Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

## **2. Case for Change**

Sexual assault referral centres (SARCs) were created in 2007/08 through a Home Office funded initiative to improve the public service response to victims of rape and sexual abuse. There is a wide range of publications setting out legislation, standards and guidance which is relevant to the development of a holistic sexual assault service.

Within Wales, in 2010, Welsh Government published service specifications, developed by Public Health Wales, for services for adults and children who have or may have been sexually abused. In 2013, Welsh Government commissioned a review to examine the extent to which SARCs fulfil the requirements of the Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services.

The Wales Sexual Assault Referral Centre Review 2013 found that:

- The service provided to services users across Wales is inconsistent due to varying resources and service provision
- The national service guidelines, issued by Public Health Wales, state that "SARCs should be accessible to victims of recent rape or serious sexual assault" but there was also a view from frontline staff that the provision should be available to all victims (historic, acute, serious and less-serious assaults)
- Provision for child victims is inconsistent with variations in access to forensic medical examiners (FMEs) and paediatricians
- Preventative and education work is dependent on the commitment of staff over and above their case load
- There is good evidence of benefits to the criminal justice process but no evaluation of benefits to health services of the SARC provision
- The identified cost of the SARC service is supplemented by ad hoc funding from public agencies and services provided in kind (e.g. estate, equipment)
- There are inefficiencies in the processes relating to interdependencies with follow on services which are navigated by independent sexual violence advocates (ISVAs) on behalf of clients
- Demand is highly likely to increase over and above the increase experienced since the introduction of SARCs in Wales
- Regional centres were recommended in the Public Health Wales' service specifications, which is supported by the numbers of forensic examinations required

The 2013 review highlighted the lack of sustainable funding as an issue affecting:

- Impact on range of services available
- Retention of staff
- Efforts to raise funding (some funding streams are not available to all agencies)
- Capacity and capability to raise funds exists in all lead agencies

- Fairness of funding provision
- Reliance on shortfalls in funding being covered by police, Welsh Government and lead health boards on an ad hoc basis

'An Overview of Sexual Offending in England and Wales' published in January 2013 suggested that 15% of adult victims of serious sexual offences report the incident to the police which indicates potential additional demand for services. There is no comparable data for child victims.

## **2.1 The SARC Project and the service model**

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales serves the populations of Aneurin Bevan University Health Board (UHB), Abertawe Bro Morgannwg UHB, Cardiff and Vale UHB, Cwm Taf UHB, Hywel Dda UHB and Powys teaching Health Board (THB). This includes the police forces, local authority and third sector partners who serve that population. Close alignment between the NHS, police and third sector is necessary to deliver specialist SARC services that are equitable, meet health needs, support forensic enquiry for any criminal investigation, address safeguarding issues (children and adults), and support the wider recovery and safety needs of victims and families.

North Wales have not been part of the initial service development work, but it is recognised that there are significant benefits from working across Wales and there should be a move to developing an All Wales networked service.

The service model addresses the needs of men, women and children of all age groups, but differentiates between children less than 16 years of age, those aged 16 to 17 years of age and adults (18+ years of age). It has been driven by the needs of the victims and provides assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model, has considered the acute phase (delivered by Sexual Assault Referral Centres (SARCs) and follow up (sexual assault services), as defined in the initial phase of the SARC project.

Options for the future configuration of SARCs were initially considered in Phase 1 of the project and a hub and spoke model was agreed as the preferred solution, with three adult SARC hubs and two paediatric SARC hubs supported by spokes, being the preferred configuration.

The definition of a SARC hub and SARC spoke as agreed through the SARC project is as follows:

**SARC Hub:** ‘A dedicated facility to provide immediate client care within the context of a partnership arrangement between police, health and the third sector. This should include an acute forensic examination with referral pathways in place to local services to support follow up care’.

In addition, the Hub should provide an acute health needs assessment which includes emergency contraception (including emergency IUD fitting) and STI risk including HIV and Hepatitis B with management and the provision of medication at first attendance where indicated. Emergency referral for other health needs can be initiated (mental health, accident and emergency) as well as social services referrals.

**SARC Spoke:** ‘A dedicated facility to provide immediate and on-going client care within the context of a partnership arrangement between police, health and the third sector but does not provide forensic medical examinations’. The spoke should also provide support for victims engaged in criminal justice proceedings. A hub would also house a spoke facility for the local community

## **2.2 Impact on Workforce**

Proposals to reconfigure SARC's may affect staff as the final configuration may require staff to have to travel to new workplaces and work more flexibly across health board, police and local authority boundaries. Consideration will also need to be given to the potential impact on workforce associated with an open and transparent procurement process for both the overarching SARC services and the forensic medical examination services.

Appropriate advice will need to be sought from specialists where necessary including, legal, Human Resources, trade unions etc. to achieve an effective transition to any new arrangements. Individual organisations will be responsible for engaging with staff on proposals and agency specific policies. A partnership approach with trade union colleagues will be ensured

## **3. Equality and Human Rights**

Under the Equality Act 2010 there is a legal duty to pay due regard to duties to eliminate discrimination, advance equality and foster good relations between those who share protected characteristics and those who do not. This means the needs of people from different groups must be considered and reasonable and proportionate steps wherever possible to eliminate or mitigate any identified potential or actual negative impact or disadvantage

e. The Equality Act 2010 gives people protection from discrimination in relation to the following “protected characteristics”<sup>1</sup>

- Age
- Disability

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<sup>1</sup> Race; Sex; Gender Reassignment; Disability; Religion; belief/non belief; Sexual orientation; Age; Pregnancy and Maternity; and Marriage and Civil Partnerships: Equality Act 2010

- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

The Human Rights Act 1998 also places a positive duty to promote and protect rights for all. In Wales, we also have a responsibility to comply with the Welsh Language (Wales) Measure 2011 and All Wales Sensory Loss Standards for Accessible Communication and Information for People with Sensory Loss. We will take all our legal duties into consideration when we make decisions around reconfiguration of sexual assault service across the region.

This document is not intended to be a definitive statement of the potential impact of reconfiguration of sexual assault services and SARCs on protected characteristic groups. The document's purpose is to describe our understanding at this point in the EIA process of the likely impact of the service proposals and to take this into account in making recommendations and decision-making.

#### **4. Equality Impact Assessment**

EIA is an ongoing process running throughout the course of the decision making process, from the start through to implementation and review. It requires us to consider how the proposed reconfiguration of SARC services may affect a range of people in different ways. The EIA will help answer the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service changes?
- Is there potential, or evidence that the proposed changes will promote equality?
- Is there potential for, or evidence that the proposed changes will affect different groups differently? Is there evidence of negative impact on any groups of people?
- If there is evidence of negative impact, what alternatives are available? What changes are possible?
- How will we monitor impact in the future?

Looking at a range of national research evidence and engagement with key stakeholders has helped us to consider the potential impact. In particular, we are aware that many people who share certain protected characteristics such as disability, older age, younger people and some minority ethnic groups also face social and or economic disadvantage.

While socio-economic status is not a protected characteristic under the Equality Act 2010, there is a strong correlation between the protected characteristics and low socio-economic status, demonstrated by the findings of numerous research studies.

The report *Transport and Social Exclusion: Making the Connections* (Social Exclusion Unit, 2003) highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age, coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups.

Looking at socio-economic disadvantage goes some way to showing due regard to equality considerations. There will also be other distinct areas that are not driven by socio-economic factors but which relate directly to people with different protected characteristics.

A literature review was carried out as a first stage of gathering evidence to inform the EIA, which identified potential impacts of the proposal on protected characteristic groups. During Phase 1 of the Project, there was also formal engagement with stakeholders to develop the service model. The outcome of this work is available in a separate report.

There was general acknowledgement of the case for change and the feedback gathered fell within a number of key themes:

- Structure / continuity of care - general support for a hub and spoke model but there must be clear and effective working relationships between the hubs and spokes and support groups to ensure continuity of care
- Service model – importance of self-referral and holistic provision
- Information / communication – need for improved communication and information mechanisms for survivors which will improve service awareness and trust
- Funding – needs sustainable funding and development should not damage funding opportunities
- Access to support services – the requirement for support through independent sexual violence advisors (ISVAs) and counsellors, and referral on to continuing support services, was strongly emphasised
- Access - timeliness of access to the right person and the need for trust in the service
- Workforce – capacity to meet the needs of each victim, support for staff and taking opportunities to improve joint working across related services, e.g. sexual assault and domestic violence

## **United Nations Convention on the Rights of the Child**

Children under the age of 18 are protected by the United Nations Convention on the Rights of the Child (UNRNC). Providers have a duty to protect, promote and fulfil the rights of the child. The UNRNC should be considered in conjunction with the Human Rights Act and the duty to promote fairness, respect, equality, dignity and autonomy. Due regard must be given to the specific needs of a person of his/her age, and in particular the right to maintain contact with family members. The convention recognises that children themselves, not adults, are entitled to be involved in decisions that affect them.

## **4.1 Potential impact on protected characteristic groups**

This section of the document, recognises the potential impact on protected characteristic groups as identified in Phase 1 of the Project and incorporates the views collected through engagement with clients of the SARCs, carers, equality groups and stakeholders.

### **4.1.1. Gender**

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence<sup>2</sup> across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

Though women make up the larger portion of sexual violence, the Report of the Independent Review into the Investigation and Prosecution of Rape in London, 2015, (Angiolini)<sup>3</sup> suggests that men feel a sense of isolation in being able to report such crimes, due to the emphasis placed on “violence against women and girls.” There may be some hesitation from men in accessing services which are traditionally focused towards women and girls, and therefore put men who have been victims of sexual violence at a disadvantage in access to SARCs.

### **4.1.2 Age**

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age<sup>4</sup>.

**Potential impact:** Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children’s services<sup>5</sup>.

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<sup>2</sup> Intimate violence is the collective term used by the CSEW to describe domestic abuse, sexual assault and stalking

<sup>3</sup> Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

<sup>4</sup> Crime in England and Wales 2005/06 Home Office Statistical Bulletin (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

<sup>5</sup> <http://www.england.nhs.uk/wp-content/uploads/2014/04/d15-major-trauma-0414.pdf> ).

There is a need to consider further the transitional needs of young adults aged between 16 and 18 to ensure that they receive appropriate care, in an age-appropriate setting. Whilst they will be treated as adults for examination purposes, legally they are still considered children and it is important to ensure that their holistic needs are considered within this context.

#### 4.1.3. Race

Ethnicity can increase vulnerability due to the isolated nature of some communities, cultural expectations and issues such as lack of appropriate interpretation facilities.

Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited<sup>6</sup>.

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng<sup>7</sup>). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

The Between the Lines (2015) report also addresses the cultural barriers between service professionals and the communities, including; cultural taboos, stigma, and language. It is crucial that those professionals responsible for sexual assault services and the SARCs are appropriately educated on the specific cultural practices or beliefs which may impact on Black and Minority Ethnic (BME) women and girls' access to services, and what may prevent them from accessing such services. The research suggests, although this research is women specific, knowledge gained around the need of culturally sensitive services can be effectively transferred to the larger BME groups.

**Potential Impact** - there is a need to consider requirements of those clients who may require translation or interpretation services, and access to volunteers or staff who can converse in their first language. Cultural issues are also important to take into account.

There is also a need for support and training for staff in SARCs to develop expertise in responding to the needs of BME community. Overall, it is important that the local community is adequately engaged in order to determine which services and professional practice best suits the needs of the

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<sup>6</sup> Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government

<sup>7</sup> Between the Lines: Service Responses to Black and Minority Ethnic (BME) Women and Girls Experiencing Sexual Violence, May 2015 by Dr. Ravi K. Thiara, Sumanta Roy and Dr. Patricia Ng

BME women and girls in that area, as needs are diverse and accessible services is of the upmost importance in the safety and lives of those accessing SARCs across South, Mid, and West Wales.

#### **4.1.4. Disability**

The Looking into Abuse (2013)<sup>8</sup> report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime<sup>9</sup>.

**Potential impact** - people with learning disabilities should have a greater access to safety/abuse awareness courses that are developed specifically to meet their needs. Information and services provided in SARCs needs to be evaluated and made accessible to people with learning disabilities. The report

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services. There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss<sup>10</sup> that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

#### **4.1.5. Marriage and civil partnership**

The CSEW reported that women who were separated had the highest prevalence of any domestic abuse in the last year (22.1%) compared with all other groups by marital status (such as married (3.7%), cohabiting (8.9%) or divorced (15.5%). Married men experienced less domestic abuse (2.1%) compared with all other groups by marital status except widowed (3.9%, difference not statistically significant).

The pattern was slightly different for sexual assault with single women (4.1%) being more likely to be victims compared with those who were married (1.0%), cohabiting (1.6%), divorced (2.6%) or widowed (0.3%). This is likely to be strongly related to age.

#### **4.1.6. Pregnancy and maternity**

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth<sup>11</sup>.

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<sup>8</sup> Looking into Abuse: research by people with learning disabilities, Looking into Abuse Research Team (2013) University of Glamorgan, Rhondda Cynon Taff People First and New Pathways

<sup>9</sup> Hague, G. Thiara, R. K. Magowan, P. (2008) *Disabled Women and Domestic Violence Making the Links* Women's Aid (via Call to End Violence Against Women and Girls Equality Impact Assessment (March 2011) HM Government)

<sup>11</sup> EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

#### **4.1.7. Religion or belief (including lack of belief)**

Certain types of violence disproportionately impact on women from some communities and these have been noted under 'race'.

**Potential impact** - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them<sup>12</sup>. There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

#### **4.1.8. Sexual orientation**

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women<sup>13</sup>.

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015<sup>14</sup> further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville<sup>15</sup> provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

**Potential impact:** Professionals and staff should be trained to appropriately meet the needs of LGBT groups, as well as people with other protected characteristics.

#### **4.1.9. Trans\***

Trans\* is an umbrella term used to describe the whole range of people whose gender identity/or gender expression differs from the gender assumptions made at birth.

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<sup>12</sup> [http://www.gmc-uk.org/guidance/ethical\\_guidance/21179.asp](http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp)

<sup>13</sup> EqIA Part 1 – Gender-based violence, domestic abuse and sexual violence (Wales) Bill (June 2014) Welsh Government

<sup>14</sup> Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

<sup>15</sup> Unhealthy Attitudes: The treatment of LGBT people in health and social care organisations in Wales, Stonewall Cymru, November (2015)

As a group which already experiences disproportionate levels of mental ill-health it is vitally important that matters of sexual assault are handled appropriately as to not cause further avoidable mental health issues.

The Trans Mental Health Study (2012<sup>17</sup>) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini<sup>16</sup> also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

**Potential Impact** - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015<sup>19</sup> Trans\* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans\* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans\* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

#### **4.1.10. Welsh Language**

Public services have a responsibility to comply with the Welsh Language (Wales) Measure 2011. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. Whilst we recognise that Welsh and English are Wales' official languages, Wales has many different voices. Like two-thirds of the world's population many people in Wales are bilingual or multilingual. This is particularly important in traumatic situations where people are more likely to need to communicate in their first language.

**Potential impact** - Service users who prefer to communicate in the medium of Welsh may be required to access specialist services which do not have sufficient Welsh speaking staff (this may also be the case for languages other than English). This could affect the service user's ability to

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<sup>16</sup> Report of the Independent Review into the Investigation and Prosecution of Rape in London (2015) Angiolini

communicate with service providers in their preferred language. Meeting the information and communication needs of victims who speak Welsh will need to be taken into account.

The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. However it is important to recognise groups of other individuals who have suffered life changing conditions that may benefit from community through the medium of Welsh. Research has shown these groups cannot be treated safely and effectively except in their first language (Welsh Language Services in Health, Social Services and Social Care, 2012)<sup>17</sup>. Our consideration of equality takes account of this.

- Training – consistency of training for all staff including in relation to the needs of those with protected characteristics to ensure awareness of and responsiveness to cultural differences
- Children and young people – need to ensure equity of access to sexual assault services and health needs
- Equality impact assessment - must promote equality, ensure services are inclusive and services are known as being inclusive and services must make reasonable adjustments to meet needs of those with protected characteristics, regardless of service structure

#### **4.2 Summary of findings to support Phase 1.**

Sexual assault tends to be closely associated with gender and age with women and girls at greater risk of sexual abuse than men. However, victims of sexual abuse can be from across the whole spectrum of society, from all age groups, all ethnicities, religions and beliefs, people with disabilities and people from the LGBT community. The research suggested cultural barriers to accessing services for BME women and girls and, also, barriers for LGBT communities requiring wider recognition and discussion around LGBT reporting. The model and configuration of sexual assault services proposed aims to support anyone affected by sexual abuse.

There is a correlation between the evidence from research and from the feedback from engagement. Whilst some protected groups are more at risk than others, no negative impacts on the protected groups are anticipated from the proposed service development. It is anticipated that the work through the project has served to raise awareness of the needs of protected groups which can be used to inform current services and the proposals for the future configuration. They can also be shared with related policy developments, in particular implementation in Wales of the Violence against Women, Domestic Abuse and Sexual Violence (2015) Act. There was recognition that sexual assault services need to be properly resourced to respond to growing demand and to ensure services across the whole pathway of care can be planned on a sustainable basis. Also, the need for equality training for staff, information and signposting, was frequently highlighted through the engagement process.

The service proposals do not introduce any additional obstacles; improving standardisation for access and specialist treatment should improve outcomes across all social groups.

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<sup>17</sup> More than just words: Strategic Framework for Welsh Language Services in Health, Social Services and Social care (2012)

The impact on protected groups will continue to be assessed following decision making and through implementation, and continuing engagement to identify any negative effects that may arise and associated mitigation measures.

## **5. Phase 2. Implementation Planning Phase 2018-2019**

In June 2017, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service model taking into consideration the impact on the population, whilst also considering work previously undertaken in phase 1, which included the EIA.

Phase 2 reviewed the model, activity, service specification, victim and family needs, expected standards of care including clinical governance and associated costs. The Project recognized the challenges associated with the geography of Dyfed Powys and the necessity for a model reflective of the needs of the local population. It also acknowledged that, due to the small number of cases in the region, it would be difficult for three SARC Hubs to develop a critical mass required to support the workforce in retaining their knowledge, skills and competencies necessary to maintain safe standards of care. Therefore, after extensive discussion and review of the supporting information, a revised service model has been agreed. The revised model supports the principles in Phase 1 - a single SARC hub for the Dyfed Powys region, supported by two spokes. However, it is proposed the SARC Hub is located in Aberystwyth, with two additional spokes in Newtown and Carmarthen.

As a result, in the revised model access to forensic services in the north of the region would be retained including clients from the Powys area. Clients in the south of the region, would access forensic services from the SARC hub in Swansea.

For some of the population in the Dyfed Powys region, the transfer of forensic services from Newtown to Aberystwyth, may result in an increased journey if a forensic examination is required. However, travel times have been evaluated and would be maintained within a 2-hour timeframe for most residents in the north Dyfed-Powys region. Similarly, for individuals in the south of Dyfed Powys who would be travelling to Swansea for a forensic examination, travel time would be maintained within a two hour time frame, as far as possible, with the advantage of having more robust transport infrastructure. To address travel around the region, appropriate arrangements will need to be made, in conjunction with the local police force, to support the client to attend the SARC Hub where necessary. . Follow up therapeutic support would continue to be provided from the spoke services within Newtown SARC and Carmarthen SARC, and Aberystwyth, which will also act as a spoke. Any follow-up required with regard to sexual health will be managed by pathways to one of the eight Sexual and Reproductive Health clinics within HDUHB and close to the clients home.

Stakeholders from Dyfed-Powys Police and HDUHB feel that this model provides equitable, safe and sustainable services to their clients and will future proof care in an unpredictable financial climate.

The benefits for an individual living in the north of the Dyfed-Powys region with the placement of the Hub in Aberystwyth, include:

- minimal travel time for the population compared to the model in Phase 1 where forensic examinations would be provided from Carmarthen for the whole of the region;
- The service will be holistic, providing a more complete forensic examination with health assessment to be undertaken in line with FFLM guidance and best practice standards;
- The service will have better links with local services such as sexual health and third sector.
- The service will be more likely to attract the specialist workforce required to run a safe and sustainable service.
- A critical mass of individuals will create more opportunities for the workforce to develop and retain necessary skills and competencies
- Greater opportunity for integration between sectors, including health, resulting in a more seamless service for the individual

The recommendation for the SARC adult hub in Dyfed Powys being in Aberystwyth, supports the development of an overarching strategic picture of sexual assault referral centers across Wales with proposed SARC Hubs located in Colwyn Bay, Cardiff, Swansea and Aberystwyth, supported by more local SARC spokes.

## **6. Next Steps**

The needs of protected groups will continue to be an ongoing consideration during the implementation phase of the project and Health boards, Police and third sector will need to ensure that stakeholders are engaged throughout, venues are accessible and information is provided in a variety of required alternative formats in order to maximise opportunities for participation wherever required.

## Attachment 8: GLOSSARY

ABM	Abertawe Bro Morgannwg
BME	Black and Minority Ethnic
C&V	Cardiff and Vale
CSEW	Crime Survey for England and Wales
EC	Emergency Contraception
EIA	Equality Impact Assessment
EWTD	European Working Time Directive
FFLM	Faculty of Forensic & Legal Medicine
FGM	Female Genital Mutilation
FME	Forensic Medical Examiner
HIV	human immunodeficiency virus
ISVA	Independent Sexual Violence Advisor
IUD	Intrauterine Device
LGBT	Lesbian, Gay, Bisexual, Transgender
NHS	National Health Services
PCC	Police and Crime Commissioners
PEP	post-exposure prophylaxis
SARC	Sexual Assault Referral Centre
STI	Sexually transmitted infection
THB	Teaching Health Board
UHB	University Health Board
VAWDASA	Violence Against Women Domestic Abuse Sexual Assault
WHSSC	Welsh Health Specialist Services Committee

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<b>Purpose and Summary of Document:</b> <p>This report provides an outline of the work undertaken during phase 2 of the SARC reconfiguration Project led by C&amp;V UHB as host organisation. This project was a collaborative approach between health, police, PCC officers and third sector.</p> <p>Part A. of the paper details the lessons that individual involved within the Project felt could be learned and makes recommendations to support future collaborative planning work across sectors in Wales.</p> <p>Part B of the paper outline a proposed governance structure to support the next phase of the SARC programme of work: implementation of the SARC hubs for adults and children; implementation of the SARC Network and commissioning resources; and development of the local spoke and forensic services.</p> <p>The paper and the recommendations enclosed have been developed in collaboration with members across the SARC Project.</p> <p>The Executive Group are asked to:</p> <ul style="list-style-type: none"><li>• <b>NOTE</b> the lessons learned and recommendations</li><li>• <b>NOTE</b> the need to identify a lead commissioning organisation</li><li>• <b>AGREE</b> the proposed governance structure</li><li>• <b>AGREE</b> for the Network to be hosted by NHSWHC</li></ul>	

## **1. Introduction**

This paper is a final report to support the transition of Phase 2 of the collaborative work between health, police and third sector, led by C&V UHB to develop a service model for the provision of SARC services across South Mid and West Wales. The report provides an overview of the project, key achievements and lessons and outlines the overarching proposals to take forward. The next Phase will include developing the service specifications and commissioning framework to support implementation of the SARC Hubs and further work to develop costed service models for spoke provision and FME services, both which will require formal approval from individual organisations before moving to implementation.

This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

## **2. Background**

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

### **3. Overview of Phase 2 SARC Project**

This Final Report was considered and approved by the SARC Project Board 1<sup>st</sup> August 2019. This report was and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

At this stage, Boards have only been asked to approve the overarching model and costs associated with the implementation of phase 1 only in September. There was a reluctance to approve any funding support to the spoke or FME proposal due to lack of detail and assurance around the proposed models and associated costs.

#### **Phase1**

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. It excludes costs for ISVAs, Counselling and FME services. Costs for spokes

(ISVA, counselling etc), and FME provision will continue to be paid by the current service contractor until the detailed costed models have been agreed (phases 2 and 3) and approved by each commissioning board and service formally procured.

### **Phase 2 and 3**

- Phase 2 will look at the provision of the SARC spokes, which will include the role of the ISVA and counselling
- Phase 3 will look at the forensic medical examination service.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will require detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

An organisation which currently incurs the costs associated with providing these services in the existing format, will continue to do so until a detailed model and financial framework has been agreed and the new model implemented.

## **Part A.**

### **4. Lessons Learned Report**

In preparation for the closure of the phase 2 of the Project individuals involved in the SARC project (including, health boards, Police forces, Police and crime commissioners offices, third sector, Welsh Government, local authority have been asked to consider the lessons that may be learned and to identify what worked well and what could be improved upon.

Feedback has been collated and summarised into broad themes, outlined below and a number of recommendations identified.

#### **4.1 What worked well?**

- Collaborative working

The project is an example of cross-boundary, multi-agency working, which occurred throughout the life of the project and received significant commitment by all agencies. There was significant potential for variance, which was mitigated by personal relationship built up across the life of the Project. Support from key roles to all organisations e.g. clinical leads, programme lead, was felt to be supportive.

Joint meetings and workshops provided an opportunity for open dialogue and to understand the pressures and impacts on other service areas.

- Clear governance structure

The programme benefited from a clear governance structure and lines of reporting. Central leadership meant that all agencies were working to a single vision in the models being proposed.

Strong chairmanship underpinned the governance structure which meant that the programme of work commenced in a timely and structured manner with clear outcomes at every step.

- Dedicated lead

An individual dedicated to the programme, ensured that communication and organisation across the sectors/organisations took place at every stage, there was continued drive and pace was maintained.

#### **4.2 What could have been improved?**

- Continuity

At times, there was lack of continuity and appropriate membership from agencies which had several impacts. Time was taken to bring new members up to date with progress, which had an impact on moving forward with the work plan. In addition, decision which had been made, required additional consideration and review from more senior officials. The lack of continuity at times was felt to impact on the clarity and scope of the work and had an effect on the level of 'buy-in' where decisions may have previously been agreed.

- Clarity on scope of the work

It was felt by some that more clarity was required in terms of the scope of the project, with work often felt to be led through a paediatric lens rather than considering the all ages service requirements. It was also felt the process had a disproportionate focus on the health/medical perspective of the victims rather than the whole pathway. It is worth noting that the initial scope of the work was to look at the acute phase of the SARC service provision only.

- Communication with stakeholders

There was a recognition that the engagement of multiple agencies/individuals (outside of the commissioners and providers) in key elements of the project e.g. workshops was beneficial, but sharing of how this work informed the wider work would have been welcomed.

Wider engagement of organisations with an interest in SARC on a more formal basis would also have been welcomed in order to ensure views across

the sector were taken into consideration, as well as provide further scrutiny, on the models being proposed.

### **Recommendations**

- The scope of the work needs to be clear from the outset, in order to underpin the programme of work.
- The correct people, with the right level of decision-making authority need to be engaged from the outset. This is important when dealing with a multi-agency programme of work. Not only does this ensure decisions are made in a timely manner, it prevents time being wasted.
- The benefits of a dedicated lead cannot be underestimated when managing such a large and complex programme of work. This is particularly important where organisations/leads have wide-ranging pressures and priorities.
- Wider stakeholder engagement and communication should be built into the ongoing work of the SARC Programme on a formal basis to ensure a wide range of views are considered which may be used to inform any proposed model, as well as providing a level of challenge.

### **Part B.**

#### **5. Current position and Next steps:**

The next Phase of the project will concern itself with detailed planning to support the implementation of the SARC Hubs for adults and children, establishing a commissioning framework and joint commissioning and procurement board and work towards establishing a formal SARC Network. The SARC hubs for adults will be in Cardiff, Swansea and Aberystwyth with Cardiff and Swansea as the hubs for children.

The project will also need to focus on developing the detailed costed models for the other components of the overarching service model – the spokes and FME service provision. These will form independent pieces of work but each will require formal sign off from the commissioning organisations.

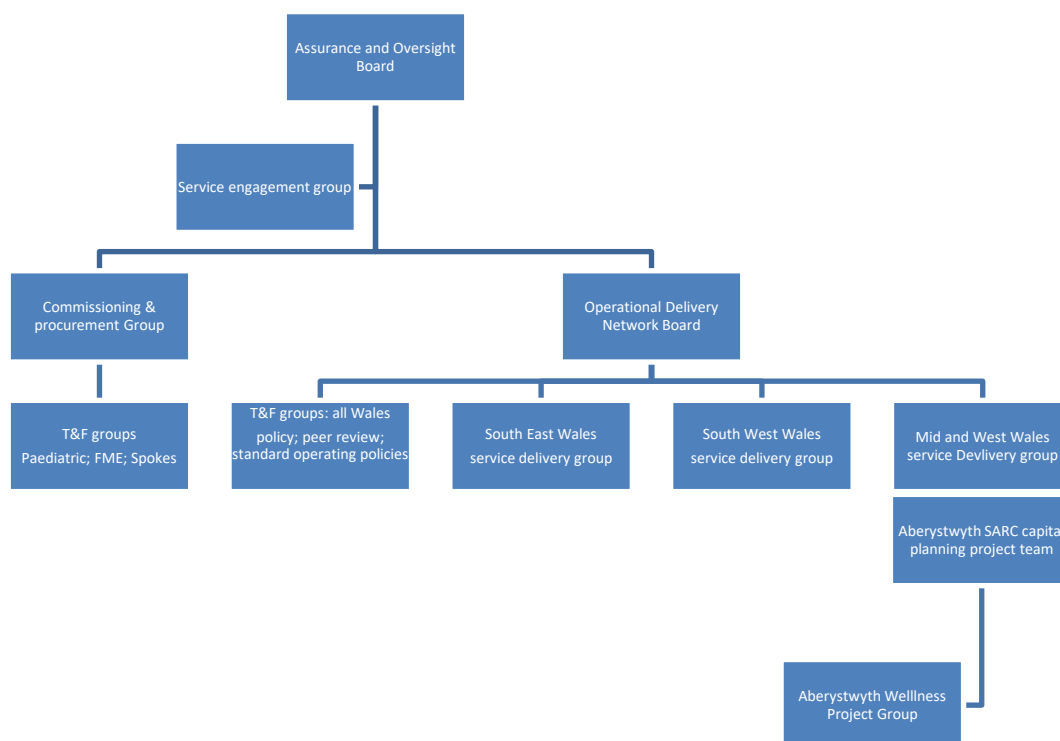
#### **Governance arrangements**

It is proposed that following Implementation group and Project Board in January 2020, the current governance structure will be disbanded. A new structure will be established to reflect the move into the implementation phase of the Programme. This new governance structure will clearly delineate the commissioning and delivery arms of the service. In doing this, it will minimise

the risk of conflict of interest for the different parties involved in SARC service provision across the region.

It is proposed that the SARC Network is hosted by the NHSWHC, alongside the other clinical Networks in Wales. The commissioning arm of the network is proposed is hosted by a lead commissioning organisation from health, who is still to be decided.

Table 1 below outlines the proposed governance structure.



The draft terms of reference for the key groups are attached to this report.

- **SARC Assurance and Oversight Board (SARC AOB)**

A new SARC Assurance and oversight (SARC AOB) Board comprising commissioning organisations in the main, as well as a representative from the service deliver board and service engagement group, Welsh Government.

The Assurance and Oversight Board (AOB) will provide scrutiny and assurance to NHSWHC as lead organisation and other stakeholders through

their respective governance arrangements in relation to quality, sustainability, safety and delivery of the regional SARC service model for South, Mid and West Wales.

It is proposed the AOB will be accountable to NHS Wales Health Collaborative, as the host for the Programme and report to CEO forum on a quarterly basis.

- **Commissioning and Procurement Group**

A Commissioning and Procurement Group will be established to take a lead role in ensuring that appropriate processes and documents are put in place to support the procurement of key elements of the service, including SARC hubs and the spokes in phase 2.

This group will comprise commissioning organisations only and will report to the SARC AOB.

Key responsibilities

- Scrutiny and approval of service models prior to submission to Board
- Making recommendations to the SARC AOB on service models for commissioning across the region
- Contract management and monitoring against key performance indicators
- Development of service specifications to support procurement process
- Ensuring delivery is in line with contracts
- Supporting procurement process
- Ensuring statutory requirements for health and police in relation to commissioning of SARC services are met.

Discussions are ongoing regarding a lead commissioning organisation, which will host this arm of the delivery network.

- **SARC Operational Delivery Network Board**

An Operational Delivery Network Board will be established to oversee the implementation of the operational SARC service model for the region and monitor service delivery, ensuring service are delivered in line with local and national standards and agreed quality and delivery framework.

This group will comprise service providers and will have a role in ensuring services are consistent across the region and delivered to the agreed service specification. They will also have a role in developing, implementing and monitoring operational policies and procedure that support the service delivery.

This group would report and be accountable to the AOB

Key responsibilities include:

- A focus on improving outcomes and client experience from the outset.
- Ensuring services are consistent across the region and delivered in line with agreed policies, procedures and the service specification.
- Monitoring service provision against recommended standards, identifying gaps in service provision and options to address them  
Ensuring a process of audit and evaluation is in place  
Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring a continuous process of system evaluation, governance and performance improvement
- Providing support and guidance to the Regional Delivery Groups taking forward the planning and delivery of the integrated SARC services on a regional basis.

- **Regional Service Delivery Groups**

A Service Delivery Group will be established in each SARC Hub region. Each group will be lead by the local health board within which the adult SARC hub is based. Service Delivery Groups will include:

- South East Wales Regional Service Delivery Group
- South West Wales Regional Service Delivery Group
- Mid & West Wales Regional Service Delivery Group

The SDGs will report to the ODN Board.

Key responsibilities include:

- Local planning required to support the implementation of the agreed service model for the region, including a sustainable workforce plan and accommodation that is fit for purpose and meets standards
- Day to day monitoring of the operational delivery of the service model for the region in line with the agreed recommendations
- Ensure the service model facilitates improved access and equity of access to SARC services.
- Monitor day to day performance against standards
- Monitoring capacity across the service, agreeing and working to protocols for management of multiple cases based on prioritisation of need
- Support demand and capacity planning
- Ensure the quality of local services are monitored and subject to a process of continuous quality improvement through clinical audit
- Implementation and monitoring of standard operating procedures, policies and pathways

- **Task and finish groups**

A number of task and finish groups will be established to facilitate the ongoing regional planning process.

These groups will have defined pieces of work with clear outputs that align with the overarching work programme and timelines. They will report into the Commissioning and Procurement Group or the Operational Delivery Network Board where appropriate

Proposed groups include the following:

- Paediatric implementation T&F group – will be responsible for developing the implementation plan to establish two sustainable paediatric hubs across the region.
- FME modelling T&F group – will be responsible for developing a costed business case develop for the longer term preferred model for the provision of FME services and will also agree to support the short and medium term service model.
- Policy and procedures T&F group – will be responsible for developing a suite of standard operating procedures (SOPs) to support the delivery of the regional service model, which will be implemented through the regional delivery groups

Additional T&F group may be established as required.

### **Service Engagement Group**

A stakeholder engagement group will be established comprising service providers and organisations with an interest in the provision of SARC services across Wales. This group will have a role through their knowledge and experience to provide views and expertise to inform the service model. It is proposed that this group will have a wide membership and comprise third sector, health, local authority and service users, VAWDASV regional leads

- **Administrative Support**

A Network Manager and programme support will be appointed to lead on the implementation of the Operational Delivery Network. It is proposed that these roles and the network are hosted with NHSWHC. This will ensure the role retains an independent view and provides support to the wider network on an equal basis. It also provides an element of peers support and access to senior manager with a regional perspective.

Supported will also be provided by a lead individual from within the police, who will act as a link across the three forces and the Project.

- **Service User Engagement**

The service engagement group will provide a forum in which to work with individuals from across the region who have an interest in SARC services. It will provide a forum to seek views, explore and discuss proposals and help inform final service models to support the wider SARC service development.

A further proposal for an independent review of ISVA services has been supported. This would allow the appointment of an independent organisation to review elements of the current service. Through engaging with service users, providers, commissioners and other they would use these views to inform a recommendations for the development of the wider, local service model (spokes). Initial discussions with health Boards engagement leads, felt this would be an positive approach to engaging with service users and providers in a meaningful way.

#### **6. Remaining Risks at project close**

Risks remaining open at the end of this phase of the work will be transferred to the appropriate group within the new governance structure or where agreed, will be closed.

#### **7. Next steps**

The SARC Project Board has now formally concluded its work to develop and secure approval for a service model for the region. A financial framework to support the implementation of the acute SARC hubs for adults, SARC hubs for children and the resources to support the Network and commissioning roles has also been approved.

The revised governance structure, once approved will need to be fully implemented, led by the Network Manager. The structure with its defined commissioning and delivery arms will support the full implementation and ongoing delivery of the regional service model.

Work will continue through the T&F groups to develop costed service models for the more local spoke services and the FME services. These will then go back to the P&C Group for scrutiny before approval by the AOB and finally formally considered through the governance structures of individual commissioning organisation.

#### **7. Conclusion**

This report provides an overview of the lessons that have been learned from the work undertaken by the SARC Project over the last 18 months. This information has been used to inform a revised service model to support delivery of the SARC hubs and further planning for the spokes and FME services over the next phase of the project.



**Attachments**

- Attachment 1.**      [Terms of Reference Assurance and Oversight Board](#)
- Attachment 2.**      [Terms of Reference Commissioning and Procurement group](#)
- Attachment 3.**      [Terms of Reference Operational delivery Network Board](#)
- Attachment 4.**      [Terms of Reference Regional Service delivery Group](#)
- Attachment 5.**      [Terms of Reference Service Engagement Group](#)

## **Attachment 1.**

### **SARC Assurance and Oversight Board**

#### **Terms of Reference**

##### **Purpose**

The Assurance and Oversight Board (AOB) will provide scrutiny and assurance to NHSWHC as lead organisation and other stakeholders through their respective governance arrangements in relation to quality, sustainability, safety and delivery of the regional SARC service model for South, Mid and West Wales

The overarching aim of the AOB is to facilitate the development and implementation of the service model approved by the Commissioning organisations in September 2019, ensuring a consistent, high quality approach to the delivery of services that secure the best outcomes for victims of sexual assault and meets the agreed clinical and operational standards.

##### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

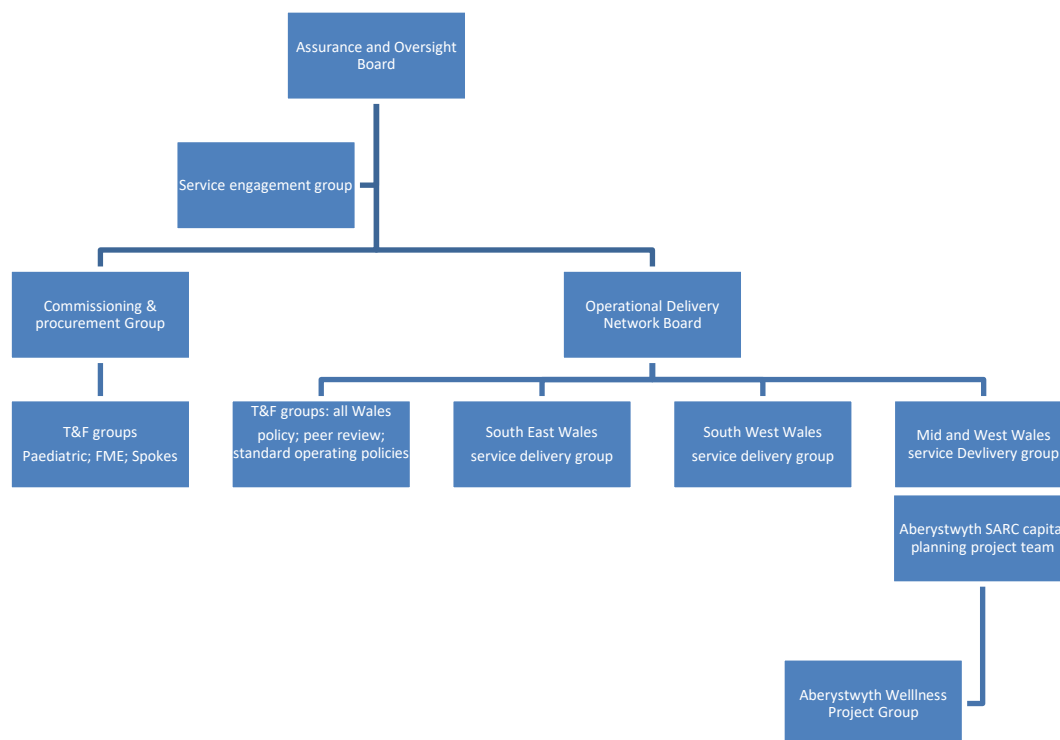
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The AOB will:

- Be accountable to NHS Wales Health Collaborative, as the host for the Programme
- Report to CEO forum on a quarterly basis.

Progress with the Project will also be shared through the All Wales Policing Group, comprising South Wales Police, Gwent Police and Dyfed Powys Police as well as the Police and Crime Commissioners for the regions.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

The **joint commissioning Board**, comprising health and police commissioning bodies will be established to support the Assurance and Oversight Board.

An **Operational Delivery Network Board** comprising service providers will support the AOB and work closely with the joint commissioning Board.

**Task and Finish Groups** will be established to address specific areas of work for the joint commissioning Board and the ODNB

A **service engagement group** will be established to support the SARC Project as it moves forward with implementation of the hub and spoke model.

### ***Board Membership***

The Project Board will comprise the commissioning organisations and include:

- Health Boards: Aneurin Bevan UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys THB, Swansea Bay UHB
- Police and crime commissioners office: Gwent, South Wales, Dyfed Powys
- Police forces: Gwent, South Wales, Dyfed Powys
- Regional Children/ Adult safeguarding Boards, Social Services
- Programme lead
- Welsh Government

The Board will be chaired by the Chairperson for Hywel Dda UHB.

Regional clinical leads may be asked to join the group in their advisory role to the SARC Project Board

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Board Responsibilities***

The Board will be responsible for:

- Setting the direction
- Service models meet accepted best clinical practice and relevant forensic, quality and safety standards.
- Demonstrate value for money in comparison to reasonable benchmarks  
Formally close the SARC Project Board and supporting structure and hand over of the ongoing delivery of SARC services to an established Welsh SARC Clinical Network.
- Delivery of the workplan and associated objectives
- Ensuring that risks to the service/programme are identified and Ensuring Overseeing the governance arrangements and ensuring that they are fit for purpose
- the implementation of the Operational delivery Network for SARC services across the region
- Approving key recommendations in relation to development of SARC services across the region and ensuring that the resources needed are made available to the project when required
- managed
- Delegating authority to the Network Manager to lead the planning elements of the work on a day to day basis
- Reporting progress to the NHS Wales Health Collaborative and other stakeholders through their respective governance arrangements

The outputs of the project will be:

- Establishment of an Operational Delivery network

- A commissioning framework, implemented across the network that supports the clinical pathways and best practice.
- Implementation of a strategic service model for adult SARC Hubs that ensures sustainability across the region.
- Implementation of a strategic service model for paediatric SARC Hubs that in light of existing sustainability issues across the region, ensures a sustainable service.
- Contracts awarded for the provision of SARC Hub services through an open and transparent procurement process
- A detailed and costed service model for the provision of FME services across the region, which is sustainable and meets national guidelines.
- A detailed and costed service model for the provision of spokes services across the region, including therapeutic services and ISVA provision, which is sustainable and meets national guidelines.
- Establishment of a Welsh SARC Operational Delivery Network to support the ongoing delivery of a best practice service, which is safe, sustainable, and equitable and meets the needs to the population of Wales.
- Standard policy, procedures and pathways to support and all Wales service model
- A sustainable workforce model for the acute phase of adult and paediatric SARC services.

Through the establishment of the Commissioning framework, the Board will be responsible for ensuring

- A system of audit and assurance that demonstrates compliance with clinical, forensic, quality and safety standards, and monitors patient experience and outcomes
- Standardised performance indicators, including demand profile, as defined by an agreed set of benchmarks are developed
- Service are delivered within the agreed financial framework.

### **Dispute Resolution**

All Board members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.

The SARCPB endorses the following principles for members to follow:

- Respect for another's point of view;
- Commitment to resolving the issue;
- Willingness to compromise;
- Confidentiality;
- Impartiality;
- Respect;
- Prompt action, and
- Freedom from repercussions.

Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

- The dispute must be set out in writing and sent to the Chair.
- The Chair will use their discretion to bring the issue to the next PB meeting, or call an extraordinary meeting;
- The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
- The Chair will call for a motion from the PB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

SARC Lessons learned & Governance structure  
2.12.19

Where mediation is sought,

- The mediator must be:
  - A person chosen by agreement between the parties; or
  - In the absence of agreement, a person appointed by the PB.
  
- The mediator, in conducting the mediation must:
  - Give parties to the mediation process every opportunity to be heard; and
  - Allow due consideration by all parties of any written statement submitted by any party; and
  
- The mediator must not determine the dispute.
- The mediation must be confidential and without prejudice.

**Frequency of meetings**

The Project Board will meet quarterly.

**Attachment 2.**

**Sexual Assault Services  
Procurement & Commissioning group**

**Terms of Reference**

**Purpose**

The overarching aim of the procurement and commissioning group is to ensure that appropriate processes and documents are put in place to support the procurement of adult SARC Hubs for the population of South, Mid and West Wales as the implementation component of the regional SARC Project.

**Scope and Definition**

The overarching aim of the Project is to improve health outcomes for men women and children who may have suffered sexual assault and abuse, through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

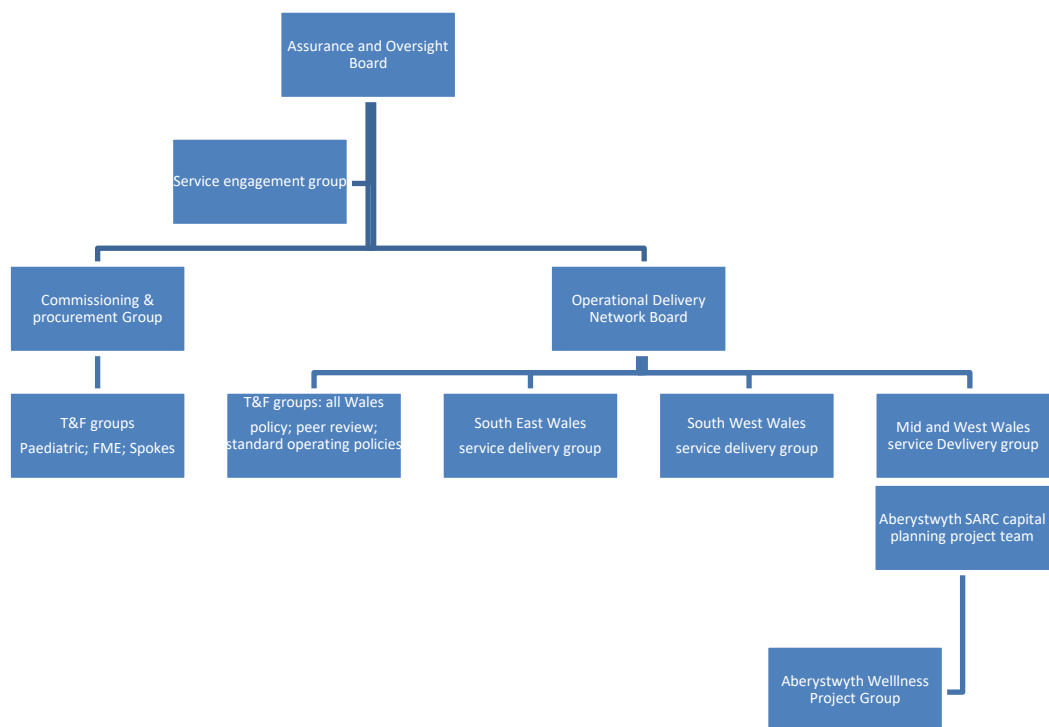
The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

**Structure**

## SARC Lessons learned & Governance structure 2.12.19



The P&C group will:

- Report to the SARC AOB
- Be accountable to the SARC AOB

Recommendations from the service planning T&F group will be made to the implementation-planning group for consideration and recommendation to the Project Board.

### **Membership**

- Police and crime commissioners: South Wales Police, Gwent Police, Dyfed Powys Police
- Police Forces: South Wales Police, Gwent Police, Dyfed Powys Police
- Health Board commissioning leads
- Lead Commissioner
- Regional clinical leads
- Network Manager

The group will be chaired by a representative of the lead commissioning organisation.

A lead police force will be identified to take forward the procurement process for FME services across the region. In the immediate term there will be two lead police forces, Dyfed Powys and South Wales police. Gwent Police and South Wales police will work together to appoint a single provider to cover the region.

NHS Wales has been identified as the lead organisation for the Project. Therefore, NHS Wales Shared Services will lead the procurement process for SARC hub and spoke services.

**Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

***Board Responsibilities***

- Scrutiny and approval of service models prior to submission to Board
- Making recommendations to the SARC AOB on service models for commissioning across the region
- Contract management and monitoring against key performance indicators
- Development of service specifications to support the procurement process
- Monitoring delivery to ensure it is in line with contracts
- Supporting procurement process
- Ensuring statutory requirements for health and police in relation to commissioning of SARC services is met.

The outputs of the t&f group will be:

- joint commissioning framework
- Service specification to support procurement of SARC hub
- A set of key performance indicators (KPIs) for monitoring delivery against service specification/contracts
- Recommended service model for phase 2 and 3 for commissioning

**Drafted: 10<sup>th</sup> September 2019**

**Agreed:**

**For review:**

**Attachment 3.**

**SARC Operational Network Delivery Board  
Terms of Reference**

**Purpose**

The ODN Board will oversee the implementation of the operational SARC service model for the region and monitor service delivery ensuring service are delivered within agreed standard, quality and delivery framework.

The overarching aim of the ODN is as follows:

- A focus on improving outcomes and client experience from the outset.
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensuring services provided are consistent across the region and delivered in line with agreed policies, procedures and the service specification.
- Ensuring sufficient capacity across the region, ensuring 'ongoing support closer to home' once acute assessments completed.
- Adopting a culture of integrated collaborative working across sectors and across the region
- A continuous process of system evaluation, governance and performance improvement
- Provide support and guidance to the regional delivery teams taking forward the planning and delivery of the integrated SARC services on a regional basis.

**Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

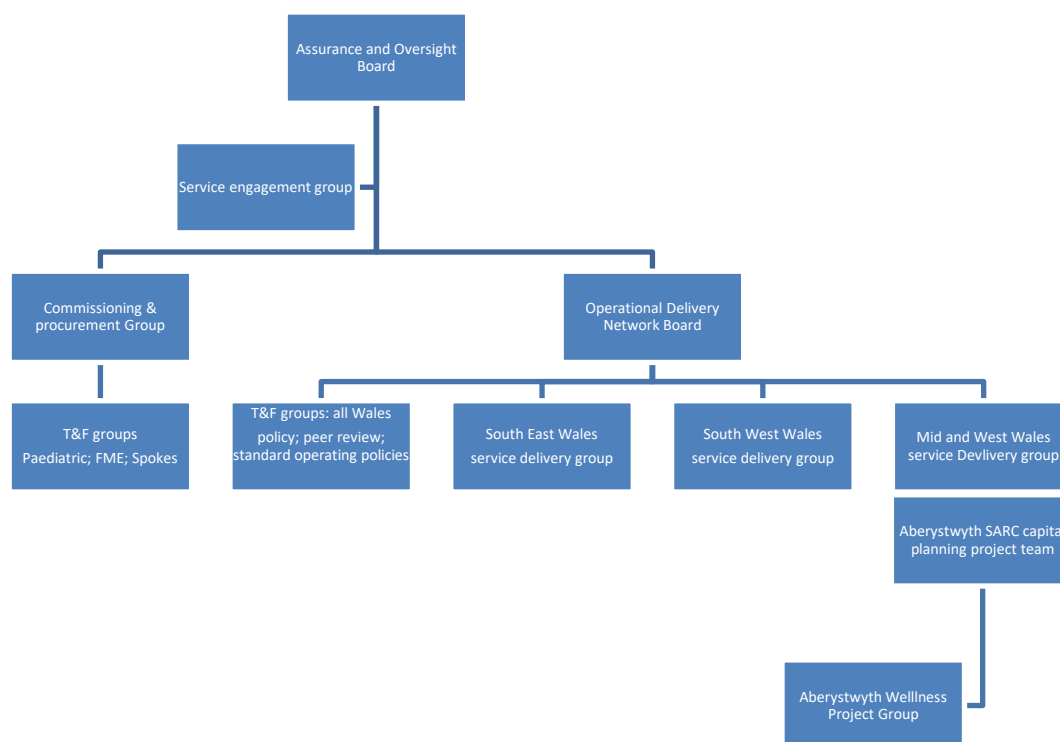
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The ODN Board will be:

- Commissioned by the lead commissioning organisation
- Accountable to the lead commissioning organisation
- Report to the Assurance and Oversight Board

An ODN management team will be established to include

- Network Clinical lead adults
- Network clinical lead children
- Network manager
- Network support

The ODN Board will need to work closely with the commissioning arm of the wider Operational Delivery network and with the service engagement group, who will through their knowledge and experience to provide views and expertise to inform the service model.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

### **Operational Delivery Network Board Membership**

The ODN Board will comprise service providers and operational leads from health and the police and will include the following:

The Board will be chaired by the SARC Network Manager

- Regional Clinical Leads
- Network manager
- SARC Managers
- Police operational service leads
- Health operational service leads
- FME representation

#### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

#### **Board Responsibilities**

The Board will be responsible for:

##### **Strategic planning**

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network
- Effective linkage into joint commissioning board.
- Contribute to evaluation of the network
- Develop a longer-term plan going out 5-10 years

##### **Operational delivery**

- Ensure improved access and equity of access to SARC services.
- Monitor day to day capacity across the network, agreeing and working to protocols for management of multiple cases based on prioritisation of need
- Support capacity planning and activity monitoring
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit
- Support local implementation and support to spoke services as appropriate

##### **Improved quality and standards of care**

- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Use outcome measures to compare and benchmark providers
- Provide advice on improvements to services and commissioners
- Deliver a clinical governance framework for the Wales wide SARC service, including a process for incident reporting with follow up action plans. This includes collaborative serious incident investigation.

