National Co-ordinating Network for Healthcare and Forensic Medical Services for People in Police Care

ANNUAL REPORT 2015-2016
Contents

National Co-ordinating Network for Healthcare and Forensic Medical Services for People in Police Care ................................................................................................................................................. 1

Executive Summary ................................................................................................................................................. 3

1. Introduction ................................................................