##### **Partnership development**

- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs.
- Engagement with key stakeholders including third sector, private sector, local authority.
- Participation in relevant national policy or guideline development
- Linkage with other relevant networks (e.g. ENGLAND, SCOTLAND).
- Embed communication strategy and key communication deliverables

The outputs of the ODN will include but not be limited to:

- An annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- A risk register, supported by a process for undertaking risk management across the network.
- Quarterly and annual reports
- Client pathways between services over the region to ensure access to appropriate care within the SARC Hubs, spokes and health services.
- A client centred communication tool that's supports ongoing engagement with users, their families, carers
- Protocols that support delivery of services across the region, ensuring national standards and guidance are met.
- Standard Operating policies
- A single data management system for the network to ensure consistency data collection
- A network wide training and education programme encompassing the whole pathway prioritising key areas.
- An annual quality improvement and audit programme
- A clinical governance framework and incident reporting process
- A SARC dashboard to monitor service delivery against quality standards

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:	October 2019	
Approved:		
Review due:		

#### **Attachment 4.**

### **SARC Regional Service Delivery Group Terms of Reference**

#### **Purpose**

The Regional Service Delivery group will be responsible for implementation and day to day delivery of the operational service model for SARC hub within the region. This will include ensuring service are delivered within the agreed standard, quality and delivery framework.

The overarching aim of the SDG is as follows:

- A focus on improving outcomes and client experience from the outset.
- Undertaking planning for the development and delivery of an integrated SARC hub service within the region
- Ensuring accommodation for the regional SARC hub is fit for purpose and meets required standards including capital, ISO etc.
- Ensuring sustainable workforce is in place to meet the requirements of the SARC hub within the region
- Ensuring services meet and are delivered in line with agreed policies, procedures and the service specification.
- Monitor capacity within regional SAR hub raising any concerns with the ODN Board
- Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensure the service model facilitates improved access and equity of access to SARC services.
- 

#### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

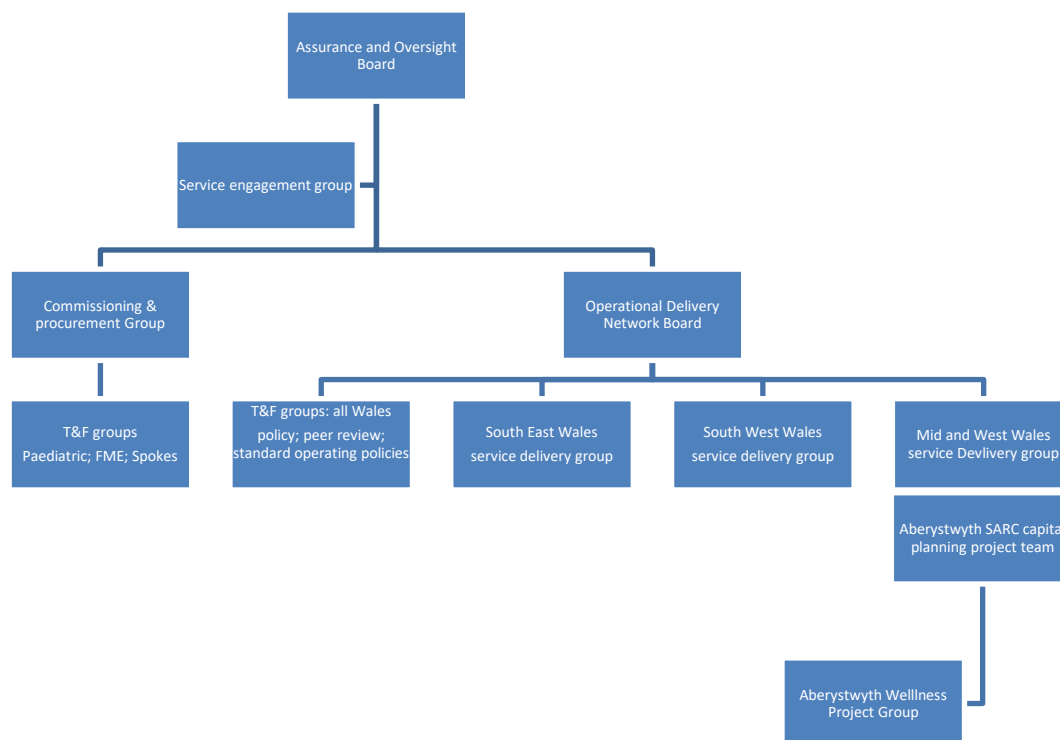
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The Regional Service Delivery Group will be:

- Accountable to the Assurance and Oversight Board
- Report to the Operational Delivery Network Board

Each Regional Service Delivery Group will reflect

The SDG Board will need to work closely with the Operational Delivery network Board and with the service engagement group, who will through their knowledge and experience to provide views and expertise to deliver a service model that meets the needs of service users.

### ***Operational Delivery Network Board Membership***

The Service Delivery Group will comprise service providers and operational leads from health and the police within the region and will include the following:

- Health Board Clinical Leads
- Network manager
- SARC Manager
- Police operational service leads
- Health operational service leads

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Service Delivery Group Responsibilities***

The Board will be responsible for:

- Local planning required to support the implementation of the agreed service model for the region, including a sustainable workforce plan and accommodation that is fit for purpose and meets standards
- Day to day monitoring of the operational delivery of the service model for the region in line with the agreed recommendations
- Monitor day to day performance of the service in line with standards and capacity across the service,
- Support capacity planning and activity monitoring, working to protocols for management of multiple cases based on prioritisation of need
- Ensure the quality of local services are monitored and subject to a process of continuous quality improvement through clinical audit
- Implementation and monitoring of standard operating procedures, policies and pathways
- Ensure implementation of on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Ensure implementation of the clinical governance framework, as developed by the ONB, including complaints, incident reporting with follow up action plans.

The outputs of the SDG will include but not be limited to:

- Successful implementation of a sustainable service model for the region
- Contribution to the annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- Contribution to a Network annual quality improvement and audit programme
- A risk register that is continuously monitored and updated
- Contribution to a Network quarterly and annual report
- Implementation of agreed client pathways and protocols

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:		
Approved:		
Review due:		

**Attachment 5.**

**Service Engagement Group  
Terms of Reference**

**Purpose**

The overarching aim of Service engagement group is to provide a forum that brings together individuals from across sectors and organisations, who have an interest in the provision of services for men, women and children who may have suffered a sexual assault, to collaborate, influence and inform the implementation of the SARC model across South, Mid and West Wales. The group has responsibility to work collaboratively to champion, promote and support the development and efficacy of services to support transformational change through sharing knowledge, expertise and learning.

**Scope and Definition**

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault, abuse, and supporting them to recover, heal and rebuild their lives.

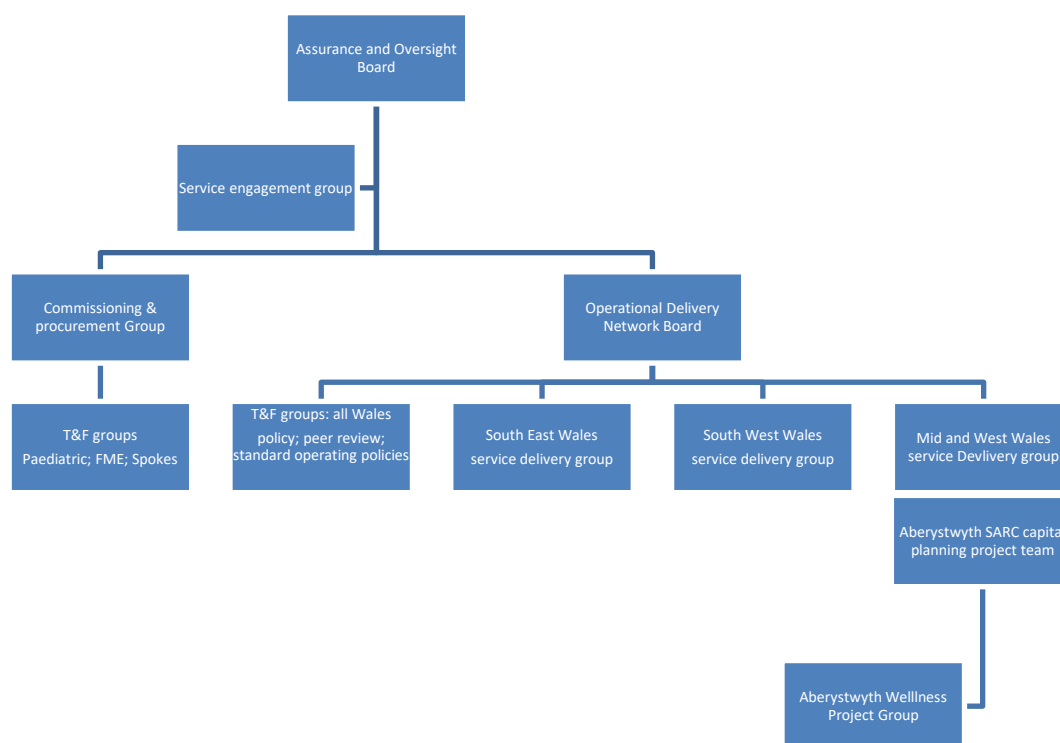
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The Group will meet at least 3 times a year and will take the form of a workshop. If necessary, it may meet more often to take forward specific actions or pieces of work.

Sub-committees may be formed with agreement of the whole group and the procurement and commissioning group, to take forward discrete pieces of work on an ad hoc basis.

The Chair will be determined by vote of the members of the group and will have an initial tenure of 12 months.

A nominated representative from the group will be invited to sit on the Assurance and Oversight Board. This role will be for a fixed tenure and will be expected to act as a conduit between the AOB and the service reference group.

### Input outside of meetings

Outside of meetings, engagement will be undertaken and input provided electronically by the Group. A wider pool of stakeholders may be consulted electronically and have their views fed back to the Group for consideration when appropriate.

### Confidentiality

Members of the Group are encouraged to utilise the organisation or sector they represent and seek their feedback on matters of policy and practice to inform and support the SARC Programme of work.

However, you will be expected to treat information obtained through the Stakeholder Reference Group in confidence and share only on a restricted basis.

The Secretariat will inform members of the Group of any confidential information that can not be shared outside of the Group.

### Membership

This group will comprise service providers and organisations with an interest in the provision of SARC services across Wales, including third sector, health, local authority and service users.

This group will have a role through their knowledge and experience to provide views and expertise to inform the service model.

- VAWDASV leads regional partnership board
- UHB Safeguarding teams
- Local authority leads
- CPS
- Police forces
- Atal y Fro
- Bawso
- Hafan Cymru
- Cardiff Council Community Safety
- Cardiff Women's Aid
- Cyfynnol Womens Aid
- Dyfed Powys NPS
- Llamau
- New Pathways
- Safer Wales
- Wales CRC
- Ynys Saff SARC

#### **Role and responsibilities**

The purpose of this Service Engagement group is to:

- Ensure the voice of the client remains at the centre of the work
- Act as a conduit between the SARC Project, local authorities, local health boards and the third sector to help identify and inform strategic and operational approaches that can support the reconfiguration of SARC services across the region.
- Consider practical solutions and provide advice and recommendations to the SARC project to support the programme of work.
- Use specialist knowledge to inform the recommendations for models of care for the region.
- Support the work of the SARC Project by providing advice and acting as a sounding board to the Procurement and Commissioning Group, T&F groups and Assurance and Oversight Board as appropriate, as the SARC work programme is developed and implemented.



<b>Title of Project: SARC phase 2 (2018/19) – lessons Learned and Transition</b>	
<b>Author: Rachel Hennessy, Programme Director</b>	
<b>Date:</b> 2 <sup>nd</sup> December 2019	<b>Version: 0.2</b>
<b>Publication/Distribution:</b> <ul style="list-style-type: none"><li>• SARC Project Board – version 0.1 September 2019 approved Oct 19</li></ul>	
<b>Purpose and Summary of Document:</b> <p>This report provides an outline of the work undertaken during phase 2 of the SARC reconfiguration Project led by C&amp;V UHB as host organisation. This project was a collaborative approach between health, police, PCC officers and third sector.</p> <p>Part A. of the paper details the lessons that individual involved within the Project felt could be learned and makes recommendations to support future collaborative planning work across sectors in Wales.</p> <p>Part B of the paper outline a proposed governance structure to support the next phase of the SARC programme of work: implementation of the SARC hubs for adults and children; implementation of the SARC Network and commissioning resources; and development of the local spoke and forensic services.</p> <p>The paper and the recommendations enclosed have been developed in collaboration with members across the SARC Project.</p> <p>The Executive Group are asked to:</p> <ul style="list-style-type: none"><li>• <b>NOTE</b> the lessons learned and recommendations</li><li>• <b>NOTE</b> the need to identify a lead commissioning organisation</li><li>• <b>AGREE</b> the proposed governance structure</li><li>• <b>AGREE</b> for the Network to be hosted by NHSWHC</li></ul>	

## **1. Introduction**

This paper is a final report to support the transition of Phase 2 of the collaborative work between health, police and third sector, led by C&V UHB to develop a service model for the provision of SARC services across South Mid and West Wales. The report provides an overview of the project, key achievements and lessons and outlines the overarching proposals to take forward. The next Phase will include developing the service specifications and commissioning framework to support implementation of the SARC Hubs and further work to develop costed service models for spoke provision and FME services, both which will require formal approval from individual organisations before moving to implementation.

This report is the culmination of work that commenced in 2013 in response to a Welsh Government review looking at the unmet need in SARC services and the lack of integration between services. Significant work has been undertaken in partnership with multiple agencies to develop a number of recommendations that together will significantly benefit the victims, survivors and their families who use SARC services across the region.

## **2. Background**

In 2013, Welsh Government commissioned a review to examine the extent to which the SARCs fulfilled the requirements of Public Health Wales service specifications, victims' needs, any unmet gaps in provision and the interdependencies between SARCs and other services. The findings from the review formed the case for change for a multi-agency review of sexual assault services across Mid, South and West Wales, led by the National Health Service (NHS) Wales Health Collaborative (phase 1). A Project Board was established comprising representatives from health, the police force and the third sector, to oversee the development of a service model.

Following an option appraisal process, a preferred model emerged which identified regional configuration of services comprising children's services located in two hubs at Cardiff and Swansea and adults services located in three hubs in Cardiff, Swansea and Carmarthen, supported by spokes in Risca, Merthyr Tydfil and Aberystwyth. Newtown was only established during the project phase. It was noted that it would be considered an additional spoke for the area of Dyfed Powys.

In December 2017, the model was agreed in principle, subject to a further review. Concerns were expressed by the Police and health organisations in Dyfed Powys that the proposed move to a single adult hub providing forensic examination services in Carmarthen would be detrimental to the population in the north of the region due to the geography.

In June 2018, Phase 2 of the SARC project was established. A commitment was given by the Project Board to review the proposed service models, costs and activity as well as the provision of FME services across the region (Phase 1 assumed the status quo remained).

### **3. Overview of Phase 2 SARC Project**

This Final Report was considered and approved by the SARC Project Board 1<sup>st</sup> August 2019. This report was and approved through internal governance structures of the commissioning organisations through the month of September 2019.

The proposed model will provide a more integrated service model that is driven by the needs of service users, supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures that robust governance arrangements are in place.

The proposed model is based on a hub and spoke approach with three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework.

The proposed model will be staged across three phases.

At this stage, Boards have only been asked to approve the overarching model and costs associated with the implementation of phase 1 only in September. There was a reluctance to approve any funding support to the spoke or FME proposal due to lack of detail and assurance around the proposed models and associated costs.

#### **Phase1**

Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. It excludes costs for ISVAs, Counselling and FME services. Costs for spokes

(ISVA, counselling etc), and FME provision will continue to be paid by the current service contractor until the detailed costed models have been agreed (phases 2 and 3) and approved by each commissioning board and service formally procured.

### **Phase 2 and 3**

- Phase 2 will look at the provision of the SARC spokes, which will include the role of the ISVA and counselling
- Phase 3 will look at the forensic medical examination service.

There is a collective agreement across the commissioning organisations that phases 2 and 3 will require detailed service modelling work and costing. It is anticipated that each of these proposals and associated costs will need to be considered and approved by the Boards of the commissioning organisations.

An organisation which currently incurs the costs associated with providing these services in the existing format, will continue to do so until a detailed model and financial framework has been agreed and the new model implemented.

## **Part A.**

### **4. Lessons Learned Report**

In preparation for the closure of the phase 2 of the Project individuals involved in the SARC project (including, health boards, Police forces, Police and crime commissioners offices, third sector, Welsh Government, local authority have been asked to consider the lessons that may be learned and to identify what worked well and what could be improved upon.

Feedback has been collated and summarised into broad themes, outlined below and a number of recommendations identified.

#### **4.1 What worked well?**

- Collaborative working

The project is an example of cross-boundary, multi-agency working, which occurred throughout the life of the project and received significant commitment by all agencies. There was significant potential for variance, which was mitigated by personal relationship built up across the life of the Project. Support from key roles to all organisations e.g. clinical leads, programme lead, was felt to be supportive.

Joint meetings and workshops provided an opportunity for open dialogue and to understand the pressures and impacts on other service areas.

- Clear governance structure

The programme benefited from a clear governance structure and lines of reporting. Central leadership meant that all agencies were working to a single vision in the models being proposed.

Strong chairmanship underpinned the governance structure which meant that the programme of work commenced in a timely and structured manner with clear outcomes at every step.

- Dedicated lead

An individual dedicated to the programme, ensured that communication and organisation across the sectors/organisations took place at every stage, there was continued drive and pace was maintained.

#### **4.2 What could have been improved?**

- Continuity

At times, there was lack of continuity and appropriate membership from agencies which had several impacts. Time was taken to bring new members up to date with progress, which had an impact on moving forward with the work plan. In addition, decision which had been made, required additional consideration and review from more senior officials. The lack of continuity at times was felt to impact on the clarity and scope of the work and had an effect on the level of 'buy-in' where decisions may have previously been agreed.

- Clarity on scope of the work

It was felt by some that more clarity was required in terms of the scope of the project, with work often felt to be led through a paediatric lens rather than considering the all ages service requirements. It was also felt the process had a disproportionate focus on the health/medical perspective of the victims rather than the whole pathway. It is worth noting that the initial scope of the work was to look at the acute phase of the SARC service provision only.

- Communication with stakeholders

There was a recognition that the engagement of multiple agencies/individuals (outside of the commissioners and providers) in key elements of the project e.g. workshops was beneficial, but sharing of how this work informed the wider work would have been welcomed.

Wider engagement of organisations with an interest in SARC on a more formal basis would also have been welcomed in order to ensure views across

the sector were taken into consideration, as well as provide further scrutiny, on the models being proposed.

### **Recommendations**

- The scope of the work needs to be clear from the outset, in order to underpin the programme of work.
- The correct people, with the right level of decision-making authority need to be engaged from the outset. This is important when dealing with a multi-agency programme of work. Not only does this ensure decisions are made in a timely manner, it prevents time being wasted.
- The benefits of a dedicated lead cannot be underestimated when managing such a large and complex programme of work. This is particularly important where organisations/leads have wide-ranging pressures and priorities.
- Wider stakeholder engagement and communication should be built into the ongoing work of the SARC Programme on a formal basis to ensure a wide range of views are considered which may be used to inform any proposed model, as well as providing a level of challenge.

### **Part B.**

#### **5. Current position and Next steps:**

The next Phase of the project will concern itself with detailed planning to support the implementation of the SARC Hubs for adults and children, establishing a commissioning framework and joint commissioning and procurement board and work towards establishing a formal SARC Network. The SARC hubs for adults will be in Cardiff, Swansea and Aberystwyth with Cardiff and Swansea as the hubs for children.

The project will also need to focus on developing the detailed costed models for the other components of the overarching service model – the spokes and FME service provision. These will form independent pieces of work but each will require formal sign off from the commissioning organisations.

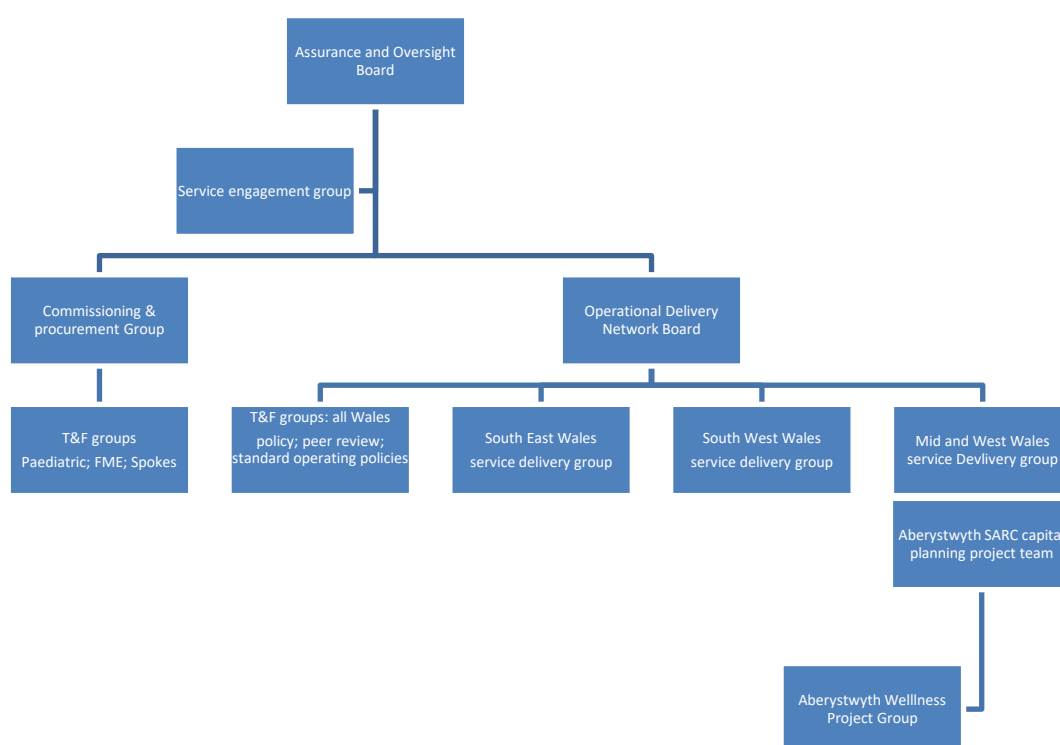
#### **Governance arrangements**

It is proposed that following Implementation group and Project Board in January 2020, the current governance structure will be disbanded. A new structure will be established to reflect the move into the implementation phase of the Programme. This new governance structure will clearly delineate the commissioning and delivery arms of the service. In doing this, it will minimise

the risk of conflict of interest for the different parties involved in SARC service provision across the region.

It is proposed that the SARC Network is hosted by the NHSWHC, alongside the other clinical Networks in Wales. The commissioning arm of the network is proposed is hosted by a lead commissioning organisation from health, who is still to be decided.

Table 1 below outlines the proposed governance structure.



The draft terms of reference for the key groups are attached to this report.

- **SARC Assurance and Oversight Board (SARC AOB)**

A new SARC Assurance and oversight (SARC AOB) Board comprising commissioning organisations in the main, as well as a representative from the service deliver board and service engagement group, Welsh Government.

The Assurance and Oversight Board (AOB) will provide scrutiny and assurance to NHSWHC as lead organisation and other stakeholders through

their respective governance arrangements in relation to quality, sustainability, safety and delivery of the regional SARC service model for South, Mid and West Wales.

It is proposed the AOB will be accountable to NHS Wales Health Collaborative, as the host for the Programme and report to CEO forum on a quarterly basis.

- **Commissioning and Procurement Group**

A Commissioning and Procurement Group will be established to take a lead role in ensuring that appropriate processes and documents are put in place to support the procurement of key elements of the service, including SARC hubs and the spokes in phase 2.

This group will comprise commissioning organisations only and will report to the SARC AOB.

Key responsibilities

- Scrutiny and approval of service models prior to submission to Board
- Making recommendations to the SARC AOB on service models for commissioning across the region
- Contract management and monitoring against key performance indicators
- Development of service specifications to support procurement process
- Ensuring delivery is in line with contracts
- Supporting procurement process
- Ensuring statutory requirements for health and police in relation to commissioning of SARC services are met.

Discussions are ongoing regarding a lead commissioning organisation, which will host this arm of the delivery network.

- **SARC Operational Delivery Network Board**

An Operational Delivery Network Board will be established to oversee the implementation of the operational SARC service model for the region and monitor service delivery, ensuring service are delivered in line with local and national standards and agreed quality and delivery framework.

This group will comprise service providers and will have a role in ensuring services are consistent across the region and delivered to the agreed service specification. They will also have a role in developing, implementing and monitoring operational policies and procedure that support the service delivery.

This group would report and be accountable to the AOB

Key responsibilities include:

- A focus on improving outcomes and client experience from the outset.
- Ensuring services are consistent across the region and delivered in line with agreed policies, procedures and the service specification.
- Monitoring service provision against recommended standards, identifying gaps in service provision and options to address them  
Ensuring a process of audit and evaluation is in place  
Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring a continuous process of system evaluation, governance and performance improvement
- Providing support and guidance to the Regional Delivery Groups taking forward the planning and delivery of the integrated SARC services on a regional basis.

- **Regional Service Delivery Groups**

A Service Delivery Group will be established in each SARC Hub region. Each group will be lead by the local health board within which the adult SARC hub is based. Service Delivery Groups will include:

- South East Wales Regional Service Delivery Group
- South West Wales Regional Service Delivery Group
- Mid & West Wales Regional Service Delivery Group

The SDGs will report to the ODN Board.

Key responsibilities include:

- Local planning required to support the implementation of the agreed service model for the region, including a sustainable workforce plan and accommodation that is fit for purpose and meets standards
- Day to day monitoring of the operational delivery of the service model for the region in line with the agreed recommendations
- Ensure the service model facilitates improved access and equity of access to SARC services.
- Monitor day to day performance against standards
- Monitoring capacity across the service, agreeing and working to protocols for management of multiple cases based on prioritisation of need
- Support demand and capacity planning
- Ensure the quality of local services are monitored and subject to a process of continuous quality improvement through clinical audit
- Implementation and monitoring of standard operating procedures, policies and pathways

- **Task and finish groups**

A number of task and finish groups will be established to facilitate the ongoing regional planning process.

These groups will have defined pieces of work with clear outputs that align with the overarching work programme and timelines. They will report into the Commissioning and Procurement Group or the Operational Delivery Network Board where appropriate

Proposed groups include the following:

- Paediatric implementation T&F group – will be responsible for developing the implementation plan to establish two sustainable paediatric hubs across the region.
- FME modelling T&F group – will be responsible for developing a costed business case develop for the longer term preferred model for the provision of FME services and will also agree to support the short and medium term service model.
- Policy and procedures T&F group – will be responsible for developing a suite of standard operating procedures (SOPs) to support the delivery of the regional service model, which will be implemented through the regional delivery groups

Additional T&F group may be established as required.

### **Service Engagement Group**

A stakeholder engagement group will be established comprising service providers and organisations with an interest in the provision of SARC services across Wales. This group will have a role through their knowledge and experience to provide views and expertise to inform the service model. It is proposed that this group will have a wide membership and comprise third sector, health, local authority and service users, VAWDASV regional leads

- **Administrative Support**

A Network Manager and programme support will be appointed to lead on the implementation of the Operational Delivery Network. It is proposed that these roles and the network are hosted with NHSWHC. This will ensure the role retains an independent view and provides support to the wider network on an equal basis. It also provides an element of peers support and access to senior manager with a regional perspective.

Supported will also be provided by a lead individual from within the police, who will act as a link across the three forces and the Project.

- **Service User Engagement**

The service engagement group will provide a forum in which to work with individuals from across the region who have an interest in SARC services. It will provide a forum to seek views, explore and discuss proposals and help inform final service models to support the wider SARC service development.

A further proposal for an independent review of ISVA services has been supported. This would allow the appointment of an independent organisation to review elements of the current service. Through engaging with service users, providers, commissioners and other they would use these views to inform a recommendations for the development of the wider, local service model (spokes). Initial discussions with health Boards engagement leads, felt this would be an positive approach to engaging with service users and providers in a meaningful way.

#### **6. Remaining Risks at project close**

Risks remaining open at the end of this phase of the work will be transferred to the appropriate group within the new governance structure or where agreed, will be closed.

#### **7. Next steps**

The SARC Project Board has now formally concluded its work to develop and secure approval for a service model for the region. A financial framework to support the implementation of the acute SARC hubs for adults, SARC hubs for children and the resources to support the Network and commissioning roles has also been approved.

The revised governance structure, once approved will need to be fully implemented, led by the Network Manager. The structure with its defined commissioning and delivery arms will support the full implementation and ongoing delivery of the regional service model.

Work will continue through the T&F groups to develop costed service models for the more local spoke services and the FME services. These will then go back to the P&C Group for scrutiny before approval by the AOB and finally formally considered through the governance structures of individual commissioning organisation.

#### **7. Conclusion**

This report provides an overview of the lessons that have been learned from the work undertaken by the SARC Project over the last 18 months. This information has been used to inform a revised service model to support delivery of the SARC hubs and further planning for the spokes and FME services over the next phase of the project.



**Attachments**

- Attachment 1.**      [Terms of Reference Assurance and Oversight Board](#)
- Attachment 2.**      [Terms of Reference Commissioning and Procurement group](#)
- Attachment 3.**      [Terms of Reference Operational delivery Network Board](#)
- Attachment 4.**      [Terms of Reference Regional Service delivery Group](#)
- Attachment 5.**      [Terms of Reference Service Engagement Group](#)

## **Attachment 1.**

### **SARC Assurance and Oversight Board**

#### **Terms of Reference**

##### **Purpose**

The Assurance and Oversight Board (AOB) will provide scrutiny and assurance to NHSWHC as lead organisation and other stakeholders through their respective governance arrangements in relation to quality, sustainability, safety and delivery of the regional SARC service model for South, Mid and West Wales

The overarching aim of the AOB is to facilitate the development and implementation of the service model approved by the Commissioning organisations in September 2019, ensuring a consistent, high quality approach to the delivery of services that secure the best outcomes for victims of sexual assault and meets the agreed clinical and operational standards.

##### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

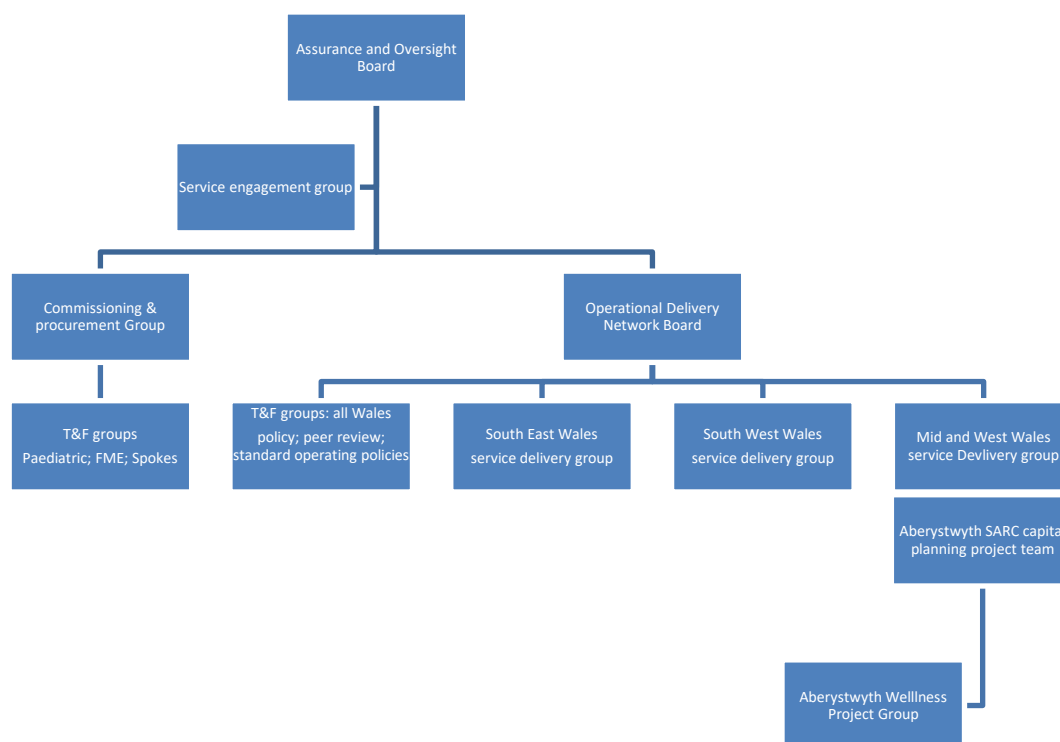
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The AOB will:

- Be accountable to NHS Wales Health Collaborative, as the host for the Programme
- Report to CEO forum on a quarterly basis.

Progress with the Project will also be shared through the All Wales Policing Group, comprising South Wales Police, Gwent Police and Dyfed Powys Police as well as the Police and Crime Commissioners for the regions.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

The **joint commissioning Board**, comprising health and police commissioning bodies will be established to support the Assurance and Oversight Board.

An **Operational Delivery Network Board** comprising service providers will support the AOB and work closely with the joint commissioning Board.

**Task and Finish Groups** will be established to address specific areas of work for the joint commissioning Board and the ODNB

A **service engagement group** will be established to support the SARC Project as it moves forward with implementation of the hub and spoke model.

### ***Board Membership***

The Project Board will comprise the commissioning organisations and include:

- Health Boards: Aneurin Bevan UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys THB, Swansea Bay UHB
- Police and crime commissioners office: Gwent, South Wales, Dyfed Powys
- Police forces: Gwent, South Wales, Dyfed Powys
- Regional Children/ Adult safeguarding Boards, Social Services
- Programme lead
- Welsh Government

The Board will be chaired by the Chairperson for Hywel Dda UHB.

Regional clinical leads may be asked to join the group in their advisory role to the SARC Project Board

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Board Responsibilities***

The Board will be responsible for:

- Setting the direction
- Service models meet accepted best clinical practice and relevant forensic, quality and safety standards.
- Demonstrate value for money in comparison to reasonable benchmarks  
Formally close the SARC Project Board and supporting structure and hand over of the ongoing delivery of SARC services to an established Welsh SARC Clinical Network.
- Delivery of the workplan and associated objectives
- Ensuring that risks to the service/programme are identified and Ensuring Overseeing the governance arrangements and ensuring that they are fit for purpose
- the implementation of the Operational delivery Network for SARC services across the region
- Approving key recommendations in relation to development of SARC services across the region and ensuring that the resources needed are made available to the project when required
- managed
- Delegating authority to the Network Manager to lead the planning elements of the work on a day to day basis
- Reporting progress to the NHS Wales Health Collaborative and other stakeholders through their respective governance arrangements

The outputs of the project will be:

- Establishment of an Operational Delivery network

- A commissioning framework, implemented across the network that supports the clinical pathways and best practice.
- Implementation of a strategic service model for adult SARC Hubs that ensures sustainability across the region.
- Implementation of a strategic service model for paediatric SARC Hubs that in light of existing sustainability issues across the region, ensures a sustainable service.
- Contracts awarded for the provision of SARC Hub services through an open and transparent procurement process
- A detailed and costed service model for the provision of FME services across the region, which is sustainable and meets national guidelines.
- A detailed and costed service model for the provision of spokes services across the region, including therapeutic services and ISVA provision, which is sustainable and meets national guidelines.
- Establishment of a Welsh SARC Operational Delivery Network to support the ongoing delivery of a best practice service, which is safe, sustainable, and equitable and meets the needs to the population of Wales.
- Standard policy, procedures and pathways to support and all Wales service model
- A sustainable workforce model for the acute phase of adult and paediatric SARC services.

Through the establishment of the Commissioning framework, the Board will be responsible for ensuring

- A system of audit and assurance that demonstrates compliance with clinical, forensic, quality and safety standards, and monitors patient experience and outcomes
- Standardised performance indicators, including demand profile, as defined by an agreed set of benchmarks are developed
- Service are delivered within the agreed financial framework.

### **Dispute Resolution**

All Board members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.

The SARCPB endorses the following principles for members to follow:

- Respect for another's point of view;
- Commitment to resolving the issue;
- Willingness to compromise;
- Confidentiality;
- Impartiality;
- Respect;
- Prompt action, and
- Freedom from repercussions.

Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

- The dispute must be set out in writing and sent to the Chair.
- The Chair will use their discretion to bring the issue to the next PB meeting, or call an extraordinary meeting;
- The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
- The Chair will call for a motion from the PB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

SARC Lessons learned & Governance structure  
2.12.19

Where mediation is sought,

- The mediator must be:
  - A person chosen by agreement between the parties; or
  - In the absence of agreement, a person appointed by the PB.
  
- The mediator, in conducting the mediation must:
  - Give parties to the mediation process every opportunity to be heard; and
  - Allow due consideration by all parties of any written statement submitted by any party; and
  
- The mediator must not determine the dispute.
- The mediation must be confidential and without prejudice.

**Frequency of meetings**

The Project Board will meet quarterly.

**Attachment 2.**

**Sexual Assault Services  
Procurement & Commissioning group**

**Terms of Reference**

**Purpose**

The overarching aim of the procurement and commissioning group is to ensure that appropriate processes and documents are put in place to support the procurement of adult SARC Hubs for the population of South, Mid and West Wales as the implementation component of the regional SARC Project.

**Scope and Definition**

The overarching aim of the Project is to improve health outcomes for men women and children who may have suffered sexual assault and abuse, through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

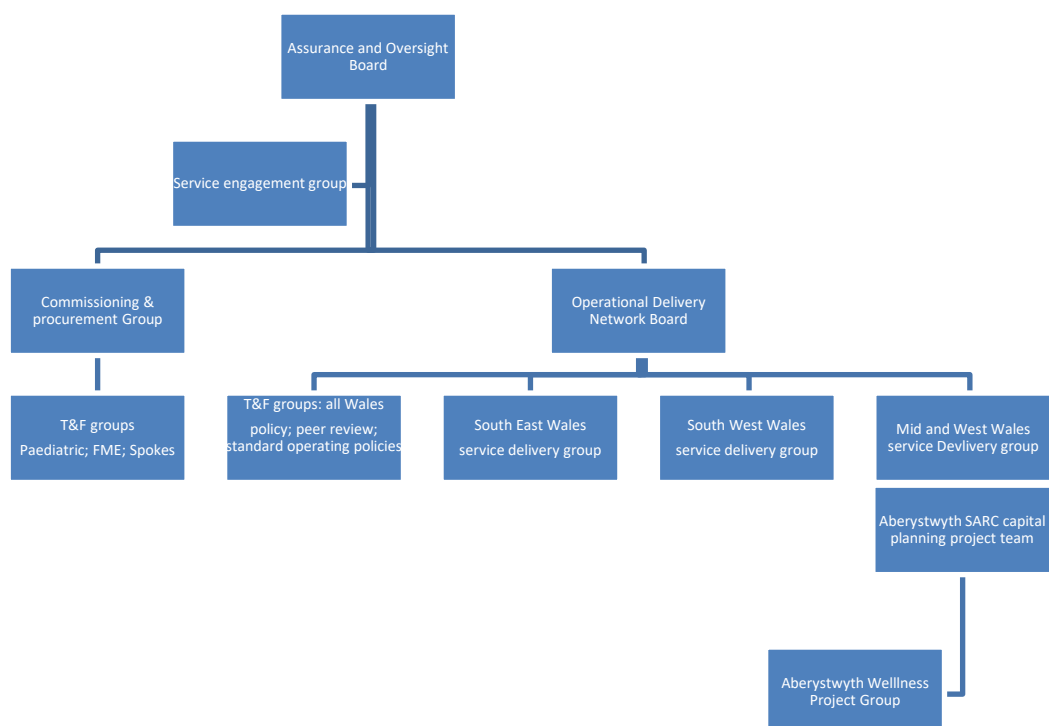
The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

**Structure**

## SARC Lessons learned & Governance structure 2.12.19



The P&C group will:

- Report to the SARC AOB
- Be accountable to the SARC AOB

Recommendations from the service planning T&F group will be made to the implementation-planning group for consideration and recommendation to the Project Board.

### **Membership**

- Police and crime commissioners: South Wales Police, Gwent Police, Dyfed Powys Police
- Police Forces: South Wales Police, Gwent Police, Dyfed Powys Police
- Health Board commissioning leads
- Lead Commissioner
- Regional clinical leads
- Network Manager

The group will be chaired by a representative of the lead commissioning organisation.

A lead police force will be identified to take forward the procurement process for FME services across the region. In the immediate term there will be two lead police forces, Dyfed Powys and South Wales police. Gwent Police and South Wales police will work together to appoint a single provider to cover the region.

NHS Wales has been identified as the lead organisation for the Project. Therefore, NHS Wales Shared Services will lead the procurement process for SARC hub and spoke services.

**Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

***Board Responsibilities***

- Scrutiny and approval of service models prior to submission to Board
- Making recommendations to the SARC AOB on service models for commissioning across the region
- Contract management and monitoring against key performance indicators
- Development of service specifications to support the procurement process
- Monitoring delivery to ensure it is in line with contracts
- Supporting procurement process
- Ensuring statutory requirements for health and police in relation to commissioning of SARC services is met.

The outputs of the t&f group will be:

- joint commissioning framework
- Service specification to support procurement of SARC hub
- A set of key performance indicators (KPIs) for monitoring delivery against service specification/contracts
- Recommended service model for phase 2 and 3 for commissioning

**Drafted: 10<sup>th</sup> September 2019**

**Agreed:**

**For review:**

**Attachment 3.**

**SARC Operational Network Delivery Board  
Terms of Reference**

**Purpose**

The ODN Board will oversee the implementation of the operational SARC service model for the region and monitor service delivery ensuring service are delivered within agreed standard, quality and delivery framework.

The overarching aim of the ODN is as follows:

- A focus on improving outcomes and client experience from the outset.
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensuring services provided are consistent across the region and delivered in line with agreed policies, procedures and the service specification.
- Ensuring sufficient capacity across the region, ensuring 'ongoing support closer to home' once acute assessments completed.
- Adopting a culture of integrated collaborative working across sectors and across the region
- A continuous process of system evaluation, governance and performance improvement
- Provide support and guidance to the regional delivery teams taking forward the planning and delivery of the integrated SARC services on a regional basis.

**Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

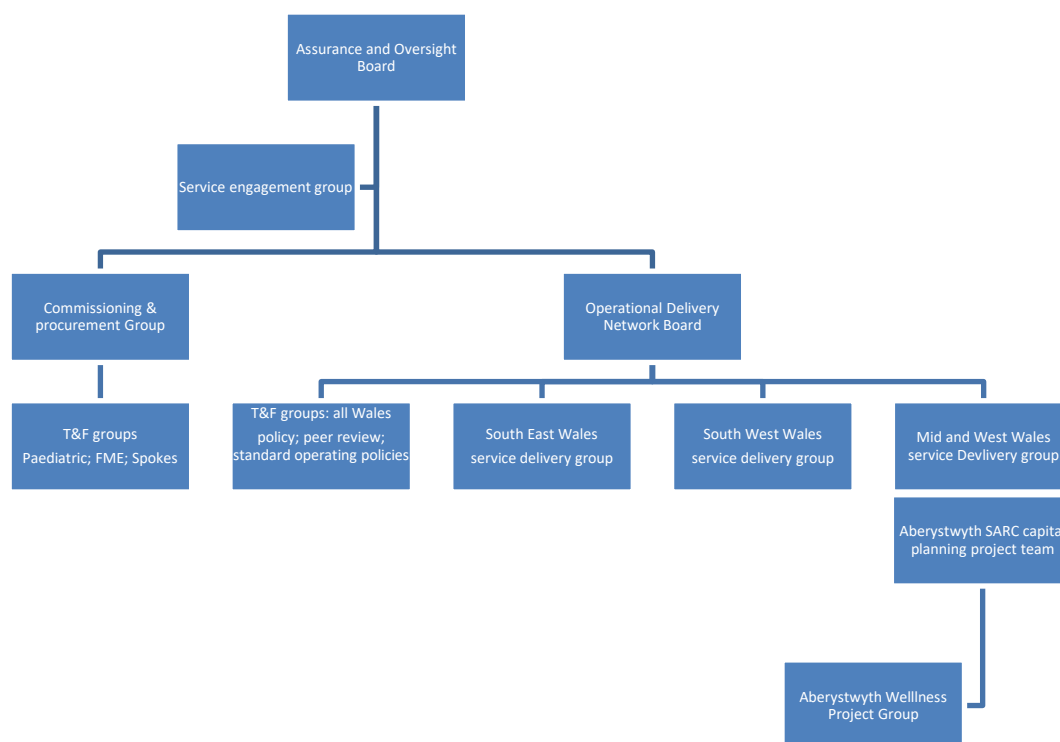
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The ODN Board will be:

- Commissioned by the lead commissioning organisation
- Accountable to the lead commissioning organisation
- Report to the Assurance and Oversight Board

An ODN management team will be established to include

- Network Clinical lead adults
- Network clinical lead children
- Network manager
- Network support

The ODN Board will need to work closely with the commissioning arm of the wider Operational Delivery network and with the service engagement group, who will through their knowledge and experience to provide views and expertise to inform the service model.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

### **Operational Delivery Network Board Membership**

The ODN Board will comprise service providers and operational leads from health and the police and will include the following:

The Board will be chaired by the SARC Network Manager

- Regional Clinical Leads
- Network manager
- SARC Managers
- Police operational service leads
- Health operational service leads
- FME representation

#### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

#### **Board Responsibilities**

The Board will be responsible for:

##### **Strategic planning**

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network
- Effective linkage into joint commissioning board.
- Contribute to evaluation of the network
- Develop a longer-term plan going out 5-10 years

##### **Operational delivery**

- Ensure improved access and equity of access to SARC services.
- Monitor day to day capacity across the network, agreeing and working to protocols for management of multiple cases based on prioritisation of need
- Support capacity planning and activity monitoring
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit
- Support local implementation and support to spoke services as appropriate

##### **Improved quality and standards of care**

- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Use outcome measures to compare and benchmark providers
- Provide advice on improvements to services and commissioners
- Deliver a clinical governance framework for the Wales wide SARC service, including a process for incident reporting with follow up action plans. This includes collaborative serious incident investigation.

##### **Partnership development**

- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs.
- Engagement with key stakeholders including third sector, private sector, local authority.
- Participation in relevant national policy or guideline development
- Linkage with other relevant networks (e.g. ENGLAND, SCOTLAND).
- Embed communication strategy and key communication deliverables

The outputs of the ODN will include but not be limited to:

- An annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- A risk register, supported by a process for undertaking risk management across the network.
- Quarterly and annual reports
- Client pathways between services over the region to ensure access to appropriate care within the SARC Hubs, spokes and health services.
- A client centred communication tool that supports ongoing engagement with users, their families, carers
- Protocols that support delivery of services across the region, ensuring national standards and guidance are met.
- Standard Operating policies
- A single data management system for the network to ensure consistency data collection
- A network wide training and education programme encompassing the whole pathway prioritising key areas.
- An annual quality improvement and audit programme
- A clinical governance framework and incident reporting process
- A SARC dashboard to monitor service delivery against quality standards

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:	October 2019	
Approved:		
Review due:		

#### **Attachment 4.**

### **SARC Regional Service Delivery Group Terms of Reference**

#### **Purpose**

The Regional Service Delivery group will be responsible for implementation and day to day delivery of the operational service model for SARC hub within the region. This will include ensuring service are delivered within the agreed standard, quality and delivery framework.

The overarching aim of the SDG is as follows:

- A focus on improving outcomes and client experience from the outset.
- Undertaking planning for the development and delivery of an integrated SARC hub service within the region
- Ensuring accommodation for the regional SARC hub is fit for purpose and meets required standards including capital, ISO etc.
- Ensuring sustainable workforce is in place to meet the requirements of the SARC hub within the region
- Ensuring services meet and are delivered in line with agreed policies, procedures and the service specification.
- Monitor capacity within regional SAR hub raising any concerns with the ODN Board
- Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensure the service model facilitates improved access and equity of access to SARC services.
- 

#### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

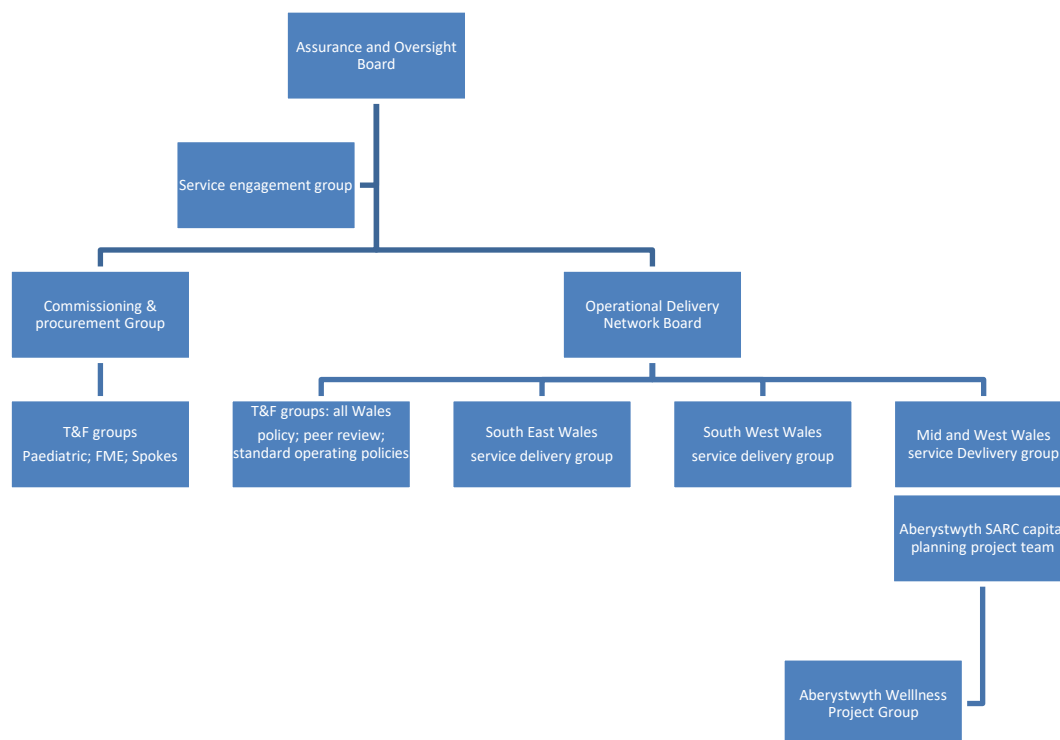
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The Regional Service Delivery Group will be:

- Accountable to the Assurance and Oversight Board
- Report to the Operational Delivery Network Board

Each Regional Service Delivery Group will reflect

The SDG Board will need to work closely with the Operational Delivery network Board and with the service engagement group, who will through their knowledge and experience to provide views and expertise to deliver a service model that meets the needs of service users.

### ***Operational Delivery Network Board Membership***

The Service Delivery Group will comprise service providers and operational leads from health and the police within the region and will include the following:

- Health Board Clinical Leads
- Network manager
- SARC Manager
- Police operational service leads
- Health operational service leads

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Service Delivery Group Responsibilities***

The Board will be responsible for:

- Local planning required to support the implementation of the agreed service model for the region, including a sustainable workforce plan and accommodation that is fit for purpose and meets standards
- Day to day monitoring of the operational delivery of the service model for the region in line with the agreed recommendations
- Monitor day to day performance of the service in line with standards and capacity across the service,
- Support capacity planning and activity monitoring, working to protocols for management of multiple cases based on prioritisation of need
- Ensure the quality of local services are monitored and subject to a process of continuous quality improvement through clinical audit
- Implementation and monitoring of standard operating procedures, policies and pathways
- Ensure implementation of on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Ensure implementation of the clinical governance framework, as developed by the ONB, including complaints, incident reporting with follow up action plans.

The outputs of the SDG will include but not be limited to:

- Successful implementation of a sustainable service model for the region
- Contribution to the annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- Contribution to a Network annual quality improvement and audit programme
- A risk register that is continuously monitored and updated
- Contribution to a Network quarterly and annual report
- Implementation of agreed client pathways and protocols

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:		
Approved:		
Review due:		

**Attachment 5.**

**Service Engagement Group  
Terms of Reference**

**Purpose**

The overarching aim of Service engagement group is to provide a forum that brings together individuals from across sectors and organisations, who have an interest in the provision of services for men, women and children who may have suffered a sexual assault, to collaborate, influence and inform the implementation of the SARC model across South, Mid and West Wales. The group has responsibility to work collaboratively to champion, promote and support the development and efficacy of services to support transformational change through sharing knowledge, expertise and learning.

**Scope and Definition**

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault, abuse, and supporting them to recover, heal and rebuild their lives.

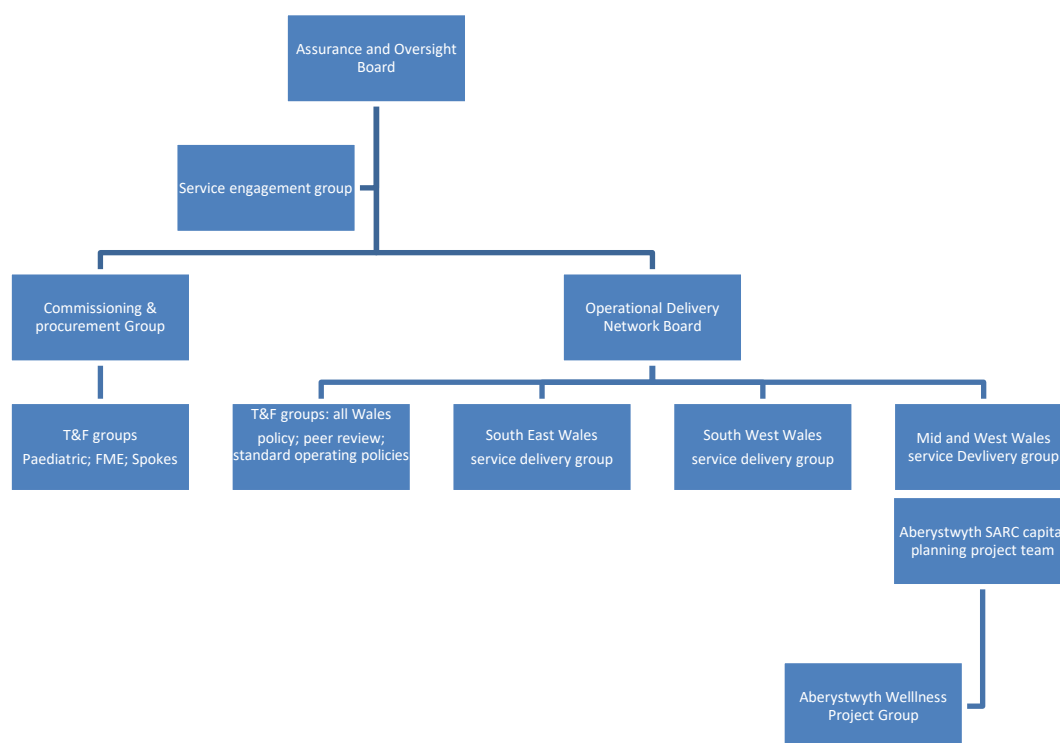
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The Group will meet at least 3 times a year and will take the form of a workshop. If necessary, it may meet more often to take forward specific actions or pieces of work.

Sub-committees may be formed with agreement of the whole group and the procurement and commissioning group, to take forward discrete pieces of work on an ad hoc basis.

The Chair will be determined by vote of the members of the group and will have an initial tenure of 12 months.

A nominated representative from the group will be invited to sit on the Assurance and Oversight Board. This role will be for a fixed tenure and will be expected to act as a conduit between the AOB and the service reference group.

### Input outside of meetings

Outside of meetings, engagement will be undertaken and input provided electronically by the Group. A wider pool of stakeholders may be consulted electronically and have their views fed back to the Group for consideration when appropriate.

### Confidentiality

Members of the Group are encouraged to utilise the organisation or sector they represent and seek their feedback on matters of policy and practice to inform and support the SARC Programme of work.

However, you will be expected to treat information obtained through the Stakeholder Reference Group in confidence and share only on a restricted basis.

The Secretariat will inform members of the Group of any confidential information that can not be shared outside of the Group.

### Membership

This group will comprise service providers and organisations with an interest in the provision of SARC services across Wales, including third sector, health, local authority and service users.

This group will have a role through their knowledge and experience to provide views and expertise to inform the service model.

- VAWDASV leads regional partnership board
- UHB Safeguarding teams
- Local authority leads
- CPS
- Police forces
- Atal y Fro
- Bawso
- Hafan Cymru
- Cardiff Council Community Safety
- Cardiff Women's Aid
- Cyfynnol Womens Aid
- Dyfed Powys NPS
- Llamau
- New Pathways
- Safer Wales
- Wales CRC
- Ynys Saff SARC

#### **Role and responsibilities**

The purpose of this Service Engagement group is to:

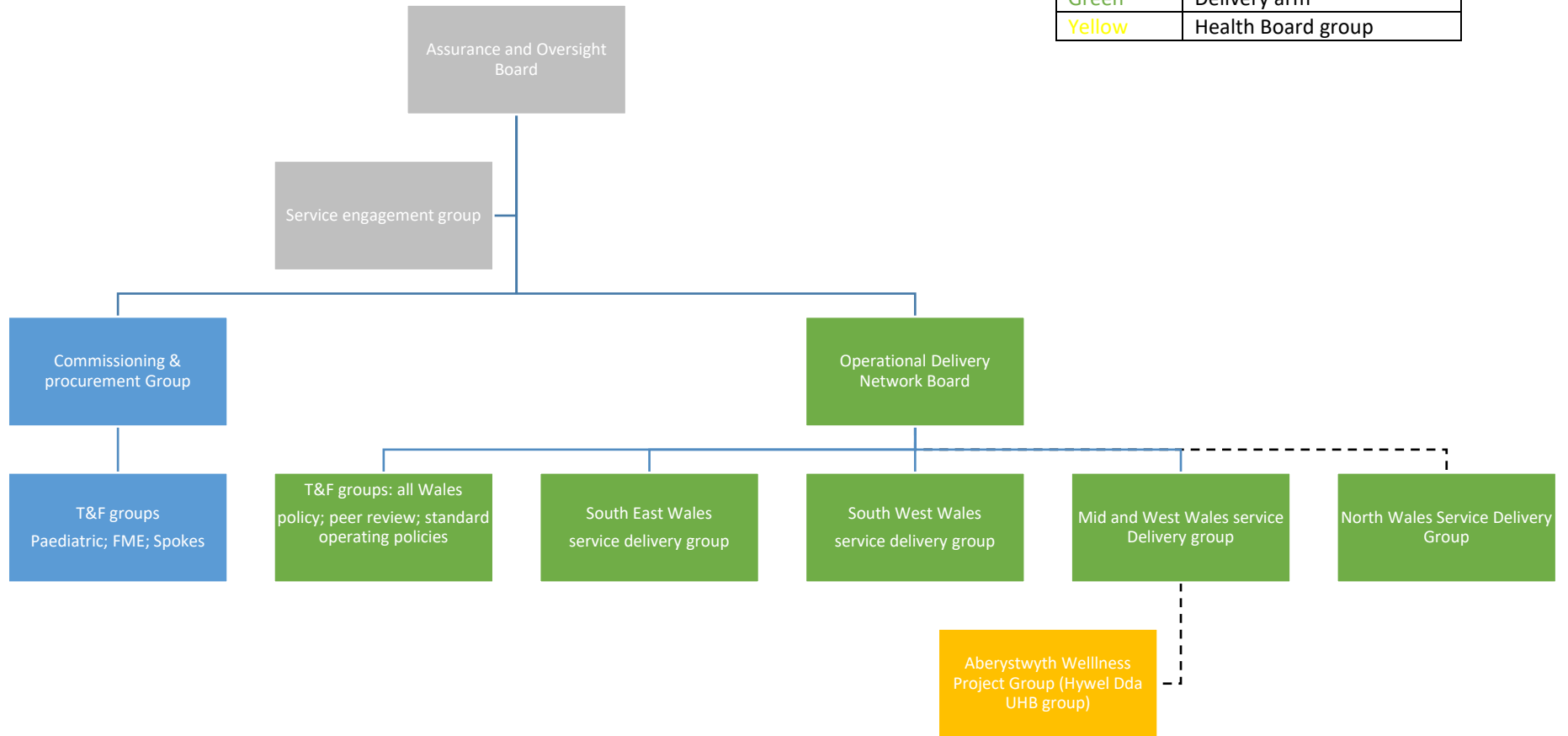
- Ensure the voice of the client remains at the centre of the work
- Act as a conduit between the SARC Project, local authorities, local health boards and the third sector to help identify and inform strategic and operational approaches that can support the reconfiguration of SARC services across the region.
- Consider practical solutions and provide advice and recommendations to the SARC project to support the programme of work.
- Use specialist knowledge to inform the recommendations for models of care for the region.
- Support the work of the SARC Project by providing advice and acting as a sounding board to the Procurement and Commissioning Group, T&F groups and Assurance and Oversight Board as appropriate, as the SARC work programme is developed and implemented.



DRAFT – Proposed SARC Governance Structure

December 2019

Key	
Grey	Overarching groups
Blue	Commissioning arm
Green	Delivery arm
Yellow	Health Board group





## SARC Assurance and Oversight Board

### Terms of Reference

<b>Author:</b>	Rachel Hennessy, Programme Director
<b>Version:</b>	0.1
<b>Date:</b>	10.09.19

Approval Process		
Action	Date	Approved by:
Drafted:	September 2019	Implementation Group October 2019
Approved:	SARC Project Board October 2019	
Review due:	September 2020	

### Purpose

The Assurance and Oversight Board (AOB) will provide scrutiny and assurance to NHSWCH as lead organisation and other stakeholders through their respective governance arrangements in relation to quality, sustainability, safety and delivery of the regional SARC service model for South, Mid and West Wales

The overarching aim of the AOB is to facilitate the development and implementation of the service model developed approved by the Commissioning organisations in September 2019, ensuring a consistent, high quality approach to the delivery of services that secure the best outcomes for victims of sexual assault and meets the agreed clinical and operational standards.

### Scope and Definition

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

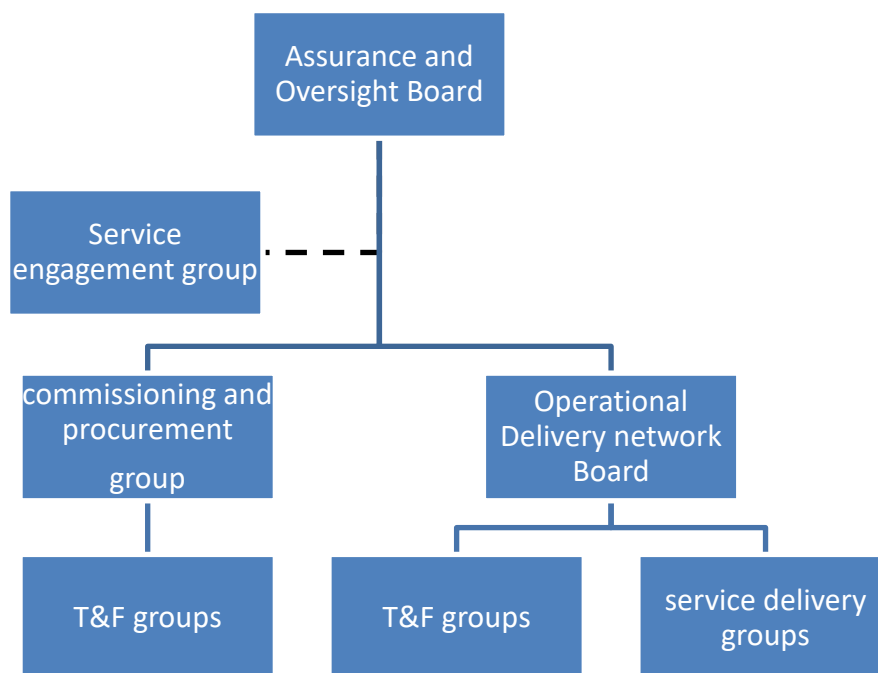
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The AOB will:

- Be accountable to NHS Wales Health Collaborative, as the host for the Programme
- Report to CEO forum on a quarterly basis.

Progress with the Project will also be shared through the All Wales Policing Group, comprising South Wales Police, Gwent Police and Dyfed Powys Police as well as the Police and Crime Commissioners for the regions.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

The **joint commissioning Board**, comprising health and police commissioning bodies will be established to support the Assurance and Oversight Board.

An **Operational Delivery Network Board** comprising service providers will support the AOB and work closely with the joint commissioning Board.

**Task and Finish Groups** will be established to address specific areas of work for the joint commissioning Board and the ODNB

A **service engagement group** will be established to support the SARC Project as it moves forward with implementation of the hub and spoke model.

### ***Board Membership***

The Project Board will comprise the commissioning organisations and include:

- Health Boards: Aneurin Bevan UHB, Cardiff & Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys THB, Swansea Bay UHB
- Police and crime commissioners office: Gwent, South Wales, Dyfed Powys
- Police forces: Gwent, South Wales, Dyfed Powys
- Regional Children/ Adult safeguarding Boards, Social Services
- Programme lead
- Welsh Government

The Board will be chaired by the Chairperson for Hywel Dda UHB.

Regional clinical leads may be asked to join the group in their advisory role to the SARC Project Board

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Board Responsibilities***

The Board will be responsible for:

- Setting the direction
- Service models meet accepted best clinical practice and relevant forensic, quality and safety standards.
- Demonstrate value for money in comparison to reasonable benchmarks

Formally close the SARC Project Board and supporting structure and hand over of the ongoing delivery of SARC services to an established Welsh SARC Clinical Network.

- Delivery of the workplan and associated objectives
- Ensuring that risks to the service/programme are identified and Ensuring Overseeing the governance arrangements and ensuring that they are fit for purpose
- the implementation of the Operational delivery Network for SARC services across the region
- Approving key recommendations in relation to development of SARC services across the region and ensuring that the resources needed are made available to the project when required
- managed
- Delegating authority to the Network Manager to lead the planning elements of the work on a day to day basis
- Reporting progress to the NHS Wales Health Collaborative and other stakeholders through their respective governance arrangements

The outputs of the project will be:

- Establishment of an Operational Delivery network
- A commissioning framework, implemented across the network that supports the clinical pathways and best practice.
- Implementation of a strategic service model for adult SARC Hubs that ensures sustainability across the region.
- Implementation of a strategic service model for paediatric SARC Hubs that in light of existing sustainability issues across the region, ensures a sustainable service.
- Contracts awarded for the provision of SARC Hub services through an open and transparent procurement process
- A detailed and costed service model for the provision of FME services across the region, which is sustainable and meets national guidelines.
- A detailed and costed service model for the provision of spokes services across the region, including therapeutic services and ISVA provision, which is sustainable and meets national guidelines.
- Establishment of a Welsh SARC Operational Delivery Network to support the ongoing delivery of a best practice service, which is safe, sustainable, and equitable and meets the needs to the population of Wales.
- Standard policy, procedures and pathways to support and all Wales service model
- A sustainable workforce model for the acute phase of adult and paediatric SARC services.

Through the establishment of the Commissioning framework, the Board will be responsible for ensuring

- A system of audit and assurance that demonstrates compliance with clinical, forensic, quality and safety standards, and monitors patient experience and outcomes
- Standardised performance indicators, including demand profile, as defined by an agreed set of benchmarks are developed

- Service are delivered within the agreed financial framework.

## **Dispute Resolution**

All Board members are encouraged to resolve any issues or concerns that they may have at the earliest opportunity. It is important that as issues do arise, they are dealt with in a fair and timely manner. While some conflicts will be resolved by an informal discussion between parties, other will need a process for successful resolution.

The SARCPB endorses the following principles for members to follow:

- Respect for another's point of view;
- Commitment to resolving the issue;
- Willingness to compromise;
- Confidentiality;
- Impartiality;
- Respect;
- Prompt action, and
- Freedom from repercussions.

Should a conflict arise that cannot be resolved via informal discussion, the following procedure will apply:

- The dispute must be set out in writing and sent to the Chair.
- The Chair will use their discretion to bring the issue to the next PB meeting, or call an extraordinary meeting;
- The matter should be discussed with all members present, unless they have advised the Chair, preferably in writing, that they are aware there is a dispute resolution meeting being held and they are unable to attend.
- The Chair will call for a motion from the PB, e.g. to appoint an independent assessor, seek mediation, call a special meeting, or to dismiss the complaint. All members present at the meeting will vote on the motion.

Where mediation is sought,

- The mediator must be:
  - A person chosen by agreement between the parties; or
  - In the absence of agreement, a person appointed by the PB.
- The mediator, in conducting the mediation must:
  - Give parties to the mediation process every opportunity to be heard; and
  - Allow due consideration by all parties of any written statement submitted by any party; and
- The mediator must not determine the dispute.
- The mediation must be confidential and without prejudice.

## **Frequency of meetings**

The Project Board will meet quarterly.





## **Appendix 1**

### **Reports, standards and guidance**

Following initial review, the following legislation, reports, standards and guidance have been identified as relevant to the modelling, operational delivery and assurance mechanisms for sexual assault services. This list will be developed and validated through the Project Board and Task and Finish Groups:

#### **Standards**

Quality standards in forensic medicine – general forensic medicine (GFM) and sexual offence medicine (SOM): Faculty of Forensic and Legal Medicine (July 2013)

<http://fflm.ac.uk/upload/documents/1378397186.pdf>

Quality standards for nurses in sexual offence medicine: Faculty of Forensic and Legal Medicine (March 2014)

<http://fflm.ac.uk/upload/documents/1395839844.pdf>

Quality standards for doctors undertaking paediatric sexual offence medicine (PSOM): Faculty of Forensic and Legal Medicine (February 2014)

<http://fflm.ac.uk/upload/documents/1393326841.pdf>

All Wales Child Protection Procedures (2008)

[http://www.ssiacymru.org.uk/resource/0\\_4\\_Procedures.pdf](http://www.ssiacymru.org.uk/resource/0_4_Procedures.pdf)

#### **Guidance and recommendations**

Specification for services providing care to adults in Wales who have been sexually assaulted: Public Health Wales (2010)

<http://wales.gov.uk/docs/dhss/publications/101104healthen.pdf>

Specification for medical assessment of children who may have been sexually assaulted: Public Health Wales (2010)

<http://wales.gov.uk/docs/dhss/publications/101104medicalen.pdf>

Physical signs of child sexual abuse: Royal College of Paediatrics and Child Health (2008)

Child protection companion: Royal College of Paediatrics and Child Health (2013)

The role of the Independent Forensic Physician: Faculty of Forensic and Legal Medicine (January 2014)

<http://fflm.ac.uk/upload/documents/1391519170.pdf>

Recommendations for the collection of forensic specimens from complainants and suspects: Faculty of Forensic and Legal Medicine (February 2014)

<http://fflm.ac.uk/upload/documents/1393618480.pdf>

Guidelines on paediatric forensic examinations in relation to possible child sexual abuse: Faculty of Forensic and Legal Medicine (October 2012)  
<http://fflm.ac.uk/upload/documents/1352802061.pdf>

Forensic Records – frequently asked questions for all healthcare professionals: Faculty of Forensic and Legal Medicine (February 2014)  
<http://fflm.ac.uk/upload/documents/1392049119.pdf>

Safeguarding children and young people: roles and competences for health care staff Intercollegiate document: Royal College of Paediatricians and Child Health (3rd Edition March 2014)  
[http://www.rcoa.ac.uk/system/files/PUB-SAFEGUARDING-2014\\_0.pdf](http://www.rcoa.ac.uk/system/files/PUB-SAFEGUARDING-2014_0.pdf)

Services specification No 30 Sexual assault services: NHS England (November 2013)  
<http://www.england.nhs.uk/wp-content/uploads/2013/06/130613-sec-exc-cvsa.pdf>

Securing excellence in commissioning sexual assault services for people who experience sexual violence: NHS England (June 2013)  
<http://www.england.nhs.uk/wp-content/uploads/2013/06/130613-sec-exc-cvsa.pdf>

**[Strategic direction for sexual assault and abuse services  
Lifelong care for victims and survivors: 2018 – 2023. NHS England 2018](#)**

Guidance on investigating and prosecuting rape: National Policing Improvement Agency on behalf of the Crown Prosecution Service and the Association of Chief Police Officers (2010)  
[http://www.acpo.police.uk/documents/crime/2011/20110303%20CBA.%20Guidance%20for%20Investigating%20and%20Prosecuting%20Rape\\_Public%20Facing\\_2010.pdf](http://www.acpo.police.uk/documents/crime/2011/20110303%20CBA.%20Guidance%20for%20Investigating%20and%20Prosecuting%20Rape_Public%20Facing_2010.pdf)

## **Legislation**

UN Rights of Child

Children Act 2004  
<http://www.legislation.gov.uk/ukpga/2004/31/contents>

Equality Act 2010  
<http://www.legislation.gov.uk/ukpga/2010/15/contents>

Sexual Offences Act 2013

Social services and Wellbeing (Wales) Act

Well being of future generations Act

Public Health (Wales ) Act 2017

To be added:

Local pathways

Notes:

The Faculty of Forensic and Legal Medicine (FFLM) is recognised as the standards' setting body for forensic medicine: general forensic medicine and sexual offence medicine

## **SARC Operational Network Delivery Board Terms of Reference**

<b>Author:</b>	Rachel Hennessy, Programme Director
<b>Version:</b>	0.1
<b>Date:</b>	October 2019

### **Purpose**

The ODN Board will oversee the implementation of the operational SARC service model for the region and monitor service delivery ensuring service are delivered within agreed standard, quality and delivery framework.

The overarching aim of the ODN is as follows:

- A focus on improving outcomes and client experience from the outset.
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensuring services provided are consistent across the region and delivered in line with agreed policies, procedures and the service specification.
- Ensuring sufficient capacity across the region, ensuring 'ongoing support closer to home' once acute assessments completed.
- Adopting a culture of integrated collaborative working across sectors and across the region
- A continuous process of system evaluation, governance and performance improvement
- Provide support and guidance to the regional delivery teams taking forward the planning and delivery of the integrated SARC services on a regional basis.

### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

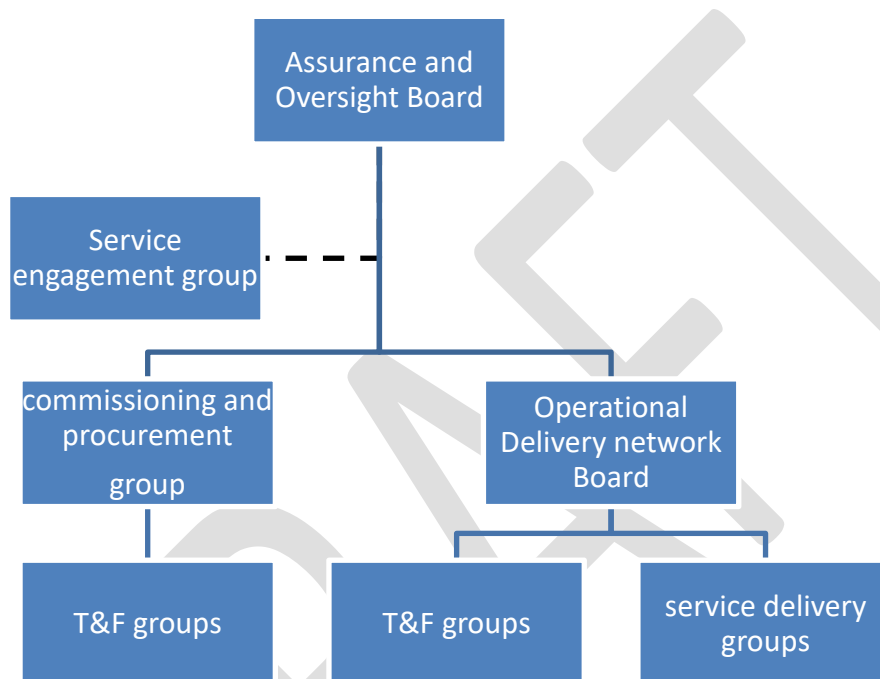
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The ODN Board will be:

- Commissioned by the lead commissioning organisation
- Accountable to the lead commissioning organisation
- Report to the Assurance and Oversight Board

An ODN management team will be established to include

- Network Clinical lead adults
- Network clinical lead children
- Network manager
- Network support

The ODN Board will need to work closely with the commissioning arm of the wider Operational Delivery network and with the service engagement group, who will through their knowledge and experience to provide views and expertise to inform the service model.

Members of the Board will be responsible for reporting back to their respective organisations and securing a mandate to continue in the discussions of the Project

Board and seeking approval from their respective organisations on the recommendations made by the Project Board.

### ***Operational Delivery Network Board Membership***

The ODN Board will comprise service providers and operational leads from health and the police and will include the following:

The Board will be chaired by the SARC Network Manager

- Regional Clinical Leads
- Network manager
- SARC Managers
- Police operational service leads
- Health operational service leads
- FME representation

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Board Responsibilities***

The Board will be responsible for:

#### **Strategic planning**

- Provide professional and clinical leadership across the network.
- Undertake comparative benchmarking and audit across the network
- Effective linkage into joint commissioning board.
- Contribute to evaluation of the network
- Develop a longer-term plan going out 5-10 years

#### **Operational delivery**

- Ensure improved access and equity of access to SARC services.
- Monitor day to day capacity across the network, agreeing and working to protocols for management of multiple cases based on prioritisation of need
- Support capacity planning and activity monitoring
- Ensure the quality of the network is monitored and subject to a process of continuous quality improvement through clinical audit
- Support local implementation and support to spoke services as appropriate

#### **Improved quality and standards of care**

- Ensure on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Use outcome measures to compare and benchmark providers
- Provide advice on improvements to services and commissioners
- Deliver a clinical governance framework for the Wales wide SARC service, including a process for incident reporting with follow up action plans. This includes collaborative serious incident investigation.

**Partnership development**

- Monitoring and performance management of active engagement by members in the network to improve performance against agreed outputs.
- Engagement with key stakeholders including third sector, private sector, local authority.
- Participation in relevant national policy or guideline development
- Linkage with other relevant networks (e.g. ENGLAND, SCOTLAND).
- Embed communication strategy and key communication deliverables

The outputs of the ODN will include but not be limited to:

- An annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- A risk register, supported by a process for undertaking risk management across the network.
- Quarterly and annual reports
- Client pathways between services over the region to ensure access to appropriate care within the SARC Hubs, spokes and health services.
- A client centred communication tool that’s supports ongoing engagement with users, their families, carers
- Protocols that support delivery of services across the region, ensuring national standards and guidance are met.
- Standard Operating policies
- A single data management system for the network to ensure consistency data collection
- A network wide training and education programme encompassing the whole pathway prioritising key areas.
- An annual quality improvement and audit programme
- A clinical governance framework and incident reporting process
- A SARC dashboard to monitor service delivery against quality standards

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:	October 2019	
Approved:		
Review due:		

## **SARC Regional Service Delivery Group Terms of Reference**

<b>Author:</b>	Rachel Hennessy, Programme Director
<b>Version:</b>	0.1
<b>Date:</b>	December 2019

### **Purpose**

The Regional Service Delivery group will be responsible for implementation and day to day delivery of the operational service model for SARC hub within the region. This will include ensuring service are delivered within the agreed standard, quality and delivery framework.

The overarching aim of the SDG is as follows:

- A focus on improving outcomes and client experience from the outset.
- Undertaking planning for the development and delivery of an integrated SARC hub service within the region
- Ensuring accommodation for the regional SARC hub is fit for purpose and meets required standards including capital, ISO etc.
- Ensuring sustainable workforce is in place to meet the requirements of the SARC hub within the region
- Ensuring services meet and are delivered in line with agreed policies, procedures and the service specification.
- Monitor capacity within regional SAR hub raising any concerns with the ODN Board
- Adopting a culture of integrated collaborative working across sectors and across the region
- Ensuring clients attending SARC receive the best care by the most appropriate individual, in the most appropriate location and in a timely manner.
- Ensure the service model facilitates improved access and equity of access to SARC services.
- 

### **Scope and Definition**

The overarching aim of the SARC Programme is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The

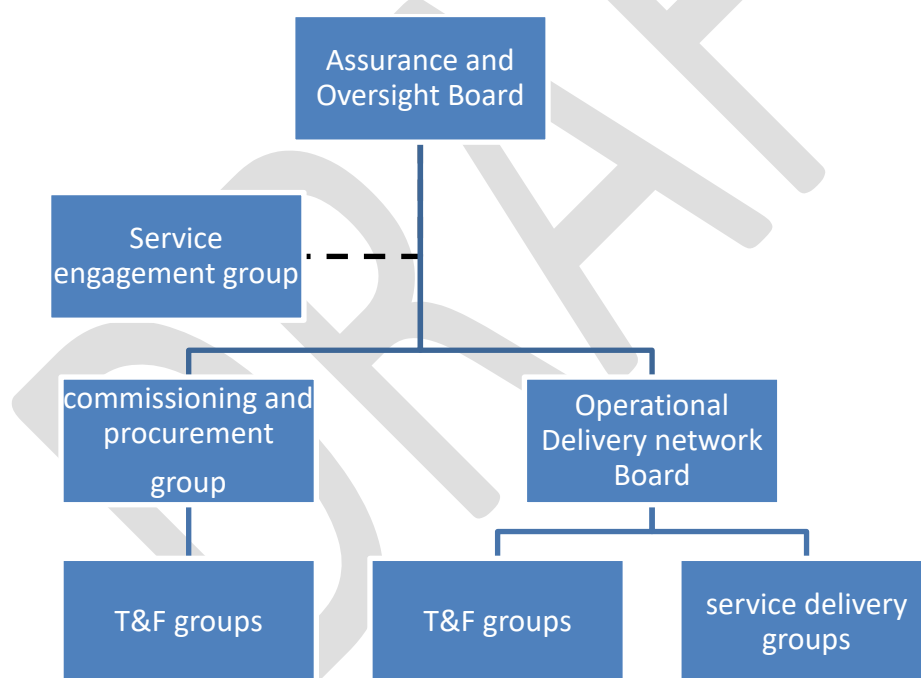
South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Project Structure



The Regional Service Delivery Group will be:

- Accountable to the Assurance and Oversight Board
- Report to the Operational Delivery Network Board

Each Regional Service Delivery Group will reflect

The SDG Board will need to work closely with the Operational Delivery network Board and with the service engagement group, who will through their knowledge

and experience to provide views and expertise to deliver a service model that meets the needs of service users.

### ***Operational Delivery Network Board Membership***

The Service Delivery Group will comprise service providers and operational leads from health and the police within the region and will include the following:

- Health Board Clinical Leads
- Network manager
- SARC Manager
- Police operational service leads
- Health operational service leads

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### ***Service Delivery Group Responsibilities***

The Board will be responsible for:

- Local planning required to support the implementation of the agreed service model for the region, including a sustainable workforce plan and accommodation that is fit for purpose and meets standards
- Day to day monitoring of the operational delivery of the service model for the region in line with the agreed recommendations
- Monitor day to day performance of the service in line with standards and capacity across the service,
- Support capacity planning and activity monitoring, working to protocols for management of multiple cases based on prioritisation of need
- Ensure the quality of local services are monitored and subject to a process of continuous quality improvement through clinical audit
- Implementation and monitoring of standard operating procedures, policies and pathways
- Ensure implementation of on-going service improvements and best practice models are embedded and contribute to improved quality performance (i.e. dashboard measures)
- Ensure implementation of the clinical governance framework, as developed by the ONB, including complaints, incident reporting with follow up action plans.

The outputs of the SDG will include but not be limited to:

- Successful implementation of a sustainable service model for the region
- Contribution to the annual working plan for the network to deliver against a quality and delivery framework (incl. workforce plan)
- Contribution to a Network annual quality improvement and audit programme
- A risk register that is continuously monitored and updated
- Contribution to a Network quarterly and annual report
- Implementation of agreed client pathways and protocols

<b>Approval Process</b>		
<b>Action</b>	<b>Date</b>	<b>Approved by:</b>
Drafted:		
Approved:		
Review due:		

DRAFT

# **Cardiff & Vale University Health Board**

## **Sexual Assault Services Procurement & Commissioning group**

### **Terms of Reference**

#### **Purpose**

The overarching aim of the procurement and commissioning group is to ensure that appropriate processes and documents are put in place to support the procurement of adult SARC Hubs for the population of South, Mid and West Wales as the implementation component of the regional SARC Project.

#### **Scope and Definition**

The overarching aim of the Project is to improve health outcomes for men women and children who may have suffered sexual assault and abuse, through improving access to services for victims and survivors of sexual assault and abuse and supporting them to recover, heal and rebuild their lives.

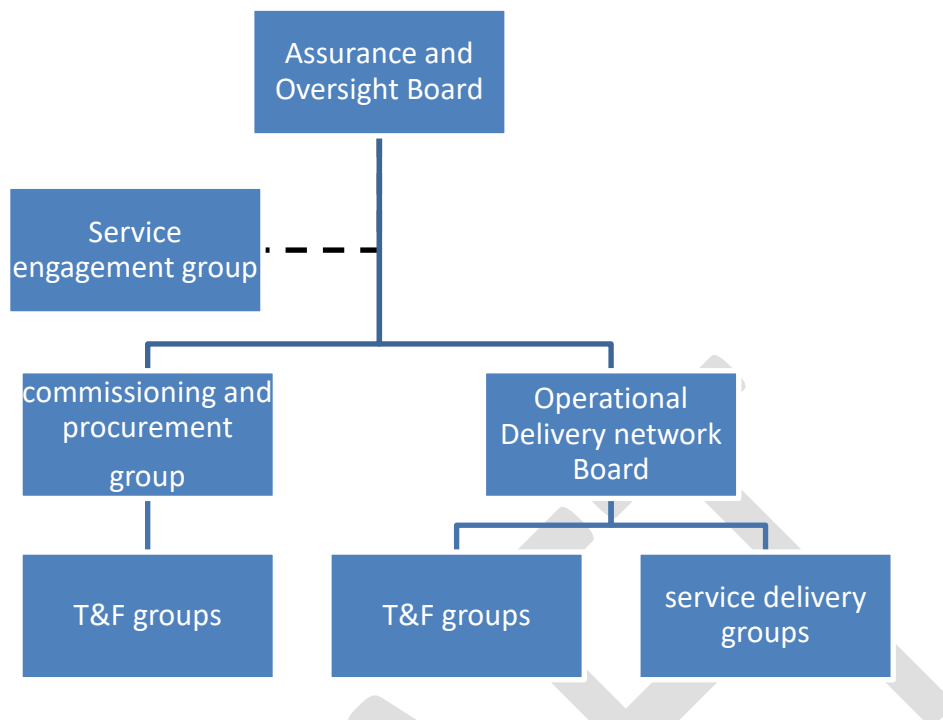
The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

## Structure



The P&C group will:

- Report to the SARC AOB
- Be accountable to the SARC AOB

Recommendations from the service planning T&F group will be made to the implementation-planning group for consideration and recommendation to the Project Board.

### **Membership**

- Police and crime commissioners: South Wales Police, Gwent Police, Dyfed Powys Police
- Police Forces: South Wales Police, Gwent Police, Dyfed Powys Police
- Health Board commissioning leads
- Lead Commissioner
- Regional clinical leads
- Network Manager

The group will be chaired by a representative of the lead commissioning organisation.

A lead police force will be identified to take forward the procurement process for FME services across the region. In the immediate term there will be two lead police forces, Dyfed Powys and South Wales police. Gwent Police and South Wales police will work together to appoint a single provider to cover the region.

NHS Wales has been identified as the lead organisation for the Project. Therefore, NHS Wales Shared Services will lead the procurement process for SARC hub and spoke services.

### **Quorum and attendance**

A quorum shall consist of 50% of the membership being present, which must include a health organisation and police representative.

Whilst members will make every effort to attend, should any member be unavailable to attend, they may nominate a deputy to attend in their place. Deputies will be assumed to have the full delegated authority of the member they represent.

The Board will meet in private, but its papers will be subject to the Freedom of Information Act.

### **Board Responsibilities**

- Scrutiny and approval of service models prior to submission to Board
- Making recommendations to the SARC AOB on service models for commissioning across the region
- Contract management and monitoring against key performance indicators
- Development of service specifications to support the procurement process
- Monitoring delivery to ensure it is in line with contracts
- Supporting procurement process
- Ensuring statutory requirements for health and police in relation to commissioning of SARC services is met.

The outputs of the t&f group will be:

- joint commissioning framework
- Service specification to support procurement of SARC hub
- A set of key performance indicators (KPIs) for monitoring delivery against service specification/contracts
- Recommended service model for phase 2 and 3 for commissioning

**Drafted: 10<sup>th</sup> September 2019**

**Agreed:**

**For review:**

DRAFT

# **Service Engagement Group**

## **Terms of Reference**

### **Purpose**

The overarching aim of Service engagement group is to provide a forum that brings together individuals from across sectors and organisations, who have an interest in the provision of services for men, women and children who may have suffered a sexual assault, to collaborate, influence and inform the implementation of the SARC model across South, Mid and West Wales. The group has responsibility to work collaboratively to champion, promote and support the development and efficacy of services to support transformational change through sharing knowledge, expertise and learning.

### **Scope and Definition**

The overarching aim of the Project is to improve health outcomes for victims and survivors of sexual assault and abuse through improving access to services for victims and survivors of sexual assault, abuse, and supporting them to recover, heal and rebuild their lives.

The sexual assault service for South, Mid and West Wales is an integrated, multi-agency service developed and delivered in collaboration with health boards, police organisations, children's services and third sector partners across the region. The South, Mid and West Wales collaborative service will liaise closely with that established in North Wales.

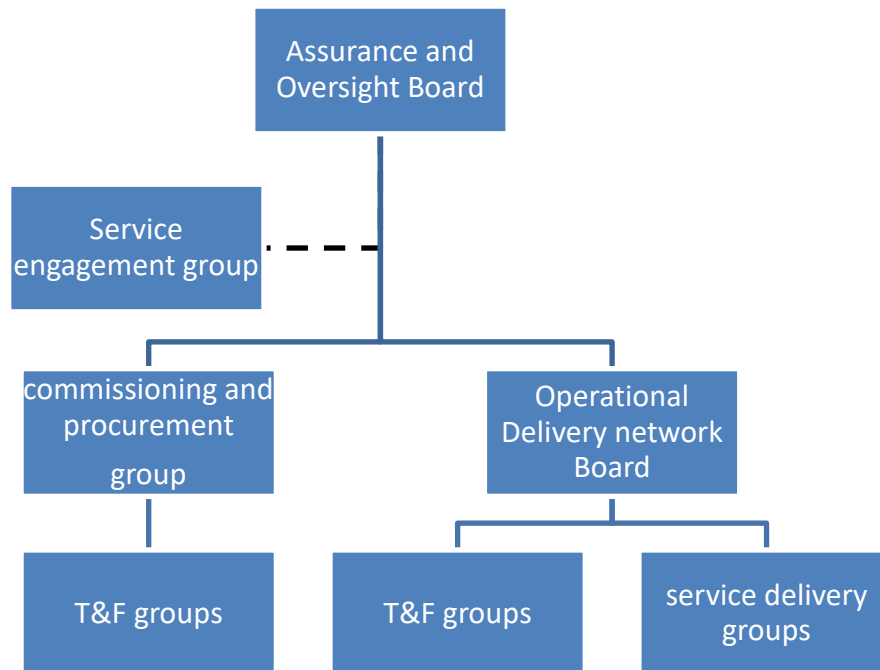
The service model is driven by the needs of the victims and provide assurance to all stakeholders that relevant clinical, forensic, quality and safety standards and guidance are being met, and that robust governance arrangements are in place.

The service model approved in September 2019, gave a commitment to the implementation of the SARC hubs for children and adults and the establishment for the Network and commissioning roles. This will be phase 1 implementation.

Further work to develop the SARC spokes (including ISVA support and counselling) and FME services will take place in phase 2 and phase 3 respectively and will be part of the workplan for the Assurance and Oversight Board.

Date Approved: October 2019  
Approved by: SARC Project Board  
Date for review: September 2020

## Group Membership and Structure



The Group will meet at least 3 times a year and will take the form of a workshop. If necessary, it may meet more often to take forward specific actions or pieces of work.

Sub-committees may be formed with agreement of the whole group and the procurement and commissioning group, to take forward discrete pieces of work on an ad hoc basis.

The Chair will be determined by vote of the members of the group and will have an initial tenure of 12 months.

A nominated representative from the group will be invited to sit on the Assurance and Oversight Board. This role will be for a fixed tenure and will be expected to act as a conduit between the AOB and the service reference group.

### Input outside of meetings

Outside of meetings, engagement will be undertaken and input provided electronically by the Group. A wider pool of stakeholders may be consulted electronically and have their views fed back to the Group for consideration when appropriate.

### Confidentiality

Date Approved: October 2019  
Approved by: SARC Project Board  
Date for review: September 2020

Members of the Group are encouraged to utilise the organisation or sector they represent and seek their feedback on matters of policy and practice to inform and support the SARC Programme of work.

However, you will be expected to treat information obtained through the Stakeholder Reference Group in confidence and share only on a restricted basis.

The Secretariat will inform members of the Group of any confidential information that can not be shared outside of the Group.

### **Membership**

This group will comprise service providers and organisations with an interest in the provision of SARC services across Wales, including third sector, health, local authority and service users.

This group will have a role through their knowledge and experience to provide views and expertise to inform the service model.

- VAWDASV leads regional partnership board
- UHB Safeguarding teams
- Local authority leads
- CPS
- Police forces
- Atal y Fro
- Bawso
- Hafan Cymru
- Cardiff Council Community Safety
- Cardiff Women's Aid
- Cyfynnol Womens Aid
- Dyfed Powys NPS
- Llamau
- New Pathways
- Safer Wales
- Wales CRC
- Ynys Saff SARC

### **Role and responsibilities**

The purpose of this Service Engagement group is to:

- Ensure the voice of the client remains at the centre of the work

Date Approved: October 2019

Approved by: SARC Project Board

Date for review: September 2020

- Act as a conduit between the SARC Project, local authorities, local health boards and the third sector to help identify and inform strategic and operational approaches that can support the reconfiguration of SARC services across the region.
- Consider practical solutions and provide advice and recommendations to the SARC project to support the programme of work.
- Use specialist knowledge to inform the recommendations for models of care for the region.
- Support the work of the SARC Project by providing advice and acting as a sounding board to the Procurement and Commissioning Group, T&F groups and Assurance and Oversight Board as appropriate, as the SARC work programme is developed and implemented.

Date Approved: October 2019  
Approved by: SARC Project Board  
Date for review: September 2020

Nominees Service Engagement Group

November 2019

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Ruth Nash	Cardiff & Vale SARC	<a href="mailto:Ruth.Nash@wales.nhs.uk">Ruth.Nash@wales.nhs.uk</a>
Dave Thomas	South Wales Police	<a href="mailto:David.Thomas1@south-wales.pnn.police.uk">David.Thomas1@south-wales.pnn.police.uk</a> '
Andy Paddison	South Wales Police	<a href="mailto:Andy.Paddison@south-wales.pnn.police.uk">Andy.Paddison@south-wales.pnn.police.uk</a>
DI Brian Allsopp	South Wales Police	<a href="mailto:Brian.Allsopp@south-wales.pnn.police.uk">Brian.Allsopp@south-wales.pnn.police.uk</a>
Linda Hughes-Jones	Cardiff & Vale UHB, Safeguarding Team	<a href="mailto:Linda.Hughes-jones@wales.nhs.uk">Linda.Hughes-jones@wales.nhs.uk</a>
Alison Jones	Cardiff Council Community Safety	<a href="mailto:Alison.Jones4@cardiff.gov.uk">Alison.Jones4@cardiff.gov.uk</a>
Deborah Gibbs	Vale of Glamorgan Council	<a href="mailto:Deborah.Gibbs@south-wales.pnn.police.uk">Deborah.Gibbs@south-wales.pnn.police.uk</a> ;
Laura Cunningham	Cardiff & Vale UHB	<a href="mailto:Laura.Cunningham@wales.nhs.uk">Laura.Cunningham@wales.nhs.uk</a>
Liz Lowther	Survivor engagement coordinator, Gwent Police	<a href="mailto:Elizabeth.lowther@gwent.pnn.police.uk">Elizabeth.lowther@gwent.pnn.police.uk</a>
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## NHS WALES HEALTH COLLABORATIVE

### JOB DETAILS:

<b>Job Title</b>	Programme Support Officer
<b>Pay Band</b>	
<b>Hours of Work and Nature of Contract</b>	
<b>Division/Directorate</b>	
<b>Department</b>	
<b>Base</b>	To be completed on recruitment

### ORGANISATIONAL ARRANGEMENTS:

<b>Managerially Accountable to:</b>	Network Manager
<b>Reports to: Name Line Manager</b>	Network Manger
<b>Professionally Responsible to:</b>	Network Manager

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### 1. Job Summary/Job Purpose:

The post holder, working to the Network Manager, will support the maintenance of programme plans and the development, implementation and oversight of appropriate project management arrangements, as part of small management and administrative team.

They will also provide comprehensive project support and administrative coordination to the team; to the wider regional SARC Network, to lead and manage projects; co-ordinate and establish meetings and events; liaising with partners across health, police and third sector. , assist with the technical development of on line resources, deliver training and ethically manage self and others.

**Commented [RT1]:** I not sure that this fits with a Band 4 role – could elaborate on what sorts of projects?

#### 1.1 Main Duties

The main duties and responsibilities of the Programme Support Officer are to:

- support the effective and efficient running of the Operational Delivery Network
- support the maintenance and management of Network programme plans
- support the development, implementation and management of specific project plans
- ensure the development and management of required documentation
- take responsibility for the management of defined areas of work
- support the management of budgets
- support stakeholder communications and engagement
- produce reports on progress for internal and external use

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## **2. Duties and Responsibilities**

### **2.1 Planning and programme management**

The post holder will:

- Manage the organisation and planning of complex meetings at all levels including the preparation of papers and reports.
- Plan, organise, facilitate and deliver training events, meetings, conferences, seminars and workshops (can be to large groups).
- Undertake comprehensive administrative work on key programmes of work to support the delivery of the wider SARC work plan.
- Support the production of written reports and documents e.g. programme/project updates.
- Provide high level support to the Network, which will include undertaking specific pieces of work and managing and monitoring information.
- Support the Network manager and clinical leads in the delivery of workshops and training sessions.
- Coordinate and disseminate resources including leaflets, campaign material and education resources

### **2.2 Communications and engagement**

The post holder will:

- Provide and receive complex, sensitive and contentious information orally, in writing and electronically to inform the work Network. This may include confidential service user or programme data.
- **Build and manage** delivery plans in line with Project/Programme methodology including:
  - o Gathering and receiving information, this is often of a complex and sensitive nature
  - o Communicate programme sensitive information requiring agreement or co-operation from senior managers, service users and stakeholder organisations and provide advice as necessary.
- Liaise, develop and build relationships and effective lines of communication with key partners.
- Represent Team at internal and external meetings when required.

**Commented [RT2]:** Would they actually manage or just support the Programme Manager?

**Commented [RH(WHC3R2)]:** They may be required to manage small projects to support the delivery of the bigger programme of work e.g. development of the website,

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- Summarise reports and other key documents
- Produce and deliver routine presentations as required by Senior Managers
- Represent the SARC Network at external partner organisation meetings, stakeholder groups and the public.
- Develop a website to support the work of the SARC Operational Deliver Network.
- Prepare information for inclusion on and maintain the service website, ensure that information on the websites is current, up to date, informative and compliant with public sector schemes such as welsh language scheme and data protection policies, as well as creating both the content and design of its e-communications.

### **2.3 Policy and service development**

The Post Holder will:

- Ensure team compliance with organisational policies and procedures.
- Develop and implement systems' guidance, sharing of information for best practice, and provide training for team members.
- Produce information for inclusion in expert papers, reports etc. for publication.
- Responsible for corporate and information governance issues.
- Implements policies for own work area and propose policy or service changes which impact beyond own area of activity which may include changes to reporting structures/methods that affect multiple users at same or different locations.
- Monitor the quality of teams' work and takes appropriate action to address any areas where standards can be improved.

### **2.4 Finance and physical resources**

The post holder will:

- Budget management advice and support including monitoring project accounts in line with agreed budget.
- Identify errors or problems and take necessary action to resolve, such as analysing financial queries and budget management

**Commented [RT4]:** These next 4 points look more than a Band 4 role, could there be some clarify of what types of routine presentations (examples). Would they attend with another member of the team for SARC meetings? If they are developing a website, are they actually using IT to do this or just coming up with the design?

**Commented [RH(WHC5R4):** I would expect them to be able to deliver presentations on their specific projects to key stakeholders e.g. presenting to the multi-agency Network Board. I would expect them to use IT to actually create the website and maintain it not just come up with the design.

**Commented [RT6]:** Are they monitoring the team that are a higher band than themselves or are they supporting the programme manager in this area?

**Commented [RH(WHC7R6):** They would be expected to monitor quality associated with their own projects and address issues as well as supporting the manager in the wider Network issues.

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- Record project expenditure in accordance with procedures.
- Responsible for the care and safe use of office equipment and security of office premises, reporting faults/failures to responsible person.
- **Negotiate** contracts in accordance with NHS Wales Financial Instructions and policies, for the provision of goods and services and ensure that best value is achieved e.g. catering, accommodation, conferences
- Be responsible for working with the Trust procurement team when relevant to the programme delivery. Includes maintaining appropriate records and ensuring compliance with procurement processes for an accurate audit trail

**Commented [RT8]:** It looks as though these are minor/small value contracts so I think this should reflect this more?

### **2.5 Responsibility for Human Resources**

The post holder will:

- Play an active role in the induction process
- Manage the support of personnel procedures; including annual leave recording, recruitment and selection, study leave requests, high cost study requests and processing.
- Recording of authorised special leave / sickness absence as requested
- Participate in self-development to continually improve performance and undertake development activities that are identified.
- train new staff in activities, processes and procedures when required

### **2.6 Responsibility for Research and Development**

The post holder will:

- Review, renew and audit systems when required.
- undertake audits as necessary e.g. to ensure project plans remain fit for purpose, these can be quite complex in nature dependent on the remit of the project/programme

### **2.7 Information management**

The post holder will:

- Service meetings and events and attend relevant meetings on occasion to take formal and informal minutes.
- Setting up, managing, maintaining information on/in database/filing systems, ensuring that information is

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appropriately and securely stored, filed and retrievable.

- Collate and collect data/information to support the production of a Network annual reports.
- To produce regular reports identifying performance against Network briefings.
- Ensure security of records in line with the Data Protection Act.
- Ensure compliance with information governance policies and procedures.

### **2.8 Freedom to Act**

The post holder will:

- Guided by standard procedures, good practice and understands the standards and results that are to be achieved
- Required to manage and prioritise their own work load working independently and using own initiative
- Take responsibility for own actions

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**3. PERSON SPECIFICATION**

<b>Attributes</b>	<b>Essential</b>	<b>Desirable</b>	<b>Method of Assessment</b>
<b>Qualifications and/or Knowledge</b>	<p>NVQ Level 4, Degree or equivalent level of experience</p> <p>Good knowledge of MS Office Suite.</p> <p>Thorough understanding of administrative procedures.</p> <p>Thorough understanding of programme office functions</p> <p>Knowledge of filing/data systems including records management</p>		Application form and pre employment checks
<b>Experience</b>	<p>Experience of communicating with all levels of professional staff and the public.</p> <p>Experience of dealing with confidential and sensitive data and appropriate maintenance and storage of records. Experience of operating Microsoft Office Suite.</p> <p>Management information reports. Experience of project implementation and</p>	<p>Experience of monitoring performance indicators.</p> <p>Experience of formal minute taking</p> <p>Working in an NHS/police environment</p> <p>Experience of managing finance systems e.g. budget monitoring</p> <p>Experience of</p>	Application form and interview

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	<p>monitoring ongoing projects.</p> <p>Experience of managing, maintaining and developing systems and procedures.</p> <p>Experience of implementing administrative policies and procedures</p> <p>Experience of producing reports</p>	<p>applying project management methodologies</p>	
<b>Aptitude and abilities</b>	<p>Ability to work on own initiative and self-manage workload.</p> <p>Able to organise multi-disciplinary meetings and events.</p> <p>Excellent management and communication skills and knowledge.</p> <p>Analysing information from numerous sources.</p> <p>Advanced IT/keyboard Skills</p> <p>Able to delegate responsibility and tasks to ensure delivery to agreed objectives</p>	<p>Ability to speak Welsh</p>	<p>Interview</p>
<b>Values</b>	<p>Work to deadlines and under pressure.</p> <p>Ability to work as part of a team</p>		<p>Application Form</p> <p>Interview</p> <p>References</p>

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	<p>Work on own initiative. Good time-keeping.</p> <p>Respect confidentiality.</p> <p>Willingness to learn and develop skills</p> <p>Flexible approach to work</p>		
<b>Other</b>	Ability to travel across Wales		Application form and interview

#### **4. GENERAL REQUIREMENTS**

Include those relevant to the post requirements

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.
- **Registered Health Professional:** All employees who are required to register with a professional body, to enable them to practice within their profession, are required to comply with their code of conduct and requirements of their professional registration.
- **Healthcare Support Workers:** Healthcare Support Workers make a valuable and important contribution to the delivery of high quality healthcare. The national Code of Conduct for NHS Wales describes the standards of conduct, behaviour and attitude required of all Healthcare Support Workers employed within NHS Wales. Health Care Support Workers are responsible, and have a duty of care, to ensure their conduct does not fall below the standards detailed in the Code and that no act or omission on their part harms the safety and wellbeing of service users and the public, whilst in their care.
- **Competence:** At no time should the post holder work outside their defined level of competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor.

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Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.

- **Learning and Development:** All staff must undertake induction/orientation programmes at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.
- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.
- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.
- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.
- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.
- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.
- **Data Protection:** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the General Data Protection

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Legislation and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation and the HB or Trust Disciplinary Policy.

- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.
- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB/Trust to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB/Trust is committed to ensuring that no job applicant or employee receives less favourable treatment of any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.
- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as a serious matter under the HB/Trust Disciplinary Policy.
- **DBS Disclosure Check:** In this role you will have \* direct / indirect contact with\* patients/service users/ children/vulnerable adults in the course of your normal duties. You will therefore be required to apply for a Criminal Record Bureau \*Standard / Enhance Disclosure Check as part of the HB/Trust's pre-employment check procedure. \*Delete as appropriate.

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If the post holder does not require a DBS Disclosure Check, delete as appropriate.

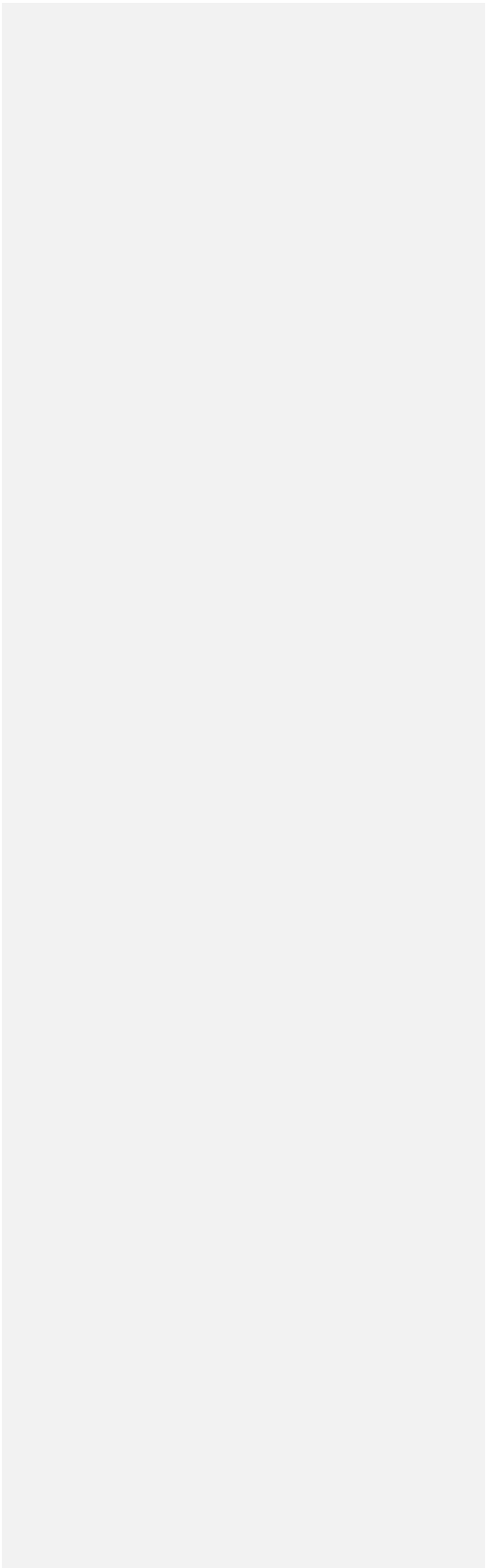
- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.
- **Infection Control:** The organisation is committed to meet its obligations to minimise infections. All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board/Trust Infection Prevention & Control Policies and Procedures.
- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board/Trust sites, including buildings and grounds, are smoke free.

**Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.

**Date post approved:**  
**Date advertised:**

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APPENDIX 2
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**Job Title:**

**Supplementary Job Description Information**

Please complete information on Physical Effort, Mental Effort, Emotional Effort and Working Conditions in order to assist the Job Matching process.

**Physical Effort**

This factor measures the nature, frequency and duration of physical effort (sustained effort at a similar level or sudden explosive effort) required for the job.

Please ensure any circumstances that may affect the degree of effort required, such as working in an awkward position; lifting heavy weights etc. are detailed, such as:

'Working in uncomfortable/unpleasant physical conditions; sitting in restricted positions; repetitive movements; lifting heavy weights; manipulating objects; kneeling, crouching, twisting; heavy duty cleaning; working at heights; using controlled restraint; driving as part of daily job - **N.B. Walking /driving to work is not included'**

Examples of Typical effort(s)	How often per day / week / month	For how long?	Additional Comments
Office conditions	Daily	Majority of working pattern	
Requirement to travel across the region for meetings and to meet with staff across the health board	monthly	May take several hours by car or public transport	

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There is a frequent requirement for sitting and standing in a restricted position and may be required to exert light physical effort for short periods of time i.e. resource equipment,	daily	Office based	
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**Mental Effort**

This factor measures the nature, level, frequency and duration of mental effort required for the job, for example, concentration, responding to unpredictable work patterns, interruptions and the need to meet deadlines.

Please identify the normal requirement to concentrate in the post and determine, how often and for how long it is required to concentrate during a shift / working day, e.g. :

'Carrying out formal student assessments; carrying out clinical/social care interventions; checking documents; taking detailed minutes at meetings; operating machinery/equipment; carrying out screening tests/microscope work; carrying out complex calculations; carrying out non-clinical fault finding; responding to emergency bleep; driving a vehicle; examining or assessing patients/clients.

Examples of Typical effort(s)	How often per day / week / month?	For how long?	Additional Comments
periods of concentration where the work pattern is unpredictable whilst dealing with frequent interruptions	weekly	ongoing	

**Emotional Effort**

This factor measures the nature, frequency and duration demands of the emotional effort required to undertake clinical or non clinical duties that are generally considered to be distressing and/or emotionally demanding.

Please identify how often the post holder has exposure to direct and/or indirect distressing and/or emotional circumstances and the type of situations they are required to deal with.

For example, 'processing (e.g. typing/transmitting) news of highly distressing events; giving unwelcome news to patients/clients/carers/staff; caring for the terminally ill; dealing with difficult situations/circumstances; designated to provide emotional support to front line staff;

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communicating life changing events; dealing with people with challenging behaviour; arriving at the scene of an accident.' **N.B. Fear of Violence is measured under Working Conditions**

Examples of Typical effort(s)	How often per week / month?	For how long?	Additional Comments
Indirect exposure to distressing or emotional circumstances e.g. information on children who may have suffered sexual assault	weekly	Due to the nature of the service in which the role is based	

### Working Conditions

This factor measures the nature, frequency and duration of demands on staff arising from inevitably adverse environmental conditions (such as inclement weather, extreme heat/cold, smells, noise and fumes) and hazards, which are unavoidable (**even with the strictest health and safety controls**), such as road traffic accidents, spills of harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

Please identify unpleasant working conditions or hazards which are encountered in the post holder's working environment and establish how often and for how long they are exposed to them during a working day / week / month.

Examples are – use of VDU more or less continuously; unpleasant substances/non-household waste; infectious material/foul linen; body fluids, faeces, vomit; dust/dirt; fleas/lice; humidity; contaminated equipment or work areas; driving/being driven in normal or emergency situations -

**\*Driving to and from work is not included**

Examples of Typical Conditions	How often per week / month?	For how long?	Additional Comments

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Required to use a visual display unit most days	Daily	Ongoing	
Office conditions	Daily	Ongoing	
Required to travel across Wales for meetings	Monthly	May take several hours by car or public transport	

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**JOB DETAILS:**

<b>Job Title</b>	SARC Network Manager
<b>Pay Band</b>	
<b>Hours of Work and Nature of Contract</b>	To be completed on recruitment
<b>Division/Directorate</b>	
<b>Department</b>	
<b>Base</b>	To be completed on recruitment

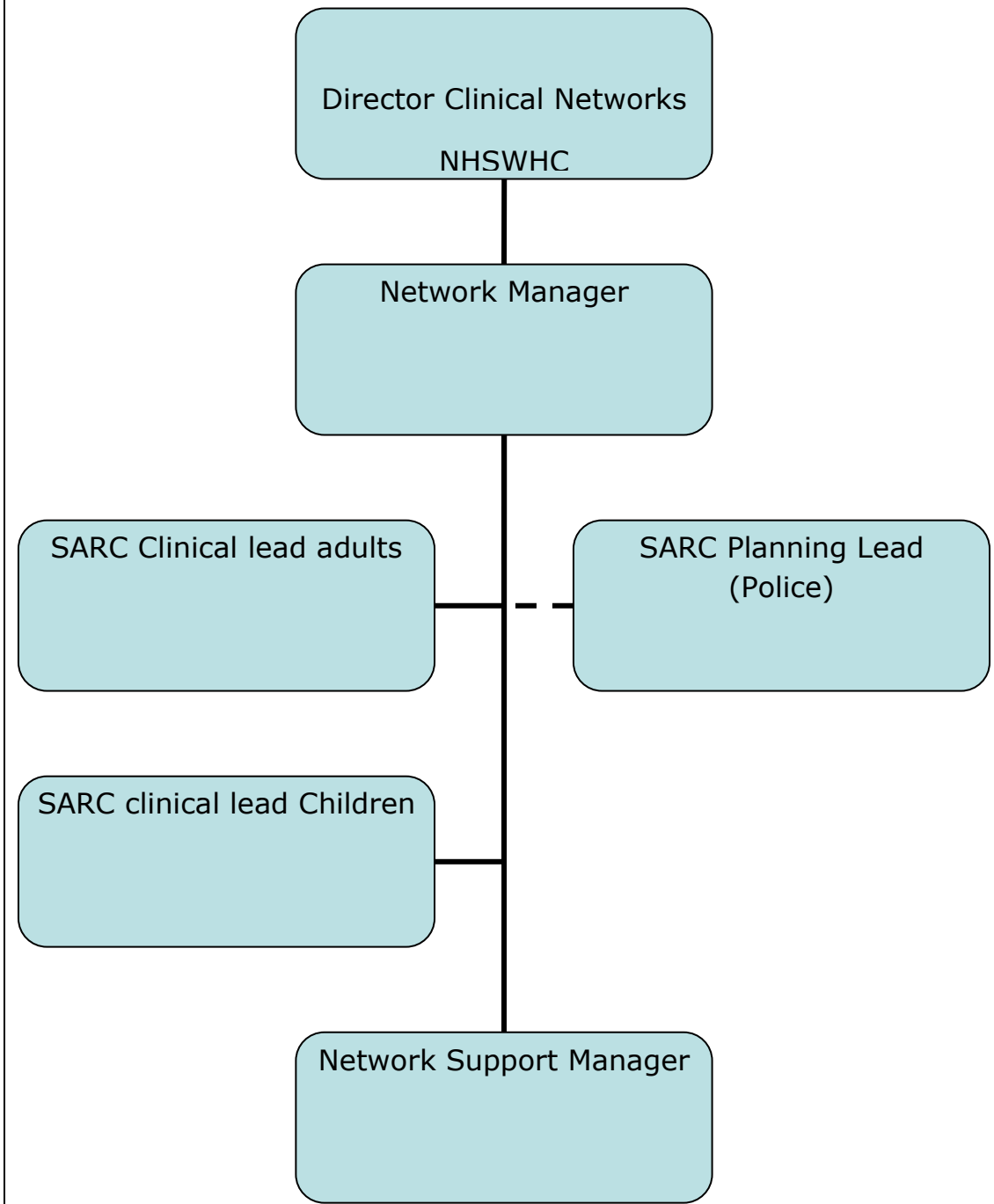
**ORGANISATIONAL ARRANGEMENTS:**

<b>Managerially Accountable to:</b>	
<b>Reports to: Name Line Manager</b>	
<b>Professionally Responsible to:</b>	

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CAJE Reference/Date:

## Organisational Structure



- **Job Summary/Job Purpose:**

The SARC Operational Delivery Network is an essential vehicle for joint working between key stakeholders including NHS Wales, Police forces, Police and Crime commissioners Offices, Welsh Government and the third sector to improve the outcomes and experience for adults and children who may have suffered a sexual assault. Integral to this is the need for continuous improvement and transformational change across SARC services in Wales.

As managerial lead of the new network the post holder will be responsible for bringing together key stakeholders and facilitating the design, planning and implementation of the existing and future work programmes of the network together with the infrastructure available to deliver the programme.

### 1.1 Main Duties

The post holder will:

- Lead the development and implementation of the recommendations for the reconfiguration of SARC services across the region,
- Facilitate the development of costed service models, in line with national standards and guidance for 'spokes' and FME services across the region
- Develop and support the implementation of a quality assurance framework to support the delivery of high quality, equitable, safe and sustainable SARC services that meet national standards and guidance
- Develop and facilitate the implementation of standard operating policies to support the effective delivery of a regional SARC service
- Ensure a robust governance framework is in place, facilitating network wide reporting in line with the expectations of stakeholders
- Work with service providers to enable and promote clinical and service user/parent engagement to inform best practice and transformational change
- Establish robust systems to support monitoring and review of performance against agreed standards, service specification and contracts.

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- Working with the commissioning organisations, facilitate the development and implementation of effective data collection systems across service providers
- Understand the performance, and variation in performance across the service
- Work with clinical leads to implement a peer review framework for adult and children's services
- Identify opportunities for improvement and providing targeted leadership and advice, with a focus on access to timely and effective care, underpinned by high quality information, research and evidence base.
- Represent the Network and its interests at national as required, acting independently, decisively and effectively in sensitive and political situations.

- ***Duties and Responsibilities***

- ***Leadership and management***

The post holder will:

- Lead the development of strategy with key partners across the NHS Wales, Police forces across Wales, Police and Crime commissioners Offices across Wales, including planning, research and evaluation, and promoting best practice and the improvement in outcomes.
- Lead the development and implementation of work plans to support delivery of the recommendations for the reconfiguration of SARC services as approved by Boards.
- Provide effective leadership and management support to the Operational Deliver Network Board, SARC Assurance and Oversight Board and any other relevant related groups/boards, clinical leads, operational teams.
- Ensure that there are effective assurance processes in place that regularly assesses the delivery of the Network's programmes, and identifies risks and concerns to the accountable individuals/organisations.
- Develop a level of expertise within fields relevant to the Network and disseminate through leadership within the team and the wider stakeholder organisations.
- Present information and issues relating to the relevant work programme effectively, explaining the complexities and inter-dependencies to a wide range of internal and external stakeholders.
- Effectively lead, manage, motivate and develop staff within the Network to ensure that they are effectively focused on being able to deliver their designated work to a high quality.

- ***Strategic and partnership working***

The post holder will:

- Build relationships and work effectively with a wide range of partners ensuring that they are effectively engaged in the planning, review and delivery of services that improve outcomes for clients, enhance access and experience, and are able to demonstrate value for money.
- Work in partnership with a wide range of organisations, to develop and deliver sustainable evidence based models, which integrate national policy and standards into delivery.

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- Facilitate engagement with the public and staff to promote understanding and support for changes SARC services.
- Work with service providers to actively promote the availability of SARC services across the region, raising awareness of the service amongst vulnerable group and ensuring services are easy to access.
- Acknowledge the importance and seek opportunities for the better use of information technologies that promote data linkage and sharing of relevant data.
- Lead the network to deliver its objectives within a framework of strong, effective governance consistent with those agreed by the SARC Project Board.
- Work with the commissioning organisation to promote services that safe, sustainable, reduce inequalities in access, care and treatment.
- Influence the prioritisation of SARC services by the commissioning organisations including within NHS Wales organisational integrated medium term plans.
- In conjunction with the operational service leads and clinical leads, ensure that there are sufficient horizon scanning arrangements in place to engage and collaborate with other countries to learn and share best practice.

- ***Planning and programme management***

The post holder will:

- Be accountable for the development and successful implementation of the agreed service model for SARC services across South Mid and West Wales and the associated work plan of the Network, including putting in place effective risk management and contingency arrangements.
- Ensure that there are effective programme management, project management and resource allocation arrangements in place across the Network to effectively execute the work programme.
- Ensure that, where appropriate, Network objectives are aligned to those of other organisations, influencing the planning and prioritisation of SARC services within health boards, police forces and police and crime commissioner offices across the region.
- Chair, lead, and facilitate a range of meetings, networks and events to support the Programme. This will require the participation in meetings which require communication with a variety of audiences and mixtures of attendees. These groups may include internal and external Directors, senior clinicians,

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senior and operational managers, health and social care professionals, police professionals information and financial managers and staff, service representatives, third sector etc

- Promote service and performance improvement through a range of approaches, scrutinising and advising on pathways and plans.

- ***Communications and engagement***

The post holder will:

- Facilitate the development and delivery of effective communications strategies for the Network, using a range of effective influencing strategies that will bring about desired outcomes and long term change in CSA services, building and using extended networks of influence.
- Present information and issues relating to the work programmes effectively, explaining the complexities and inter-dependencies to a wide range of internal and external stakeholders.
- Facilitate continuous engagement with the public, workforce and other key stakeholders to promote understanding and support for service changes liaising with community health councils and Police and Crime commissioners offices as required in accordance with national guidance on engagement and consultation.
- Explain clearly and concisely the reasons for plans and actions to stakeholders and the public, and listen and act on responses.
- Actively seek out diverse viewpoints, promoting inclusivity.
- Lead and coordinate the planning and delivery of events and workshops, supporting and promoting Network programme of work, ensuring the optimal environment is created at all times whilst discretely and sensitively supporting participants.
- Ensure that the provision of all types of information to influence and educate providers at board and operational level, Welsh Government and the public is provided in a clear, understandable and audience-appropriate manner that makes best use of technology where appropriate.

- ***Policy and service development***

- Working with service providers, commissioners and clinical leads, be responsible for ensuring that proposed changes to the content, implementation and interpretation of guidelines which may impact delivery and or the Network/Collaborative are described and reported to the relevant Board.

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- Coordinate the development of policies and processes where there is a gap identified that will hinder successful delivery of strategic objectives.
- Maintain a good knowledge of emerging policies from Welsh Government and outside of the health economy to inform the work of the Network.
- Be cognisant of the content of the Network programmes that may impact on the way services are developed, managed and delivered across Wales.

- 

- ***Finance and physical resources***

The post holder will:

- Be accountable for the utilisation of the Network budget, as delegated by the lead commissioning organisation and commissioning organisation
- Act in a way that is compliant with the Standing Orders and Standing Financial Instructions of C&V UHB (the host organisation) in the discharge of this responsibility.
- In conjunction with the commissioning leads, ensure the procurement of activities/resources to support the delivery of objectives. This includes coordinating the definition and requirements of the commissioning organisations, writing specifications, participating in the selection of suppliers and ensuring services procured provide value for money in accordance with the policies and procedures of C&V UHB (the host organisation).
- Be responsible for working with finance colleagues for budget setting, forecasting and financial monitoring to ensure adherence to the budget and, following analysis of budget reports, make recommendations to the Board.
- Work with police forces, police and crime commissioners offices, health board and third sector colleagues to ensure that plans for SARC services support the delivery of value based financially sustainable services across the region
- Match the resources of the Network to priorities, regularly reviewing and reprioritising to ensure commitments in the work plan are met.

- ***Responsibility for Human Resources***

The Post holder will:

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- Manage allocated staff members guiding their ongoing performance and development and ensuring adherence to Trust and national policies.
- Responsible for ensuring that induction procedures are followed and staff complete all necessary statutory and mandatory training and remain up to date, and identify further development/training requirements necessary to fulfil their roles.
- Responsible for reporting and monitoring all types of leave, e.g. annual leave, sick leave, study leave, etc., and completing all relevant documentation and updating information within ESR.
- Responsible for annual appraisals, setting and monitoring objectives, conducting regular reviews as appropriate and providing feedback and support to enable staff to achieve their objectives.
- Provide leadership and direction for the SARC programmes improvement agenda, ensuring adherence to agreed milestones and targets and communicating progress at national and local levels.
- Adapt on a frequent basis to changing priorities and re-focus the post holder and team's work on new priority areas.
- Contribute to the personal and professional development of staff through critical reflection and learning
  - ***Responsibility for Information management***
    - The post holder will:
      - Be responsible for facilitating the development, management and maintenance of information systems across the Network.
      - Ensure information is held and managed in accordance with information governance requirements.
      - Ensure that information management needs are met in order to enable effective planning and monitoring.
      - Interpret highly complex and specialist information drawing conclusions and recommendations for activities to improve systems in the Network
      - Ensure programme evaluation is in place to further develop and improve the learning experience as well as using this information for other purposes.
      - Ensure the development and completion of monitoring and performance reports and recommend improvements to the process, including Peer Review.

- **Responsibility for Research and Development**

The post holder will:

- Provide a source of intelligence on R&D activities as part of everyday work
- Provide advice on research activities in all areas of care provision taking account of evidence from elsewhere.
- Develop frameworks to evaluate long term impacts and outcomes of the programme
- Review, renew and audit systems when required e.g. The Network risk and issue logs, this will require creating, continual review and periodic audit to ensure there remains a robust governance system
- Undertake audits related to the Network
  -

- **Freedom to Act**

The post holder will:

- Demonstrate independence of thought
- Have a flexible approach to accommodate urgent or ad hoc requests
- Prepare presentations for delivery at national, regional and local conferences/meetings
- Interpret national policy/guidelines for programme/project areas
- Be responsible for own actions and those of line managed staff
- Identify issues and develop solutions where necessary and report to the appropriate structures and/or escalate as required
- Provide verbal and written reports as requested by Senior Officers from across the partnership arena.

## **PERSON SPECIFICATION**

<b>Attributes</b>	<b>Essential</b>	<b>Desirable</b>	<b>Method of Assessment</b>
<b>Qualifications and/or Knowledge</b>	<p>Educated to degree level or equivalent in a relevant subject</p> <p>Evidence of further postgraduate training to masters level</p> <p>Demonstrable evidence of leadership and management development</p> <p>Knowledge of change management and service improvement methodologies, organisational structure and design</p> <p>Evidence of and a demonstrated commitment to continued professional development</p>	<p>Understanding of the diverse issues that confront health and the police in relation to delivery of SARC services</p> <p>Formal and recognised qualifications in programme and project management</p> <p>Understanding and knowledge of the Welsh context and devolution.</p> <p>Understanding of NHS Wales</p> <p>Understanding of the ministry of justice process related to sexual assault</p>	<p>Application form and pre employment checks</p>
<b>Experience</b>	<p>Experience of working at senior management level</p> <p>Experience of working with front line teams</p> <p>Experience of working within a multi-agency environment</p> <p>Extensive experience</p>	<p>Experience working with third sector organisations in the delivery of services</p> <p>Experience of delivering major projects or programmes that have significant financial investment</p> <p>.</p>	<p>Application form and interview</p>

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	<p>of successful change management programmes</p> <p>Experience of using evidence based improvement methodologies</p> <p>Experience of resolving multi-agency/multi disciplinary disputes</p> <p>Experience of establishing safe systems of working and monitoring effectiveness</p> <p>Experience of delivering significant business benefits through transformation of workforce, IT, estate, new ways of working</p> <p>Extensive experience of programme planning and delivery, including all aspects of programme governance and control</p> <p>Skilled in chairing meetings.</p> <p>Ability to translate a strategic business case into a programme or project plan and structure</p>		
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CAJE Reference/Date:

	Strong financial and commercial awareness, including delivery of third party contracts and service level agreements		
<b>Aptitude and abilities</b>	<p>Excellent verbal, written and presentation skills including ability to present to large audiences with varying levels of knowledge.</p> <p>Negotiation skills and the ability to persuade staff of various disciplines and grades without direct line management.</p> <p>Ability to work collaboratively and across agencies and sectors</p> <p>Ability to manage conflict and to resolve disputes within teams and across functions</p> <p>Ability to build and sustain relationships in difficult situations</p> <p>Excellent facilitation skills to enable staff to work in different ways.</p> <p>Ability to produce</p>	<p>Ability to speak Welsh</p> <p>Excellent training/team development skills</p>	Interview

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	reports that are meaningful to the target audience and can be adapted to suit that audience.		
<b>values</b>	<p>Flexible to meet the needs of the service.</p> <p>Able to act independently, decisively and effectively in leading a programme</p> <p>Ability to watch and listen to and interpret key messages and respond appropriately</p> <p>Able to effectively and appropriately deal with criticism and challenging people and situations.</p> <p>Ability to positively and creatively challenge current thinking in order to develop new and better policy &amp; operational working practices.</p> <p>Able to significantly influence others who are based externally, to achieve national targets without any direct authority</p> <p>Commitment to principles of change management</p>		<p>Application Form</p> <p>Interview</p> <p>References</p>
<b>Other</b>	Ability to travel across Wales for meetings, site visits		Application form and interview

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## **GENERAL REQUIREMENTS**

- **Values:** All employees of the Health Board are required to demonstrate and embed the Values and Behaviour Statements in order for them to become an integral part of the post holder's working life and to embed the principles into the culture of the organisation.
- **Competence:** At no time should the post holder work outside their defined level of competence. If there are concerns regarding this, the post holder should immediately discuss them with their Manager/Supervisor. Employees have a responsibility to inform their Manager/Supervisor if they doubt their own competence to perform a duty.
- **Learning and Development:** All staff must undertake induction/orientation programmes at Corporate and Departmental level and must ensure that any statutory/mandatory training requirements are current and up to date. Where considered appropriate, staff are required to demonstrate evidence of continuing professional development.
- **Performance Appraisal:** We are committed to developing our staff and you are responsible for participating in an Annual Performance Development Review of the post.
- **Health & Safety:** All employees of the organisation have a statutory duty of care for their own personal safety and that of others who may be affected by their acts or omissions. The post holder is required to co-operate with management to enable the organisation to meet its own legal duties and to report any hazardous situations or defective equipment. The post holder must adhere to the organisation's Risk Management, Health and Safety and associate policies.
- **Risk Management:** It is a standard element of the role and responsibility of all staff of the organisation that they fulfil a proactive role towards the management of risk in all of their actions. This entails the risk assessment of all situations, the taking of appropriate actions and reporting of all incidents, near misses and hazards.
- **Welsh Language:** All employees must perform their duties in strict compliance with the requirements of their organization's Welsh Language Scheme and take every opportunity to promote the Welsh language in their dealings with the public.

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- **Information Governance:** The post holder must at all times be aware of the importance of maintaining confidentiality and security of information gained during the course of their duties. This will in many cases include access to personal information relating to service users.
- **Data Protection:** The post holder must treat all information, whether corporate, staff or patient information, in a discreet and confidential manner in accordance with the provisions of the General Data Protection Legislation and Organisational Policy. Any breach of such confidentiality is considered a serious disciplinary offence, which is liable to dismissal and / or prosecution under current statutory legislation and the HB or Trust Disciplinary Policy.
- **Records Management:** As an employee of this organisation, the post holder is legally responsible for all records that they gather, create or use as part of their work within the organisation (including patient health, staff health or injury, financial, personal and administrative), whether paper based or on computer. All such records are considered public records and the post holder has a legal duty of confidence to service users (even after an employee has left the organisation). The post holder should consult their manager if they have any doubt as to the correct management of records with which they work.
- **Equality and Human Rights:** The Public Sector Equality Duty in Wales places a positive duty on the HB/Trust to promote equality for people with protected characteristics, both as an employer and as a provider of public services. There are nine protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The HB/Trust is committed to ensuring that no job applicant or employee receives less favourable treatment on any of the above grounds. To this end, the organisation has an Equality Policy and it is for each employee to contribute to its success.
- **Dignity at Work:** The organisation condemns all forms of bullying and harassment and is actively seeking to promote a workplace where employees are treated fairly and with dignity and respect. All staff are requested to report any form of bullying and harassment to their Line Manager or to any Director of the organisation. Any inappropriate behaviour inside the workplace will not be tolerated and will be treated as

a serious matter under the HB/Trust Disciplinary Policy.

- **DBS Disclosure Check:** In this role you will have \* direct / indirect contact with\* patients/service users/ children/vulnerable adults in the course of your normal duties. You will therefore be required to apply for a Criminal Record Bureau \*Standard / Enhance Disclosure Check as part of the HB/Trust's pre-employment check procedure. \*Delete as appropriate. If the post holder does not require a DBS Disclosure Check, delete as appropriate.
- **Safeguarding Children and Adults at Risk:** The organisation is committed to safeguarding children and adults at risk. All staff must therefore attend Safeguarding Children & Adult training and be aware of their responsibilities under the All Wales Procedures.
- **Infection Control:** The organisation is committed to meet its obligations to minimise infections.  
All staff are responsible for protecting and safeguarding patients, service users, visitors and employees against the risk of acquiring healthcare associated infections. This responsibility includes being aware of the content of and consistently observing Health Board/Trust Infection Prevention & Control Policies and Procedures.
- **No Smoking:** To give all patients, visitors and staff the best chance to be healthy, all Health Board/Trust sites, including buildings and grounds, are smoke free.

**Flexibility Statement:** The duties of the post are outlined in this Job Description and Person Specification and may be changed by mutual agreement from time to time.

**Date post approved:**

**Date advertised:**

CAJE Reference/Date:

CAJE Reference/Date:

**Job Title:**

**Supplementary Job Description Information**

**Physical Effort**

This factor measures the nature, frequency and duration of physical effort (sustained effort at a similar level or sudden explosive effort) required for the job.

Please ensure any circumstances that may affect the degree of effort required, such as working in an awkward position; lifting heavy weights etc. are detailed, such as:

'Working in uncomfortable/unpleasant physical conditions; sitting in restricted positions; repetitive movements; lifting heavy weights; manipulating objects; kneeling, crouching, twisting; heavy duty cleaning; working at heights; using controlled restraint; driving as part of daily job - **N.B. Walking /driving to work is not included'**

<b>Examples of Typical effort(s)</b>	<b>How often per day / week / month</b>	<b>For how long?</b>	<b>Additional Comments</b>
Office conditions	Daily	Majority of working pattern	
Requirement to travel across the region for meetings and to meet with staff across the health board	Weekly	May take several hours by car or public transport	
Carry laptop computer and/or projection equipment (approx. 3kg) to meetings for presentation purposes and carrying of laptop	Daily	Post requires flexible working	

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## Mental Effort

This factor measures the nature, level, frequency and duration of mental effort required for the job, for example, concentration, responding to unpredictable work patterns, interruptions and the need to meet deadlines.

Please identify the normal requirement to concentrate in the post and determine, how often and for how long it is required to concentrate during a shift / working day, e.g. :

'Carrying out formal student assessments; carrying out clinical/social care interventions; checking documents; taking detailed minutes at meetings; operating machinery/equipment; carrying out screening tests/microscope work; carrying out complex calculations; carrying out non-clinical fault finding; responding to emergency bleep; driving a vehicle; examining or assessing patients/clients.

<b>Examples of Typical effort(s)</b>	<b>How often per day / week / month?</b>	<b>For how long?</b>	<b>Additional Comments</b>
Frequent requirement for concentration required for analysis of data, writing reports	Daily	constant	
Occasional requirement for intense concentration e.g. checking detail documents, analysis of statistics, budgets, leading regional meetings	Daily	Ongoing	
Unpredictable work patterns where post holder may be required to provide reports to national lead, Welsh Government at short notice, requiring need to immediately change planned activities in response to one	monthly		

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## Emotional Effort

This factor measures the nature, frequency and duration demands of the emotional effort required to undertake clinical or non clinical duties that are generally considered to be distressing and/or emotionally demanding.

Please identify how often the post holder has exposure to direct and/or indirect distressing and/or emotional circumstances and the type of situations they are required to deal with.

For example, 'processing (e.g. typing/transmitting) news of highly distressing events; giving unwelcome news to patients/clients/carers/staff; caring for the terminally ill; dealing with difficult situations/circumstances; designated to provide emotional support to front line staff; communicating life changing events; dealing with people with challenging behaviour; arriving at the scene of an accident.' **N.B. Fear of Violence is measured under Working Conditions**

Examples of Typical effort(s)	How often per week / month?	For how long?	Additional Comments
Occasional indirect exposure to highly distressing or highly emotional circumstances e.g. analysis of statistics and discussions relating to number of sexual assaults on adults and children	daily	Ongoing due to the nature of the service in which the post holder is working	
Occasional exposure to distressing or emotional circumstances e.g. working with adults, children and young people who may have attempted suffered sexual assault	infrequent		
<ul style="list-style-type: none"> <li>Be exposed to distressing or emotional circumstances is occasional i.e.</li> </ul>	monthly	Through formal board meetings and in day to day management	

CAJE Reference/Date:

imparting unwelcome news to stake holders/staff			
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### Working Conditions

This factor measures the nature, frequency and duration of demands on staff arising from inevitably adverse environmental conditions (such as inclement weather, extreme heat/cold, smells, noise and fumes) and hazards, which are unavoidable (**even with the strictest health and safety controls**), such as road traffic accidents, spills of harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

Please identify unpleasant working conditions or hazards which are encountered in the post holder's working environment and establish how often and for how long they are exposed to them during a working day / week / month.

Examples are – use of VDU more or less continuously; unpleasant substances/non-household waste; infectious material/foul linen; body fluids, faeces, vomit; dust/dirt; fleas/lice; humidity; contaminated equipment or work areas; driving/being driven in normal or emergency situations - **\*Driving to and from work is not included**

Examples of Typical Conditions	How often per week / month?	For how long?	Additional Comments
Frequent requirement to travel across the region to attend/lead meetings and meet with staff	Weekly	May take several hours by car or public transport	
Requirement to use VDU equipment, including videoconferencing	Daily	continuous	

CAJE Reference/Date:



**Heddlu • Police**

**DYFED-POWYS**

*Diogelu ein Cymuned - Safeguarding our Community*

# ISO Accreditation

**Sexual Assault Referral Centres**

**ISO 15189**

# Staged Implementation

- 20/11/19 - We anticipate publishing the final versions of FSR-C-116 (Standard for the Forensic Medical Examination of Adult and Child Sexual Assault Patients) and FSR-G-212 (Assessment, Collection and Recording of Forensic Evidence in Sexual Assault Forensic Medical Examinations) by the end of next month. The documents were presented to the Quality Standards Specialist Group last week and have cleared the technical stages with the Medical Forensics Specialist Group. We have altered the timeline from a single date to a staged approach, which is as follows:

Stage	Implementation Date
Quality Management System, Quality Manual drafted, and Quality personnel appointed.	October 2020
Job roles, skill and training and competency requirements framework and SOPs developed.	April 2021
Validation/verification of methods and processes and staff competency evidenced against final SOPs.	September 2021
Internal audits, improvement implementation, Management review and initial assessment	April 2022
Accreditation to ISO 15189 and the FSR Codes granted.	1 October 2023



# SARC Accreditation

## Background

### Forensic Science Regulator Docs

- FSR G207- DNA anti contamination – Forensic Medical examination- SARC & Custody facilities
- FSR C116- Consultation- FME standard- Adult & Child sexual assault complainants
- FSR G212- Consultation- FME standard- Assessment, collection and recording of forensic evidence



# SARC Accreditation

## FSR C116/G212 consultation documents

Set out the requirement for Sexual Assault Referral Centres to comply with the requirements of C116/G212 by October 2021

Full ISO Accreditation by October 2023  
ISO 15189 for medical examination facilities



## SARC Accreditation

# Requirements

## QMS

- A Nominated person with senior responsibility
- Organisation and management defined
- A Quality manager to be appointed
- A Full Quality management system
- Document control
- Internal audit
- management review



## SARC Accreditation

# Requirements

## Technical requirements

- Training & competence
- Accommodation & environment
- DNA decontamination
- Consumables and PPE
- Examination methods



# SARC Accreditation

## Accommodation & Environment

- Access control
- Pre-exam room
- Medical exam room
- Restricted air flow
- Easy clean surfaces
- De-contamination



# SARC Accreditation

## Anti-contamination

- Cleaning Regime
- Staff CED Samples
- Documented procedures
- Cleaning Logs
- PPE
- Consumables
- Environmental monitoring



# SARC Accreditation

## Evidence Recovery

- Competent staff
- Documented procedures
- Storage of samples
- Documentation
- Quality Assurance



# SARC Accreditation

## Training & competence

- Cleaning staff
- Crisis workers
- SOTO's
- Medical examiners
- Forensic Practitioner



ISO 17025 accreditation

Questions?

# GUIDANCE

## Forensic Medical Examination: Assessment, Collection and Recording of Forensic Evidence

### FSR-G-212 CONSULTATION

This is a consultation issued to allow comments from interested parties; all comments will be given consideration when finalising the final document prior to publication. Comments should be sent to [FSRConsultation3@homeoffice.gov.uk](mailto:FSRConsultation3@homeoffice.gov.uk) and should be submitted by **31 January 2019**. This mailbox is not for general correspondence and is not routinely monitored.

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## 1. INTRODUCTION

- 1.1.1 Sexual offences are devastating crimes; the impact of sexual violence is now well evidenced and can include significant consequences to the long-term health and well-being of [complainants](#). In the aftermath of an assault, all complainants, regardless of age or gender shall have access to a timely, high-quality [forensic medical examination](#):
- a. to address their concerns;
  - b. minimise trauma; and
  - c. aid and support their recovery.
- 1.1.2 At the same time the collection of [evidence](#) can provide the complainants with the option to assist in any criminal investigation. The evidence collected in the form of information and [items](#) will aid a criminal prosecution, so that the perpetrator can be caught and brought to justice, and prevent further sexual violence.
- 1.1.3 The provision of dedicated services for the health and well-being of complainants and delivery of justice has considerable benefits. Such services provide complainants with the opportunity for high-quality care alongside forensic medical examination,<sup>1</sup> as well as the collection of evidence. This provides both the police and the complainant with the best possible opportunity to recover evidence for use within an investigation, if the complainant so chooses, and minimises the risk of a miscarriage of justice. This includes the risk of wrongful conviction(s) or wrongful acquittal(s), obstructing or delaying investigation(s). It should be noted, however, that medical and therapeutic needs may override the requirement to collect forensic evidence.
- 1.1.4 Whilst the need to provide high-quality medical care is of primary importance, it is crucial that due consideration is given to the demands of the forensic context to achieve high-quality forensic sampling. Defined [standards](#) are necessary for all stages of the complainant's 'journey' immediately before and during the forensic medical examination so that there is confidence in the relevance of any medical [findings](#) documented during the examination, and in any subsequent

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<sup>1</sup> The medical and therapeutic needs may override the requirement to collect forensic evidence.

scientific results from the samples taken during the examination. The complainant's care pathway varies, based on the individual case and local variation of service delivery. However, this should not detract from achieving the best health and justice outcomes for the complainant.

1.1.5 In order to achieve high-quality and consistent healthcare and forensic evidence provision delivery, defined standards are necessary for all stages of the complainant's 'journey' immediately before and during the forensic medical examination so that consistent, high-quality work is delivered by all participants. The implementation of standards and guidance as part of an 'accredited process' assessed by a third party, such as the United Kingdom Accreditation Service (UKAS) provides external scrutiny and assurance that the appropriate standard is being met.

1.1.6 Safeguarding issues, safety plans specifically relating to [children](#), and social issues are very important, and reference is made to the medical and therapeutic needs of the individual. However, these fall outside the scope of the Forensic Science Regulator's remit and are therefore not part of this guidance, this guidance covers the following areas:

- a. training and ongoing competence of personnel;
- b. accommodation and environmental conditions;
- c. equipment used for the examination;
- d. examination process and methods;
- e. handling, storage and transport of forensic samples;
- f. notes, [reports](#) and [statements](#) generated;
- g. quality management; and
- h. continuous improvement, review and audit.

1.1.7 This document provides good practice for the forensic medical examination of male and female complainants of sexual assault, both adults and children. These encompass:

- a. the gathering of information;
- b. retrieval of personal samples and other trace evidence from an individual for forensic purposes;
- c. the collection of clothing from the individual; and

- d. recording the presence or absence of injuries.

## 2. SCOPE

- 2.1.1 The purpose of this guidance is to support meeting the standards and requirements set out by the Forensic Science Regulator in the Codes<sup>2</sup> and FSR-C-116 the Forensic Medical Examination Standard: *Adult and Child Sexual Assault Complainants*<sup>3</sup>.
- 2.1.2 This guidance covers the processes within a [facility](#) where a medical examination and the collection of evidence from a complainant takes place. The most frequently used facility in England and Wales is known as a sexual assault referral centre (SARC). Other facilities also exist within police premises, such as complainant examination suites or sympathy suites, and within NHS premises, such as acute hospital settings, for example, emergency departments (EDs) and paediatric units. For the purpose of the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard and this guidance, these facilities are referred to collectively as a 'medical examination and sample collection facility' (the facility) and is recognised in part as a [forensic unit](#) for the purposes of relevant forensic science standards and guidance.
- 2.1.3 This guidance encompasses complainant care from the first disclosure or first suspicion, to the completion of the forensic medical examination and directly related activities within the facility. Other services provided to the complainant such as counselling, practical and emotional support are outside the scope of this guidance. Standards and guidance for the use of early evidence kits (EEKs) are included as these may be used at the facility, if not prior to the complainant's arrival at the facility.
- 2.1.4 Figure 1 (for adults) and Figure 2 (for children) set out in the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard outline where the facility practices and procedures occur within the 'complainant journey' from

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<sup>2</sup> Forensic Science Regulator, *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System*.

<sup>3</sup> Forensic Science Regulator, FSR-C-116 *Forensic Medical Examination Standard: Adult and Child Sexual Assault Complainants*.

the offence to court.<sup>4</sup> These identify where the various standards and guidance apply.

- 2.1.5 It is important to note that the facility may require the input of multiple service providers working together to deliver the service for the complainant. For example, due to the historical commissioning and funding arrangements that have evolved in England and Wales, a range of service providers come together to deliver different elements of the service provision. The forensic medical provider will, in many services, be different to the provider of [crisis workers](#), counsellors and core administrative staff.
- 2.1.6 This guidance applies to all personnel involved in performing and supporting the medical examination and managing the facility, including services provided by different or multiple providers regardless of the commissioning arrangements or funding structure.
- 2.1.7 Areas such as medical evaluation and treatment, suicide risk and mental health assessments, case reviews and post-forensic examination treatment/follow-up are outside the scope of this guidance. These come under the responsibility of clinical governance.
- 2.1.8 For the purposes of this guidance it is assumed that all relevant training, processes and reporting to meet the requisite legal, medical and safeguarding requirements are implicit.

### 3. IMPLEMENTATION

- 3.1.1 The requirements set out in this guidance and the Forensic Science Regulator's FSR-C-116 Forensic Medical Examination Standard shall be incorporated into the policies, processes and procedures within the facility.
- 3.1.2 This document is available for incorporation into an organisation's standard operating procedures and [quality management system](#) (QMS) from the date of publication and comes into effect from October 2021.

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<sup>4</sup> These diagrams are not care pathways nor are they intended to be used as referral routes.

## 4. MODIFICATION

4.1.1 This is the consultation version of this document.

## 5. TERMS AND DEFINITIONS

5.1.1 The terms and definitions set out in the Forensic Science Regulator's *Codes of Practice and Conduct* (the Codes), FSR-G-207, FSR-G-212 and the [Glossary](#) section apply to this document. Definitions in BS EN ISO 21043-1:2018<sup>5</sup> *Forensic Sciences Part 1: Terms and definitions* or ILAC G19:08/2014<sup>6</sup> apply where there is no corresponding definition set out in the Forensic Science Regulator's guidance and the Codes.

5.1.2 The word 'shall' has been used in this document where there is a corresponding requirement in ISO 15189:2012, the Codes and FSR-C-116 Forensic Medical Examination Standard; the word 'should'<sup>7</sup> has been used to indicate generally accepted practice where the reason for not complying or any deviation shall be recorded. The word 'may' has been used for recommendations. Recommendations have been used to indicate what ideal practice is when it is practicable.

## 6. MANAGEMENT REQUIREMENTS

### 6.1 General (ISO 15189 4.1)

6.1.1 A nominated senior responsible person shall be identified, in terms of top management, to support the delivery of good practice and the quality standards stated.

6.1.2 This guidance defines requirements for quality and competence that fall into two main categories:

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<sup>5</sup> ISO maintains a terminological database for use in standardization through their ISO online browsing platform: Available at <https://www.iso.org/obp>.

<sup>6</sup> ILAC G19:08/2014 *Modules in a Forensic Science Process*.

<sup>7</sup> In good medical practice 'should' is used when providing an explanation of how to meet the overriding duty and where the duty or principle will not apply in all situations or circumstances, or where there are factors outside the practitioner's control that affect whether or how guidance can be followed (General Medical Council *Good Medical Practice* guide).

- a. technical requirements, which are covered in section 7 of this document; and
- b. management requirements, which are covered in this section.

## **6.2 Organisation and management responsibility (ISO 15189 4.1)**

- 6.2.1 The organisation and management responsibility of the facility shall be defined and documented.
- 6.2.2 The facility shall produce an organogram that makes clear the lines of responsibility, clinical governance structures and legal responsibilities that cover all aspects of the facility, including the staff working therein.
- 6.2.3 The facility shall be managed by a person or persons with the competence and delegated responsibility for all aspects of the services provided.

## **6.3 Quality management system (ISO 15189 4.2)**

- 6.3.1 A quality management system (QMS) shall be established and maintained that directs and controls all providers of services at the facility with regard to quality.
- 6.3.2 A quality manager shall be appointed to ensure that the QMS functions correctly. The QMS shall include the elements outlined in 6.4 to 6.6.

## **6.4 Quality manual (ISO 15189 4.2.2.2, 4.1.2.3)**

- 6.4.1 This shall include the following elements.
  - a. A quality policy signed by the top management of the legal entity for the facility. This shall include:
    - i. a commitment to good professional practice;
    - ii. the provision of quality examination and patient care; and
    - iii. compliance by all staff with the standards and good practice to which the facility operates.
  - b. A statement of the facility's service standards and a description of the objectives of the quality system.
  - c. Quality objectives and plans.
  - d. A description of the organisation, structure, responsibilities and authorities.

- e. A description of the elements of the quality system and any references to documented quality system procedures including:
  - i. control of documents;
  - ii. control of records; and
  - iii. control of collected evidential material.

## **6.5 Procedures, instructions and forms (ISO 15189 4.2, 5.5.3)**

6.5.1 These sit below the quality manual in the hierarchy of required documentation and shall include the following.

- a. Policies that document the intentions and direction of the facility, as formally expressed by its top management.
- b. Procedures (often called standard operating procedures or SOPs) that outline the practical way to translate the policies into action.
- c. Day-to-day work instructions that are needed in the work area for easy reference, for example, giving step-by-step guidance on how to use a particular instrument, or decontaminate a work surface.
- d. Forms that are documents on which records are made that provide evidence that a procedure and/or related instructions have been carried out.

### A document control system (ISO 15189 4.3)

6.5.2 This may be an electronic or paper-based system and requires that :

- a. documents are authorised for adequacy prior to issue;
- b. documents are reviewed and updated as required, and re-authorised with the changes highlighted;
- c. relevant versions of documents are available at the point of use; and
- d. unintended use of obsolete documents is prevented.

### Continual improvement process (ISO 15189 4.12)

6.5.3 Opportunities to improve the effectiveness of the management of quality in the facility arise in a number of ways. They fall into three major categories of documented procedures that identify the sources for corrective, preventative and improvement actions.

- a. These may include evaluation and audits, trials and customer feedback, [peer review](#) and checking of outputs, self-assessment and suggestions from staff.
- b. Regardless of source, all shall be logged into an improvement, corrective preventative process for subsequent assessment and action. All actions are classified and prioritised on the basis of a risk assessment.
- c. Those taken forward are allocated to an appropriate owner to be resolved by an agreed target date.
- d. These are included as part of the management review.

#### Evaluation and audits (ISO 15189 4.14)

6.5.4 The facility shall have an ongoing rolling audit programme for the coming year and beyond. This shall include across the programme cycle:

- a. each area of work;
- b. all stages of the examination; and
- c. an assessment of staff [competency](#) in both practical work and in report writing.

6.5.5 Audits typically fall into two categories: internal (or in-house) and external.

- a. Internal audits carried out by the facility itself, focusing on some aspect of activity, for example, that staff are up to date with their training and competency records.
- b. External independent assessment by other facility auditors or by the United Kingdom Accreditation Service (UKAS) if the facility is [accredited](#) to ISO 15189:2012.<sup>8</sup>
- c. Audits provide an important mechanism for detecting and investigating quality issues or 'non-conformities' and provide a major input into the management review.

## **6.6 Management review (ISO 15189 4.15)**

6.6.1 Regular management reviews shall be conducted by the facility management team to ensure that performance of the unit and the procedures followed are,

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<sup>8</sup> ISO 15189:2012 *Medical laboratories – Requirements for quality and competence*.

and continue to be, effective from a quality perspective. This should be discussed and highlighted as part of the induction of any new staff members.

6.6.2 As a minimum the management review shall be conducted annually. However, initially these shall be undertaken more frequently as the review process beds in and the frequency becomes appropriate to the maturity of the quality management system. Inputs to the review shall include the following.

- a. Significant changes in organisation and management, staff (including the induction of new staff members) and other resources or process.
- b. Any changes to safeguarding and safety plans, specifically with regard to children.
- c. Assessments and audits of quality. These may include reports of assessments of outside bodies, internal audits of the quality management system and of the examination procedures.
- d. New quality incidents (i.e. occasions where a mistake has occurred, or quality procedures have not been adhered to).
- e. A review of the status of preventative, corrective and improvement actions.
- f. Complainant survey, complaints or feedback.

6.6.3 A report of the management review shall be generated that includes the following.

- a. A summary of the successes and failures since the last review.
- b. Decisions made and actions taken with regard to:
  - i. the needs of users;
  - ii. resource management (personnel, accommodation, equipment, [consumables](#));
  - iii. quality management including audits and assessments;
  - iv. health and safety;
  - v. education and training; and
  - vi. financial requirements.
- c. Future quality objectives and priorities.

6.6.4 This report shall be shared with staff, ideally in an open presentation by management in which staff can comment and ask questions. The report shall also be readily available (in electronic or paper form) to staff within the facility.

## 7. TECHNICAL REQUIREMENTS

### 7.1 Personnel: training and competence (ISO 15189 4.4, 5.1; ILAC G19 3.3 and FSR-G-212)

7.1.1 All professionals and personnel working within the facility, including any non-facility staff deemed appropriate, shall have undergone:

- a. training and assessment of competency; and
- b. ongoing competency in the theoretical and practical aspects of forensic science according to the role(s) within which they are working.

7.1.2 The [forensic practitioner](#) and their organisation shall ensure that the individual has access to continuing professional development to maintain ongoing competency<sup>9</sup> and that records are kept to evidence this.

7.1.3 The guidance and requirements refer to all personnel working and/or providing services (ISO 15189 4.4) within the facility. Information and guidance for other practitioner-related roles is provided in STATEMENT: A statement is one form of a report. It is formatted to comply with the provisions of s9 Criminal Justice Act 1967.

## 8. ANNEX A: GUIDANCE ON THE ROLES OF OTHER PROFESSIONALS ASSOCIATED WITH THE FACILITY

8.1.1 of this guidance.

### Crisis worker (however named)

8.1.2 The role of the crisis worker (CW) is to provide immediate support to the complainant and significant others where relevant (for example, family members where the complainant is a child), prior to and throughout the examination process.

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<sup>9</sup> Faculty of Forensic and Legal Medicine (2017a) *Child Sexual Abuse Forensic Medical Examinations: Interim Guidance regarding number of examinations and maintenance of competence.*

- 8.1.3 The CW acts as an advocate for the complainant, providing information to the complainant to enable them to make informed choices about what will happen to them at the facility.
- 8.1.4 The CW may be required to assist in the recovery of forensic evidence by:
- a. advising and administering the [early evidence kit](#) (EEK) where appropriate;
  - b. recovering clothing from complainants; and
  - c. assisting with the packaging and labelling of forensic samples collected.
- 8.1.5 The CW may be involved in the cleaning of those areas of the facility where the collection of forensic samples is undertaken.
- 8.1.6 The CW shall be competent to:
- a. provide information and initial crisis support to the complainant (and/or their significant others);
  - b. communicate and engage with the complainant (and/or their significant others);
  - c. advocate on behalf of the complainant (and/or their significant others);
  - d. carry out an initial assessment to identify the needs of and risks to the complainant of sexual violence;
  - e. administer the EEK;
  - f. assist in the collection and labelling of forensic samples;
  - g. clean the forensic areas of the facility to the accepted standard.
- 8.1.7 Organisations employing CWs shall ensure that the CW is trained to an appropriate standard that is maintained in order to meet the competencies to undertake the role. Such training shall include the following role and responsibilities (to include boundaries and safe practice):
- a. communicating and working effectively with the complainant and third parties;
  - b. assessment of need, risk and safety;
  - c. advocacy on behalf of the complainant;
  - d. general forensic awareness including an overview of the forensic medical examination;

- e. use of the EEK;
- f. assisting with the collection of forensic samples, packaging and storage;

8.1.8 cleaning of the forensic areas of the facility.

8.1.9 Competency assessment shall take place after training and ongoing assessment through regular clinical and management supervision. The organisation shall ensure that the CW has access to continuous professional development.

#### Forensic nurses and paramedics

8.1.10 The Nursing and Midwifery Council (NMC) sets the general professional standards for nurses working in the UK. For the individual nurse providing care, the NMC is clear that the nurse shall recognise and work within their competence.<sup>10</sup>

8.1.11 Nurses who work in a forensic setting undertake various roles, therefore competencies will vary dependent on the role undertaken. For example, some nurses will be purely supportive, others will be performing forensic examinations independently, thereby working at an advanced level as defined by the Department of Health,<sup>11</sup> NMC<sup>12</sup> and Royal College of Nursing<sup>13</sup>.

8.1.12 Nurses and/or paramedics who undertake forensic examinations independently shall hold recognised qualifications and competence that meets the requisite standards for forensic practice.<sup>14</sup> This includes the expectations of what the forensic nurses shall achieve in relation to training, mentoring and supervision, and access to continuous professional development.

8.1.13 Where the complainant is a child aged under 16, the lead clinician shall always be a doctor. However, the forensic nurse may assist in the examination in accordance with the Faculty of Forensic and Legal Medicine (FFLM) and the

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<sup>10</sup> Nursing and Midwifery Council (2015) *The Code for Nursing and Midwives*.

<sup>11</sup> Department of Health (2010) *Advanced Level Nursing: A position statement*.

<sup>12</sup> Nursing and Midwifery Council (2005) *Nursing and Midwifery Council Definition of Advanced Nurse Practitioners*.

<sup>13</sup> Royal College of Nursing (2012) *Advanced Nurse Practitioners: An RCN Guide to advanced nursing practice, advanced nurse practitioners and programme accreditation*.

<sup>14</sup> Faculty of Forensic and Legal Medicine (2016a) *Quality Standards for Nurses and Paramedics*.

Royal College of Paediatrics and Child Health (RCPCH) Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse.<sup>15</sup>

8.1.14 The FFLM quality standards for nurses of complainants of sexual offences<sup>16</sup> and the UK Association of Forensic Nurses (UKAFN)<sup>17</sup> provide guidance for nurses working in the sexual assault setting in relation to:

- a. recruitment;
- b. initial training and induction support;
- c. ongoing mentoring and supervision; and
- d. continuing professional development.

#### Forensic physician

8.1.15 The General Medical Council (GMC) sets the competencies for doctors working in the UK. For the individual doctor providing care, the GMC is clear that the doctor shall recognise and work within the limits of their competence.<sup>18</sup>

8.1.16 The forensic physician provides the medical and forensic examination for the complainant. If the complainant is a child the FFLM and RCPCH *Guidelines on Paediatric Forensic Examinations in Relation to Possible Child Sexual Abuse*<sup>19</sup> recommend that a joint examination is conducted by a suitably qualified forensic physician and a paediatrician with complementary skills or a single doctor examination if one or the other is in possession of all the necessary knowledge, skills and experience for that particular case.

8.1.17 The forensic physician shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role to conduct a medical and forensic examination. Forensic physicians shall meet the quality

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<sup>15</sup> Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

<sup>16</sup> Faculty of Forensic and Legal Medicine (2016a) *Quality Standards for Nurses and Paramedics*.

<sup>17</sup> UK Association of Forensic Nurses, *Advanced Standards in Education and Training in Forensic Practice*. Course details available at: <http://ukafn.org/aset/>

<sup>18</sup> General Medical Council (2013) *Good Medical Practice: Guidance for Doctors*.

<sup>19</sup> Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

standards in forensic medicine<sup>20</sup> set out by the FFLM in relation to training, mentoring and supervision and access to continuous professional development.

### Paediatrician

- 8.1.18 The role of the paediatrician is to provide for a child complainant either:
- a. the medical element of a forensic medical examination, which will include a comprehensive assessment of the physical and emotional development of the child or young person; or
  - b. both the medical and forensic elements of the forensic medical examination, which will include a comprehensive assessment of the physical and emotional development of the child or young person.
- 8.1.19 The role of the paediatrician in the forensic examination of a child complainant will depend upon the competency of the paediatrician. The FFLM and RCPCH *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*<sup>21</sup> state: “A single doctor examination may take place provided the doctor concerned has the necessary knowledge, skills and experience for the particular case. When a single doctor does not have all the necessary knowledge, skills and experience for a particular paediatric forensic examination two doctors with complementary skills should conduct a joint examination. Usually such examinations involve a paediatrician and a forensic medical practitioner. However, it may be necessary to involve another medical professional such as a genitourinary physician or family planning doctor, if the case demands it.”
- 8.1.20 Paediatricians shall meet the quality standards in forensic medicine<sup>22</sup> set out by the FFLM in relation to training, mentoring and supervision, and access to continuous professional development. The RCPCH has guidance regarding numbers of examinations and maintenance of competence.<sup>23</sup>

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<sup>20</sup> Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*.

<sup>21</sup> Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

<sup>22</sup> Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*.

<sup>23</sup> Royal College of Paediatrics and Child Health (2017) *Child sexual abuse (CSA) forensic medical examinations: Interim Guidance regarding numbers of examinations and the maintenance of competence*.

Cleaner specialising in DNA decontamination

- 8.1.21 A person with responsibility for the decontamination cleaning of the forensic areas of the facility. The cleaner shall be deemed competent to:
- a. conduct the DNA decontamination cleaning to the required standard as defined in section 9.5 of this guidance; and
  - b. utilise the cleaning agents in a manner compliant with relevant health and safety requirements.
- 8.1.22 The decontamination cleaner shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to forensic cleaning:
- a. instruction and practical demonstration in the effective use of the cleaning reagents, cleaning equipment and personal [protective equipment \(PPE\)](#) (barrier clothing);
  - b. instruction and practical demonstration in the effective cleaning techniques to remove any potential contamination within the facility;
  - c. a basic understanding of the scientific principles for DNA decontamination procedures;
  - d. maintenance and accurate recording the cleaning logs; and
  - e. environmental sampling if appropriate.

Person with responsibility for quality management (ISO 15189 4.1.2.7)

- 8.1.23 The named person with overall responsibility for ensuring the facility's compliance shall establish, implement and maintain an appropriate quality management system, in conformity with ISO 15189:2012.
- 8.1.24 The named person and those who undertake these tasks shall be competent in:
- a. implementing and maintaining a quality management system;
  - b. reporting on the functioning and effectiveness of the quality management system; and
  - c. co-ordinating awareness of the needs and requirements of users.

- 8.1.25 These personnel shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following:
- a. a comprehensive understanding of the essential elements and functionality of a quality management system;
  - b. how to implement a quality management system and ensure that it is properly maintained;
  - c. the staff roles and responsibilities required for the effective operation of the quality management system; and
  - d. auditing of the quality management system.

**8.2 Accommodation and environmental conditions (ISO 15189 5.2; ILAC G19 3.11; FSR-G-207 and FSR-G-208)**

General

- 8.2.1 Accommodation at the facility shall be age appropriate, accessible to the community it serves and with adequate security for the service users and staff.
- 8.2.2 Where physical building changes or new build has been identified or is necessary then the requirements set out in FSR-C-116 Forensic Medical Examination Standard, section 7.2.2 applies.

Layout of the accommodation

- 8.2.3 Consideration shall be given to the layout of the accommodation. The design of the facility shall include measures to prevent cross-transfer and environmental contamination. This is to take account of the increasing sensitivity of methods used within forensic science and the high volume of throughput for such a facility.
- 8.2.4 The forensic area of the facility shall include the following.
- a. A pre-examination waiting room – a separate pre-examination waiting area for complainants who may undergo a forensic medical examination which is a designated [DNA clean area](#).
  - b. A dedicated forensic medical examination room that shall be a designated DNA clean area – this is where the forensic medical examination will take

place, the complainant's clothing shall be removed and forensic samples are collected. The room shall have access to the bathroom/toilet facility.

- c. A dedicated bathroom/toilet facility – this shall also be a designated DNA clean area and have access from the medical examination room and corridor, where early evidence collection can be conducted.

8.2.5 The forensic medical examination room shall have adequate space to minimise the risk of cross-contamination<sup>24</sup> between the complainant's outer clothing and the forensic medical examination area and equipment.

8.2.6 The DNA clean areas of the facility (the pre-examination waiting area, examination area and the dedicated bathroom/toilet facility) shall be secure at all times; entry into and exit from the forensic medical examination room shall be controlled and all personnel accessing the room shall be recorded to include date, time and activity/role.

#### Air quality and air flow

8.2.7 Air-flow within and between designated forensic areas of the facility shall be kept to a level that minimises the risk of trace evidence being transferred from the complainant to the room environment. This means that portable fans shall not be used and there shall be no strong air currents notably through vents or windows that may be positioned near the examination couch, sampling and packaging areas.

8.2.8 The style and finish of fixtures and fittings, such as air-conditioning, ceilings, lighting and working space shall allow for effective repeat cleaning.

### **8.3 Forensic medical examination room furnishings, equipment, reagents and consumables (ISO 15189 5.2, 5.3; ILAC G19 3.12; FSR-G-207 and FSR-G-208)**

8.3.1 The furnishings, equipment, reagents and consumables that are utilised within the facility shall be such that they minimise the risk of [DNA contamination](#). The

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<sup>24</sup> Although the main focus is DNA contamination other evidence types (such as dried flaking body fluids, hairs, fibres and particulate debris) can also cross-contaminate.

FFLM has provided guidance on the equipment for use in forensic medical examination rooms.<sup>25</sup>

### Environment, furnishings and equipment

8.3.2 The walls, floors, work surfaces and chairs should be of smooth finish, sealed, readily cleanable and resistant to degradation from frequent cleaning.<sup>26</sup>

Workstation drawer units should provide sufficient storage capacity to enable work surfaces to be kept clear, other than equipment in daily use.

8.3.3 The following criteria for furnishings and equipment shall apply.

- a. Workbench surfaces, storage cupboards, seating and examination couches shall be impervious to water, easy to clean and resistant to disinfectants and cleaning reagents.
- b. In areas where a complainant undresses and where they are then subsequently forensically examined, floor surfaces shall be impervious and any joins in the floor shall be sealed.
- c. Computer keyboards, colposcopes and equipment controls shall be protected by removable flexible covers that can be cleaned or replaced (for example, keyboard, colposcope arm and head covers). Equipment with flat surfaces and smooth clean lines is preferable (for example, touch screens).
- d. Where a curtain shields the examination couch, the curtain shall be disposable. The frequency of curtain replacement will depend on the number of forensic medical examinations conducted in the room and shall be subject to risk assessment. For example, in a facility where more than 20 complainants are forensically examined each month, the curtain shall be changed monthly. Where fewer medical examinations are conducted the disposable curtain shall be replaced at least every three months. However, if any staining is visible on the curtain or material is thought to have been inadvertently transferred to the curtain, it shall be replaced

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<sup>25</sup> Faculty of Forensic and Legal Medicine (2016c) *Recommendations: Operational Procedures and equipment for medical rooms.*

<sup>26</sup> The active agent, corrosive nature and downstream effects from the cleaning materials used need to be understood; surfaces need to be resistant to degradation as a result of frequent contact with the cleaning reagents.

- immediately. A record of the date and reason for changing the curtain shall be kept.
- e. There shall be a designated hand-wash basin within the room where the complainant is being examined. The taps shall be capable of being operated without being touched by hand.
  - f. The medical examination couch shall have height and position adjustments to allow for ease of movement.
  - g. Wall clocks, height charts and weighing scales shall have surfaces that can be wiped.
  - h. There shall be a labelled storage area for keeping consumables used for the forensic medical examination and packaging of samples.
  - i. A colposcope shall be available for all child examinations and for adults as appropriate to record relevant injuries and findings.
  - j. There shall be an approved sharps box and clinical and domestic waste receptacles, and appropriate disposal provisions arranged.
  - k. Ability for photo documentation for general injuries and/or general observations.

#### DNA decontamination

8.3.4 Cleanliness of the forensic examination area of the facility is important to maintain the quality of the forensic medical examination and minimise the risk of contamination. Monitoring cleanliness enables corrective actions to be undertaken where contamination is established. It also provides evidence of due diligence and effective cleaning. See sections 9.4, 9.5, 9.6 and 9.7 in this guidance for further details.

8.3.5 Guidance on cleaning processes can be found in FSR-G-208, section 8.6.<sup>27</sup> The following practices shall apply to the forensic medical examination room.

- a. A general forensic clean shall be undertaken prior to and/or after each examination.
- b. Deep cleaning shall be undertaken at least every month.

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<sup>27</sup> Forensic Science Regulator, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis.*

- c. The room shall be sealed or locked after each clean and the door labelled to identify the status of the room. This does not negate the requirement for monthly deep cleaning if the room is still sealed more than a month from the previous cleaning.
- d. The date of cleaning, (time if appropriate) and by whom shall be recorded in the cleaning logs and retained.

### Reagents

8.3.6 Cleaning products and spillage kits that have been demonstrated to be effective in removing detectable levels of DNA in conjunction with appropriate cleaning procedures shall be used.<sup>28</sup> These chemicals shall always be used in a manner compliant with relevant health and safety requirements.

8.3.7 The Facility may take advice from [forensic science providers](#) (FSPs) as to which cleaning product to use, but shall demonstrate that the cleaning product is effective in their hands.

8.3.8 The application of the cleaning product shall be carried out according to the manufacturer's guidelines and in line with standard operating procedures – it is the combination of cleaning agent and how it is physically used that determines its effectiveness. The effectiveness of the cleaning at removing DNA shall be demonstrated by [environmental monitoring](#) (see section 9.7 for more details) undertaken at regular intervals

### Consumables including personal protective equipment/barrier clothing

8.3.9 Consumables are single-use commodities used in the collection, preservation and processing of material for forensic analysis, and are bought and used up recurrently. These include PPE or barrier clothing, tamper evident containers, swabs, and packaging that comes into direct contact with the material for forensic analysis. A consumable can also be equipment used in the collection, processing and safe handling of the material, for example, disposable tweezers and scissors.

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<sup>28</sup> Further guidance is available in Forensic Science Regulator, FSR-G-206 *The control and avoidance of contamination in crime scene examination involving DNA evidence recovery*; Forensic Science Regulator, FSR-G-207 *DNA Anti-contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*; and Forensic Science Regulator, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*.

- 8.3.10 Barrier clothing/PPE is required to minimise contamination and shall include:
- a. disposable single-use outer barrier clothing such as scrubs or an apron with disposable long sleeve covers;
  - b. non-latex unpowdered gloves in a range of sizes;
  - c. face mask;
  - d. mob caps; and
  - e. shoe covers.
- 8.3.11 Consumables that are free from detectable DNA<sup>29</sup> or [forensic DNA grade](#)<sup>30</sup> shall be used where these exist for sampling. The kit modules shall have a batch/lot and use-by date information recorded on them to ensure shelf life rotation. A record of the batch/lot information and expiry date shall be recorded on the examination records.
- 8.3.12 Exhibit packaging is required to preserve forensic evidence. It is an important principle that the packaging standards used for the collection of evidence are the same for complainants who self-refer to the facility and those who are referred to the facility by the police. Such packaging includes:
- a. paper exhibit bags of varying sizes;
  - b. plastic tamper evident bags of varying sizes;
  - c. breathable exhibit bags for wet exhibits;
  - d. white securitainers of varying sizes;
  - e. labels;
  - f. sealing tape;
  - g. vomit collection vessels;
  - h. white disposable paper towel rolls; and
  - i. dedicated forensic kit modules to ensure comprehensive forensic sample collection.<sup>31</sup>

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<sup>29</sup> 'Detectable' means by the most sensitive DNA method(s) used in forensic analysis. This information may be available through the Association of Forensic Science Providers (AFSP) body fluid forum (BFF).

<sup>30</sup> ISO 18385, *Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*.

<sup>31</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

8.3.13 The consumables (including barrier clothing) and reagents used shall not be past their expiry date, and shall be stored and handled appropriately to minimise contamination of them prior to and during use.

#### **8.4 Examination methods and procedures (ISO 15189 4.4, 5.4.2, 5.5)**

##### General principles

8.4.1 All professionals working at the facility who come into contact with complainants shall have the relevant skills, knowledge and competency to work with complainants in the immediate aftermath of a sexual assault.

8.4.2 Facility staff shall have a clear understanding of the different ways that complainants of sexual assault may behave following an assault. A non-judgemental approach shall be adopted in every case.

8.4.3 It is well known that some complainants will be unable to make an immediate decision about whether they wish to report the assault to the police or be involved in the criminal justice process. It is widely accepted that pressure to report may discourage the future involvement of the complainants in any subsequent court proceedings. However, the complainant shall be informed that a forensic medical examination could assist them to make the decision to report at a later date and offered the option of the [self-referral](#) route.

8.4.4 It is an important principle that acute medical needs take precedence over evidential needs. Therefore, the initial response to acute injury, the need for trauma care, and the safety needs of the complainant will take priority over the collection of forensic evidence.

8.4.5 While the time spans of the assault will be an important factor in determining whether a forensic medical examination shall take place, each case shall be properly considered, with the needs of the complainant being the paramount consideration.

8.4.6 It is common for complainants of sexual assault to have showered, eaten or taken other self-protective actions that may have destroyed evidence prior to engaging with the facility. Staff shall react in an understanding and non-judgemental manner if this has happened. Staff shall record the actions that

have been taken by the complainant on the forensic examination paperwork (see section 10.1 in this guidance for more details).

8.4.7 Gathering information about the assault can be a difficult process for complainants of sexual violence. Not only can discussing the assault cause them to feel re-violated, but also their emotional and physical condition may make communication difficult. They may also be uncomfortable discussing personal matters with involved professionals. Those seeking information about the assault shall seek to create an information-gathering process that is as respectful to the complainants as possible and minimises repetition of questions relating to the assault.

8.4.8 It is important to note that the forensic medical examination shall be a thorough process that can take a considerable length of time to conduct. An open mind shall be kept as to all forensic opportunities, rather than a focus solely on DNA. The speed of the examination process shall always be dictated by the needs of the complainant.

Prior to complainant's arrival at the facility – initial contact

8.4.9 It is important that staff at the facility ensure that complainants are always given the correct information and advice regarding a forensic medical examination and the options available to them. Where possible the facility shall seek to work in partnership with other relevant services (such as the police, social workers, health professionals and other support organisations). The facility shall ensure that such partners have been made aware of:

- a. the services that can be provided at the facility; and
- b. the importance of the recovery of forensic evidence if they provide the initial contact/first response to the complainants.

8.4.10 Staff at the facility shall be able to provide basic information to the complainant about:

- a. options to attend the facility and the opportunity to undertake a forensic medical examination, treatment and advice;
- b. options to report the sexual offence to the police if they so choose;

- c. potential medical concerns of the complainant that relate to the sexual assault; and
- d. the importance of body fluids and the recovery of such forensic evidence.

8.4.11 In relation to the collection of forensic samples, the facility staff providing the initial contact/first response to the complainant shall be able to explain the impact that the following might have on the collection of that evidence:

- a. washing and method undertaken for example, showering or bathing;
- b. urinating;
- c. defecating;
- d. smoking;
- e. drinking;
- f. eating;
- g. brushing hair or teeth;
- h. vomiting;
- i. rinsing mouth; and
- j. sexual activity.

8.4.12 In particular where the complainant reports vaginal or anal assault in the last 14 days or where the assault is suspected of being drug/alcohol facilitated, a urine sample from the complainant shall be taken. Ideally, this urine sample shall be collected using an EEK. However, if the complainant is unable to wait to urinate until an EEK is available, the professional providing the initial contact/first response shall explain to the complainant how they could collect a sample of their urine in a clean receptacle that can be handed to the police or staff at the facility later. At the earliest opportunity, this sample shall be transferred to the EEK collection vessel and the original receptacle shall be retained.

8.4.13 The staff at the facility providing the initial contact to the complainant will need to explain that the clothing worn at the time of the assault and any current underwear (if the clothing has been changed) may be taken as evidence; the complainant shall retain the clothing and not wash any of it. This also applies to sanitary products or underwear liners being worn or discarded, but available for evidence collection.

Decision to undertake an examination

- 8.4.14 Forensic samples are only one consideration in deciding upon the merits of undertaking a forensic medical examination. Opportunities to recover other forensic evidence, such as the presence of injuries and their sequelae,<sup>32</sup> as well as an evaluation of therapeutic issues for the complainant shall be considered. The time spans for conducting a forensic examination will vary on a case-by-case basis.
- 8.4.15 Where there is any question about whether a forensic medical examination is required immediately or indeed at all, the forensic physician shall be consulted as soon as possible. The decision about whether and when to carry out the examination shall be made in accordance with the flowcharts provided by the FFLM in the *Guide to Establishing Urgency of Sexual Offence Examination*,<sup>33</sup> the *Recommendations for the Collection of Specimens from Complainants and Suspects*<sup>34</sup> and the medical needs of the complainant (for example, HIV post-exposure prophylaxis, emergency contraception).
- 8.4.16 Where children disclose sexual offences the need for, and timing of, a forensic medical examination could be particularly pertinent. It shall not be for the police officers and/or social workers to make decisions about whether children disclosing sexual abuse shall be examined or at what time. In these circumstances the forensic physician and paediatrician shall be consulted for advice on the recovery of potential forensic evidence.
- 8.4.17 Where it is necessary for the complainant to be taken to an emergency department from the facility, where the complainant appears to have serious injuries or an altered level of consciousness, the forensic practitioner shall attend at the hospital. It is generally accepted that in these circumstances forensic integrity may be compromised. However, the needs of the complainant shall come before the gathering of forensic evidence. In these cases forensic practitioners shall work alongside other healthcare providers or provide advice

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<sup>32</sup> Preceding injury in the same individual.

<sup>33</sup> Faculty of Forensic and Legal Medicine (2016d) *Guide to Establishing Urgency of Sexual Offence Examination: Flowchart for Pre-pubertal Complainants and Flowchart for Post-pubertal Complainants*.

<sup>34</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

to those who are treating the complainant. Any forensic samples shall be collected using recognised forensic sample kit modules (please see section 8.3.11 above for more details). Hospital swabs are not fit for forensic purposes and shall not be utilised. Blood and urine samples taken at hospitals, although not necessarily containing appropriate preservative, may still provide useful evidence and in the absence of any more suitable specimens shall be considered for forensic analysis.

Attendance of the forensic practitioner

- 8.4.18 Local policy will dictate who has the responsibility for requesting the attendance of the forensic practitioner and/or paediatrician and the expected time frames for attendance at the facility.
- 8.4.19 The provider of the forensic medical workforce shall ensure that they are able to “provide a timely response (within 2 hours, or as agreed for a particular case) to reflect the clinical and forensic needs of patients”.<sup>35</sup>
- 8.4.20 To prevent cross-contamination, the forensic practitioner attending the forensic medical examination of the complainant of a sexual offence shall not provide any medical examination or any other service to the suspect in that case, for example, where the suspect is in custody. Where the provider of the forensic practitioner for the facility is also the provider of the forensic practitioners in the custody setting, there shall be two separate rotas in operation. These shall ensure that the forensic practitioner available for sexual offence forensic medical examinations is not also used for custody medicine at that time.
- 8.4.21 In exceptional circumstances (for example, very remote locations) it may become necessary to use the same forensic practitioner. In this case, the reason and rationale behind the decision should be documented, together with the steps that have been undertaken to reduce the risk of contamination. For example, cleaning of mobile equipment, showering, change of clothes shall be recorded, documented and disclosed in any subsequent report or statement provided for the criminal justice service.

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<sup>35</sup> Faculty of Forensic and Legal Medicine (2016b) *Quality Standards in Forensic Medicine*. General Forensic Medicine (GFM) and Sexual Offence Medicine

Arrival of the complainant

- 8.4.22 On the complainant’s arrival at the facility, a CW or equivalent shall meet the complainant (and their significant others). The CW shall accompany the complainant to the pre-examination waiting area of the facility to provide privacy for the complainant and support their sense of safety and security.
- 8.4.23 The CW shall provide immediate support to the complainant by explaining to them:
- a. their role in supporting and advocating for the complainant throughout their time at the facility;
  - b. the options available to the complainant, including the opportunity to have a forensic medical examination (8.4.10) and how the CW will be supporting them throughout the forensic medical examination;
  - c. the purpose of the forensic medical examination and its potential value, both in terms of the medical examination and the collection of forensic samples; and
  - d. how the medical examination will be conducted.
- 8.4.24 Although the CW may be repeating what has already been relayed to the complainant by the professional providing the initial contact/first response, it is important that the complainant understands why they are at the facility and the options available to them at that time.
- 8.4.25 Where a urine sample has not already been collected, the CW shall ensure that a urine sample is collected where appropriate, using the EEK<sup>36</sup> (if the complainant is able to pass urine at that time). Where there is any suggestion that penis-mouth penetration (fellatio) may have taken place, or the nature of the sexual assault is unknown, the CW shall obtain oral samples using the EEK.<sup>37</sup> The CW can also collect non-intimate skin swabs, for example, hand swabs where appropriate.

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<sup>36</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations of Collection of Specimens from Complainants and Suspects*.

<sup>37</sup> *Ibid.*

## 8.5 Medical examination and evidence collection (ISO 15189 5.4.3, 5.4.4, 5.5 and ILAC G19 4.3.3)

### Preliminary matters

- 8.5.1 When the CW is satisfied that the complainant is ready for the forensic medical examination to take place, the forensic practitioner and/or paediatrician shall introduce themselves to the complainant (and their family if the complainant is a child) and explain what is going to happen during the medical examination.
- 8.5.2 Where specialised equipment, such as a colposcope,<sup>38,39</sup> is to be used during the examination, the forensic practitioner and/or paediatrician shall explain the purpose and function and how it will be used during the examination.
- 8.5.3 The forensic practitioner and/or paediatrician shall explain to the complainant that they can:
- a. ask questions at any time during the examination;
  - b. have a break at any time during the examination;
  - c. decline any part of the examination or evidence collection; and
  - d. stop the examination at any time.

### Obtaining consent

- 8.5.4 The forensic practitioner shall obtain informed verbal and written consent<sup>40</sup> from the complainant for:
- a. a full medical history;
  - b. a forensic medical examination;
  - c. the collection of forensic and/or medical specimens;
  - d. taking of notes, body diagrams, photographs/videos/digital images for recording information to be used for evidential purposes, second opinions from medical experts, peer review and audit;
  - e. completion of a report or statement for the police, if the police have already been involved and if a report or statement is requested;

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<sup>38</sup> Faculty of Forensic and Legal Medicine (Reviewed, 2017b) *Guidance for best practice for the management of intimate images that may become evidence in court.*

<sup>39</sup> Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography.*

<sup>40</sup> See Supreme Court judgment UKSC11 2015 *Montgomery v. Lanarkshire Health Board.*

- f. agreement to the use of their anonymised photographs/videos/digital images/medical notes for teaching or research purposes;
- g. (for self-referrals) retaining and storing their samples<sup>41</sup> for a defined period of time before destruction;
- h. (for self-referrals who do not want to progress to a police complaint) permission to process samples anonymously before destruction.

8.5.5 The forensic practitioner shall ensure that valid consent is given in accordance with guidelines from the FFLM,<sup>42</sup> the GMC and the NMC in accordance with the Mental Health Capacity Act 2005. In situations where there is no capacity to consent, the detail of the decision making shall be documented such that the basis of the decision can be reviewed by another competent forensic practitioner.

8.5.6 The forensic practitioner shall ensure that the complainant understands the purpose of the examination and that consent is freely given.

8.5.7 The forensic practitioner shall ensure that the complainant is aware that there is no obligation to give consent and that it can be withdrawn at any time during the examination. If consent to any part of the examination is refused at any stage, that refusal and any reason offered for it, shall be recorded.

8.5.8 Where the complainant is a child, reference shall be made to the GMC<sup>43</sup>, the Royal College of Paediatrics and Child Health (RCPCH)<sup>44</sup> and FFLM<sup>45</sup> guidance's for obtaining valid consent. Consent for a forensic medical examination shall be obtained from one of the following:

- a. parents/carers with parental responsibility;
- b. a child of sufficient age and understanding (as assessed by the doctor with advice from professionals);

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<sup>41</sup> Faculty of Forensic and Legal Medicine (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Question.*,

<sup>42</sup> Faculty of Forensic and Legal Medicine (2011) *Consent from patients who may have been seriously assaulted.*

<sup>43</sup> General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors.*

<sup>44</sup> RCPCH *Child Protection Companion* at [www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk](http://www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk)

<sup>45</sup> RCPCH and FFLM 2015 *Service specification for the clinical evaluation of children and young people who may have been sexually abused.*

- c. children’s services, where the child is the subject of a Care Order, or an interim Care Order;
- d. a Family Proceedings Court as part of a direction attached to an interim Care Order, an Emergency Protections Order or a Child Assessment Order.

First account

- 8.5.9 Where the complainant has already reported the assault to the police, the forensic practitioner or paediatrician (where appropriate) shall take an initial account of the assault from the police officer who has attended with the complainant. If the complainant is a child, that account may be given by a social worker.
- 8.5.10 It shall be noted that police representatives will want to collect information from the complainant to help in the apprehension of suspects and the investigation. However, an achieving best evidence (ABE) interview shall not take precedence where a timely forensic medical examination is required.
- 8.5.11 The forensic practitioner or paediatrician shall confirm (where appropriate) and record the first account with the complainant and seek any clarification about the account where necessary. This is unlikely to be appropriate with a young child or vulnerable adult.
- 8.5.12 If the complainant has not reported the assault to the police and has self-referred to the facility, the forensic practitioner or paediatrician (where appropriate) will take the account directly from the complainant after consent has been given.

Medical/social history

- 8.5.13 The forensic practitioner or paediatrician (where appropriate) shall take a medical/social history from the complainant in sufficient detail to enable them to undertake a holistic assessment of the therapeutic and forensic needs of the complainant. Where the complainant is a child, a full paediatric history will be taken. This may be from a parent, care-giver or from the child them self dependent on the age and capacity of the child. In line with current practice, the child shall be given the opportunity to talk to the practitioner independently of

carers. Care shall be taken to ensure that questions are pertinent to the purpose of the medical examination and any subsequent findings. The FFLM has produced sample forms that can be utilised to ensure that important information is routinely asked by forensic practitioners<sup>46</sup> and paediatricians.<sup>47</sup>

8.5.14 The forensic practitioner or paediatrician (where appropriate) shall use the medical history, together with the first account, to guide the examination, evidence collection and support any subsequent forensic laboratory examination and findings.

Addressing practical and emotional needs

8.5.15 Forensic practitioners or paediatricians (where appropriate) should ensure that the therapeutic, practical and emotional needs of the complainant, both prior to and during the examination, are met wherever possible. Pressing issues (for example, for the treatment of serious injuries, crisis intervention and support, translation and interpretation) shall be addressed before commencing with the examination.

8.5.16 The facility shall have procedures in place and forensic practitioners or paediatricians (where appropriate) shall be trained to accommodate the complainant's communication skill level and preferred mode of communicating. This is particularly important for complainants with communication-related disabilities and/or where English is not their first language.

8.5.17 Where interpreters are necessary, family members shall not be used and the gender preference of the complainant shall be taken into account. The interpreters shall be present prior to questioning and there should be space for them in the examination room to interpret for the complainant.

Record of attendees

8.5.18 A record of all persons in attendance at any time during the forensic medical examination shall be made. The name and contact details for each visitor, including non-facility professionals in attendance, and whether they wore

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<sup>46</sup> Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations.*

<sup>47</sup> Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination.*

PPE/barrier clothing shall be recorded. This is in case a DNA sample is required from them at a later date for contamination elimination purposes. (Please refer to section 9.3 in this guidance for more details.)

Roles and responsibilities of those conducting the examination

8.5.19 Where more than one person is conducting the examination, for example, in the case of a child where a forensic physician and a paediatrician might be present, all practitioners shall agree and document their respective roles and responsibilities within the examination before it commences.

Removal of clothing

8.5.20 Clothing worn at the time of the incident, or afterwards, may contain important evidence in sexual assault cases as it provides a surface upon which traces of foreign materials, such as semen, saliva, blood, hairs, fibres, and debris from the crime scene, may be found.

8.5.21 Where damage to clothing is detected, the forensic practitioner or paediatrician (where appropriate) shall ask the complainant whether the damage relates to the assault. Damaged or torn clothing may be significant as it may be evidence of force. It is good practice for the forensic practitioner or paediatrician to see the complainant in the damaged clothes before they are removed and take photographic evidence of the observations where appropriate – this may indicate or correlate with the presence of physical injuries. Any existing holes, rips or stains on clothing shall not be cut through on removal of the clothing. This is particularly important if the complainant is receiving emergency medical treatment by other medical staff such as in an emergency department.

8.5.22 The complainant shall be permitted to remove their clothing in the forensic medical room where they can be afforded some privacy by being able to stand behind a curtain or screen.

8.5.23 Consideration shall be given to the use of a disposable floor standing sheet to collect foreign material dislodged from clothing during undressing. It shall be placed onto the floor to act as a barrier. Care shall be taken to avoid any evidence transfer. The complainant shall be asked to remove footwear first and

these shall be individually packaged if they are likely to yield relevant evidence, for example, debris from an outdoor scene location.

8.5.24 The complainant shall be asked to disrobe, one item at a time, trying to maintain the orientation that the garment is worn during removal. Damage may be noted or highlighted during undressing and it may be appropriate to photograph this before the item is removed (for example, damaged tights).

8.5.25 The professional/practitioner collecting and subsequently packaging the clothing shall wear two pairs of gloves (doubled gloved) and hold an exhibit bag open for the complainant to place the item inside. The outer gloves worn by the professionals do not require changing unless the professional handles individual items of clothing. The outer gloves shall only be retained, packaged and labelled when a penile examination and sampling has been undertaken.<sup>48</sup> Where the complainant is a self-referral or a [non-police-referral](#), the professional collecting the clothing will be a CW. Where the complainant is a [police-referral](#), the professional collecting the clothing could be a specialist trained officer (STO) or a CW.

8.5.26 No more than one item shall be placed in each exhibit bag; for example, each sock or shoe shall be packaged individually.

8.5.27 Any staining/soiling or detectable odours on the clothing shall be noted on the exhibit label and on the forensic medical examination exhibit collection documentation. If the facility utilises exhibit bags with windows, the soiled areas, where possible, should be visible through the window. Heavily soiled or notably wet items shall either be double bagged for transporting to a drying facility or placed in a breathable bag if available. Wet items can also be packaged in a plastic tamper evident bag and frozen with clear information about the condition of the item (for example, wet/damp/heavily soiled) being recorded on the exhibit label. Double bagging involves the item being placed in an open plastic exhibit bag, which is then inserted inside a sealed paper evidence bag.

8.5.28 All exhibit bags shall be sealed at the open end using adhesive tape, even where self-seal bags are utilised before they are transported for storage either

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<sup>48</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

within the facility or at an agreed alternative storage facility. Additional sealing/labelling of the exhibits shall be the responsibility and ownership of the professional/practitioner collecting the items from the complainant. This should be done as soon as practically possible before items are stored.

## 8.6 The examination process (ISO 15189 5.5 and ILAC G19 4.7)

8.6.1 The forensic practitioner shall consider the medical, psychological and safeguarding needs of the complainant, alongside the collection of information that could potentially be used to support an investigation or subsequent court case relating to the assault. It is important that the forensic medical examination shall be carried out methodically to ensure that all relevant information relating to the assault is sought.

8.6.2 With regard to the collection of forensic samples, forensic practitioners, as part of the forensic medical examination, shall routinely collect the following information from the complainant or if not appropriate (for example, young child), then from alternative sources:

- a. time and date of the sexual assault(s);
- b. nature and description of sexual assault(s);
- c. recent consensual sexual activity;
- d. post-assault activities, for example, washing;
- e. assault-related medical information (including physical injuries);
- f. details of known medication(s) and alcohol consumption and/or other drug use by the complainant;
- g. description of assailant (if known) – to assist in risk assessment for HIV, etc.

8.6.3 There is a FFLM pro forma designed to assist forensic practitioners in the assessment of adult male and female complainants.<sup>49</sup> Organisations can use their own pro forma provided it meets the FFLM content as the minimum requirement. The FFLM has also designed a similar form for children.<sup>50</sup>

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<sup>49</sup> Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations.*

<sup>50</sup> Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination.*

- 8.6.4 Where the complainant is a child or young person the paediatric forensic medical examination<sup>51</sup> shall include a comprehensive assessment. This shall consider the physical development and emotional well-being of the child or young person against the background of any relevant medical, family or social history that is known. This enables a full evaluation of the degree of significant harm suffered, or likely to be suffered, by the child as described in the Children Act 1989 and 2004. This assessment shall also lead the planning of any ongoing investigation or treatment required by the child and appropriate reassurance for the child and family. Use should be made of the FFLM pro forma designed to assist forensic physicians and paediatricians in the assessment of a child or young person who may have been sexually abused.<sup>52</sup> Organisations can use their own pro forma, provided it meets the FFLM content as the minimum requirement.
- 8.6.5 Forensic practitioners or paediatricians (where appropriate) shall seek to collect as much evidence (samples, injuries, trace evidence) from the complainant as possible, guided by the scope of the informed consent.
- 8.6.6 The forensic practitioners or paediatrician (where appropriate) shall thoroughly examine the complainant from top to toe and check for any injuries, areas of pain or soreness. It is important that the forensic practitioner or paediatrician notes any medical signs that may impact on a differential diagnosis, either positive or negative. The forensic physician or paediatrician shall check with the complainant how any findings may have occurred and this shall be documented. All injuries shall be photographed<sup>53</sup> and if appropriate noted on a body diagram to demonstrate the relationship between multiple injuries.
- 8.7 Sample collection and handling (ISO 15189 5.2.5, 5.4.3, 5.4.4.3, 5.4.5, 5.4.6, 5.4.7; ILAC G19 4.3.3 and FSR-G-207)**
- 8.7.1 Having regard to the medical history and the first account of the assault, appropriate forensic samples shall be taken by the forensic practitioner or

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<sup>51</sup> Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

<sup>52</sup> Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination*.

<sup>53</sup> Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography*.

paediatrician (where appropriate). The FFLM has produced recommendations for the collection of samples.<sup>54</sup> While the FFLM recommendations refer to specific time spans, it is important to note that these will vary on a case-by-case basis.

- 8.7.2 Where recommendations provide the order of sampling for a particular site, for example, the vagina, this should be followed. If for any reason it is not, then this shall be recorded in the documented notes with the reasons why, and on the associated documentation, for example, on the exhibit list and/or forensic medical examination paperwork.
- 8.7.3 During the collection of the samples, the forensic practitioner or paediatrician shall take steps to minimise contamination (see also sections 8.3.9 and 9.2 in this guidance).
- 8.7.4 The facility shall have clear policies for packaging, labelling and sealing samples since this is critical for their admissibility during criminal proceedings.
- 8.7.5 It shall be the responsibility of the person who obtains the sample to ensure that each sample is appropriately labelled as detailed in the FFLM guidelines on the labelling of samples.<sup>55</sup> In the event that a CW, police officer or scenes of crime officer (SOCO) (also known as crime scene investigator – CSI) is requested to assist with the labelling process, the responsibility to ensure that the samples are correctly labelled remains with the forensic practitioner or paediatrician (where appropriate).
- 8.7.6 Handling of the forensic samples shall be restricted to those persons necessary, who are involved and recorded in the [chain of custody](#).
- 8.7.7 The identification/exhibit number and/or timings shall reflect the order of sampling. Where two swabs have been taken from the same site there shall be a clear indication on the swab label regarding the order in which the swabs were obtained. These are normally indicated by wet and dry and utilising the letters A (for the first sample) and B (for the second sample). Where the order of

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<sup>54</sup> Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*.

<sup>55</sup> Faculty of Forensic and Legal Medicine (2016f) *Labelling forensic samples*.

sampling is reflected on the swab label (for example, A and B), the timings can then be recorded as the same.

- 8.7.8 A chain of custody is required for all forensic samples and for sexually transmitted infection (STI) samples where they may be relevant to the forensic case.

#### Transfer of samples

- 8.7.9 Where the complainant has reported the assault to the police, it shall be the responsibility of a police officer to transfer evidence from the facility to the designated storage site used by the police, or directly to the forensic science provider's laboratory. This shall be documented appropriately to demonstrate the chain of custody.
- 8.7.10 Where the complainant has not reported the assault to the police, it shall be the responsibility of the forensic practitioner or CW to transfer evidence from the examination room to the storage room(s) within the facility. This shall be documented appropriately to demonstrate the chain of custody.
- 8.7.11 It is important that the transit time between collection and storage of samples shall be minimised wherever possible. Samples shall be packaged to avoid potential degradation. For example, all samples collected during the forensic medical examination shall be transported in a timely fashion in suitable insulated carrying containers to keep the samples cold during transportation.

#### Storage of samples

- 8.7.12 Samples collected before or during the forensic medical examinations shall be stored in secure locations at the facility with access restricted to authorised nominated personnel (for both self-referrals and non-police-referrals).
- 8.7.13 All forensic medical samples shall be properly stored until required for forensic examination in the laboratory. Detailed information on the required storage conditions is given in the FFLM recommendations.<sup>56</sup>
- 8.7.14 The facility shall follow sample storage policies agreed with the police and the [forensic science provider](#) to ensure that:

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<sup>56</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

- a. optimal storage conditions are adopted for all samples collected as part of the forensic medical examination; and
- b. the hazards for handling and storing evidence such as blood and urine are understood.

- 8.7.15 Where samples are held in cold storage at the facility, a system shall be in place to ensure that samples are kept at a specified temperature at all times. This system shall include maintaining temperature monitoring logs and the use of alarms to notify failure of the equipment.
- 8.7.16 The facility shall ensure that policies are in place to address evidence storage in cases where the complainant is undecided about reporting to the police. It is important that there is adequate space and provision at the facility to store samples taken from complainants who self-refer.
- 8.7.17 Where a limited-time policy for storage of samples is implemented at the facility, i.e. agreement to store a self-referral complainant's samples for a limited time only, it is important that the complainant is informed at the time of the forensic medical examination regarding the amount of time their samples will be stored. This is critical as it will be the period of time within which the complainant has to decide whether to report the assault to the police.
- 8.7.18 In the event that the complainant does not pursue a police complaint within the agreed time limit, then if consent was provided to analyse the samples anonymously, these should be provided to the police to process anonymously (real name withheld and name not on the exhibit labels). Otherwise the samples shall be destroyed in a safe and timely manner. The complainant shall be furnished with suitable information regarding this retention and destruction policy.

Sample documentation

- 8.7.19 The labelling, transfer and storage of samples and evidence collected as part of the forensic medical examination shall be documented. This is to ensure that there has been no loss or alteration of evidence prior to criminal proceedings.
- 8.7.20 The forensic practitioner shall have the responsibility for maintaining control of the collection, labelling, and sealing of samples obtained as part of the forensic

medical examination until the samples are handed over. Where the referral is a police-referral the samples shall be handed to authorised police personnel for transport to a designated storage site used by the police or directly to the forensic science provider's laboratory for police-referrals. This hand-over shall be documented and a record retained. The documentation shall continue with each transfer of the evidence.

8.7.21 Where the referral is a self- or non-police-referral, the samples shall be placed in storage at the facility by the forensic practitioner or handed to a CW. This hand-over shall be documented. The responsibility for maintaining the integrity of the samples thereafter shall sit with the facility's management team. Any subsequent movement or transfer of the samples shall be documented and a record retained.

#### Images

8.7.22 The facility shall determine the conditions (including specialist lighting) required for obtaining the resolution and image quality to:

- a. allow for re-sizing downstream processing to achieve life size images; and
- b. demonstrate the features of interest clearly.

8.7.23 The method(s) used for the electronic capture, storage and transfer of images shall maintain the security and integrity of the data.

8.7.24 It is the responsibility of the facility to ensure that any images taken by medical personnel at the facility adhere to the following process.

- a. The images are taken by personnel who:
- b. understand the concept of image quality and resolution;
- c. understand the effect and degradation of resolution by the capture and processing of images being used; and
- d. are appropriately trained and competent to carry out the role. This may vary depending on whether the image is intimate or non-intimate.
- e. The images are retained and stored securely.
- f. Their existence and location is recorded by the facility and acknowledged in the complainant's medical records.

- 8.7.25 Due to the highly personal nature of the photography (including still photographs, video, CD or DVD) involved in sexual assault cases and due to the likelihood that this photo documentation will be used for second opinions and/or peer review, it shall be the responsibility of the forensic practitioner or paediatrician (where appropriate) to obtain the forensic images of intimate areas during the forensic medical examination. Where the complainant is a child and a permanent record is not obtained, the forensic physician or paediatrician shall record the reason for this in the documentation. The FFLM has published guidelines on photography.<sup>57</sup>
- 8.7.26 The forensic practitioner or paediatrician (where appropriate) shall be appropriately trained and familiar with how to operate the equipment required to capture the permanent record.
- 8.7.27 Imaging records taken by forensic practitioners or paediatricians (where appropriate) shall be stored securely by the facility. Each facility shall have a defined system for the secure storage of records, which protects the anonymity of the complainant.
- 8.7.28 Procedures shall be in place to enable the disclosure of images where a request is made in court proceedings. The FFLM has produced detailed guidance on the handling and disclosure of intimate images.<sup>58</sup>

**9. ENSURING THE QUALITY OF EXAMINATION PROCEDURES (ISO 15189 5.6 and the Codes)**

- 9.1.1 To ensure optimum levels of cleanliness, evidence of the following shall be routinely sought at regular intervals. The interval will vary depending how often forensic medical examinations are conducted and any level of risk identified during audits of the facility.
- a. Adherence to procedures that minimise the possibility of contamination from the moment a complainant arrives at the facility to undertake a forensic medical examination until completion of that examination.

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<sup>57</sup> Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography*.

<sup>58</sup> Faculty of Forensic and Legal Medicine (2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

- b. Record keeping for the use of locks/security seals to rooms in the forensic area of the facility i.e. the pre-forensic waiting room, medical examination room and bathroom.
- c. Steps that have been taken to identify contamination (or the possibility of contamination occurring). Environmental monitoring (EM) sampling is considered as good practice and shall be undertaken, see 9.7 in this guidance.
- d. Staff engaged at the facility understand the scientific basis for both preventative and decontamination procedures and are competent in conducting practical cleaning regimes and associated record keeping.
- e. Staff engaged at the facility understand the difference between a deep clean and a general forensic clean.<sup>59</sup> Staff undertaking the role shall be trained in both of these procedures and shall be monitored annually to ensure compliance.

## **9.2 Use of personal protective equipment/barrier clothing (ISO 15189 5.2.5; FSR-G-207 and FSR-G-212)**

9.2.1 To undertake a medical examination, the forensic practitioner shall wear PPE/barrier clothing as defined in 8.3.10 and below.

- a. Disposable single-use barrier clothing such as scrubs or aprons and disposable sleeve covers. As a minimum, the arms shall be covered.
- b. Non-latex powdered gloves in a range of sizes.
- c. Face mask.
- d. In addition it is preferable to wear the following:
  - i. mob caps; and
  - ii. overshoes.

9.2.2 The purpose of wearing a face mask to reduce the risk of contamination shall be explained to the complainant. If the complainant objects and the face mask is subsequently not worn, then this shall be recorded in the examination case notes. However, the forensic practitioner's DNA profile shall be available for

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<sup>59</sup> Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis.*

contamination elimination purposes (please refer to section 9.3 below for more details)

9.2.3 PPE/barrier clothing shall be put on in the following order:

- a. face mask;
- b. overshoes;
- c. mob cap;
- d. inner base gloves;
- e. scrubs or apron and sleeve covers; and
- f. outer gloves.

9.2.4 PPE/barrier clothing shall be changed after every forensic examination, cleaning or maintenance task. The PPE/barrier clothing shall be appropriately disposed of after use.

9.2.5 Hand hygiene is a key part of the examination procedure. Hands shall be decontaminated before donning gloves and following their removal. Non-sterile gloves may be used where it is possible to undertake evidence collection without touching any key parts of the complainant, for example, by utilising aseptic non-touch techniques and venepuncture where blood for toxicology is collected. Where swabs are used the sampler shall hold them at the base, away from the sampling end.

9.2.6 Double gloving should be employed with the top gloves being changed for different sample sites or after touching surfaces such as taps or door handles in the forensic examination room. Top gloves shall also be changed after manoeuvring the curtain around the couch regardless of whether it is a disposable variety or other type.

9.2.7 Gloves shall not be washed and alcohol gel shall not be applied as this may compromise the integrity of the gloves.<sup>60</sup>

9.2.8 Any other person entering the forensic areas of the facility (including family member, friend or supporter) shall be made aware of the potential contamination risks. The forensic practitioner and other professionals in attendance shall wear PPE/barrier clothing to mitigate against extraneous DNA

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<sup>60</sup> Chalmers and Straub (2016) *Standard principles for preventing and controlling infection*.

being deposited in the facility's DNA clean examination room. A family member, friend or supporter in attendance should also wear PPE/barrier clothing. If PPE/barrier clothing is not worn, this shall be recorded in the case notes and increases the requirement for effective cleaning and the requirement to obtain a DNA elimination sample from each attendee (see 9.3 below). All attendees shall be recorded (see 8.5.18 in this guidance).

### 9.3 DNA elimination samples (ISO 15189 5.2.6 and FSR-P-302)

9.3.1 Any individual entering a facility may inadvertently introduce their DNA into the forensic environment. This may subsequently contaminate an exhibit or sample during or after its recovery, which may mislead<sup>61</sup> an investigation, waste resources and cause unnecessary delay. The provision of an elimination sample and for the DNA profile derived to be included on a searchable [elimination database](#) as appropriate assists in detecting contamination and ensuring the relevance of detected DNA profiles.

9.3.2 The facility shall ensure that a policy is in place to address the following:

- a. agreement/consents for sample donation;
- b. security and access of information at a local/national level;
- c. secure storage and retention of samples;
- d. secure and recorded transfer of samples in accordance to guidance provided by the forensic science provider<sup>62</sup> that will undertake the DNA profiling for elimination purposes; and
- e. sharing of profile information (between staff member, facility management, forensic medical provider, police investigator and elimination database provider).

9.3.3 All staff working within the facility and all attendees present at the forensic medical examination, including the complainant, whether police-referral or self-referral cases, interpreters, friends and family shall provide a DNA elimination sample prior to entering any part of the forensic area of the facility. This will

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<sup>61</sup> Gill (2014) *Misleading DNA Evidence: Reasons for Miscarriages of Justice*.

<sup>62</sup> This could be the police force if the force acts as an intermediary.

include (but is not limited to) medical practitioners, crisis workers (CWs), cleaning staff and contractors.

9.3.4 A record shall be kept of:

- a. which room is used for each examination;
- b. the date and times of the examination: and
- c. the names of all persons who enter the examination room during the examination, including interpreters and any person who supports the complainant (please see section 8.5.18 in this guidance for more details).

9.3.5 The policy and procedures for taking and managing DNA elimination samples and the investigation of any identified contamination shall be in accordance with the Forensic Science Regulator protocol FSR-P-302.<sup>63</sup>

#### **9.4 Decontamination measures (ISO 15189 5.2.6 and FSR-G-208)**

9.4.1 In the event that multiple complainants from the same incident attend the facility at the same time, staff shall ensure that they do not have contact with more than one complainant to prevent cross-contamination. If this is unavoidable, steps shall be taken to ensure that appropriate precautions are taken to minimise this. This shall include staff showering, including washing their hair, and changing their own clothes between contacts. As a minimum, all PPE/barrier clothing shall be changed between contacts. The forensic medical examination room, including equipment, shall be cleaned between each examination.

#### **9.5 General cleaning (ISO 15189 5.2.6 and FSR-G-208)**

9.5.1 Cleaning shall be carried out and recorded on a cleaning log. The cleaning processes shall be equivalent to those for laboratory activities as per the guidance in FSR-G-208.<sup>64</sup>

9.5.2 Cleaning shall be conducted by appropriately trained staff every time a DNA clean area of the facility has been used.

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<sup>63</sup> Forensic Science Regulator FSR-P-302 *DNA contamination detection – the management and use of staff elimination databases*.

<sup>64</sup> Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*.

9.5.3 Deep cleaning shall be conducted at least every month regardless of the number of complainants who have undergone a forensic medical examination at the facility. This ensures that build-up of dust deposits from ventilation/heating systems are kept to a minimum. See FSR-G-208 section 8.6 for further guidance.

9.5.4 Cleaning processes adopted shall be documented and their effectiveness verified in the hands of the end-user. It is also essential to ensure that consideration is given to the health and safety implications of using these cleaning regimes, which shall be risk assessed and safe systems of work established prior to use.

9.5.5 An example of cleaning surfaces is as follows:

- a. spray the entire surface with a chemical that destroys DNA (for example, 1% solution of sodium hypochlorite);
- b. leave for five minutes;
- c. wipe the entire surface thoroughly using disposable cleaning roll (or similar); and
- d. finally clean with distilled water<sup>65</sup> to remove cleaning agent residue.

## 9.6 Decontamination of re-usable equipment (ISO 15189 5.3.1.3 and FSR-G-208)

9.6.1 Items that are not suitable for emersion in fluid without damaging them should be thoroughly cleaned using disposable cleaning roll or wipes liberally wetted with a chemical that destroys DNA, followed by cleaning with distilled water. Where equipment or items are susceptible to corrosion, then an appropriate cleaning agent that does not corrode<sup>66</sup> shall be used.

9.6.2 Small items thought to be contaminated that are suitable for emersion in fluid without damaging them should be submerged in a cleaning agent,

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<sup>65</sup> Safety testing has revealed that cleaning with hypochlorite and ethanol can produce levels of gaseous chlorine at or above the recommended exposure limits. Ballantyne *et al.* (2015) 'DNA contamination minimisation – finding an effective cleaning method', *Australian Journal of Forensic Sciences*, vol. 47 (4), pp 428–439.

<sup>66</sup> Activ8™ contains no oxidising or corrosive ingredients and can therefore be used with confidence on all surfaces, including fabrics and carpets.

scrubbed/wiped down to remove material and then rinsed in sterile distilled water.

**9.7 Environmental monitoring and gross contamination (ISO 15189 5.2.6; FSR-G-208 and FSR-G-212)**

9.7.1 The principle of EM is to undertake a programme of testing on a periodic basis:

- a. to check that particular rooms or areas are DNA clean; and
- b. to assess whether the decontamination policy for the area in question is both effective and has been carried out properly.

9.7.2 The EM sampling regime reflects the risk profile of operation and is proportionate to the risk, for example, equipment or areas where large amounts of biological material are inevitably present should be sampled more frequently. Components typically sampled vary according to the function of the area.

9.7.3 The person collecting the EM samples (for example, swabs) shall be different to the person who undertook the deep clean. The forensic science provider undertaking the EM sample testing should be able to advise on the level of [gross contamination](#) from the results obtained.

9.7.4 EM samples shall take the form of a dip sample exercise and be conducted midway between each deep clean; this may be done by using monitoring forms with pre-printed sample collection sites. Initially the monitoring shall be carried out monthly to build a picture of the background level of DNA across the operational work areas and a steady state of acceptable levels is maintained. Based on the results returned, the frequency of the sampling can be adjusted and areas targeted based on risk and previous results.<sup>67</sup>

9.7.5 Samples should be taken by swabbing selected areas and equipment that are in contact with operators, complainants and/or the items themselves at all stages in the supply chain. The development of a training manual explaining the EM dip-sampling procedure, which includes photographs of the sites to be swabbed, is good practice. [Table 1](#) sets the risk considerations, the frequency of monitoring and follow-up actions for unacceptable levels of DNA for various

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<sup>67</sup> Forensic Science Regulator FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*, section 8.7 .

examples of equipment and areas within the facility. Where gross DNA contamination is identified through EM the room or equipment in which it has been identified shall be quarantined immediately and deep cleaning shall be repeated. Following the deep clean, EM samples shall be taken again and re-tested until 'clear' or at an agreed lower level, and the room or equipment can be reinstated for use. This may mean closing the entire facility if gross contamination has been identified in more than one room.

- 9.7.6 If the repeated EM results still show an unacceptable level or gross contamination, the facility management shall:
- a. either investigate to identify the root cause and implement corrective procedures; or
  - b. utilise an external reviewer to look at the results, policies and processes.<sup>68</sup>

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<sup>68</sup> In February 2014 an independent review was commissioned by Hampshire Police to assess apparent DNA contamination present in EM results of the sexual assault referral centre. This independent review resulted in the development of policies and procedures to respond to contamination levels.

Table 1. Example of environment monitoring – risk level, mitigation and actions

Item	Considerations	Contamination Risk	Action for L1 <sup>1</sup> or L2 <sup>2</sup>	Monitoring <sup>3</sup>	Frequency
Client bed (couch)	Clean disposable cover used for every examination	Low	Re-clean	Cleaning efficiency. Monitor level for any significant increase.	Quarterly
Medical trolley	No clean disposable sheet used on trolley	High	<u>Embargo</u> <sup>4</sup>	Thorough decontamination – re-sample and test <sup>5</sup>	Frequent. Sample prior to use for examinations and randomly select for testing
	Clean disposable sheet used on trolley	Medium/Low	Re-clean.	Re-sample and test if L2 <sup>2</sup>	Routine. Sample prior to use for examinations and randomly select for testing
Colposcope	Equipment that is close to and handled during examination of complainant. Change outer gloves every time handled	High	Re-clean. Re-sample and test if L2 <sup>2</sup>	<u>Embargo</u> <sup>4</sup> Thorough decontamination – re-sample and test <sup>5</sup>	Frequent. Sample prior to use for examinations and randomly select for testing
Initial room chair	Complainant wearing outer clothing and is not examined in that area	Low	Re-clean	Cleaning efficiency. Monitor level for any significant increase.	Quarterly
Initial room internal door handle	Inadvertent transfer by complainant. Staff hand washing and double gloving in examination room prior to examination	Medium/Low	Re-clean. Re-sample and test if L2 <sup>2</sup>	Cleaning efficiency. Monitor level for any significant increase.	Monthly to quarterly intervals as appropriate, based on previous result.
<p>Notes:</p> <ol style="list-style-type: none"> <li>1. FSP profile result classified as fail: re- clean and resample.</li> <li>2. FSP profile result classified as fail: close lab/isolate equipment/ re- clean all areas and resample.</li> <li>3. Monitor level for any significant increase in non-staff profile elements through staff elimination database checks.</li> <li>4. Immediate isolation, decontamination and sample at every use until acceptable result returned.</li> <li>5. Include water swab sample control that acts as a routine water swab consumable handling check, and record result in monitoring records.</li> </ol>					

## **10. DOCUMENTATION – RECORDING OF NOTES AND STATEMENTS**

### **10.1 Note taking and record keeping (ISO 15189 4.13; ILAC G19 3.5 and the Codes)**

- 10.1.1 Each contact with the complainant by any professional shall be recorded in the set of case notes pertaining to that complainant. All notes shall be clear, accurate and legible and include detail of all activity that has taken place that is directly relevant to contact with the complainant at the facility.
- 10.1.2 Notes shall be recorded contemporaneously but where this is not possible, notes shall be made as soon as possible after the activity has taken place.
- 10.1.3 All manual notes shall be made in permanent ink, signed and dated including time if appropriate by the professional recording the notes. The name, role and professional registration/identification number of the professional shall be included and legible. If the recorder is not the practitioner undertaking the tasks then the practitioner's details are recorded and the practitioner reviews, signs and dates the notes as a true and accurate record.
- 10.1.4 For electronic notes, the name, role and professional registration/identification number and date, including time if appropriate, of the professional undertaking the tasks is recorded. These details are reviewed by the practitioner for accuracy.
- 10.1.5 Where any additions or amendments are made to the notes by any person, the amendment shall be clear, and signed and dated. If the amendment is made by someone other than original professional, the name, role and professional registration/identification number of that individual shall be recorded in the notes.
- 10.1.6 Where a correction to the notes is required, a single line shall be run through the correction so that the original note can still be read.
- 10.1.7 Where abbreviations are included in notes they shall be unambiguous and easily understood, for example, LVS for low vaginal swab.
- 10.1.8 It is important that any decision made by the professional is recorded along with the reason for making the decision. Where there is an expected course of action

that is not followed, the reason for making the decision not to follow the expected course shall be detailed in the record.

- 10.1.9 Case notes shall contain sufficient detail to enable a practitioner to generate a statement, if required, at a later date.
- 10.1.10 There is a range of specimen pro formas published by the Faculty of Forensic and Legal Medicine (FFLM) to assist forensic practitioners with the process of note taking.<sup>69,70,71</sup> However, it is important for forensic practitioners to recognise that further information or activity may need to be recorded in the notes that is not prompted by the pro formas, for example, the batch number of consumable items such as swabs used and barrier clothing/PPE worn during the examination. The pro formas shall be seen as a guide only and not a definitive list of information for inclusion in the complainant's notes.
- 10.1.11 All notes (including permanent records such as colposcope images)<sup>72</sup> shall be retained by the facility in a secure location that complies with data protection requirements. The notes shall be available and accessible when they are required for the purpose of second opinion, peer review, the investigation and/or any criminal justice proceedings.
- 10.1.12 Where notes are required to be removed from the facility, the reason for removal shall be documented and a record kept by the facility of the professional removing and returning the notes. It is preferable for copies, or secure electronic access (with audit tracking) to records to be used so that the potential to lose records is eliminated.

## 10.2 Preliminary findings (ISO 15189 5.7.1, 5.8.1 and the Codes)

- 10.2.1 Where the police request a written account of the findings immediately following the forensic medical examination, the forensic practitioner and/or paediatrician shall clearly state in writing that the written account contains preliminary findings only and that these findings shall be confirmed at a later date. The preliminary

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<sup>69</sup> Faculty of Forensic and Legal Medicine (2016g) *Pro forma forensic medical examinations*.

<sup>70</sup> Faculty of Forensic and Legal Medicine (2012) *Pro forma for paediatric medical examination*.

<sup>71</sup> Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*.

<sup>72</sup> Faculty of Forensic and Legal Medicine (2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

findings report shall be subject to an accuracy check and a critical conclusions check by another competent person prior to release to the police. The police shall be made aware that they should exercise care in making decisions based on the content of the preliminary findings rather than on a full statement or report, as the preliminary findings will not include full details of the forensic medical examination. If the preliminary findings have not undergone a peer review before release this shall be stated with the preliminary findings.

### **10.3 Statements and reports (ISO 15189 5.7.1, 5.8.1; the Codes; FSR-G-200 and FSR-G-225)**

- 10.3.1 The facility shall define a process for the production of statements and reports in an agreed format and to an agreed standard. Due regard shall be taken to the disclosure obligations and the requirements set out in the Criminal Procedure Rules and Practice Directions<sup>73</sup> for experts. Though duties to the court of professional witnesses and experts are similar, it shall be borne in mind that the court can deem an individual ‘an expert’ to give an opinion based on their experience and knowledge. In addition opinion evidence may rely on the statements provided by other practitioners to base opinions upon. Legal obligations are set out FSR-I-400<sup>74</sup> and disclosure requirements in the *Guide Booklet for Experts*.<sup>75</sup>
- 10.3.2 All cases shall be subject to an independent peer review of all critical conclusions by a second competent individual, in a timeframe that minimises potential harm. Depending on the case, this can be:
- a. either completed in stages (please see section 10.3.4 below for more details) as the case progresses; or
  - b. for the whole case as part of the peer review of the contents of the statement or report against the findings recorded and agreed.
- 10.3.3 The facility shall define:

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<sup>73</sup> Available at: <http://www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015>.

<sup>74</sup> Forensic Science Regulator FSR-I-400 *Legal Obligations for Witnesses Providing Expert Evidence*.

<sup>75</sup> ACPO/CPS (2010) *Guide Booklet for Experts*.

- a. a process to include the timings and stages of the peer review of the case by a second competent individual; and
- b. who has a suitable level of experience and authority to perform such reviews (see 7.1 in this guidance).

10.3.4 Review areas shall as a minimum include:

- a. medical care including risk assessment and subsequent management;
- b. forensic sampling and documentation;
- c. follow-up decisions and management including safeguarding;
- d. the content and accuracy of the report or statement and whether it is fully supported by the documented case notes.<sup>76</sup>

10.3.5 Forensic practitioners shall be appropriately trained to produce a statement that is acceptable for use within in the criminal justice process. All forensic practitioners shall be provided with ongoing support from an experienced forensic physician to assist them with statement writing.<sup>77</sup>

## 11. ACKNOWLEDGEMENTS

11.1.1 This appendix was produced following the award of a competitive tender to Principal Forensic Services and Lime Culture to prepare the initial text. There was following invaluable input from: Dr Judith Victoria Evans, President of the Faculty of Forensic and Legal Medicine (FFLM) of the Royal College of Physicians, Margaret Bannerman, Member of the UK Association of Forensic Nurses (UKAFN) Board, Michael Dale, College of Policing and Carolyn Lovell, Hampshire Constabulary.

11.1.2 Further assistance, review, invaluable advice and input was supplied by members of the Forensic Science Regulator’s medical forensics specialist group, especially Dr Catherine White (St Mary’s Sexual Assault Referral Centre/FFLM), Wendy Bounds (Crown Prosecution Service), Margaret Bannerman (UKAFN), Kelly Dolphin (Criminal Cases Review Commission),

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<sup>76</sup> The format for *expert* and *non-expert technical reports* is set out in Forensic Science Regulator FSR-G-200 *Expert Report Guidance* and Forensic Science Regulator FSR-G-225 *Non-expert Technical Statement Guide* respectively.

<sup>77</sup> Faculty of Forensic and Legal Medicine (2018b) *Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings*.

Katherine Monnery (United Kingdom Accreditation Service – UKAS), Delia Geary (UKAS) , June Guinness (Forensic Science Regulation Unit) and Mary Newton (Independent National Advisor for Rape and Serious Sexual Assault).

## 12. REVIEW

12.1.1 This document is subject to review at regular intervals.

12.1.2 If you have any comments please send them to the address as set out on at:  
www.gov.uk/government/organisations/forensic-science-regulator  
or email: [FSREnquiries@homeoffice.gov.uk](mailto:FSREnquiries@homeoffice.gov.uk)

## 13. REFERENCES

**ACPO/CPS** (2018) *Disclosure Manual*. Association of Chief Police Officers/Crown Prosecution Service. Available from:  
<https://www.cps.gov.uk/legal-guidance/disclosure-manual> [Accessed 24/07/2018].

**ACPO/CPS** (2010) *Guide Booklet for Experts*. Association of Chief Police Officers/Crown Prosecution Service. Available from:  
<https://www.cps.gov.uk/legal-guidance/disclosure-experts-evidence-case-management-and-unused-material-may-2010-guidance> [Accessed 24/07/2018].

**Ballantyne, K., Salemi, R., Guarino, F., Pearson, J., Garlepp, D., Fowler, S. and van Oorschot., R.** (2015) 'DNA contamination minimisation – finding an effective cleaning method', *Australian Journal of Forensic Sciences*, vol. 47 (4), pp 428-439.

**ISO 15189:2012** *Medical laboratories – Requirements for quality and competence*. Available at: [www.iso.org/home.html](http://www.iso.org/home.html) [Accessed 24/07/2018].

**British Standard BS EN ISO 21043-1:2018** *Forensic Sciences Part 1: Terms and definitions*. Available at [shop.bsigroup.com](http://shop.bsigroup.com) [Accessed 23/10/2018].

**British Standard BS PAS 377:2012** *Specification for consumables used in the collection, preservation and processing of material for forensic analysis:*

*Requirements for product, manufacturing and forensic kit assembly.* Available at: [shop.bsigroup.com](http://shop.bsigroup.com) [Accessed 24/07/2018].

**Chalmers, C. and Straub, M.** (2006) 'Standard principles for preventing and controlling infection', *Nursing Standard*, 20 (23), pp 57–65.

**Criminal Procedure Rules and Practice Directions.** London: Ministry of Justice. Available at: <http://www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015> [Accessed 24/07/2018].

**Department of Health** (2010) *Advanced Level Nursing: A position statement.* London: Department of Health. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215935/dh\\_121738.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215935/dh_121738.pdf) [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations.* Available at: <https://fflm.ac.uk/wp-content/uploads/2014/04/Proforma-for-ADULT-female-and-male-forensic-sexual-assault-examination-JULY-2010.pdf> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2011) *Consent from patients who may have been seriously assaulted.* Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1311675189.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2012) *Pro forma for paediatric medical examination.* Available at: <https://fflm.ac.uk/publications/pro-forma-paediatric-forensic-examinations/> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2016a) *Quality Standards for Nurses and Paramedics.* Available at: <https://www.fflm.ac.uk/wp-content/uploads/2016/11/Quality-Standards-for-Nurses-and-Paramedics-General-Forensic-Medicine-May-2016.pdf> [Accessed 13/09/2018].

**Faculty of Forensic and Legal Medicine** (2016b) *Quality Standards in Forensic Medicine.* Available at: <https://fflm.ac.uk/wp->

[content/uploads/2014/04/Quality-Standards-in-Forensic-Medicine-February-2016.pdf](https://fflm.ac.uk/wp-content/uploads/2014/04/Quality-Standards-in-Forensic-Medicine-February-2016.pdf) [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2016c) Recommendations: *Operational Procedures and equipment for medical rooms*. Available at: <https://fflm.ac.uk/resources/publications/>

<https://fflm.ac.uk/wp-content/uploads/2016/01/Operational-procedures-and-equipment-for-medical-facilities-in-victim-examination-suites-or-SARCs-Dr-M-Stark-Jan-2016.pdf> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2016d) *Guide to Establishing Urgency of Sexual Offence Examination: Flowchart for Pre-pubertal Complainants and Flowchart for Post-pubertal Complainants*. Available at: <https://fflm.ac.uk/publications/guide-to-establishing-urgency-of-sexual-offence-examination/> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Questions*. Available at: <https://fflm.ac.uk/wp-content/uploads/2016/12/SARC-Storage-of-Forensic-Samples-and-the-Human-Tissue-Act-FAQs-Dr-C-White-November-2016.pdf> [Accessed 23/08/2018].

**Faculty of Forensic and Legal Medicine** (2016f) *Labelling forensic samples*. Available at: <https://fflm.ac.uk/wp-content/uploads/2016/01/Labelling-forensic-samples-Dr-M-Stark-Jan-2016.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2016g) *Pro forma forensic medical examinations*. Available at: <https://fflm.ac.uk/publications/pro-forma-forensic-medical-examination-forms-2/> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2017a) *Child Sexual Abuse Forensic Medical Examinations: Interim Guidance regarding number of examinations and maintenance of competence*. Available at: <https://fflm.ac.uk/wp-content/uploads/2017/06/CSA-Examinations-Interim-Guidance-Dr-Bernadette-Butler-Jan-2017.pdf> [Accessed 23/08/2018].

**Faculty of Forensic and Legal Medicine** (Reviewed 2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*. Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1400752731.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2017c) *PICS Working Group Guidelines on Photography*. Available at: <https://fflm.ac.uk/publications/pics-working-group-guidelines-on-photography/> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*. Available at: <https://fflm.ac.uk/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects-3> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2018b) *Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings*. Available at: <https://fflm.ac.uk/wp-content/uploads/2018/06/Forensic-Clinicians-as-witnesses-in-criminal-proceedings-Prof-K-Rix-May-2018.pdf> [Accessed 23/08/2018].

**Faculty of Forensic and Legal Medicine and Royal College of Paediatrics and Child Health** (2012) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*. Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf> [Accessed 24/07/2018].

**Forensic Science Regulator** *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct) [Accessed 24/07/2018].

**Forensic Science Regulator** FSR-C-108 *DNA Analysis*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#appendices](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#appendices) [Accessed 24/07/2018].

**Forensic Science Regulator FSR-C-116** (Consultation) *Forensic Medical Examination Standard: Adult and Child Sexual Assault Complainants*.

Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/consultations/forensic-medical-exam-standard-for-sexual-assault-complainants>

**Forensic Science Regulator FSR-G-200** *Expert Report Guidance*.

Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/publications/expert-report-content> [Accessed 15/08/2018].

**Forensic Science Regulator FSR-G-206** *The control and avoidance of contamination in crime scene examination involving DNA evidence recovery*.

Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance> [Accessed 24/04/2018].

**Forensic Science Regulator FSR-G-207** *DNA Anti-Contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*.

Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/publications/sexual-assault-referral-centres-and-custodial-facilities-dna-anti-contamination> [Accessed 15/11/2018].

**Forensic Science Regulator FSR-G-208** *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*.

Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance> [Accessed 24/04/2018].

**Forensic Science Regulator FSR-G-217** *Cognitive bias effects relevant to forensic science examinations*. Birmingham: Forensic Science Regulator.

Available at: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#guidance](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#guidance) [Accessed 24/07/2018].

**Forensic Science Regulator FSR-G-225** *Non-Expert Technical Statement Guidance*. Birmingham: Forensic Science Regulator. Available at:

<https://www.gov.uk/government/publications/non-expert-technical-statements>  
[Accessed 15/08/2018].

**Forensic Science Regulator FSR-P-302** *DNA contamination detection – the management and use of staff elimination databases*. Birmingham: Forensic Science Regulator. Available at:  
<https://www.gov.uk/government/publications/dna-contamination-detection>  
[Accessed 24/04/2018].

**Forensic Science Regulator FSR-I-400** *Legal Obligations for Witnesses Providing Expert Evidence*. Birmingham: Forensic Science Regulator. Available at: <https://www.gov.uk/government/collections/fsr-legal-guidance>  
[Accessed 24/07/2018].

**General Medical Council (2013)** *Good Medical Practice: Guidance for Doctors*. Available at: <https://www.gmc-uk.org/> [Accessed 24/07/2018].

**General Medical Council (2012)** *Protecting children and young people: the responsibilities of all doctors*. Available at: <https://www.gmc-uk.org/> [Accessed 24/07/2018].

**Gill, P. (2014)** *Misleading DNA Evidence: Reasons for Miscarriages of Justice*. London: Elsevier.

**House of Commons Archives (2009)** 'Forensic Science', *Hansard*, March 18 2009, Column 1164W. Available at:  
<https://publications.parliament.uk/pa/cm200809/cmhansrd/cm090318/text/90318w0006.htm> [Accessed 24/04/2018].

**Human Tissue Act 2004** Available at:  
<https://www.legislation.gov.uk/ukpga/2004/30/contents> [Accessed 23/08/2018].

**ILAC G19:08/2014 (2014)** *Modules in a Forensic Science Process*, International Laboratory Accreditation Cooperation. Available at:  
[ilac.org/news/ilac-g19082014-published/](http://ilac.org/news/ilac-g19082014-published/) [Accessed 24/07/2018].

**ISO 15189:2012** (2012) *Medical laboratories – Requirements for quality and competence*. International Organisation for Standardization. Available at: <https://www.iso.org/home.html> [Accessed 24/07/2018].

**ISO 18385:2016** (2016) *Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*. International Organisation for Standardization. Available at: <https://www.iso.org/home.html> [Accessed 24/07/2018].

**Nursing and Midwifery Council** (2015) *The Code for Nursing and Midwives*. Available at: <https://www.nmc.org.uk/> [Accessed 24/07/2018].

**Nursing and Midwifery Council** (2005) *Nursing and Midwifery Council Definition of Advanced Nurse Practitioners*. Available at: [http://www.advancedpractice.scot.nhs.uk/media/7847/nmc\\_definition\\_of\\_advanced\\_nurse.pdf](http://www.advancedpractice.scot.nhs.uk/media/7847/nmc_definition_of_advanced_nurse.pdf) [Accessed 15/11/2018].

**PAS 377:2012** (2012) *Specification for consumables used in the collection, preservation and processing of material for forensic analysis. Requirements for product, manufacturing and forensic kit assembly*. British Standards Group. Available at: <https://shop.bsigroup.com/> [Accessed 24/07/2018].

**Royal College of Nursing** (2012) *Advanced Nurse Practitioners: An RCN Guide to advanced nursing practice, advanced nurse practitioners and programme accreditation*. Available at: [www.rcn.org.uk/professional-development/publications](http://www.rcn.org.uk/professional-development/publications) [Accessed 24/07/2018].

**Taskforce on the Health Aspects of Violence against Women and Children** (2010) *Responding to violence against women and children - the role of the NHS*, Recommendation 21. Available at: [https://www.health.org.uk/sites/health/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS\\_guide.pdf](https://www.health.org.uk/sites/health/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf) [Accessed 24/07/2018].

**Royal College of Paediatrics and Child Health** *Child Protection Companion*. Available at Paediatric Care Online:

<https://www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk> [Accessed 28/09/2018]

**Royal College of Paediatrics and Child Health** (2017) *Child sexual abuse (CSA) forensic medical examinations: Interim Guidance regarding numbers of examinations and the maintenance of competence*. Available at:

[https://www.rcpch.ac.uk/sites/default/files/Child\\_Sexual\\_Abuse\\_CSA\\_forensic\\_medical\\_examinations.pdf](https://www.rcpch.ac.uk/sites/default/files/Child_Sexual_Abuse_CSA_forensic_medical_examinations.pdf) [Accessed 15/11/2018]

**Royal College of Paediatrics and Child Health and Faculty of Forensic and Legal Medicine** (2015) *Service specification for the clinical evaluation of children and young people who may have been sexually abused*. Available at:

[https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification\\_FINAL.pdf](https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification_FINAL.pdf) [Accessed 28/09/2018].

**UK Association of Forensic Nurses** (2018) *Advanced Standards in Education and Training in Forensic Practice*. Available at: <http://ukafn.org/aset/> [Accessed 15/11/2018].

**UK Supreme Court** (2015) UKSC112015 *Montgomery v. Lanarkshire Health Board*. Available at: <https://www.supremecourt.uk/cases/uksc-2013-0136.html> [Accessed 15/08/2018].

#### 14. FURTHER READING

**Bright, J. A., Cockerton, S., Harbison, S., Russell, A., Samson, O. and Stevenson, K.** (2011) 'The effect of cleaning agents on the ability to obtain DNA profiles using the Identifiler™ and PowerPlex® Y multiplex kits', *J. Forensic Sci.*, vol. 56 (1), pp 181–185.

**Burnett, D.** (2013) *A practical guide to ISO 15189 in laboratory medicine*. ACB Venture Publications, ISBN 978-0-902429-49-9.

**National Institute of Justice Forensic Technology Center of Excellence,** (2011) *Comparison Study of Disinfectants for Decontamination*. Award No. 2010-DN-BX-K210.

## 15. ABBREVIATIONS

<b>Abbreviation</b>	<b>Meaning</b>
ABE	Achieving best evidence
ASET	Advanced standards in education and training
CJS	Criminal justice system
COP	College of Policing
CPS	Crown Prosecution Service
DNA	Deoxyribonucleic acid
ED	Emergency department
EEK	Early evidence kit
EM	Environmental monitoring
FFLM	Faculty of Forensic and Legal Medicine
FSR	Forensic Science Regulator
ICIDP	Initial Crime Investigators Development Programme
ISO	International Organisation for Standardization
ISVA	Independent sexual violence adviser
MedExD	Medical Examiners Elimination Database
NMC	Nursing and Midwifery Council
PAS	Publicly available specification
PPE	Personal protective equipment
QMS	Quality management system
RCPCH	Royal College of Paediatrics and Child Health
SARC	Sexual assault referral centre
SOP	Standard operating procedure
STI	Sexually transmitted infection

STO	Specialist trained officer
STODP	Specialist Trained Officer Development Programme
UKAFN	United Kingdom Association of Forensic Nurses
UKAS	United Kingdom Accreditation Service
UKSC	United Kingdom Supreme Court

## 16. GLOSSARY

**ACCREDIT(ATION):** Procedure by which an authoritative body gives formal recognition that a body or person is competent to carry out specific tasks.

**CHAIN OF CUSTODY:** Chronological documentation of the movement and location of items, from seizure until presented to court.

**CHILD(REN):** A child is anyone who has not yet reached their 18th birthday. For a child under 16 years old, the lead clinician shall always be a doctor.

**COMPETENCY:** The ability of an individual to do a job properly.

**COMPLAINANT:** An individual subjected to, or suspected of being subjected to sexual assault and encompasses ‘victim’, ‘patient’, and ‘survivor’.

**CONSUMABLES:** Single-use commodities used in the collection, preservation and processing of material for forensic analysis, which are bought and used up recurrently  
**CRISIS WORKER:** A dedicated support worker whose role is to provide immediate information, advice and advocacy to a complainant of sexual violence prior to and throughout a forensic medical examination.

**DNA CLEAN AREA:** Area in which appropriate DNA contamination prevention measures shall be maintained at all times.

**DNA CONTAMINATION:** The introduction of DNA, or biological material containing DNA, to an exhibit, or subsample derived from an exhibit during or after its recovery from the scene of crime or a person. In the context of the facility this could occur for any of the following reasons.

- a. Poor practice<sup>78</sup> employed by staff using fixtures and fittings and/or collecting forensic samples.
- b. DNA contamination from anybody who has had access to the forensic waiting room and/or the medical examination room. Here key risk groups are people from whom elimination DNA profiles have not been taken and included in an elimination database, and therefore may be inadvertently associated with a crime rather than being identified as contamination. These may include visitors, contractors and people accompanying a complainant into the forensic waiting room and/or the medical examination room.
- c. Insufficient use of cleaning regimes, or ineffective cleaning reagents used, as part of a general forensic clean or a subsequent deep clean.
- d. Residual DNA from the manufacture/maintenance of fixtures and fittings that have not been deep cleaned.

**EARLY EVIDENCE KIT (EEK):** A dedicated kit used to collect forensic samples that are affected by both time and activities undertaken by a complainant post-assault.

**ELIMINATION DATABASE:** Collection of DNA profiles held in a searchable format from staff whose access/role/activities are deemed to be a potential DNA contamination risk. This may include not just the staff working within a specific facility, but also profiles from visitors to the facility, staff of manufacturers supplying consumables for DNA processing, and unsourced contamination profiles. The profiles are used to identify instances of inadvertent contamination.

**ENVIRONMENTAL MONITORING (EM):** A sampling and analytical (DNA) process for equipment, furniture and work areas that both monitors and audits the cleaning procedures and decontamination methods applied within the facility.

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<sup>78</sup> It should be noted that even good practice does not eliminate the risk of contamination, it only helps to minimise it.

**EVIDENCE:** Is wider than just the samples taken. It also includes the absence or presence of injuries (fresh and healing), scars, and elements of the history pertaining to and provided by the [complainant](#).

**EXAMINATION:** Act or process of observing, searching, detecting, recording, prioritizing, collecting, analysing, measuring, comparing and/or interpreting

Note 1 to entry: Examination can include collecting [items](#) from persons.

[SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FACILITY:** Physical environment used to protect the [item](#) integrity, conduct testing, or support any other aspect of the [forensic process](#).

EXAMPLE: Buildings, designated area, tents, storage areas, mobile office or laboratories and vehicles. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

For the purpose of this document, this is any medical examination and sample collection facility, which in part is a [forensic unit](#).

**FINDING:** Information concluded as a result of an [examination](#) [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC:** Related to methods, techniques and processes used to establish conclusions and/or opinions, facts and [findings](#), which can be used for legal proceedings. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC DNA GRADE:** Consumables certified to having met the requirements in ISO 18385:2015.

**FORENSIC PRACTITIONER:** The term is used to describe both forensic physicians and forensic nurses.

**FORENSIC PROCESS:** Set of interrelated or interacting [forensic](#) activities.  
SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC SCIENCE PROVIDER (FSP):** An organisation that undertakes any part of the evidence recovery, analytical process and interpretation on behalf of the police or other criminal justice system customers; police evidence recovery laboratories are also included.

**FORENSIC UNIT:** A forensic unit is a legal entity or a defined part of a legal entity that performs any part of the forensic science process. [SOURCE: ILAC-G19:08/2014 *Modules in a Forensic Science Process*]

**GROSS CONTAMINATION:** Is the transfer of DNA from a single person where a partial or complete DNA profile (these alleles are 'dependent') is obtained as a result of a single contamination event and the donor could be identified.

The term is also used in environmental monitoring (EM) sampling where a profile from multiple persons from an unidentified number of events is obtained and the donors cannot be identified.

**ITEM:** Object, substance or material that is collected, derived or sampled as part of the [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**NON-POLICE-REFERRAL:** The term used to describe a complainant who has not reported a sexual offence to the police and is referred to support services, including a forensic medical examination, by professionals, for example, doctors, counsellors, independent sexual violence advisers (ISVAs).

**PEER REVIEW:** Evaluation of the [reports](#), [examinations](#), notes, data and [findings](#) by others competent in the same field to assess that there is an appropriate and sufficient basis for the conclusions and/or opinions. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Items, for example, clothing and gloves, which are used to prevent skin and mucous membrane exposure when in contact with blood and body fluid on or from any complainant. PPE is also worn to protect the practitioner from contact with harmful chemicals for example, during decontamination and to minimise the chance that the wearer causes inadvertent DNA contamination.

**POLICE-REFERRAL:** The term frequently used to describe a complainant who has reported a sexual offence to the police and is seeking/offered additional support services including a forensic medical examination.

**QUALITY MANAGEMENT SYSTEM (QMS):** A management system to direct and control an organisation with regard to quality.

**REPORT:** Communication of outcomes of the [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*] These include but are not limited to:

- a. streamlined forensic reports (SFRs);
- b. section 9 statements (Criminal Justice Act 1967);
- c. interim reports;
- d. email; or
- e. oral communication.

**SELF-REFERRAL:** The term frequently used to describe a complainant who has not reported a sexual offence to the police or other professional and is seeking/accessing support services including forensic medical examination.

**STANDARD:** In essence, a *standard* is an agreed way of doing something that is to a level of quality or attainment.

**STATEMENT:** A statement is one form of a report. It is formatted to comply with the provisions of s9 Criminal Justice Act 1967.

## 17. ANNEX A: GUIDANCE ON THE ROLES OF OTHER PROFESSIONALS ASSOCIATED WITH THE FACILITY

### 17.1 Professional providing initial contact/first response at the facility

17.1.1 The first professional responding to a phone call or personal contact from the complainant, for example:

- a. staff at the facility;
- b. the police;
- c. a social worker, if the complainant is a child or young person;

- d. health professionals (such as GPs, emergency department [ED] staff, sexual health staff); and
- e. staff at another agency, such as rape support services.

17.1.2 The first professional at the facility shall be competent to:

- a. provide relevant information and immediate support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);
- c. carry out an initial assessment to identify the immediate needs of and risks to the complainant; and
- d. provide information regarding the preservation and prevention of loss of forensic evidence until the complainant receives appropriate practical support.

17.1.3 The professional providing initial contact/first response shall be trained to an appropriate standard to ensure that they are able to meet the competencies to provide initial response to complainants. Such training shall include the following:

- a. communicating and working effectively with the complainant and third parties, including assessing age, disability, language;
- b. assessment of immediate need, risk and safety, including emergency medical provision;
- c. general forensic awareness, including forensic evidence preservation, for example, laundering clothes, urine samples if an early evidence kit (EEK) is not immediately available; and
- d. the options available to complainants for forensic medical examination, including timescales and police/self-referrals.

## 17.2 Police officers

### First response police officer

17.2.1 The first response police officer is the professional who responds to the complainant following the response from the call handler/initial contact person. The first response police officer shall be competent to:

- a. provide information and support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);
- c. carry out initial assessment to identify the immediate needs of and risks to the complainant;
- d. provide information regarding the preservation and prevention of loss of forensic evidence;
- e. provide an overview of the forensic medical examination; and
- f. gather initial forensic evidence, including the EEK, clothing, etc.

17.2.2 The first response police officer shall be trained to an appropriate standard to ensure that they are able to meet the competencies to provide an appropriate initial response to complainants. Such training shall include the following:

- a. communication skills and working effectively with the complainant and third parties, including assessing age, disability, language;
- b. assessment of immediate need, risk and safety, including emergency medical provision;
- c. use of the EEK;
- d. preservation, packaging and labelling of forensic samples;
- e. options available to complainants for forensic medical examination, including timescales; and
- f. an overview of the forensic medical examination.

Specialist trained officer

17.2.3 The specialist trained officer (STO) is the police officer who takes responsibility for the complainant following the first response police officer or call handler/initial contact response, in the event that a first response police officer has not been dispatched. The STO shall be competent to:

- a. provide information and initial crisis support to the complainant (and/or their significant others);
- b. communicate and engage with the complainant (and/or their significant others);

- c. carry out an initial assessment to identify the needs of and risks to the complainant of sexual violence;
- d. assist in the collection and labelling of forensic samples;
- e. provide information regarding the preservation and prevention of loss of forensic evidence;
- f. provide an overview of the forensic medical examination; and
- g. gather initial forensic evidence, including the EEK, clothing, etc.

17.2.4 The STO shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to the forensic medical examination:

- a. the STO's role and responsibilities;
- b. communication and working effectively with the complainant and third parties;
- c. assessment of need, risk and safety;
- d. general forensic awareness including an overview of the forensic medical examination;
- e. use of the EEK;
- f. assisting with the collection of forensic samples, packaging and storage;
- g. preservation, packaging and labelling of forensic samples; and
- h. the options available to complainants for forensic medical examination, including timescales.

17.2.5 The STO Development Programme (STODP) developed by the College of Policing (COP) is an example of good practice in relation to training STOs.

Investigation officer

17.2.6 The investigation officer is a detective at detective constable (DC) or detective sergeant (DS) level who has competencies in:

- a. forensic knowledge;
- b. strategy setting in relation to sexual offences; and
- c. management and practical knowledge of the forensic evidence collection at a scene and subsequent forensic medical examination.

17.2.7 The investigation officer may be part of a joint investigation team or a member of a dedicated team dealing with adult sexual offences and or child protection cases. In terms of training the investigation officer, the Initial Crime Investigators Development Programme (ICIDP) as defined by the College of Policing (COP) is recommended as good practice. The investigation officer shall be competent to:

- a. conduct an evaluation of the material gathered during the initial response to develop an investigation strategy;
- b. ensure that the material is retained and recorded in line with current legislation and policy;
- c. develop and maintain investigative strategies, identifying and prioritising lines of enquiry to maximise the gathering of forensic information that could assist with the forensic medical examination; and
- d. deal with complainants of sexual assault in an ethical and effective manner, recognising their needs with respect to race, diversity and human rights.
- e. shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role.

17.2.8 Such training shall include the following in relation to the forensic medical examination:

- a. ensuring the source and provenance of different types of potential forensic material recovered during the forensic medical examination and/or following the use of an EEK;
- b. ensuring the forensic medical examination is incorporated within any wider forensic strategy that is developed as part of the investigation;
- c. understanding the role and responsibility of the STO, crisis worker, forensic practitioner, paediatrician, forensic authoriser and local forensic science provider;
- d. planning and communication with the appropriate staff at the sexual assault referral centre (SARC) regarding when and how possible forensic evidence may be retrieved from the complainant, including contingencies where care of the complainant may affect forensic evidence recovery; and

- e. collating information about the forensic medical examination and retrieval of forensic evidence, including the security of forensic samples and any subsequent access to the samples.

Authority for forensic science submission

17.2.9 This is a person with a crime scene, forensic science or investigative police background who has up-to-date knowledge in relation to forensic science, and associated evidence-based sampling time frames. This person shall understand forensic strategy setting and have knowledge of contractual forensic arrangements with the forensic science provider(s). In respect of the forensic medical examination, this person shall be competent to:

- a. explore and identify all potential forensic opportunities from the evidence collected at the forensic medical examination and any samples obtained from the use of an EEK;
- b. formulate a forensic strategy in all sexual offence cases in order for relevant samples to be collected at the forensic medical examination; and
- c. establish the facts from the witness accounts and consider the best items for forensic submission in consultation with the investigating officer and the forensic science provider.

17.2.10 The forensic submissions authoriser shall be trained to an appropriate standard to ensure that they are able to meet the competencies to undertake the role. Such training shall include the following in relation to the forensic medical examination:

- a. ensuring the source and provenance of different types of potential forensic material recovered during the forensic medical examination and/or following the use of an EEK;
- b. ensuring the forensic medical examination is incorporated within any wider forensic strategy that is developed as part of the investigation;
- c. understanding the role and responsibility of the STO, crisis worker, forensic practitioner, paediatrician, forensic authoriser and local forensic science provider;

- d. planning and communicating the forensic strategy requirements from the point of first submission to any subsequent phased submissions with the local forensic science provider; and
- e. having an understanding forensic science results in relation to sexual offences and the ability to challenge results where appropriate with the forensic science provider.

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# Code of Practice

## Forensic Medical Examination Standard

### Adult and Child Sexual Assault Complainants

## FSR-C-116 CONSULTATION

This is a consultation issued to allow comments from interested parties; all comments will be given consideration when finalising the final document prior to publication. Comments should be sent to [FSRConsultation1@homeoffice.gov.uk](mailto:FSRConsultation1@homeoffice.gov.uk) and should be submitted by **28 December 2018**. This mailbox is not for general correspondence and is not routinely monitored so no acknowledgement will normally be sent.

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## 1. INTRODUCTION

- 1.1.1 Sexual offences are devastating crimes and the impact of sexual violence can include significant consequences to the long-term health and well-being of [complainants](#). The timely collection of [evidence](#) can provide them with the option to assist in any criminal investigation. This can increase the likelihood that the evidence will aid a criminal prosecution, so that the perpetrator can be caught and brought to justice and prevent further sexual offending.
- 1.1.2 The provision of dedicated high quality healthcare alongside [forensic medical examination](#)<sup>1</sup> for the collection of evidence has considerable benefits for the health, well-being and delivery of justice for complainants. Such services provide both the police and the complainant with the best possible opportunity to recover evidence for use within an investigation, and minimise the risk of a miscarriage of justice. This includes the risk of wrongful conviction(s) or wrongful acquittal(s) or delaying investigation(s).
- 1.1.3 In order to achieve high quality and consistent healthcare and forensic evidence provision, defined [standards](#) are necessary for all stages of the complainant's 'journey' immediately before and during the forensic medical examination. These standards provide confidence in the relevance of any [findings](#) documented during the examination, and any subsequent scientific results from the samples taken during the examination. The complainant's care pathway varies based on the individual case and the local variation of service delivery. However, this should not detract from achieving the best health and justice outcomes for the complainant.
- 1.1.4 The Faculty of Forensic and Legal Medicine (FFLM) is recognised by the Home Office<sup>2</sup> as being responsible for advising on the standards for healthcare professionals involved in custody healthcare and forensic medical examination. The role of both the Forensic Science Regulator (FSR) and the FFLM in setting standards is confirmed in a further report.<sup>3</sup>

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<sup>1</sup> The medical and therapeutic needs may override the requirement to collect forensic evidence.

<sup>2</sup> *Hansard*, March 18 2009, Column 1164W.

<sup>3</sup> Taskforce on the Health Aspects of Violence Against Women and Children (2010) *Report of the Taskforce on the Health Aspects of Violence Against Women and Children*, Recommendation 21.

1.1.5 For the purpose of this document, the term ‘complainant’ is used to refer to those subjected to sexual assault or suspected of being subjected to sexual assault. It encompasses ‘victim’, ‘patient’, and ‘survivor’.

1.1.6 [Forensic practitioners](#) include doctors and other healthcare professionals (7.1) who provide medical and related care to complainants of both violent and sexual offences, and to persons detained on suspicion of committing these crimes.

## 2. SCOPE

2.1.1 The purpose of this appendix to the Forensic Science Regulator’s *Codes of Practice and Conduct*<sup>4</sup> is to set the standards required for the forensic medical examination of adult and [child](#) complainants of alleged sexual assault. It is based on the application of the international standard ISO 15189:2012(E),<sup>5</sup> which is used to define the requirement for quality and competence in medical laboratories.

2.1.2 This standard covers the processes where the medical examination and collection of evidence<sup>6</sup> from a complainant<sup>7</sup> takes place. The names and settings where these examinations take place are varied. For the purpose of this standard they will collectively be known as the ‘medical examination and sample collection facility’ (the [Facility](#)) and will be recognised in part as a [forensic unit](#) for the purposes of relevant forensic science standards and guidance.

2.1.3 [Figure 1](#) (for adults) and [Figure 2](#) (for children) outline where the facility, procedures and practices occur within the complainant’s ‘journey’ from offence to court.<sup>8</sup> The figures identify the stages where the standards and guidance’s apply within the facility (shown within bold text with solid lines) and outside the

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<sup>4</sup> Forensic Science Regulator *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System*.

<sup>5</sup> ISO 15189:2012 *Medical laboratories – Requirements for quality and competence*.

<sup>6</sup> This applies to acute and historic cases where, for example, sexually transmitted infection samples are required for evidential purposes.

<sup>7</sup> These requirements apply to both complainants referred by the police and self-referrals.

<sup>8</sup> These diagrams are not care pathways nor are they intended to be used as referral routes.

control of the facility (within bold text with dashed lines). The facility shall identify those stages in their local care pathway for implementation.

2.1.4 This standard applies to all personnel involved in performing and supporting the medical examination at the facility. This includes:

- a. the provision of services provided by different or multiple providers regardless of the commissioning arrangements or funding structure; and
- b. those with responsibility for managing the processes, personnel and the facility.

2.1.5 Areas such as medical evaluation and treatment, suicide risk and mental health assessments, case reviews and post-forensic examination treatment/follow-up are outside the scope of this standard. These come under the responsibility of clinical governance.

### 3. IMPLEMENTATION

3.1.1 Within the remit of clinical governance there shall be a named person within the facility with responsibility for ensuring the facility's compliance with this standard.<sup>9</sup>

3.1.2 To meet this standard the requirements set out in the following shall be incorporated into the policies, processes and procedures within the facility:

- a. ISO 15189:2012 *Medical laboratories – Requirements for quality and competence*;
- b. ILAC G19:08/2014 *Modules in a Forensic Science Process*;
- c. Forensic Science Regulator, *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System* (the [Codes](#));
- d. Forensic Science Regulator, [FSR-G-207](#) *DNA Anti-Contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*; and

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<sup>9</sup> This role may be equivalent to the role of 'laboratory director' as given in ISO 15189:2012 4.1.1.4.

- e. Forensic Science Regulator, FSR-G-212 *Forensic Medical Examination – Assessment, Collection and Recording of Forensic Evidence* (Consultation in press).

3.1.3 A self-assessment audit check list is provided in [Annex A](#) of this document.

3.1.4 This document is available for incorporation into an organisation’s standard operating procedures and [quality management system](#) from the date of publication and comes into effect from October 2021.

#### 4. MODIFICATION

4.1.1 This is the consultation version of this document.

#### 5. TERMS AND DEFINITIONS

5.1.1 The terms and definitions set out in the Codes, FSR-G-207, FSR-G-212 and the [glossary](#) section apply to this document. Definitions in BS EN ISO 21043-1:2018<sup>10</sup> *Forensic Sciences Part 1: Terms and definitions* or ILAC G19 apply where there is no corresponding definition set out in the Forensic Science Regulator’s Codes and guidance’s.

5.1.2 The word ‘shall’ has been used in this document where there is a corresponding requirement in ISO 15189:2012 or the Forensic Science Regulator’s Codes and guidance’s; the word ‘should’<sup>11</sup> has been used to indicate generally accepted practice where the reason for not complying or any deviation shall be recorded.

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<sup>10</sup> ISO maintains a terminological database for use in standardization through their ISO online browsing platform: Available at <https://www.iso.org/obp>.

<sup>11</sup> General Medical Council *Good Medical Practice*. In this guide ‘should’ is used when providing an explanation of how to meet the overriding duty, where the duty or principle will not apply in all situations or circumstances, or where there are factors outside the practitioner’s control that affect whether or how guidance can be followed.

Figure 1. Adult Complainant Journey from Offence to Court via the (Medical Examination and Sample Collection) Facility.

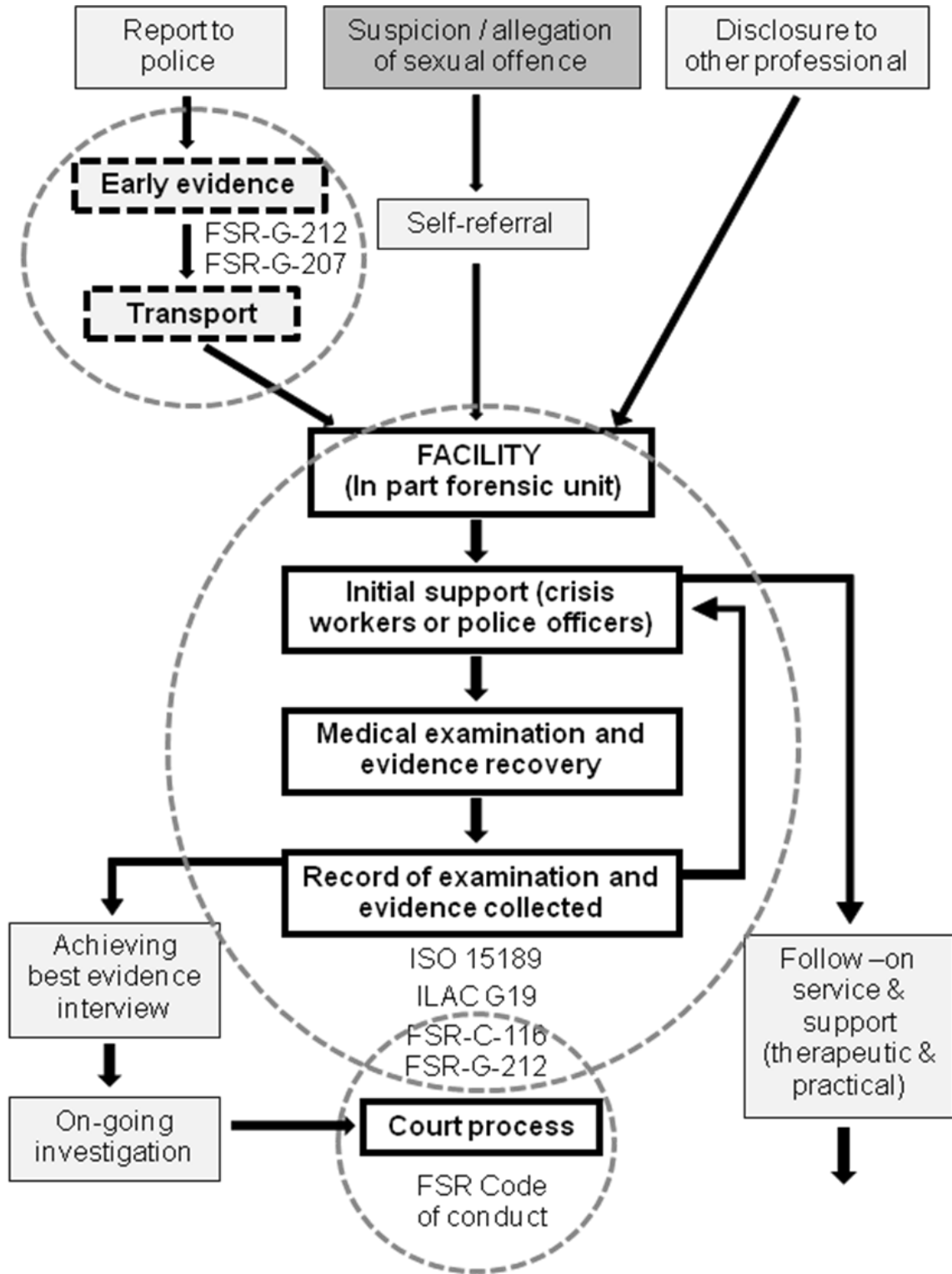
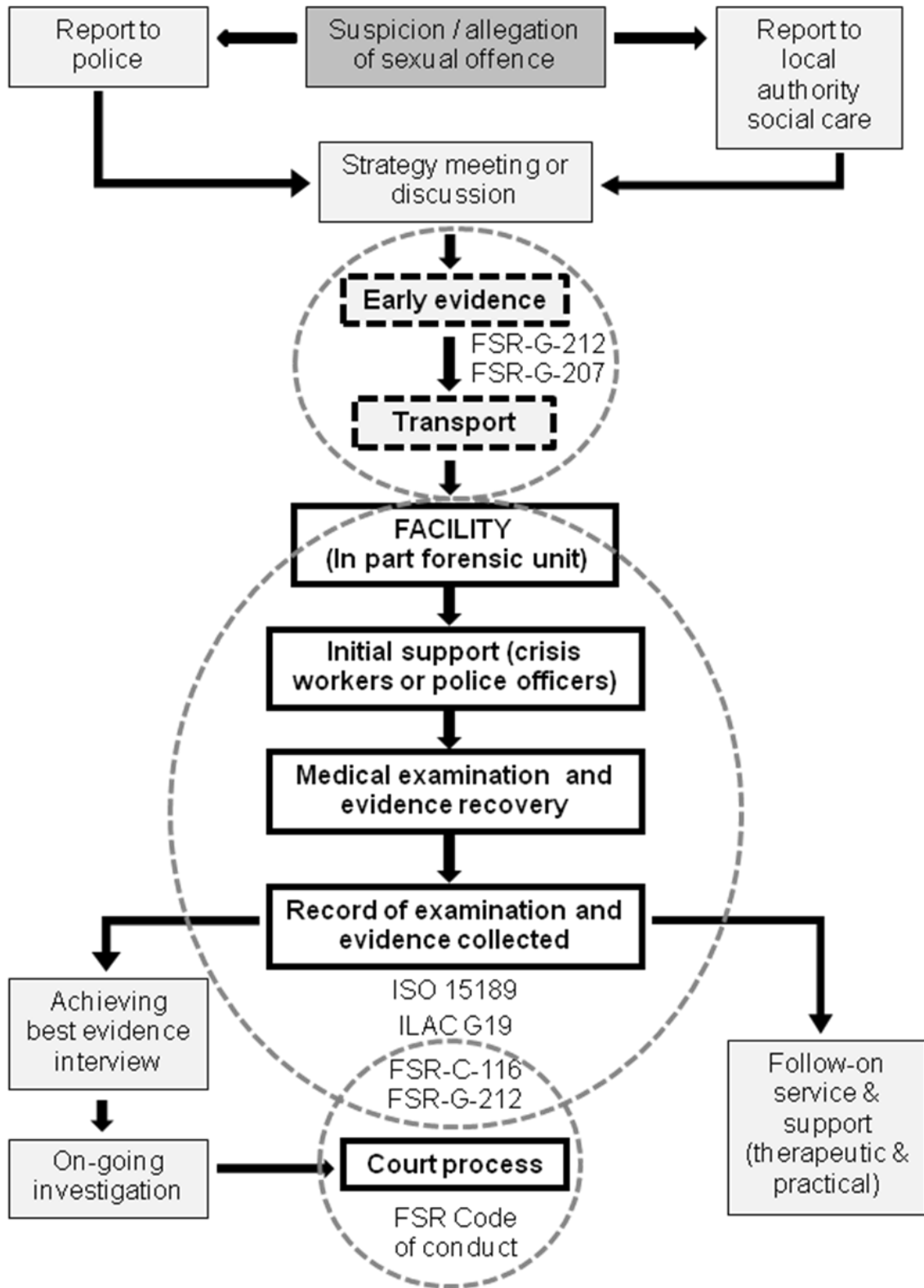


Figure 2. Child Complainant Journey from Offence to Court via the (Medical Examination and Sample Collection) Facility.



## 6. MANAGEMENT REQUIREMENTS

### 6.1 General (ISO 15189:2012 4.1)

6.1.1 A nominated senior responsible person in the facility shall be identified, in terms of top management, to support the quality standards.

6.1.2 Management within the facility shall conform to the requirements of the international quality standard ISO 15189:2012 *Medical laboratories – Requirements for quality and competence*, substituting ‘facility’ where the standard states ‘laboratory’. The management requirements shall include:  
Organisation and management responsibility (ISO 15189 4.1)

- a. The organisation and management responsibility of the facility shall be defined and documented.

Quality management system (ISO 15189 4)

- b. A quality management system (QMS) (however called) shall be established and maintained by a quality manager. The QMS shall comply with section 4 of ISO 15189 including, but not limited to, the following:
- c. a quality manual (ISO 15189 4.2.2.2 and 4.1.2.3);
- d. procedures, instructions and forms (ISO 15189 4.2; 5.5.3);
- e. a document control system (ISO 15189 4.3);
- f. a continual improvement process (ISO 15189 4.12);
- g. events of non-conforming work that could potentially cause a miscarriage of justice being referred to the Forensic Science Regulator (ISO 15189 4.9);
- h. evaluation and audits (ISO 15189 4.14);
- i. a management review (ISO 15189 4.15).

## 7. TECHNICAL REQUIREMENTS

### 7.1 Personnel: training and competence (ISO 15189 4.4, 5.1, ILAC G19 3.3 and FSR-G-212)

7.1.1 The facility shall have a documented policy defining the knowledge, skills, experience and [competency](#), and a procedure for the training, competency and ongoing competency for each role within the facility. This shall include:

- a. all professionals and personnel working or delivering a service within the facility;
- b. training and competency requirements<sup>12,13</sup> including retraining for any lapse of competence for each role profile;
- c. expert witness and criminal justice system (CJS)<sup>14,15</sup> related training including written evidence, court skills and cognitive bias;<sup>16</sup>
- d. assessment of training and competency;
- e. authorisation and commencement for the activities that they undertake;
- f. continuing professional development to maintain ongoing competency;
- g. records to evidence competency and authorisation.

7.1.2 If not employed by the legal entity or the facility but providing a service (ISO 15189 4.4, 4.6, 5.1 and ILAC G19 4.1.3), then assessment and approval to work at the facility shall be evidenced and documented by the facility.

7.1.3 Guidance on roles within the facility and other related roles is provided in FSR-G-212, *Forensic Medical Examination – Assessment, Collection and Recording of Forensic Evidence (Consultation in press)*.

## **7.2 Accommodation and environmental conditions (ISO 15189 5.2, ILAC G19 3.11, FSR-G-207 and FSR-G-208)**

### General

7.2.1 Accommodation at the facility shall be fit to meet the well-being, medical and forensic examination needs of all its end users in a safe and secure environment for both users and staff.

7.2.2 In order to meet the accommodation and environmental requirements in this standard, physical building changes or new build has been identified or is necessary for some facilities. Where the timescale for this is beyond the implementation date of this standard, the facility shall undertake the following.

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<sup>12</sup> Faculty of Forensic and Legal Medicine (2017a) *Child Sexual Abuse Forensic Medical Examinations: Interim Guidance regarding number of examinations and maintenance of competence*.

<sup>13</sup> Faculty of Forensic and Legal Medicine (2016a) *Quality Standards in Forensic Medicine*.

<sup>14</sup> ACPO/CPS (2010) *Guide Booklet for Experts*.

<sup>15</sup> Criminal Procedure Rules and Practice Directions.

<sup>16</sup> Forensic Science Regulator, FSR-G-217 *Cognitive bias effects relevant to forensic science examinations*.

- a. Complete a full risk assessment and identify areas for strict ongoing monitoring (8.4, 8.5 and 8.6 below).
- b. Implement the risk assessment and record quality failures (6.1.2f above).
- c. Have a documented plan with timescales that is regularly reviewed.
- d. As a minimum disclose in all [statements](#) and [reports](#) to CJS end users that the facility does not meet the requirements in this standard and detail what mitigation is in place (9.2 below).

7.2.3 The facility shall have in place policies and procedures for the authorised access to the building, rooms, areas, equipment and [consumables](#). This shall include controlled areas and rooms that require access to be recorded (7.2.5 and 7.5.8 below).

Layout of the accommodation

7.2.4 Consideration shall be given to the design and layout of the facility. This shall include measures to prevent cross-transfer and environmental contamination.

7.2.5 There shall be designated [DNA clean](#) bathroom, pre-assessment and medical examination areas. These shall be secure at all times and entry and exit shall be controlled.

Air quality and air flow

7.2.6 Air movement within and between rooms shall be managed with measures taken to minimise the risk of contamination from environmental background DNA.

**7.3 Forensic medical examination room furnishings, equipment, reagents and consumables (ISO 15189 5.2, 5.3, ILAC G19 3.12, FSR-G-207 and FSR-G-208)**

7.3.1 The furnishings, equipment,<sup>17</sup> reagents and [consumables](#) that are utilised within the facility shall be such that they minimise the risk of [DNA contamination](#).

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<sup>17</sup> Faculty of Forensic and Legal Medicine (2016b) *Recommendations: Operational Procedures and Equipment for Medical Rooms*.

Environment, furnishings and equipment

- 7.3.2 The walls, floors, work surfaces, chairs should be of smooth finish, sealed, readily cleanable and resistant to degradation from frequent cleaning.<sup>18</sup> Workstation/work surfaces shall be kept clear, other than for equipment in daily use.

DNA decontamination

- 7.3.3 The facility shall have a policy in place that sets out DNA anti-contamination good practice (8.4–8.6 below). For DNA clean areas this shall include:
- a. the routine cleaning regimes for rooms, areas, equipment,<sup>19</sup> and consumables (8.4 and 8.5 below);
  - b. the frequency of deep cleaning for the forensic medical examination room;
  - c. the access control to the DNA clean areas (7.2.5 above and 7.5.8 below);
  - d. records of the name of the cleaner, and where and when cleaning was carried out;
  - e. monitoring the effectiveness of the cleaning through [environmental monitoring](#) (EM) (8.5 and 8.6 below).

Cleaning reagents

- 7.3.4 The facility shall use cleaning products and spillage kits that have been demonstrated to be effective in removing detectable levels of DNA in conjunction with appropriate cleaning procedures.<sup>20</sup> These chemicals shall always be used in a manner compliant with relevant health and safety requirements.
- 7.3.5 The facility shall demonstrate that the cleaning product is effective at removing DNA through environmental monitoring (8.6 below).

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<sup>18</sup> The active agent, corrosive nature and downstream effects from the cleaning materials used need to be understood; surfaces need to be resistant to degradation as a result of frequent contact with the cleaning reagents.

<sup>19</sup> This includes mobile equipment and consumables carried by medical practitioners on call.

<sup>20</sup> Further guidance is available in FSR-G-206, FSR-G-207 and FSR-G-208.

Consumables including personal protective equipment/barrier clothing

7.3.6 The facility shall have a policy and procedures for the procurement, receipt and storage of reagents and consumables (including barrier clothing) that are fit for the purpose<sup>21,22</sup> of their intended use. This shall also include use, handling instructions and disposal.

**7.4 Examination methods and procedures (ISO 15189 4.4, 5.4.2 and 5.5)**

7.4.1 The facility shall have documented procedures for the examination processes undertaken by the personnel at the facility. These shall include:

- a. the relevant skills, knowledge and competency requirements (7.1 above) to work with complainants;
- b. the initial response in prioritising the needs of the complainant;
- c. a non-judgemental respectful approach in every case;
- d. information about the forensic medical examination for the complainant (7.4.2 below);
- e. documenting and recording relevant information pertaining to the complainant throughout the process (9.1 of this report).

Prior to complainant's arrival at the facility – Initial contact

7.4.2 The facility shall provide accessible correct information and advice on the services that are provided at the facility to partners, other relevant services and potential end users (general).

7.4.3 Staff at the facility shall be able to provide basic information to complainants about the:

- a. options available for examination, treatment and advice;
- b. importance of body fluids and the recovery of forensic evidence;
- c. impact that actions following the incident might have on the collection of evidence;

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<sup>21</sup> ISO 18385:2016 *Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes.*

<sup>22</sup> British Standard BS PAS 377:2012 *Specification for consumables used in the collection, preservation and processing of material for forensic analysis: Requirements for product, manufacturing and forensic kit assembly.*

- d. requirement of an [early evidence kit](#) (EEK) sample, as appropriate;
- e. retention of relevant clothing worn at the time and subsequent to the incident.

#### Decision to undertake an examination

- 7.4.4 The decision to undertake a forensic medical examination shall be made by a competent authorised forensic practitioner (7.1 above).
- 7.4.5 Where children disclose sexual offences the forensic physician and paediatrician should be consulted in a timely manner in order to determine whether the child should be examined<sup>23</sup> and if so, at what time and by which practitioner(s).<sup>24</sup> The forensic physician shall provide advice on the recovery of potential forensic evidence.
- 7.4.6 Where it is necessary for the complainant to be taken to an emergency department, depending on local practices the forensic practitioner shall either attend the hospital and work alongside other healthcare providers or provide advice to those treating the complainant.
- 7.4.7 Forensic samples shall be collected using recognised forensic sample kit modules (7.3.1 above). Consideration of the usefulness of blood and urine samples taken at hospitals for forensic analysis shall be based on the individual case circumstances.

#### Attendance of the forensic practitioner

- 7.4.8 Local policy shall dictate who has the responsibility for requesting the attendance of the forensic practitioner and/or paediatrician and the expected time frames for attendance at the facility.
- 7.4.9 The facility or provider of the forensic medical workforce shall ensure that they are able to provide a timely response to reflect the clinical and forensic needs of complainants.<sup>25,26,27</sup>

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<sup>23</sup> Faculty of Forensic and Legal Medicine (2012a) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*.

<sup>24</sup> It may not be necessary for 16 to 18 year olds to be examined by a paediatrician.

<sup>25</sup> Faculty of Forensic and Legal Medicine (2016a) *Quality Standards in Forensic Medicine*.

<sup>26</sup> Faculty of Forensic and Legal Medicine (2016c) *Quality Standards for Nurses and Paramedics*.

- 7.4.10 The forensic practitioner attending the forensic medical examination should not provide any medical examination or any other service to custody medicine during that shift.<sup>28</sup>

Arrival of the complainant

- 7.4.11 The process for the end-to-end journey through the facility for a complainant (and their significant others) shall be defined. This shall include:
- a. who shall meet, accompany and support the complainant;
  - b. their role in supporting and advocating for the complainant throughout their time at the facility;
  - c. information on the options available, the purpose of the forensic medical examination to the complainant, and how they will be supported throughout;
  - d. pre-examination activities to be undertaken, and by whom;
  - e. how the medical examination will be conducted;
  - f. follow-up and referrals post-examination.

**7.5 Medical examination and evidence collection (ISO 15189 5.4.4; 5.43, 5.5 and ILAC G19 4.3.3)**

Preliminary matters

- 7.5.1 The forensic practitioner and/or paediatrician shall introduce themselves to the complainant (and their family if the complainant is a child) and explain what is going to happen during the medical examination. This shall include:
- a. explaining the consent requirements (7.5.2 below);
  - b. if specialised equipment, such as a colposcope<sup>29,30</sup> is to be used, explaining its purpose, function and how it will be used;

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<sup>27</sup> Faculty of Forensic and Legal Medicine (2016d) *Guide to Establishing Urgency of Sexual Offence Examination: Flowchart for Pre-pubertal Complainants and Flowchart for Post-pubertal Complainants.*

<sup>28</sup> Only in exceptional circumstances (for example, in very remote locations) it could become necessary to use the same forensic practitioner. In these circumstances the reason and rationale behind the decision and the steps that have been undertaken to reduce the risk of contamination shall be recorded, documented and disclosed in any subsequent report or statement provided for the criminal justice system.

<sup>29</sup> Faculty of Forensic and Legal Medicine (Reviewed 2017b) *Guidance for best practice for the management of intimate images that may become evidence in court.*

<sup>30</sup> Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography.*

- c. explaining that the complainant can stop the examination at any time for a variety of reasons, but the potential implications of stopping the examination should also be explained.

#### Obtaining consent

7.5.2 The forensic practitioner shall obtain informed verbal and written consent<sup>31</sup>, from the complainant. This shall include the following.

- a. That the consent is given in accordance with current guidelines from the Faculty of Forensic and Legal Medicine (FFLM),<sup>32</sup> the General Medical Council and the Nursing and Midwifery Council in accordance with the Mental Health Capacity Act 2005.
- b. It should confirm the complainant (or representative) understands:
  - i. the purpose of the examination;
  - ii. that the consent is freely given
  - iii. that there is no obligation to give consent; and
  - iv. that consent can be withdrawn at any time during the examination.
- c. It should advise that if consent to any part of the examination is refused at any stage, that refusal and any reason offered shall be recorded.
- d. It should also advise that the notes, images recorded and reasons for refusal shall be documented and may subsequently used for evidential purposes, second opinions from medical experts, [peer review](#) and audit.
- e. It should offer anonymous analysis of samples if the complainant does not want to proceed with a police complaint, having taken due regard for the Human Tissue Act 2004.<sup>33,34</sup>

7.5.3 In situations where there is no capacity to consent, the detail and basis of the decision made in the complainant's best interests shall be documented such that the basis for the decision can be reviewed by another competent practitioner.

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<sup>31</sup> See Supreme Court judgment UKSC11 2015 *Montgomery v. Lanarkshire Health Board*.

<sup>32</sup> Faculty of Forensic and Legal Medicine (2011) *Consent from patients who may have been seriously assaulted*.

<sup>33</sup> Available at: [www.legislation.gov.uk/ukpga/2004/30/contents](http://www.legislation.gov.uk/ukpga/2004/30/contents)

<sup>34</sup> Faculty of Forensic and Legal Medicine (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Questions*.

7.5.4 Where the complainant is a child, reference shall be made to the General Medical Council (GMC)<sup>35</sup>, the Royal College of Paediatrics and Child Health (RCPCH)<sup>36</sup> and FFLM<sup>37</sup> guidance's for obtaining valid consent.

First account

7.5.5 An initial account of the incident shall be obtained from an appropriate source(s) that are relevant to the individual complainant presented to the forensic practitioner or paediatrician (where appropriate). This account shall be:

- a. confirmed or further clarification obtained where appropriate;
- b. recorded in the case notes (9.1 below);
- c. used to determine the forensic medical [examination strategy](#).

Medical/social history

7.5.6 The forensic practitioner or paediatrician (where appropriate) shall obtain and record the medical/social history in sufficient detail to enable them to undertake a holistic assessment of the therapeutic and forensic needs of the complainant. This information shall:

- a. be confirmed or further clarification obtained where appropriate;
- b. be recorded in the case notes (9.1 below);
- c. be used in conjunction with the first account information to determine the forensic medical examination strategy;
- d. support any subsequent forensic laboratory examination and findings.

Addressing practical and emotional needs

7.5.7 Forensic practitioners or paediatricians (where appropriate) should ensure that the therapeutic, practical and emotional needs of the complainant, both prior to and during the examination are met. Prior to commencing the examination this shall include immediate:

- a. treatment of serious injuries;
- b. crisis intervention and support;

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<sup>35</sup> General Medical Council (2012) *Protecting children and young people: the responsibilities of all doctors*.

<sup>36</sup> RCPCH *Child Protection Companion* at [www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk](http://www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk)

<sup>37</sup> RCPCH and FFLM 2015 *Service specification for the clinical evaluation of children and young people who may have been sexually abused*.

- c. translation and interpretation, if required.<sup>38</sup>

Record of attendees

- 7.5.8 A record of all persons in attendance at any time during the forensic medical examination shall be made.

Roles and responsibilities of those conducting the examination

- 7.5.9 Where more than one practitioner is conducting the examination, their respective roles and responsibilities shall be agreed in advance of the examination and documented.

Removal of clothing

- 7.5.10 The facility shall have a documented procedure for the removal and packaging of clothing to minimise contamination and the loss of evidence, and maintain the integrity of the [items](#) once packaged.

**7.6 The examination process (ISO 15189 5.5 and ILAC G19 4.7)**

- 7.6.1 The examination process shall be defined and documented. The process shall include the:

- a. medical, psychological and safeguarding needs;
- b. collection and documentation of relevant information;
- c. medical examination strategy;
- d. order of the examination activities;
- e. photography;
- f. documentation and recording;

**7.7 Sample collection and handling (ISO 15189 5.2.5; 5.4.3; 5.4.4.3; 5.4.5; 5.4.6; 5.4.7, ILAC G19 4.3.3 and FSR-G-207)**

- 7.7.1 The facility shall have a documented procedure for taking appropriate forensic samples<sup>39</sup> on a case-by-case basis. This shall include:

- a. DNA anti-contamination good practices;

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<sup>38</sup> Where interpreters are necessary, family members shall not be used and the gender preference of the complainant shall be taken into account.

<sup>39</sup> Faculty of Forensic and Legal Medicine (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*.

- b. sample recovery good practice;
- c. recording,<sup>40,41,42</sup> labelling<sup>43</sup> and packaging;
- d. chain of evidence and sample transfer.

#### Storage of samples

7.7.2 The facility shall have policy and procedures in place for the taking, storage, retention and destruction of samples. This shall include due consideration of the Human Tissues Act 2004.<sup>44</sup>

#### Sample documentation

7.7.3 The facility shall have a procedure in place for documenting and recording the sample collection, labelling, transfer and storage of samples and evidence collected (section 9 below).

#### Images

7.7.4 The facility shall have policy and procedures in place for the electronic capture, storage and transfer of images.<sup>45,46</sup> These shall include:

- a. personnel authorised to take images;
- b. the conditions required for obtaining the resolution and image quality to demonstrate the features of interest clearly;
- c. recording on case notes;
- d. the security and integrity of the data;
- e. access to images for peer review/second opinions;
- f. disclosure of images for criminal justice system proceedings and information security implications (the Codes 21.3).

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<sup>40</sup> Faculty of Forensic and Legal Medicine (2016f) *Pro forma forensic medical examinations*.

<sup>41</sup> Faculty of Forensic and Legal Medicine (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*.

<sup>42</sup> Faculty of Forensic and Legal Medicine (2012b) *Pro forma for paediatric medical examination*.

<sup>43</sup> Faculty of Forensic and Legal Medicine (2016g) *Labelling forensic samples*.

<sup>44</sup> Faculty of Forensic and Legal Medicine (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Questions*.

<sup>45</sup> Faculty of Forensic and Legal Medicine (Reviewed 2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

<sup>46</sup> Faculty of Forensic and Legal Medicine (2017c) *PICS Working Group Guidelines on Photography*.

**8. ENSURING THE QUALITY OF EXAMINATION PROCEDURES (ISO 15189 5.6 and the Forensic Science Regulator's *Codes of Practice and Conduct*)**

8.1.1 The facility shall have a policy and procedures in place that minimise the possibility of contamination from the moment a complainant arrives at the facility to undertake a forensic medical examination until the completion of that examination.

8.1.2 Although the main focus is to minimise DNA contamination, other forensic evidence sample types such as dried flaking body fluids, hairs, fibres, and particulate debris that can cross-contaminate are just as important and shall be considered within the examination and recovery procedures.

**8.2 Use of personal protective equipment (ISO 15189 5.2.5, FSR-G-207 and FSR-G-212)**

8.2.1 The policy and procedures for use of [personal protective equipment](#) (PPE) shall as a minimum include:

- a. the PPE that the forensic practitioner and attendees at the medical examination shall wear;
- b. the order to put PPE on;
- c. the frequency of changing PPE;
- d. the disposal of PPE.

**8.3 DNA elimination samples (ISO 15189 5.2.6 and FSR-P-302)**

8.3.1 A policy and procedure shall be in place to obtain a DNA elimination sample for its inclusion on a searchable [elimination database](#) from all practitioners who work at the facility, and people who come into contact with the complainant and/or the medical examination areas. This includes all attendees present at the forensic medical examination – the complainant, whether referred by the police or self-referral cases, interpreters, friends and family. This policy and procedure shall take into account the requirements and guidance set out in the Forensic Science Regulator's Protocol FSR-P-302<sup>47</sup> and shall include the following.

- a. Taking of the DNA elimination samples.

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<sup>47</sup> Forensic Science Regulator, FSR-P-302 *DNA contamination detection – the management and use of staff elimination databases*.

- b. Agreement/consent for sample donation from:
  - i. practitioners and support staff, for example, crisis workers: and
  - ii. visitors (for example, interpreters, relatives, service engineers).
- c. Security and access of information at a local/national level.
- d. Secure storage and recorded transfer of samples.
- e. The investigation of an identified contamination event.
- f. Agreement/consent for the sharing of the profile.

#### **8.4 Decontamination measures (ISO 15189 5.2.6 and FSR-G-208)**

8.4.1 A policy to ensure that a procedure shall be in place for dealing with the event that multiple complainants from the same incident attend the facility at the same time.

#### **8.5 Cleaning (ISO 15189 5.2.6 and FSR-G-208)**

8.5.1 A policy and procedure shall be in place for cleaning rooms, areas and equipment (7.3.3 above). This shall include:

- a. training and authorisation of staff (7.1 above);
- b. good practice cleaning methods equivalent to those used in forensic DNA laboratories (FSR-G-208);<sup>48</sup>
- c. frequency of good practice cleaning and deep cleaning;
- d. decontamination of re-usable equipment (ISO 15189 5.3.1.3);
- e. records of cleaning by the name of the cleaner and when.

#### **8.6 Environmental monitoring and gross contamination (ISO 15189 5.2.6; FSR-G-208 and FSR-G-212)**

8.6.1 A policy and procedure shall be in place for the monitoring of the level of background DNA and effectiveness of the cleaning regimes in place (7.3.3 above). This shall include:

- a. an environmental monitoring sampling (EMS) programme that reflects the operational risk profile and is proportionate to the risk;
- b. the frequency of EM sampling;

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<sup>48</sup> Forensic Science Regulator, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis.*

- c. the training of personnel (7.1 above);
- d. personnel and methodology used for collecting the EM samples;
- e. the areas and equipment to be sampled for each monitoring event;
- f. advice and feedback from the [forensic science provider](#) undertaking the EM sample testing;
- g. defined follow-up processes to investigate [gross contamination](#) and address unacceptable levels of DNA contamination.

## 9. DOCUMENTATION – RECORDING OF NOTES AND STATEMENTS

### 9.1 Note taking and record keeping (ISO 15189 4.13, ILAC G19 3.5 and the Forensic Science Regulator’s *Codes of Practice and Conduct*)

9.1.1 A policy and procedures shall be in place for documenting, recording and storing information pertaining to each complainant. These shall include:

- a. the clarity, accuracy, legibility and permanency of notes and records;
- b. detailing all activity and decisions that are directly relevant to the complainant;
- c. recording the notes contemporaneously;
- d. recording barrier clothing/personal protective equipment (PPE) worn by the practitioner and attendees during the medical examination;
- e. identification of the practitioner, date and time (if appropriate) of the activity;
- f. amendments made to the record(s);
- g. statement<sup>49,50</sup> or generation of preliminary findings report;
- h. retention of notes, including permanent records such as colposcope images,<sup>51</sup> securely that complies with data protection requirements;
- i. access to notes and images for second opinion, peer review, investigation and criminal justice proceedings.

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<sup>49</sup> Forensic Science Regulator, FSR-G-200 *Expert Report Guidance*.

<sup>50</sup> Forensic Science Regulator, FSR-G-225 *Non-Expert Technical Statement Guidance*.

<sup>51</sup> Faculty of Forensic and Legal Medicine (2017b) *Guidance for best practice for the management of intimate images that may become evidence in court*.

**9.2 Statements and reports (ISO 15189 5.7.1; 5.8.1, the Forensic Science Regulator's Codes of Practice and Conduct, FSR-G-200 and FSR-G-225)**

9.2.1 The facility shall have a process for the production of statements and reports in a format that takes due regard to the disclosure obligations,<sup>52</sup> the requirements set out in the Criminal Procedure Rules and Criminal Practice Directions<sup>53</sup> for experts. Legal obligations are set out in FSR-I-400<sup>54</sup> and disclosure requirements in the *Guide Booklet for Experts*.<sup>55</sup>

9.2.2 Forensic practitioners shall be appropriately trained (7.1 above) and supported to produce a statement that is acceptable for use within in the criminal justice process.<sup>56</sup> The format for expert and non-expert technical reports set out in FSR-G-200 and FSR-G-225 should be adopted.

9.2.3 The facility shall define a process that can be evidenced for the end-to-end peer review stages of the case as it progresses. There should be a critical conclusions check of the report/statement by a second competent individual with the suitable level of knowledge, experience and authority to perform such a review.

**10. ACKNOWLEDGEMENTS**

10.1.1 This standard was produced following the award of a competitive tender to Principal Forensic Services and Lime Culture, which prepared the initial text for FSR-G-212, with thanks to June Guinness (Forensic Science Regulation Unit) and members of the Forensic Science Regulator's Medical Forensics Specialist Group.

**11. REVIEW**

11.1.1 This document is subject to review at regular intervals.

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<sup>52</sup> ACPO/CPS (2018) *Disclosure Manual*.

<sup>53</sup> Available at: [www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015](http://www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015).

<sup>54</sup> Forensic Science Regulator, FSR-I-400 *Legal Obligations for Witnesses Providing Expert Evidence*.

<sup>55</sup> ACPO/CPS (2010) *Guide Booklet for Experts*.

<sup>56</sup> Faculty of Forensic and Legal Medicine (2018b) *Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings*.

11.1.2 If you have any comments please send them to:  
www.gov.uk/government/organisations/forensic-science-regulator, or email:  
[FSREnquiries@homeoffice.gov.uk](mailto:FSREnquiries@homeoffice.gov.uk)

## 12. REFERENCES

**ACPO/CPS** (2018) *Disclosure Manual*. Available from: [www.cps.gov.uk/legal-guidance/disclosure-manual](http://www.cps.gov.uk/legal-guidance/disclosure-manual) [Accessed 24/07/2018].

**ACPO/CPS** (2010) *Guide Booklet for Experts*. Available from:  
[www.cps.gov.uk/legal-guidance/disclosure-experts-evidence-case-management-and-unused-material-may-2010-guidance](http://www.cps.gov.uk/legal-guidance/disclosure-experts-evidence-case-management-and-unused-material-may-2010-guidance) [Accessed 24/07/2018].

**British Standard BS EN ISO 21043-1:2018** *Forensic Sciences Part 1: Terms and definitions*. Available at [shop.bsigroup.com](http://shop.bsigroup.com) [Accessed 23/10/2018].

**British Standard BS PAS 377:2012** *Specification for consumables used in the collection, preservation and processing of material for forensic analysis: Requirements for product, manufacturing and forensic kit assembly*. Available at: [shop.bsigroup.com](http://shop.bsigroup.com) [Accessed 24/07/2018].

**Criminal Procedure Rules and Practice Directions**. Available at:  
[www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015](http://www.justice.gov.uk/courts/procedure-rules/criminal/rulesmenu-2015)  
[Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2017a) *Child Sexual Abuse Forensic Medical Examinations: Interim Guidance regarding number of examinations and maintenance of competence*. Available at:  
<https://fflm.ac.uk/wp-content/uploads/2017/06/CSA-Examinations-Interim-Guidance-Dr-Bernadette-Butler-Jan-2017.pdf> [Accessed 23/08/2018].

**Faculty of Forensic and Legal Medicine** (2011) *Consent from patients who may have been seriously assaulted*. Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1311675189.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine (FFLM)** (2018b) *Forensic clinicians (physicians, nurses and paramedics) as witnesses in criminal proceedings*. Available at: <https://fflm.ac.uk/wp-content/uploads/2018/06/Forensic-Clinicians->

[as-witnesses-in-criminal-proceedings-Prof-K-Rix-May-2018.pdf](#) [Accessed 23/08/2018].

**Faculty of Forensic and Legal Medicine** (2016d) *Guide to Establishing Urgency of Sexual Offence Examination: Flowchart for Pre-pubertal Complainants and Flowchart for Post-pubertal Complainants*. Available at: <https://fflm.ac.uk/publications/guide-to-establishing-urgency-of-sexual-offence-examination/> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (Reviewed 2017b). *Guidance for best practice for the management of intimate images that may become evidence in court*. Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1400752731.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2012a) *Guidelines on Paediatric Forensic Examination in Relation to Possible Child Sexual Abuse*. Available at: <https://fflm.ac.uk/wp-content/uploads/documentstore/1352802061.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2016g) *Labelling forensic samples*. Available at: <https://fflm.ac.uk/wp-content/uploads/2016/01/Labelling-forensic-samples-Dr-M-Stark-Jan-2016.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2017c) *PICS Working Group Guidelines on Photography*. Available at: <https://fflm.ac.uk/publications/pics-working-group-guidelines-on-photography/> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2016f) *Pro forma forensic medical examinations*. Available at: <https://fflm.ac.uk/publications/pro-forma-forensic-medical-examination-forms-2/> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2010, Revised 2014) *Pro forma for adult female and male forensic sexual assault examinations*. Available at: <https://fflm.ac.uk/wp-content/uploads/2014/04/Proforma-for-ADULT-female-and-male-forensic-sexual-assault-examination-JULY-2010.pdf> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2012b) *Pro forma for paediatric medical examination*. Available at: <https://fflm.ac.uk/publications/pro-forma-paediatric-forensic-examinations/> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2016a) *Quality Standards in Forensic Medicine*. Available at: <https://fflm.ac.uk/wp-content/uploads/2014/04/Quality-Standards-in-Forensic-Medicine-February-2016.pdf> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2016c) *Quality Standards for Nurses and Paramedics*. Available at: <https://fflm.ac.uk/wp-content/uploads/2016/11/Quality-Standards-for-Nurses-and-Paramedics-General-Forensic-Medicine-May-2016.pd> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** (2018a) *Recommendations for the Collection of Specimens from Complainants and Suspects*. Available at: <https://fflm.ac.uk/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects-3> [Accessed 24/07/2018].

**Faculty of Forensic and Legal Medicine** ((2016b) *Recommendations: Operational Procedures and Equipment for Medical Rooms*. Available at: <https://fflm.ac.uk/resources/publications/> and <https://fflm.ac.uk/wp-content/uploads/2016/01/Operational-procedures-and-equipment-for-medical-facilities-in-victim-examination-suites-or-SARCs-Dr-M-Stark-Jan-2016.pdf> [Accessed 31/07/2018].

**Faculty of Forensic and Legal Medicine** (2016e) *SARC Storage of Forensic Samples and the Human Tissue Act: Frequently Asked Questions*. Available at: <https://fflm.ac.uk/wp-content/uploads/2016/12/SARC-Storage-of-Forensic-Samples-and-the-Human-Tissue-Act-FAQs-Dr-C-White-November-2016.pdf> [Accessed 23/08/2018].

**Forensic Science Regulator**, *Codes of Practice and Conduct for Forensic Science Providers and Practitioners in the Criminal Justice System*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct) [Accessed 24/07/2018].

**Forensic Science Regulator**, FSR-G-217 *Cognitive bias effects relevant to forensic science examinations*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#guidance](http://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct#guidance) [Accessed 24/07/2018].

**Forensic Science Regulator**, FSR-G-207 *DNA Anti-Contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/publications/sexual-assault-referral-centres-and-custodial-facilities-dna-anti-contamination](http://www.gov.uk/government/publications/sexual-assault-referral-centres-and-custodial-facilities-dna-anti-contamination) [Accessed 22/10/2018].

**Forensic Science Regulator**, FSR-P-302 *DNA contamination detection – the management and use of staff elimination databases*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/publications/dna-contamination-detection](http://www.gov.uk/government/publications/dna-contamination-detection) [Accessed 24/04/2018].

**Forensic Science Regulator**, FSR-G-200 *Expert Report Guidance*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/publications/expert-report-content](http://www.gov.uk/government/publications/expert-report-content) [Accessed 15/08/2018].

**Forensic Science Regulator**, FSR-I-400 *Legal Obligations for Witnesses Providing Expert Evidence*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/collections/fsr-legal-guidance](http://www.gov.uk/government/collections/fsr-legal-guidance) [Accessed 24/07/2018].

**Forensic Science Regulator**, FSR-G-212 *Forensic Medical Examination – Assessment, Collection and Recording of Forensic Evidence* (Consultation in press). Birmingham: Forensic Science Regulator.

**Forensic Science Regulator**, FSR-G-225 *Non-Expert Technical Statement Guidance*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/publications/non-expert-technical-statements](http://www.gov.uk/government/publications/non-expert-technical-statements) [Accessed 15/08/2018].

**Forensic Science Regulator**, FSR-G-208 *The control and avoidance of contamination in laboratory activities involving DNA evidence recovery and analysis*. Birmingham: Forensic Science Regulator. Available at:

[www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance](http://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance) [Accessed 24/04/2018].

**Forensic Science Regulator**, FSR-G-206 *The control and avoidance of contamination in crime scene examination involving DNA evidence recovery*. Birmingham: Forensic Science Regulator. Available at: [www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance](http://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance) [Accessed 24/04/2018].

**House of Commons Hansard archives**, *Forensic Science*, March 18 2009, Column 1164W. Available at: <https://publications.parliament.uk/pa/cm200809/cmhansrd/cm090318/text/90318w0006.htm> [Accessed 24/04/2018].

**Human Tissue Act 2004** Available at: [www.legislation.gov.uk/ukpga/2004/30/contents](http://www.legislation.gov.uk/ukpga/2004/30/contents) [Accessed 23/08/2018].

**General Medical Council** *Good Medical Practice Guidance for Doctors* documents. Available at: [www.gmc-uk.org/](http://www.gmc-uk.org/) [Accessed 24/07/2018].

**General Medical Council** (2012) *Protecting children and young people: the responsibilities of all doctors*. Available at: [www.gmc-uk.org/](http://www.gmc-uk.org/) [Accessed 24/07/2018].

**ILAC-G19:08/2014** *Modules in a Forensic Science Process*, International Laboratory Accreditation Cooperation. Available at: [ilac.org/news/ilac-g19082014-published/](http://ilac.org/news/ilac-g19082014-published/) [Accessed 19/09/2018].

**ISO 15189:2012** *Medical laboratories – Requirements for quality and competence*. Available at: [www.iso.org/home.html](http://www.iso.org/home.html) [Accessed 24/07/2018].

**ISO 18385:2016** *Minimizing the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*. Available at: [www.iso.org/home.html](http://www.iso.org/home.html) [Accessed 24/07/2018].

**Taskforce on the Health Aspects of Violence against Women and Children** (2010) *Report of the Taskforce on the Health Aspects of Violence against Women and Children*, Recommendation 21. Available at: [www.health.org.uk/sites/health/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS\\_guide.pdf](http://www.health.org.uk/sites/health/files/RespondingtoViolenceAgainstWomenAndChildrenTheRoleofTheNHS_guide.pdf) [Accessed 24/07/2018].

**Royal College of Paediatrics and Child Health** *Child Protection Companion*.

Available at Paediatric Care Online: [www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk](http://www.rcpch.ac.uk/resources/paediatric-care-online-pco-uk) [Accessed 23/10/2018].

**Royal College of Paediatrics and Child Health and Faculty of Forensic and Legal Medicine** (2015) *Service specification for the clinical evaluation of children and young people who may have been sexually abused*. Available at:

[https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification\\_FINAL.pdf](https://fflm.ac.uk/wp-content/uploads/2017/01/Service-Specification_FINAL.pdf)

[Accessed 28/09/2018].

**UKSC112015** *Montgomery v Lanarkshire Health Board*. Available at:

[www.supremecourt.uk/cases/uksc-2013-0136.html](http://www.supremecourt.uk/cases/uksc-2013-0136.html) [Accessed 15/08/2018].

### 13. ABBREVIATIONS

<b>Abbreviation</b>	<b>Meaning</b>
ACPO	Association of Chief Police Officers, replaced by the National Police Chiefs' Council (NPCC)
CJS	Criminal justice system
CPS	Crown Prosecution Service
DNA	Deoxyribonucleic acid
EEK	Early evidence kit
EMS	Environmental monitoring system
FFLM	Faculty of Forensic and Legal Medicine
FSR	Forensic Science Regulator
ISO	International Organisation for Standardization
GMC	General Medical Council
PAS	Publicly Available Specification
PPE	Personal protective equipment
QMS	Quality management system

RCPCH	Royal College of Paediatrics and Child Health
SOP	Standard operating procedure
STI	Sexually transmitted infection
UKSC	United Kingdom Supreme Court

## 14. GLOSSARY

**CHILD:** A child is anyone who has not yet reached their 18th birthday.

**COMPETENCY:** The ability of an individual to do a job properly.

**COMPLAINANT:** An individual subjected to, or suspected of being subjected to sexual assault. It encompasses ‘victim’, ‘patient’, and ‘survivor’.

**CONSUMABLES:** Single-use commodities used in the collection, preservation and processing of material for forensic analysis, and are bought and used up recurrently.

**DNA CLEAN AREA:** Area in which appropriate DNA contamination prevention measures shall be maintained at all times.

**DNA CONTAMINATION:** The introduction of DNA, or biological material containing DNA, to an exhibit, or subsample derived from an exhibit during or after its recovery from the scene of crime or a person. In the context of the facility this could occur for any of the following reasons.

- a. Poor practice<sup>57</sup> employed by staff using fixtures and fittings and or collecting forensic samples.
- b. DNA contamination from anybody who has had access to the forensic waiting room and/or the medical examination room. Here ‘key risk groups’ are people from whom elimination DNA profiles have not been taken and included in an elimination database – they therefore may be inadvertently associated with a crime rather than being identified as contamination. These may include visitors, contractors and people accompanying a

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<sup>57</sup> It should be noted that even good practice does not eliminate the risk of contamination, it only helps to minimise it.

complainant into the forensic waiting room and/or the medical examination room.

- c. Insufficient use of cleaning regimes, or ineffective cleaning reagents used, as part of a general forensic clean or a subsequent deep clean.
- d. Residual DNA from the manufacture/maintenance of fixtures and fittings that have not been deep cleaned.

**EARLY EVIDENCE KIT (EEK):** A dedicated kit used to collect forensic samples that are affected by both time and the activities undertaken by a complainant post-assault.

**ELIMINATION DATABASE:** Collection of DNA profiles held in a searchable format from staff whose access/role/activities are deemed to be a potential DNA contamination risk. This may include not just the staff working within a specific facility, but also profiles from visitors to the facility, staff of manufacturers supplying consumables for DNA processing, and unsourced contamination profiles. The profiles are used to identify instances of inadvertent contamination.

**ENVIRONMENTAL MONITORING (EM):** A sampling and analytical (DNA) process for equipment, furniture and work areas that both monitors and audits the cleaning procedures and decontamination methods applied within the facility.

**EVIDENCE:** Is wider than just the samples taken. It also includes the absence or presence of injuries (fresh and healing), scars, and elements of the history pertaining to and provided by the [complainant](#).

**EXAMINATION:** Act or process of observing, searching, detecting, recording, prioritizing, collecting, analysing, measuring, comparing and/or interpreting

Note 1 to entry: Examination can include collecting [items](#) from persons.

[SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**EXAMINATION STRATEGY:** Plan developed to specify the requirements and activities for the [examination](#) phase of a [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FACILITY:** Physical environment used to protect the [item](#) integrity, conduct testing, or support any other aspect of the [forensic process](#).

EXAMPLE: Buildings, designated area, tents, storage areas, mobile office or laboratories and vehicles. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

For the purpose of this document, this is any medical examination and sample collection facility, which in part is a [forensic unit](#).

**FINDING:** Information concluded as a result of an [examination](#) [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC:** Related to methods, techniques and processes used to establish conclusions and/or opinions, facts and [findings](#), which can be used for legal proceedings.[SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC PRACTITIONER:** The term is used to describe both forensic physicians and forensic nurses.

**FORENSIC PROCESS:** Set of interrelated or interacting [forensic](#) activities. SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**FORENSIC SCIENCE PROVIDER:** An organisation that undertakes any part of the evidence recovery, analytical process and interpretation on behalf of the police or other criminal justice system customers. Police evidence recovery laboratories are also included.

**FORENSIC UNIT:** A forensic unit is a legal entity or a defined part of a legal entity that performs any part of the forensic science process. [SOURCE: ILAC-G19:08/2014 *Modules in a Forensic Science Process*]

**GROSS CONTAMINATION:** Is the transfer of DNA from a single person where a partial or complete DNA profile (these alleles are 'dependent') is obtained as a result of a single contamination event and the donor could be identified.

The term is also used in environmental monitoring (EM) sampling where a profile from multiple persons from an unidentified number of events is obtained and the donors cannot be identified.

**ITEM:** Object, substance or material that is collected, derived or sampled as part of the [forensic process](#). [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**PEER REVIEW:** Evaluation of the [reports](#), [examinations](#), notes, data and [findings](#) by others competent in the same field to assess that there is an appropriate and sufficient basis for the conclusions and/or opinions. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*]

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Items, for example, clothing and gloves that are used to prevent skin and mucous membrane exposure when in contact with blood and body fluid on or from any complainant. PPE is also worn to protect the practitioner from contact with harmful chemicals, for example, during decontamination and to minimise the chance that the wearer causes inadvertent DNA contamination.

**QUALITY MANAGEMENT SYSTEM (QMS):** A management system to direct and control an organisation with regard to quality.

**REPORT:** Communication of outcomes of the forensic process. [SOURCE: BS EN ISO 21043-1:2018 *Forensic Sciences Part 1: Terms and definitions*] These include but are not limited to:

- a. streamlined forensic reports (SFRs);
- b. section 9 statements (Criminal Justice Act 1967);
- c. interim reports;
- d. email; or
- e. oral communication.

**STANDARD:** In essence, a *standard* is an agreed way of doing something that is a level of quality or attainment.

**STATEMENT:** A statement is one form of a report. It is formatted to comply with the provisions of s9 Criminal Justice Act 1967.

## **ANNEX A : SELF-ASSESSMENT QUESTIONNAIRE**

### **The Forensic Medical Examination of Adult and Child Sexual Assault Complainants**

The self-assessment questionnaire is part of the consultation on this standard and is published as a separate document for comment.

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# Guidance

## **DNA Anti-Contamination – Forensic Medical Examination in Sexual Assault Referral Centres and Custodial Facilities**

**FSR-G-207**

**ISSUE 1**

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## 1. INTRODUCTION

- 1.1.1 The purpose of this document is to provide guidance for the ‘forensic medical’ examination of persons.
- 1.1.2 This interim guidance sets out the Forensic Science Regulator’s minimum DNA anti-contamination recommendations for the forensic medical examination of persons examined in sexual assault referral centres (SARCs) or custodial settings such as police custody suites.
- 1.1.3 All healthcare professionals (HCP) providing forensic science services including evidential sample collection shall take due regard of the Forensic Science Regulator’s *Codes of Practice and Conduct for Providers and Practitioners in the Criminal Justice System* (the [Codes](#))<sup>1</sup> as it applies to them.
- 1.1.4 In the examination process the principle is to minimise the inadvertent transfer of DNA material that could lead to the risk of a miscarriage of justice. This includes the risk of wrongful conviction(s) or wrongful acquittal(s), obstructing or delaying investigation(s).
- 1.1.5 There are potentially many routes by which contamination may occur; FSR-P-302 (section1) provides further detail. By controlling the environment, personnel, consumables and sampling procedures it is possible to minimise the opportunities for contamination events; some example contamination routes are provided in the table 1 below.

### **Direct transfer**

Sample	to	Environment/item
Environment/item	to	Sample
Consumable	to	Sample
Person	to	Environment/item

### **Indirect transfer – secondary transfer**

Environment/item	to	Examinee	to	Sample
Environment/item	to	Consumable	to	Sample
Environment/item	to	Practitioner	to	Sample
Environment/item	to	Environment/item	to	Sample
Person	to	Examinee	to	Sample
Person	to	Environment/item	to	Sample
Sample 1	to	Environment/item	to	Sample 2

<sup>1</sup> Forensic Science Regulator’s *Codes of Practice and Conduct for Providers and Practitioners in the Criminal Justice System*. Available at: <https://www.gov.uk/government/publications/forensic-science-providers-codes-of-practice-and-conduct-2016>

**Indirect transfer – tertiary transfer**

Person	to	Environment/item	to	Consumable	to	Sample
Person	to	Environment/item	to	Examinee	to	Sample
Environment/item	to	Environment/item	to	Examinee	to	Sample
Environment/item	to	Environment/item	to	Practitioner	to	Sample
Sample 1	to	Environment/item	to	Examinee	to	Sample 2

Table 1: Examples of routes where contamination of DNA may occur

**2. SCOPE**

2.1.1 This guidance covers the minimum DNA anti-contamination practices and processes for the taking of personal samples and recovery of other trace evidence for forensic analysis from examinations, carried out in sexual assault referral centres or custodial settings such as police custody suites.

**3. IMPLEMENTATION**

3.1.1 This guidance is available for incorporation into an organisation's standard practice, operating procedures and quality management system from the date of publication and immediate implementation is strongly recommended. Full compliance with the requirements set out in this guidance is expected by April 2017.

**4. MODIFICATION**

4.1.1 This is issued as interim guidance. Detailed requirements will be issued in due course, therefore the status of some of the guidance may be changed from good practice (should) to a mandatory requirement (shall/must).

**5. TERMINOLOGY**

5.1.1 The word 'shall'<sup>2</sup> has been used in this document where there is a corresponding requirement in the Forensic Science Regulator's Codes; the word 'should'<sup>3</sup> has been used to indicate generally accepted practice where the reason for not complying or any deviation shall be recorded.

<sup>2</sup> In good medical practice 'shall' equates to 'must', which is used for an overriding duty or principle.

<sup>3</sup> In good medical practice 'should' is used when providing an explanation of how to meet the overriding duty and where the duty or principle will not apply in all situations or circumstances, or where there are factors

## 6. ANTI-CONTAMINATION MEASURES (Codes section 19.2)

6.1.1 The Codes provide detailed requirements on contamination avoidance, monitoring and detection; section 19.2.2 of the Codes describes steps to be taken in establishing procedures relevant to contamination control.

6.1.2 From conducting a hazard or risk-based analysis (for example, process mapping) with respect to contamination, the following conditions to prevent cross-contamination should apply<sup>4</sup>.

- a. The practitioner undertaking the forensic medical examination of a complainant should not provide any medical examination or any other service to the alleged suspect in the same case, for example, where the suspect is in custody.
- b. Where the provider of forensic medical practitioners delivers services to both the SARC and custodial settings, there should be two separate rotas in operation to ensure that the forensic medical practitioner available for sexual offence forensic medical examinations of complainants is not used for custody medicine at that time.
- c. In the event that multiple complainants from the same crime attend the SARC at the same time, or multiple suspects from the same alleged crime are in custody at the same time, staff should ensure that they do not have contact with multiple individuals linked to the same crime, in order to prevent cross-contamination.
- d. Police officers shall already have general forensic awareness training to maintain and record separation of potentially conflicting or cross-contaminating activities to ensure that suspects and complainants are transported separately and that each individual is dealt with by different

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outside the forensic practitioner/healthcare professional's control that affect whether or how guidance can be followed. See the General Medical Council (GMC) *Good Medical Practice Guide*.

<sup>4</sup> In exceptional circumstances (for example, very remote locations) where it becomes necessary to use the same forensic practitioner/healthcare professional, the reason and rationale behind the decision and the steps that have been undertaken to reduce the risk of contamination shall be documented. For example, cleaning of mobile equipment including the outer surface of a medical bag; showering including hair wash; and a change of clothes shall be recorded and documented in the sexual assault referral centre (SARC) and/or custody record as appropriate and disclosed in any subsequent report or statement.

staff<sup>5</sup> If it becomes apparent that this practice has been breached then the appropriate information shall be documented, brought to the attention of the appropriate personnel and disclosed in any subsequent report or statement.

## 7. PROFESSIONAL RESPONSIBILITY

### 7.1 Personnel: Training and competence (Codes sections 17 and 18)

7.1.1 The training and competency requirements set out in sections 17 and 18 of the Codes should apply.

7.1.2 All healthcare professionals working in the police custodial setting or Sexual Assault Referral Centres (SARC) should have undergone training and assessment of competency<sup>6 7</sup> in the forensic areas within which they are working and should work within their competence. This includes personnel with responsibility for the decontamination cleaning of the forensic areas of the facility (for example, crisis worker).

7.1.3 Processes should be in place for assessing and maintaining on-going competency, for example, this can include peer review, feedback on environmental monitoring, samples taken, information provided to accompany submissions for analysis and laboratory test results<sup>8 9</sup>.

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<sup>5</sup> See FSR 206 section 6.1.7-9, 6.1.20 and 6.2 for further information on DNA anti-contamination strategy.

<sup>6</sup> 'The UK Association of Forensic Nurses (UKAFN), College of Paramedics and Faculty of Forensic and Legal Medicine (FFLM) have agreed that the minimum competency standard for all healthcare professionals (nurses, paramedics and doctors) working in the fields of general forensic medicine or sexual offence medicine should be either the UKAFN Advanced Standards in Education and Training (ASET) or the Licentiate of the Faculty of Forensic and Legal Medicine (LFFLM)'. <http://www.fflm.ac.uk/2015/10/spress-release-doctors-nurses-and-paramedics-working-in-police-custody-call-for-standards-to-protect-patients-and-avoid-miscarriages-of-justice/>

<sup>7</sup> The Faculty of Forensic and Legal Medicine has published standards for healthcare professionals (doctors, nurses and paramedics) working in the these settings available at : <http://www.fflm.ac.uk/wp-content/uploads/2014/04/Quality-Standards-in-Forensic-Medicine-February-2016.pdf> and <http://www.fflm.ac.uk/wp-content/uploads/2016/06/Quality-Standards-for-Nurses-and-Paramedics-General-Forensic-Medicine-May-2016.pdf>

<sup>8</sup> Procedures to assess quality and feedback to the practitioner or service provider should be in place having been developed collaboratively between the providers of forensic practitioners and the police.

<sup>9</sup> Nittis, M., Stark, M. (2014) Evidence based practice: Laboratory feedback informs forensic specimen collection in NSW.

7.1.4 In addition to adhering to any professional requirements (for example, from the Faculty of Forensic and Legal Medicine [FFLM], Royal College of Paediatrics and Child Health [RCPCH] and college of paramedics) or regulatory requirements (for example, from the General Medical Council [GMC] and Nursing and Midwifery Council [NMC]), the code of conduct for forensic science practitioners given on page 11 of the [Codes](#) shall be followed.

## 8. FACILITIES

8.1.1 As a minimum this guidance applies to any room or area used for receiving persons for examination, medical examination and/or sample collection/storage.

8.1.2 There should be a named person within the facility with responsibility for ensuring that a suitable environment is provided. This will enable the practitioner to carry out their duties appropriately, without compromising the integrity of any material or samples recovered. Any quality issues should be reported to this named person<sup>10</sup>

### Accommodation and environmental conditions (Codes sections 19.1, 19.2.3 and 23.3)

8.1.3 An identified room where the forensic medical examination or sample collection will take place should be designated the 'DNA clean'/'forensic examination' area in readiness for use.

8.1.4 Walls, floors and furniture should be of smooth finish, sealed and resistant to deterioration from frequent cleaning<sup>11</sup>.

8.1.5 Chairs should be height adjustable and shall be made or covered by non-porous material such as vinyl, which can withstand frequent cleaning.

8.1.6 Drawer units should provide sufficient storage capacity to enable work surfaces to be kept clear, other than for equipment in use.

8.1.7 There should be no strong air currents, notably from fans, vents or windows that may be positioned near the examination, sampling and packaging areas. The

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<sup>10</sup> This should include informing the police forensic submissions/science unit.

<sup>11</sup> Any new build post-October 2016 shall be required to meet the ideal practice as standard.

management of cleaning, monitoring, handling and sampling procedures shall take account of the risk of contamination (Codes 19.2.2a).

8.1.8 Decontamination (deep) cleaning of the whole forensic area using cleaning agent(s) and method(s) demonstrated to be effective<sup>12 13</sup> in removing levels of DNA detected using routine profiling methods (Ballantyne *et al.*, 2015) should be carried out at least monthly to remove build-up of DNA contamination, see FSR-G- 208 section 8.6)

8.1.9 Cleaning should be undertaken wearing sufficient barrier clothing (*ibid.*, section 9.4) and glove management to prevent, as a minimum, transferring DNA from:

- a. room and items to self;
- b. self to room and items;
- c. items to room;
- d. items to items; and
- e. room to room.

8.1.10 As a minimum, cleaning of high risk surfaces and equipment<sup>14</sup> shall be undertaken prior to each examination. In sexual assault referral centres (SARCs), cleaning of high risk areas shall also be carried out after each examination.

8.1.11 A record of the cleaning shall be maintained. As a minimum this should record date, time and operator.

8.1.12 The number of persons accessing the medical examination room shall be minimised by restricting access (Codes 19.2.3) to authorised personnel. The documentation held shall record as a minimum, the date and time when each client was examined, the practitioner(s) and any other persons in attendance.

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<sup>12</sup> **National Institute of Justice Forensic Technology Center of Excellence**, (2011) *Comparison Study of Disinfectants for Decontamination*.

<sup>13</sup> Examples of cleaning agents include 10% sodium hypochlorite (bleach, Presept™) solution, 1% Solution Rely+On™ Virkon®, Microsol (10 %) and Distel (1%) (Trigene Advance).

<sup>14</sup> These are surfaces and items that have a risk of transferring DNA directly to the examinee or to the consumables used to recover and package samples and exhibits.

8.1.13 There should be a programme of testing rooms, areas and/or equipment to assess whether the decontamination policy is both effective and has been carried out properly, i.e. environmental monitoring, see FSR-G-208 section 8.7).

## 9. PACKAGING AND GENERAL CHEMICALS AND MATERIALS (Codes section 12)

9.1.1 Customers and providers shall ensure that any sample, packaging and/or collection kits<sup>15</sup> they use are fit for purpose.

9.1.2 Areas used for the storage and handling of consumables, samples and exhibits<sup>16</sup> shall be secure and access shall be restricted to authorised personnel only (Codes 23.3).

### Packaging

9.1.3 The packaging of collected material shall preserve the integrity of the potential material for forensic examination and minimise the risk of loss, degradation or contamination.

9.1.4 As a minimum this should include:

- a. separate packaging of items where the packaging of items together is likely to compromise them;
- b. the appropriate packaging for the size, condition and forensic analysis requirements of the material recovered; and
- c. secure sealing.

## 9.2 Consumables

9.2.1 Consumables are single-use commodities used in the collection, preservation and processing of material for forensic analysis, and are bought and used routinely. These include barrier / personal protective equipment, tamper evident

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<sup>15</sup> This can be demonstrated by consumable manufacturers and kit assemblers meeting the requirements set out for DNA consumables in BS ISO 18385:2016 *Minimising the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes* and for other non-DNA consumables in the publicly available specification (PAS) 377:2012 *Specification for consumables used in the collection, preservation and processing of material for forensic analysis – Requirements for product, manufacturing and forensic kit assembly*.

<sup>16</sup> The requirements for drying cabinets and temporary storage areas are set out in FSR-G-206 section 10).

containers, swabs, and packaging that comes into direct contact with the material for forensic analysis. A consumable can also be equipment used in the collection, processing and safe handling of the material, for example, disposable tweezers or scissors.

9.2.2 Consumables utilised shall be such that they minimise the risk of DNA contamination. As a minimum, sampling items such as swabs and water that are declared as free from detectable human DNA<sup>17</sup>/forensic DNA grade<sup>18</sup> shall be used. A record of the batch/lot information shall be recorded.

9.2.3 Whether stored at the facility, in the examination room or carried by the practitioner, as a minimum swabs, water ampoules, barrier clothing (suits, aprons and sleeve covers), gloves and exhibit bags shall be protected from the environment, either by outer protective packaging or packaged as part of a kit.

### 9.3 Equipment

9.3.1 Based on the risk assessment (Codes 19.2.2a) wherever possible the use of reusable equipment (for example, tweezers, scissors or pens) should be avoided.

9.3.2 Equipment that is not disposable and needs to be reused (for example, colposcope, stethoscope, computer keyboards, mouse) shall be decontaminated between each examination.

9.3.3 The cleaning agent(s) and method used shall be demonstrated to be effective in removing detectable levels of DNA<sup>19</sup> and do not interfere with downstream DNA processing. A cleaning process example is as follows.

- a. Items not suitable for immersion in fluid without being damaged should be thoroughly cleaned using disposable cleaning roll or wipes liberally wetted with a chemical that inactivates and removes DNA. If equipment will have direct contact with sampling materials or has health and safety implications

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<sup>17</sup> Human DNA is not detectable by the most sensitive DNA profiling techniques available.

<sup>18</sup> Demonstrated by compliance to BS ISO18385:2016 *Minimising the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*.

<sup>19</sup> Examples of cleaning agents include 10% sodium hypochlorite (bleach, Presept™) solution, 1% Solution Rely+On™ Virkon®, Ethanol (70% w/w) and Chlorhexadine Digluconate (2.5%w/w) wipes, Isopropyl Alcohol (70%) wipes (Azo wipes), Microsol (10 %) and Distel (1%) (Trigene Advance).

then the cleaning process should ensure that all residues of the cleaning agent is removed, for example, by cleaning with sterile water. Where equipment or items are susceptible to corrosion, then an appropriate cleaning agent that does not corrode<sup>20</sup> should be used.

- b. Small items thought to be contaminated that are suitable for immersion in fluid without damaging them should be submerged in a cleaning agent, scrubbed/wiped down to remove material. If equipment will have direct contact with sampling materials or has health and safety implications then it should be rinsed in sterile distilled water and placed in clean sealed protective packaging (for example, bag, plastic box) in readiness for the next use.

#### **9.4 Use of personal barrier / protective equipment (FSR-G-208 section 18.3.18-20)**

9.4.1 For the examination, persons who are not critical to the examination or support of the victim should be excluded where possible, for example, police and family members; all in attendance shall as a minimum wear protective barrier clothing as defined below:

- a. disposable barrier clothing to cover exposed/bare skin and the outer clothing to prevent DNA transfer onto outer clothing, which is subsequently transferred onto a handled item or another person, such as scrubs or aprons and disposable sleeve covers;
- b. non-latex powder free<sup>21</sup> gloves (for example, nitrile).

It is also preferable for a mask and mob cap to be worn.

9.4.2 Hands shall be decontaminated before donning gloves, and following their removal.

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<sup>20</sup> Activ8™ contains no oxidising or corrosive ingredients and can therefore be used with confidence on all surfaces including fabrics and carpets. King's College London and Metropolitan Police Service (2015) *Cleaning project*.

<sup>21</sup> The powder in many types of gloves has been found to inhibit subsequent DNA analysis and can potentially contaminate items being handled, therefore powdered gloves should be avoided.

- 9.4.3 Double gloving with changes of the top gloves when handling different sample sites, before handling equipment or after touching any other surfaces, such as taps, door handles, bins, curtains, shall be employed.
- 9.4.4 For the cleaning activities, the following protective barrier clothing shall be worn and put on in the following order:
- a. face mask;
  - b. overshoes;
  - c. mob cap;
  - d. inner base gloves;
  - e. disposable lab coat, 'scrubs' scene suit or apron and sleeve covers; and
  - f. outer gloves.
- 9.4.5 Protective barrier clothing shall be changed after every forensic examination, cleaning or maintenance task.
- 9.4.6 The protective barrier clothing shall be appropriately disposed of after use (Codes 23.4).

## **10. METHODS AND PROCEDURES**

- 10.1.1 Prior to using the examination room the forensic medical practitioner shall satisfy themselves that adequate cleaning has taken place. If there is any doubt as to the integrity of the cleanliness then in addition to the couch cover, disposable sheeting shall be placed onto surfaces such as trolley, table, desks to act as a barrier prior to use.
- 10.1.2 Any quality or integrity issue shall be brought to the attention of the centre or appropriate facility manager and a record of the issue, date, time and to whom the matter was reported shall be documented.
- 10.1.3 Following investigation it could require escalation to the Forensic Science Regulator; examples are provided in the Codes section 14.1.
- 10.1.4 A record of all persons in attendance at any time and the protective measures taken during the examination shall be maintained.

- 10.1.5 The Faculty of Forensic and Legal Medicine (FFLM) [sampling guidelines](#) should be followed.
- 10.1.6 If required to use moistened swabs for sampling, then fresh clean gloves shall be worn to open the water ampoule and the initial drops of water shall be discarded as a means to flush the nozzle before wetting the swab; if the nozzle makes contact with any contaminated surface then the water ampoule shall be discarded.
- 10.1.7 All exhibit bags should be labelled and sealed before they are transported for storage, either within the facility or at an agreed alternative storage facility. This should be the responsibility and ownership of the practitioner collecting the items (Codes 23.3).
- 10.1.8 Forensic medical practitioners are categorised as individuals who pose a high risk for DNA contamination, see FSR-P-302 section 7.5 and as such shall provide DNA samples for elimination purposes (Codes 19.2.5 and FSR-P-302).

## 11. DOCUMENTATION

### 11.1 Exhibit labelling

- 11.1.1 The packaging of all items shall be labelled so that it allows for the chain of custody to be tracked. As a minimum, labelling shall include:
- a unique identifier (for example, barcode or a combination of date/case number/operator/consecutive numbering);
  - description of the item;
  - the person and/or location from which the item was collected.
  - the date and time that the item was collected;
  - the name or identifier of the person who collected the item.

### 11.2 Note taking and record keeping (Codes section 15)

- 11.2.1 Any decision made by the professional shall be recorded along with the reason for making the decision. Where an expected course of action is not followed, then the reason for doing so shall be documented in the record.

11.2.2 Notes shall contain sufficient detail to enable the practitioner to generate a statement, if required, at a later date.

### 11.3 Statements and reports (Codes section 25)

11.3.1 Due regard should be taken of the disclosure obligations and the requirements set out in the *Criminal Procedure Rules* and *Criminal Practice Directions* ((Ministry of Justice) for experts. Though duties to the court of professional witnesses and experts are similar, it should be borne in mind that the court can deem an individual an expert to give an opinion based on their experience and knowledge; in addition, opinion evidence may rely on the statements provided by other practitioners<sup>22</sup> Legal obligations are set out in FSR-I-400 and disclosure requirements in the Association of Chief Police Officers (ACPO) and the Crown Prosecution Service (CPS) guidance for experts.

## 12. REVIEW

12.1.1 The Forensic Science Regulator welcomes comments. Please send them to the address as set out at: <https://www.gov.uk/government/organisations/forensic-science-regulator>, or email: [FSREnquiries@homeoffice.gsi.gov.uk](mailto:FSREnquiries@homeoffice.gsi.gov.uk)

## 13. ABBREVIATIONS

Abbreviation	Meaning
ACPO	Association of Chief Police Officers, now replaced by the National Police Chiefs' Council (NPCC)
CoP	College of Paramedics
CPS	Crown Prosecution Service
DNA	Deoxyribonucleic acid
FFLM	Faculty of Forensic & Legal Medicine of the Royal College of

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<sup>22</sup> The forensic scientist may rely upon the statement from the forensic medical practitioner when evaluating and forming an opinion of their scientific findings.

	Physicians
FSR	Forensic Science Regulator
HCP	Healthcare Professional
ISO	International Organisation for Standardization
PPE	personal protective equipment
SARC	sexual assault referral centre
UKAFN	United Kingdom Association of Forensic Nurses

#### 14. REFERENCES

**ACPO/CPS** (2010) *Guide Booklet for Experts* May 2010. Available from: [http://www.cps.gov.uk/legal/d\\_to\\_g/disclosure\\_manual/annex\\_k\\_disclosure\\_manual/index.html](http://www.cps.gov.uk/legal/d_to_g/disclosure_manual/annex_k_disclosure_manual/index.html) [Accessed 07/09/2014].

**Ballantyne, K., Salemi, R., Guarino, F., Pearson, J., Garlepp, D., Fowler, S. and van Oorschot, R.** (2015) 'DNA contamination minimisation – finding an effective cleaning method', *Australian Journal of Forensic Sciences*, vol. 47, issue 4, pp 428–439.

**British Standards** (2016) *BS ISO 18385:2016 Minimising the risk of human DNA contamination in products used to collect, store and analyse biological material for forensic purposes*. Available from: <http://shop.bsigroup.com/ProductDetail/?pid=00000000030289935>

**Criminal Practice Directions.** Available from: <https://www.judiciary.gov.uk/publications/criminal-practice-directions-2015/> [Accessed 07/12/15].

**Criminal Procedure Rules** Published by the Ministry of Justice on behalf of the Criminal Procedure Rule Committee. London: Ministry of Justice. Available from: <http://www.legislation.gov.uk/ukxi/2015/1490/contents/made> [Accessed 07/12/15].

**Faculty of Forensic and Legal Medicine** (2016) *Quality Standards in Forensic Medicine*. Available from: <http://www.fflm.ac.uk/wp-content/uploads/2014/04/Quality-Standards-in-Forensic-Medicine-February-2016.pdf> [accessed 21/07/2016].

**Faculty of Forensic and Legal Medicine** (2016) *Quality Standards for nurses and paramedics*. Available from: <http://www.fflm.ac.uk/wp-content/uploads/2016/06/Quality-Standards-for-Nurses-and-Paramedics-General-Forensic-Medicine-May-2016.pdf> [accessed 21/07/2016].

**Faculty of Forensic and Legal Medicine** (2016) *Recommendations of Collection of Specimens from Complainants and Suspects 2016*. Available from: <http://www.fflm.ac.uk/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects-3/> [Accessed 29/06/2016].

**Forensic Science Regulator** *Codes of Practice and Conduct for Providers and Practitioners in the Criminal Justice System*. Birmingham: Forensic Science Regulator. Available from: <https://www.gov.uk/government/collections/forensic-science-providers-codes-of-practice-and-conduct> [Accessed 29/06/2016].

**Forensic Science Regulator** *DNA contamination detection: The management and use of staff elimination DNA databases*, FSR-P-302. Birmingham: Forensic Science Regulator. Available from: <https://www.gov.uk/government/publications/dna-contamination-detection> [Accessed 29/06/2016].

**Forensic Science Regulator** *The control and avoidance of contamination in crime scene examination involving DNA evidence recovery*, FSR-G-206, Forensic Science Regulator. Available from: <https://www.gov.uk/government/collections/dna-guidance> [Accessed 13/07/2016].

**Forensic Science Regulator** *Legal Obligations for Witnesses Providing expert evidence*, FSR-I-400. Birmingham: Forensic Science Regulator. Available from: <https://www.gov.uk/government/collections/fsr-legal-guidance> [Accessed 29/06/2016].

**Forensic Science Regulator** *The control and avoidance of contamination in laboratory activities, involving DNA evidence recovery and analysis*, FSR-G-208. Birmingham: Forensic Science Regulator. Available from: <https://www.gov.uk/government/publications/laboratory-dna-anti-contamination-guidance> [Accessed 29/06/2016].

**General Medical Council** '*Good Medical Practice Guide*'. Available from: [http://www.gmc-uk.org/guidance/good\\_medical\\_practice.asp](http://www.gmc-uk.org/guidance/good_medical_practice.asp) [Accessed 29/06/2016].

**King's College London and Metropolitan Police Service** (2015) *Cleaning project*. Personal communication to the Forensic Science Regulator DNA specialist group meeting. 10 July 2015.

**National Institute of Justice Forensic Technology Center of Excellence**, (2011) *Comparison Study of Disinfectants for Decontamination*, Award No. 2010-DN-BX-K210. Available from: [http://www.nfstc.org/wp-content/files//Decontamination\\_Study\\_-\\_Revised\\_247.pdf](http://www.nfstc.org/wp-content/files//Decontamination_Study_-_Revised_247.pdf) [Accessed 13/07/2016].

**Nittis, M., Stark, M. (2014)** 'Evidence based practice: Laboratory feedback informs forensic specimen collection in NSW', *Journal of Forensic and Legal Medicine*, Vol. 25, pp38-44.

## 15. GLOSSARY

**DNA clean area:** Area in which appropriate **DNA contamination** prevention measures should be maintained at all times.

**DNA contamination:** The introduction of DNA, or biological material containing DNA, to an exhibit, or subsample derived from an exhibit during or after its recovery from the scene of crime or a person. In the context of the **Facility** this could occur for any of the following reasons.

- a. Poor practice<sup>23</sup> employed by staff using fixtures and fittings and/or collecting forensic samples.
- b. DNA contamination from anybody who has had access to the forensic waiting room and/or the medical examination room. Here key risk groups are people from whom elimination DNA profiles have not been taken and included in an elimination database (FSR-P-302), and therefore may be inadvertently associated with a crime rather than being identified as contamination. These may include visitors, contractors and people accompanying a complainant into the forensic waiting room and/or the medical examination room.
- c. Insufficient use of cleaning regimes, or ineffective cleaning reagents used, as part of a general forensic clean or a subsequent deep clean.
- d. Residual DNA from the manufacture/maintenance of fixtures and fittings that have not been deep cleaned.

**Consumables:** Single-use commodities used in the collection, preservation and processing of material for forensic analysis, which are bought and used up recurrently. These include personal protective equipment, tamper evident containers, swabs, and packaging that come into direct contact with the material for forensic analysis. A consumable can also be equipment used in the collection, processing and safe handling of the material, for example, disposable tweezers and scissors.

**Facility:** For the purpose of this document, this includes any room or area used for receiving persons for examination, medical examination and/or sample collection/storage.

**Forensic DNA grade:** Consumables certified to having met the requirements in BS ISO 18385:2016.

**Human DNA free:** Human DNA is not detectable by the most sensitive DNA profiling techniques available.

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<sup>23</sup> It should be noted that even good practice does not eliminate the risk of contamination; it only helps to minimise it.

**Personal Protective Equipment (PPE):** Items, for example, clothing and gloves, which are used to prevent skin and mucous membrane exposure when in contact with blood and body fluid on or from any complainant. PPE is also worn to protect the practitioner from contact with harmful chemicals, for example, during decontamination, and to minimise the chance that the wearer causes inadvertent **DNA contamination**.

**Practitioner:** For the purpose of this document, the term is used to describe personnel involved in the recovery of material for forensic analysis, including those who are responsible for cleaning and **DNA contamination**, for example, forensic physicians, forensic nurses, paramedics and crisis workers, i.e. all appropriate healthcare professionals.

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# Operational procedures and equipment for clinical facilities in Sexual Assault Referral Centres (SARCs)

Nov 2019 Review date Nov 2022 – check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

**The following information refers to the set of rooms used within a SARC for the forensic clinical examinations. The following is generic advice and local practice may vary depending upon particular circumstances.**

## Clinical rooms

Suggested dimensions 5.5m x 3.6m

## Operational procedures for SARCs

1. The suite should be locked when not in use.
2. The suite should only be used for clinical purposes.
3. A log book should be kept indicating all persons who enter the suite and a note made of the date and time and reason for entering (e.g. cleaning, examination, statement). There should be a book containing relevant information; for example, how to call out a cleaner, useful telephone numbers – genitourinary (GU) clinics, social services, etc.
4. The suite needs to be cleaned after each use to prevent DNA (this include waiting room examination room and bathroom) contamination. Within the medical examination room: the floor, couch (even if covered with a protector at the time of the medical), worktop, writing desk, sink and taps need to be cleaned each time the room is used.
5. Use an alcohol-based wipe with organic content for wiping down vinyl chairs in waiting room area and for the medical examination couch.
6. Use a disinfectant as a general cleaning reagent for all hard work surfaces such as counter tops and sinks. Certain disinfectants are meant to be in contact for at least 10 minutes to be effective. Concentrated solution should be diluted down to a 10% solution. However, once diluted, it has a limited shelf life. A 10% solution is suitable for floors and other surfaces where it is 'left on'. Rubber gloves should be used when handling these products.
7. Use disposable white paper towels for cleaning surfaces with the disinfectant (the coloured varieties can cause fluorescence problems in the DNA process). Surfaces that could potentially collect dust etc. e.g. exposed storage shelves should be cleaned at least once a week.
8. After disinfectant has been used to clean the sinks, they should be wiped with cleaning cloths. The cloths should be used once and restrict their use to one room.

9. The clinical examiners and chaperones should wear disposable powder free gloves.
10. The clinical room in the suite should have a lockable drug cupboard.
11. A named person should have responsibility for checking and restocking the suite on a regular basis (at least once a week). In their absence a problem should be reported to the police liaison officer.
12. The modular kits should be stored in appropriately labelled shelves/containers. All unused items from opened kits must be appropriately disposed of.
13. There should be a wall mounted clinical waste bin with foot lever to open. This must be emptied at least once a week, regardless of how full it is.
14. The sharps disposal bin should be replaced when three quarters full.
15. Used towels, gowns etc. will be placed in a linen basket, which will be emptied at least once a week.
16. There should be access to a refrigerator and freezer for storage of samples with a separate fridge for the storage of vaccines.
17. Room thermometer to record ambient temperature for medicines stored a room temperature.

## Guidance on fridge/freezer monitoring

Monitoring the temperature of the fridge and/or freezer with a daily check recorded is essential for a complete record of temperature at which the sample has been stored including any temperature deviations. The actual acceptable temperature range appears to be governed by what is specified by the equipment manufacturer e.g. fridges operate at 2° to 8° C and freezers operate at approximately -20°C (must be below -10°C to maintain freezing). Best practice is to check the freezer temperatures daily and record the reading. Action is required if the temperature deviates up or down by 5°C (see local standing operating procedures). Freezers should be alarmed and there should be a backup generator. It is good practice for the equipment used for the temperature monitoring to be calibrated and its accuracy known. It is possible where freezers have broke down or have been accidentally switched off for up to 48 hours that there may still be positive body fluid findings and DNA results. The storage of toxicology samples is non critical i.e. it just needs to be at 'refrigerated' or 'frozen' temperatures but does not need to be at a specific temperature (as it may need to be for certain diagnostic reagents, some medications, certain foods etc).



## Waiting room

- Easily cleaned surfaces
- Good heating and ventilation
- Comfortable chairs in washable vinyl fabric
- Coffee tables
- T.V./music centre with remote controls
- Pictures (non-reflective glass)

## Clinical room

In addition to the stock items each room should have:

- Desk with laminated surface and drawers underneath
- 4 plastic chairs
- Examination couch (with steps or raising/ lowering facilities) and pillow (disposable covers)
- Screen or suspended curtains (washable/ disposable) around couch
- Store cupboards labelled to identify what they contain
- Drawers in the desk or a suitable file for stationery
- Washbasin with elbow operated taps (preferably mixer). Tiling above wash basin
- Paper towel and liquid soap dispenser
- Mobile examination light with magnifying lens
- Medical stock trolley
- Colposcope with attachments for photo-documentation
- Wipeable clock
- Notice board
- Telephone (access to language line)
- Waste bin
- Clinical waste bin (wall mounted)
- Sharps disposal bin (secure, wall-mounted)
- Good heating, lighting and ventilation
- Scales for weighing patient
- Height measure
- Disposable tape measure
- Ophthalmoscope
- Auroscope
- Stethoscope
- Sphygmomanometer
- Disposable thermometer

## Bathroom facilities

- Easily cleaned surfaces
- Good heating and ventilation
- Shower (non-slip mat/surfaces), toilet, wash basin
- Clean towels, soap (single use), shampoo, combs, sanitary towels and tampons, etc.
- Toothbrushes and toothpaste
- Seat
- Lock on doors which can be opened from outside in an emergency
- Suitable mirror
- Supply of nappies for different ages and pull ups
- Mobile changing trolley and baby changing mat and baby wipes

## Sitting room

- Good heating and ventilation
- Comfortable easy chairs
- Coffee table
- Telephone (outside line)
- T.V./music centre
- Pictures, dried flower arrangements, plants, magazines etc.
- Toys for complainants/accompanying children

## Refreshment facilities

- Kettle
- Cordial, tea bags and instant coffee
- Long-life milk in individual cartons and sugar
- Snacks (biscuits, crisps)
- Crockery and cutlery
- Washing up liquid and disposable paper towel for drying

## Miscellaneous

- Air freshener
- Supply of dressing gowns
- Spare clothing and shoes
- Blankets and pillow cases
- Laundry basket
- Hair dryer
- Toys etc. for children



## SARCS SUPPLIES LIST

### Resuscitation equipment

**Custody staff and HCPs should ensure that they are familiar with any equipment that is available and fully trained to use such equipment.**

- Bag-valve-mask with various size facemasks
- Oropharyngeal airways (range of sizes)
- Naso pharyngeal air ways size 6/7
- I gel size 3/4/5
- Magill Forceps
- Suction equipment (electrical or hand operated)
- Pocket masks various sizes
- AED
- Oxygen cylinder with delivery head, tubing and masks
- Oximeter
- Sphygmomanometer
- Stethoscope
- Auroscope (with disposable covers)
- Thermometer (with covers if required)
- Glucometer with test strips (and control solution for calibration)
- Patella hammer

### Dressing bandages & plasters

- Steristrip closures 6mm Pack 36
- 2 fabric dressing strip 6cm x 1m
- 2 fabric dressing strip 8cm x 1m
- 50 non adherent dressings 9.5cm
- 5 microporous tapes 2.5cm x 5m
- 30 cotton wool 25g
- 5 boxes of assorted adhesive dressings
- Dressing packs x 20 (these contain cotton wool, gauze etc and are not the same as ambulance dressing packs)

### Disinfectant & antiseptics

- 30 antiseptic wipes
- 30 antiseptic sachet 25ml
- 2 liquid soap
- 2 alcohol handrub

### Protective items

- 2 sharps disposal bin 7L (one in use)
- 100 clinical waste bag 200 x 320mm
- 20 clinical waste bag 400 x 800mm
- 50 clinical waste bag 700 x 1000mm
- 3 boxes of each size non-sterile powder free vinyl gloves (small, medium, large)
- 5 pairs of each size of sterile surgical powder free gloves
- Facemasks

### Miscellaneous

- 2 paper towel rolls 250mm (one in use)
- 2 plastic bowls (1 pint)
- 1 scissors dressing 150mm
- Single use lubricating jelly
- 2 boxes tissues
- Low adhesive tape
- Pregnancy test minimum 2
- Disposable vaginal speculum – various sizes
- Disposable proctoscopes small and large minimum 20 of each size
- Saline eye wash x 3
- Urine bottles, gel swabs and chlamydia swabs with appropriate request forms as agreed with local hospital bacteriology department
- Foley catheters
- Disposable tape measure

### Forensic kits

For more information see [Recommended equipment for obtaining forensic samples from complainants and suspects](#)

- Modular swab collections kits for the investigation of sexual assault/assault
- Elimination DNA kit
- Blood for toxicology (alcohol/drugs) kit
- Urine collection kit
- Mouth collection kit
- Condom collection kit
- Fibre collection kits
- Nail collection kits



## Packing

- Paper bin sacs with clear panel (small and large) minimum 50
- Criminal Justice Act labels minimum 50
- Roll of tape for sealing bags
- Biohazard tape

## Access to online documents

- Letterhead, plain paper and envelopes
- Body diagrams
- Clinical Questionnaires, e.g. CIWA/COWS/SADQ/MMSE
- Forensic sampling forms for laboratory e.g. FFLM FME form or equivalent
- Hospital referral forms
- Patient advice sheets.
- Prescription proforma
- Other proformas as required

## Medication at the SARC

Medication should be provided as per an agreed formulary and stored in a suitable locked medicine cabinet in the suite. The management of the stock should be agreed locally by the HCPs involved and checked regularly with respect to expiry date of contents. The drugs covered by PGD should be included. It is suggested the formulary may include:

1. Paracetamol 500mg
2. Non-steroidal anti-inflammatory e.g. ibuprofen 200mg
3. Co-codamol or similar analgesic
4. Salbutamol inhaler
5. Levonorgestrel 1.5 mg and Ulipristal acetate 30mg
6. Anti-emetic tab
7. Antibiotics for prophylaxis for STDs
8. Post exposure prophylaxis for HIV
9. Hepatitis B vaccine for adults and children
10. Consideration to be given to other medication such as that available in a custody suite as complainants can also be suffering from similar conditions.

If immunisation for hepatitis B is to be given, provision must be made for the treatment of anaphylactic shock should it occur.

All HCPs should be familiar with FFLM *Safe and Secure Handling and Supply of Medicines in Sexual Assault Services for Adults and children.*

## Standard Operating Policies Required

- Transport for individuals requiring a forensic medical examination at a SARC Hub
- Referral from SARC Spoke to SARC Hub
- Discharge from SARC Hub to SARC Spoke
- FME support to paediatric SARC Hubs
- FME support to adult SARC Hubs
- Follow up treatment for Adults undergoing FME
- Follow up treatment for children undergoing FME
- Data sharing policy
- Management and storage of intimate images
- Ongoing support of adults who may have suffered a sexual assault following examination at SARC Hub
- Ongoing support of Children and young people who may have suffered a sexual assault following examination at SARC Hub

DRAFT PROGRAMME WORK PLAN 2019-2022

ID	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	governance	implementation of revised governance structure						
2	governance	establish service engagement group						
3	governance	Identify and appoint lead commissioning organisation						
4	engagement	scope requirement for formal engagement process in light of proposals for independent review						
5	governance	appoint Network manager and network support						
6	audit	develop data set to support quality and assurance, commissioning framework						
7	commissioning and procurement	legal advice to be sought and requirements on statutory bodies in relation to						

		commissioning and procurement confirmed						
8	commissioning and procurement	service specification for SARC hubs to be developed						
9	commissioning and procurement	procurement process to be agreed and undertaken and contracts awarded						
10	commissioning and procurement	Need to ensure there is engagement from all commissioning organisations into discussions on procurement and commissioning requirements.						
11	governance	establish operational arm of the SARC delivery Network including appointment of Network Manager and support	C&V UHB					
12	Spokes	Commission independent review of ISVA services to underpin core service model including						

		specification and costs and recommend preferred locations based on population need						
13	Spokes	recommendation on ISVA service model to be considered by commissioning organisations						
14	Spokes	process to be agreed to support procurement of SARC spoke services						
15	Counselling and therapeutic support	establish T&F group to review current service model, associated costs						
16	Counselling and therapeutic support	develop a preferred model, aligning with All Wales Quality traumatic stress initiative						
17	Counselling and therapeutic support	preferred model to be considered and approved by commissioning organisations						

DRAFT ODN WORK PLAN

ID	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	governance	Develop SOPs to support an integrated model across Wales	NHSWHC	Network Manager				
2	governance	Develop process for adult peer review across Wales	NHSWHC	clinical leads				
3	governance	Develop process for paediatric peer review across Wales	NHSWHC	clinical leads				
4	governance	develop quality assurance framework for SARC hubs	NHSWHC	Network Manager				
5	communication and engagement	Develop all Wales SARC Website	NHSWHC	Network Manager				
6	audit	establish process for monthly activity data submission	NHSWHC	Network Manager				
7	audit	establish a process of regular audit days across the Network	NHSWHC	clinical leads				
8	communication and engagement	establish a process for capturing view of the service user across the service	NHSWHC	Network Manager				
9	pathways	Develop referral protocol and pathways to support discharge to local SARC/HB services	NHSWHC	Network Manager	referral protocol currently in place for interim childrens model. To be reviewed pending development of all Wales referral protocol	2020/21		

## DRAFT SOUTH MID AND WEST WALES PAEDIATRIC WORK PLAN 2019-2022

**\*all wales refers to south mid and west wales in this instance**

ID	Area	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	all Wales	change in age	Age of children being seen at paediatric SARC needs to rise to up to 16th birthday	SARC Programme	Alison Mott	work progressing at regional level will need input from paediatricians	2020/21	priority area for childrens commissioner will need to progress prior to identifying a solution for two site model or other changes to existing service model	
2	M&WW	workforce - in hours	develop a sustainable workforce model in place to accommodate children in-hours from south east Wales (South, Mid and West Wales as part	SB UHB	Sam Williams		2020/21	subject to approval funding Sept 2019  T&F group established which includes HDUHB, PTHB	

			of the interim model)						
3	M&WW	out of hours	clear pathways in place to support referrals to C&V and follow up support within M&WW	SARC Programme	?	currently referral criteria in place for the interim children's model. Need to review to determine if this can be amended to reflect all Wales position	2020/21		
4	M&WW	Accommodation	Review Sapphire suite to identify if area can be made suitable as interim model	SB UHB	Michelle Davies	currently only historic cases seen in sapphire suite	2022/23	area of interest for children's commissioner	
5	M&WW	Accommodation	identify preferred option for future model, undertake financial appraisal and identify funding stream to support	SB UHB	Michelle Davies		2020/21		

6	South East Wales	workforce - in hours	ensure there is a sustainable workforce model in place to accommodate children in-hours from south east Wales (South, Mid and West Wales as part of the interim model)	C&V UHB	?	locum consultants in post until March 2020 additional support posts appointed as part of interim model.  Additional funding £221k allocated across HB to C&V to support interim childrens model. This will increase to £273k pending approval of the service model and associated costs in Sept 2019.	2020/21	subject to approval funding Sept 2019	
7	all Wales	workforce - out of hours	sustainable out of hours service model is in place to cover referrals from south mid and west wales	C&V UHB	Alison Mott/Sian Moynihan	C&V currently provides the out of hours service for children up to the age of 14 from south mid and west Wales. This is provided by paediatricians through safeguarding rota.	2020/21	joint work community paed and SARC (O&G)  sustainability of out of hours services is an issue in areas across England.	

8	South East Wales	workforce - out of hours	consider model to include fixed clinics at the weekend	C&V UHB	Alison Mott	evaluation of interim model on going.  Views of children, families and professionals being captured	evaluation due not complete March 2020	childrens commissioner has requested views are sought from children up to 16 seen in SARCs outside of C&V as well as those going through the interim model	
9	South East Wales	out of hours service	need to ensure a process is in place to support access for self referrals from SE Wales to the SARC hub on 24/7 basis	C&V UHB	Cheryl Evans		2020/21	C&V is currently the only area not offering 24/7 access for self referrals	
10	South East Wales	Accommodation	work with C&V capital project team to ensure FBC solution aligns with SARC Project principles and principles of best practice	C&V UHB	C&V Capital Project team	Business case requires approval from WG to move to FBC  clinical board need to be fully engaged with capital project team	2022/23	area of interest for children's commissioner	

			models for children e.g. Barnahaus model/the Lighthouse						
11	all Wales	audit	complete evaluation of interim childrens model to inform planning of preferred model	C&V UHB	Alison Mott		Apr-20	12 month evluation to be completed and paper taken to April 2020 Board.	
12	all Wales	audit	audit of differentiation between number of children <14 attending local SARC and not attending a paediatric SARC	SB UHB	Sam Williams	T&F group established to undertake this work	2019/20	commitment made following data obtained in phase 2 planning work	
13	all Wales	audit	All Wales peer review process to be developed for children's services	ODN	Alison Mott		2020/21		
14	all Wales	pathways	Develop referral protocol and pathways to support discharge to	ODN		referral protocol currently in place for interim model. To be reviewed pending development of all	2020/21		

			local SARC/HB services			Wales referral protocol			
15	all Wales	service provision	Need to ensure there is engagement from C&V into discussions on procurement and commissioning requirements.	SARC Programme	?	<p>legal advice is being sought and a session with solicitors is set up for October. Health Board procurement/finance team have been invited.</p> <p>Clarity is being sought over the expectations for C&amp;V in relation to any formal procurement process</p>	Oct-19		

SE Wales SARC Hub

ID	Area	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	SEW	access	need to ensure a process is in place to support access for self referrals from SE Wales to the SARC hub on 24/7 basis	C&V UHB	Cheryl Evans				
2	SEW	accommodation	work with C&V capital project team to ensure FBC solution aligns with SARC Project principles and principles of best practice models for children e.g. Barnahaus model/the Lighthouse	C&V UHB	Cheryl Evans				
3	SEW	accommodation	capacity needs to be available to	C&V UHB	Cheryl Evans				

			accommodate increase in demand from Risca and Cwm Taf						
4	all Wales	change in age	Age of children being seen at paediatric SARC needs to rise to up to 16th birthday	SARC Programme	Alison Mott	work progressing at regional level will need input from paediatricians	2020/21	priority area for childrens commissioner will need to progress prior to identifying a solution for two site model or other changes to existing service model	
5	SEW	workforce - in hours	ensure there is a sustainable workforce model in place to accommodate children in-hours from south east Wales (South, Mid and West Wales as part of the interim model)	C&V UHB	Rose Whittle/Alison Mott	locum consultants in post until March 2020 additional support posts appointed as part of interim model.  Additional funding £221k allocated across HB to C&V to support interim childrens model. This will increase to £273k pending approval of the	2020/21	subject to approval funding Sept 2019	

						service model and associated costs in Sept 2019.			
6	all Wales	workforce - out of hours	sustainable out of hours service model is in place to cover referrals from south mid and west wales	C&V UHB	Rose Whittle/Alison Mott/Sian Moynihan	C&V currently provides the out of hours service for children up to the age of 14 from south mid and west Wales. This is provided by paediatricians through safeguarding rota.	2020/21	joint work community paed and SARC (O&G)  sustainability of out of hours services is an issue in areas across England.	
7	SEW	workforce - out of hours	consider model to include fixed clinics at the weekend	C&V UHB	Rose Whittle/Alison Mott/Sian Moynihan	evaluation of interim model on going.  Views of children, families and	evaluation due to complete March 2020	childrens commissioner has requested views are sought from children up	

						professionals being captured		to 16 seen in SARC's outside of C&V as well as those going through the interim model	
8	SEW	out of hours service	need to ensure a process is in place to support access for self referrals from SE Wales to the SARC hub on 24/7 basis	C&V UHB	Cheryl Evans		2020/21	C&V is currently the only area not offering 24/7 access for self referrals	
9	SEW	Accommodation	work with C&V capital project team to ensure FBC solution aligns with SARC Project principles and principles of best practice models for children e.g. Barnahaus model/the Lighthouse	C&V UHB	C&V Capital Project team	Business case requires approval from WG to move to FBC  clinical board need to be fully engaged with capital project team	2022/23	area of interest for children's commissioner	

10	all Wales	audit	complete evaluation of interim childrens model to inform planning of preferred model	C&V UHB	Alison Mott		Apr-20	12 month evaluation to be completed and paper taken to April 2020 Board.	
11	all Wales	service provision	Need to ensure there is engagement from health boards and police organisations into discussions on procurement and commissioning requirements.	SARC Programme	Service managers	legal advice is being sought and a session with solicitors is set up for October. Health Board procurement/finance team have been invited.  Clarity is being sought over the expectations for C&V in relation to any formal procurement process	Oct-19		
12	SEW	Accommodation	work with C&V capital project team to ensure FBC solution aligns with SARC Project principles and principles of best practice	C&V UHB	C&V Capital Project team	Business case requires approval from WG to move to FBC  clinical board need to be fully engaged with capital project team	2022/23	area of interest for children's commissioner	

			models for children e.g. Barnahaus model/the Lighthouse						
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M&WW SARC Hub Work Plan

ID	Area	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	M&WW	accommodation	work with Peter Skitt re: business case being developed in HD UHB	HDUHB	Lisa Humphreys				
2	M&WW	accommodation	establish capital planning project team to look at Aberystwyth SARC hub	HDUHB	Rachel Hennessy				
3	M&WW	accommodation	Identify standards that will need to be met by a new build and send to RH to start to collate	Aber T&F group	all				
4	M&WW	standards	Start developing list of criteria to be considered as part of a benefit criteria for a new build	Aber T&F group	all				

NB: This work will be taken forward by HDUHB and updates will be provided to the SARC Programme via the Health Board managerial lead and clinical lead for M&WW.

## DRAFT WORK PLAN FME MODELLING T&F GROUP 2019-2024

ID	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	service model	Establish FME Modelling T&F group	NHS Wales	RH	closed			08.10.19
2	finance	Police bodies to clarify approach to identifying funding streams available to support future FME provision and for inclusion in business case	Police	Matt Sedgebeer				
3	training & development	Develop costed training plan to support increase in number of clinicians available to undertake FME assessments	NHS Wales	HM/CL				
4	timelines	Develop timeline with key deliverables for the FME work	Network Manager	RH				

5	commissioning and procurement	intentions of Dyfed Powys Police following end of existing contract in 2021 to be confirmed	Dyfed Powys Police					
6	service model	Develop draft service model for single provider FME service across the region based on achievability, deliverability including risks, benefits and costs	clinical leads	HM/CL				
7	service model	Review assumptions for FME service model	T&F group					
8	commissioning and procurement	Intention of Gwent Police/SWP to move to single provider to be determined	Police	Matt Sedgebeer				

9	ISO accreditation	review requirements for ISO including, assessment outcomes, timelines, roles and responsibilities	Police	Matt Sedgebeer				
10	ISO accreditation	police and health to work together to identify options for moving to new model in line with ISO timescales, whereby minimising additional costs associated with interim model	Police/health	Matt Sedgebeer				

DRAFT SPOKE WORK PLAN 2019-2022

ID	Area	sub category	Action	Lead organisation/body	Lead (where identified)	Current status/Progress	timeline for implementation	Note	date closed
1	all Wales	Spokes	Commission independent review of ISVA services to underpin core service model including specification and costs and recommend preferred locations based on population need						
2	all Wales	Spokes	recommendation on ISVA service model to be considered by commissioning organisations						
3	all Wales	Spokes	process to be agreed to support procurement of SARC spoke services						
4	all Wales	Counselling and therapeutic support	establish T&F group to review current service model, associated costs						

5	all Wales	Counselling and therapeutic support	develop a preferred model, aligning with All Wales Quality traumatic stress initiative						
6	all Wales	Counselling and therapeutic support	preferred model to be considered and approved by commissioning organisations						

**Area**

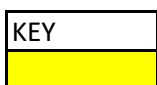
corporate

paeds

adults

forensics

Phases 2/3



**DRAFT SARC Phase 1 implementation: Acute SARC hubs**

**Action**

revised governance structure in place  
network manager appointed  
commissioning lead in place  
Sustainable workforce model for paediatrics Swansea developed  
accommodation to support paediatrics Swansea, funding stream identified and funding secured

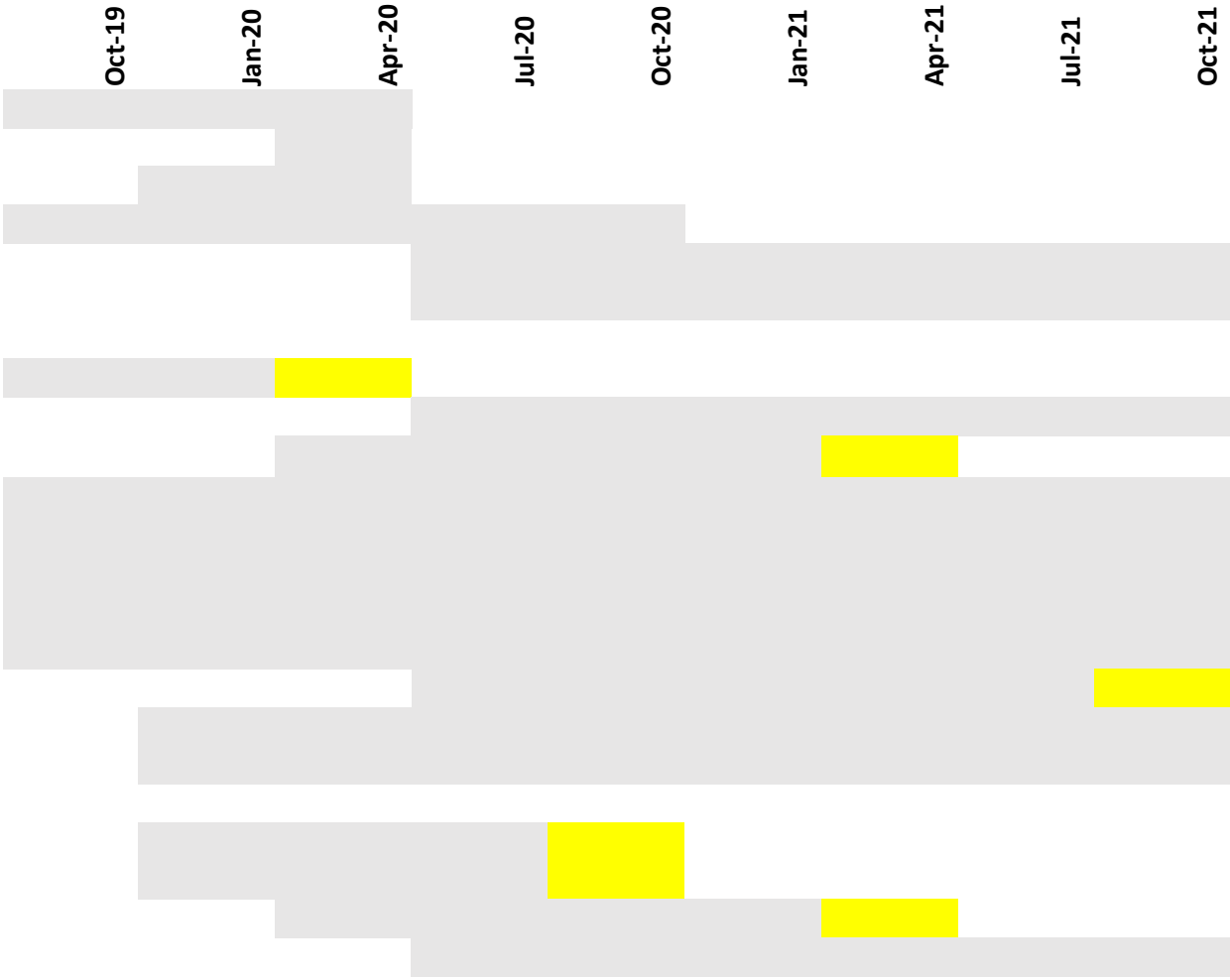
Swansea paediatric service in place  
Confirm sustainable workforce model for Cardiff Paediatrics and SARC paediatric Hub in place  
review out of hours service model paediatrics Cardiff  
Training of clinicians to support increase in age for paediatric SARC hubs to 16 and service in place  
accommodation for SARC hub Aberystwyth business case approved, model developed and new building in place  
business case to support new SARC in C&V approved by WG and new service in place  
business case to support new SARC accommodation in Cardiff approved by WG and in place

procurement of acute adult SARC hubs and contracts awarded  
impact of ISO accreditation understood, gap analysis completed, timelines aligned, ISO standards in place

ISVA independent review, recommendations and funding considered by Board

FME service model developed, funding identified and considered by Board  
core counselling service model for spokes developed, costed and considered by Board

service in place/board decision point



Jan-22

Apr-22

Jul-22

Oct-22

Jan-23

Apr-23





# Sexual Assault Services Programme

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**Purpose and Summary of Document:**

This report provides an update on the regional programme for sexual assault referral services and actions taken following the return of programme leadership to the NHS Wales Health Collaborative.

This report was initially presented to the Collaborative Executive Group (NHS Chief Executives (CEOs)) in February 2021 and, subsequently, to Collaborative Leadership Forum (NHS Chairs and CEOs) in March 2021. It has been updated to take account of decisions made and to add additional information.

The report is being circulated to SARC programme stakeholders for information.

## 1 Introduction

Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, have agreed a new service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. This will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance, and ensures robust governance arrangements.

The ambition is to deliver patient and victim centred sexual assault services with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the NHS working in partnership with policing and others.

The agreed regional model is based on a hub and spoke approach with three adult sexual assault referral centre (SARC) hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs in Cardiff and Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen. There is also a commitment to developing an NHS led forensic medical service and establishing an All Wales SARC Delivery Network and commissioning framework. The new model will be staged in three phases: phase 1 focuses on the implementation of the SARC hubs for children and adults, establishment of the Operational Delivery Network and commissioning roles, and has been approved (including funding). Further work will be required on phase 2 (spokes) and phase 3 (forensic medical examiner provision).

Since decisions on the new model were agreed in 2019, new standards for forensic medical examination have been published and, whilst these require staged implementation between October 2020 and 2023, there is a major milestone to be met by January 2022 at the very latest for all SARC buildings to meet the requirements.

This report provides a summary of key programme issues and actions.

## 2 Programme Governance and Capacity

The NHS Wales Health Collaborative has taken back responsibility for programme oversight and leadership from Cardiff and Vale UHB.

To facilitate this, it was agreed that the Collaborative would recruit a programme director and, following interviews on 18 March 2021, Joanna Williams was recruited to the role. Jo currently works for Cwm Taf Morgannwg University Health Board and will be seconded to the Collaborative for two years, with an anticipated start date of May/early June.

There will be a need for further programme resources and these will be assessed with NHS and police partners.

All health boards have identified executive leads and discussions held with each and the need to prioritise the SARC programme acknowledged by all.

The agreement to Phase 1 included establishment of the commissioning role/s and framework. The potential roles of the National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC) were explored, and meetings held in February 2021 between the Collaborative, NCCU, WHSSC, PCC and police, to explore and clarify expectations and readiness in regard to commissioning requirements. It has been agreed that the NCCU will have the lead commissioner role, supported by WHSSC where required, e.g. in respect of clinical commissioning expertise. Further work will take place to develop the scope of the commissioning requirements as distinct from the strategic programme development and operational aspects of service delivery.

A new programme governance structure will be designed, incorporating the commissioning role and linking with established mechanisms, where relevant. Stephen Harray, Managing Director, NCCU (and Emergency Ambulance Services Commissioner), will chair the new programme board. The new structure will include the ISO accreditation group, coordinated via the police, to progress the ISO requirements and which is serving to move discussions forward with the assessment of the SARC buildings and to prepare partners for moving towards the interim regional model by January 2022. It will also include the Traumatic Stress Wales Sexual Assault Workstream which will be developing the trauma care pathway for sexual assault.

### **3 Paediatric services**

The SARC regionalisation model, agreed by all parties, includes a second paediatric hub/service in Swansea (in addition to that in Cardiff), providing services for children up to 16<sup>th</sup> birthday. The aim is for the majority of children to be seen and examined during the day and, as a minimum, to offer a paediatric assessment within 24 hours of referral (this may require exploring an out of hours rota that flexes across Cardiff and Swansea).

At present, due to clinical workforce challenges, all children from the region are examined in Cardiff. This presents a significant issue due to the distance vulnerable children have to travel from the west of southern Wales. It also presents a challenge for Cardiff and Vale University Health Board (CVUHB) in ensuring a clinical rota to meet the needs of children requiring examination and associated reporting, and balancing this with broader safeguarding responsibilities.

The key issues from a workforce perspective for paediatric services and to ensure delivery of the in-hours service will require:

- Addressing the difficulties with recruitment of paediatricians (this will require consideration of critical mass to enable clinicians to see minimum number of children to develop and retain skills and competencies)
- Consideration of a regional consultant paediatric rota for in and out of hours services (OOHS provided at Cardiff)
- Training of consultant paediatric workforce to manage older children
- Identified sessions in paediatricians' job plans for SARC clinical service provision, training and peer review
- Developing the role of paediatricians so they can undertake forensic and health assessment single-handed rather than requiring the presence of a forensic medical examiner (FME) as well as a paediatrician (see below)
- Financial resources to support training and appointment of suitable workforce

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role
- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In England this is a common model of care but may require support from Welsh Government (WG) in Wales to implement a similar model. This has been raised with WG.

In recognition of their workforce leadership role in NHS Wales, the issues above have been raised with Health Education and Improvement Wales (HEIW) who are considering how they might support the programme, for example, with workforce modelling, through access to training, and by exploring the development of a multi-professional service in the longer term. HEIW has scheduled a meeting for 6 April 2021, with representation from the HEIW senior team, the SARC adult and paediatric clinical leads and the Collaborative. Representation from HEIW will be incorporated into the revised programme structure.

Whilst the above focusses on paediatrics due to the more pressing nature of the challenges, there will also be a requirement to consider the workforce planning for adults too.

## 4 Standards / ISO Accreditation

Two documents regarding standards for forensic medical examination in cases of alleged sexual assault in England and Wales were published in May 2020 by the Forensic Science Regulator (FSR).

These define the codes of practice and conduct for forensic medical examinations and detail guidance on how to achieve the required standards, providing a foundation for SARCs and other medical examination facilities to achieve accreditation to international standards ISO 15189. The FSR has laid out the requirements for a staged implementation by all facilities between October 2020 and 2023. Further details are in **Appendix 1**.

It is essential that ISO accreditation standards are met as, otherwise, evidence presented at court would be undermined and it will have a damaging impact on victim care.

Implications for police and NHS partners in Wales and key points to highlight are:

- We must meet full accreditation in the SARCs by October 2023 and to do that we must meet a number of milestones
- The next major milestone is for all SARC buildings to meet the requirements by January 2022 at the very latest
- This does not fit in with the new builds planned for SARCs in Cardiff and Aberystwyth so an interim model is planned
- It is proposed to build the interim model based on the agreed new regional model as this will reduce costs and move the service in the right direction
- The designated SARCs in the interim model would be at the existing premises at Cardiff CRI (CVUHB), Swansea (New Pathways) and Bow Street Aberystwyth (New Pathways)
- Risca (New Pathways) may need to remain open in the interim model to provide sufficient capacity and, if so, would also need to be ISO compliant
- Building costs are estimated as Cardiff £350k, Swansea £10k, Bow Street £10k and Risca £20k
- In addition, for each SARC, there are accreditation costs of around £30k

- There is a need to establish the legal entity and ownership. The PCC/police programme lead is exploring one police force being the legal entity for all which promotes consistency
- Responsibility for meeting the costs needs to be agreed but it is anticipated that the NHS (CVUHB/WG) will meet the costs for the Cardiff SARC and the PCC/police will meet costs for the other sites and the accreditation costs.
- The PCC/police forensic lead is working with all partners to build the systems and procedures for the SARCs whilst this work is going on. The lead is also part of the planning for the new buildings
- The PCC/police have appointed a legal representative. A governance/legal lead for NHS is required, and a nomination sought from Cardiff & Vale University Health Board
- NHS Chairs and CEOs have agreed:
  - Police to provide the legal entity for all SARCs, as the most pragmatic option, subject to working through the legal and governance requirements
  - The interim model of Cardiff, Swansea and Bow Street, with Risca maintained as an option for resilience
  - Commitment from Cardiff & Vale UHB to complete work for the interim SARC by January 2022 to ensure ISO compliance for adults and children services
- Police Chief Officers have agreed:
  - South Wales Police to provide the legal entity for all SARCs in the region. This includes New Pathways run and Cardiff and Vale UHB SARCs
  - The interim model of Cardiff, Swansea and Bow Street, with Risca maintained as a resilience option
  - Funding agreed for capital investment of New Pathways SARCs

## 5 Making connections

The programme will ensure connections with other relevant programmes and initiatives within Wales. In this context, links have already been made with Traumatic Stress Wales (TSW), a national quality improvement initiative, supported by Welsh Government and hosted by WHSSC. Its main aims are to help reduce the impact of traumatic events, support an evidence-based approach and increase access to evidence-based treatments for people of all ages who have experienced traumatic events in childhood or adulthood. The TSW Steering Group is supported by specialist workstreams, including one for sexual assault. Through the workstream, bespoke clinical pathways will be developed to ensure that priority and vulnerable groups have equal access to evidence-based interventions.

The regional programme will ensure that it learns from developments elsewhere in the UK. In this regard, forensic medical service legislation is going through the Scottish Parliament which means health boards must provide forensic medical services for victims of sexual offences <https://beta.parliament.scot/bills-and-laws/bills/forensic-medical-services-victims-of-sexual-offences-scotland-bill>

Within this, NHS Scotland is supporting a new Postgraduate Qualification course for nurse sexual offence examiners via the Queen Margaret University in Edinburgh which begins this month. This is the first qualification of its kind in Scotland and could help pave the way for nurses undertaking the role of sexual offence examiner in future. For Wales, health boards have raised the need to maximise potential of workforce, and raised opportunities for nurse-led service etc. This will be built in to the programme plan and details have been shared with HEIW, health boards and Welsh Government.

[Funding for nurse sexual offence examiners - gov.scot \(www.gov.scot\)](#)

NHS England has had the lead commissioning role for sexual assault referral centres since 2013, working with Police and Crime Commissioners. NHS England is reliant upon a co-commissioning relationship between itself, the wider NHS, police forces, Police and Crime Commissioners and local authorities to ensure the continued existence of care pathways for victims and referrals at a time of crisis support.

<https://www.england.nhs.uk/commissioning/health-just/sexual-assault-and-abuse/>

# Appendix 1 - Standards / ISO Accreditation

Two documents regarding standards for forensic medical examination in cases of alleged sexual assault in England and Wales were published on 27 May 2020 by the Forensic Science Regulator (**FSR**).

**FSR-C-116** Sexual Assault Examination: Requirements for the Assessment, Collection and Recording of Forensic Science Related Evidence  
**FSR-G-212** Guidance for the Assessment, Collection and Recording of Forensic Science Related Evidence in Sexual Assault Examinations

These define the codes of practice and conduct for forensic medical examinations and detail guidance on how to achieve the required standards, providing a foundation for Sexual Assault Referral Centres and other medical examination facilities to achieve accreditation to international standard **ISO 15189**. The Forensic Science Regulator has laid out the requirements for a staged implementation by all facilities between October 2020 and 2023.

The **standards** include the requirements for organisation and management systems and also technical matters, encompassing:

- personnel training and competence
- examination room and environmental requirements
- methods and procedures for the examination
- evidence collection, handling, storage and transport
- contamination minimisation, use of PPE, DNA elimination samples, decontamination and cleaning measures
- record keeping and report

## Requirement

Sexual assault examination facilities are required to establish and maintain a **quality management system** that directs and controls the quality of services it provides, including appointment of a quality manager. A quality manual is requisite which includes the provision of policies to control procedures, instructions and documentation and to provide a continual improvement process.

Forensic healthcare practitioners acting at all stages of the patient’s journey must demonstrate that they have undergone **training and competency** assessment and that they undertake continuing professional development to maintain their ongoing competency.

The **accommodation** used for the examination must meet the required standards in its layout, structure, air quality, equipment and furnishings. Cleanliness of the area is crucial to maintain the quality of the examination

and minimise the risk of contamination from DNA, body fluids and other particulate evidence. Environmental monitoring for DNA provides evidence of effective cleaning. Single use consumables and the correct use of personal protective equipment (PPE) assist in minimising contamination.

On arrival at the facility, a crisis worker shall support the **patient** and explain the options available and how the examination will be conducted. The forensic healthcare practitioner shall obtain consent from the patient and ensure their understanding before taking an initial account of the alleged assault. A record is made of other attendees such as family and supporters, in case a DNA elimination sample is required from them at a later date.

The **examination process** is defined in the standards, including the collection of relevant items of clothing and intimate swabs, with reference to the best practice guidelines provided by the Faculty of Forensic and Legal medicine (**FFLM**).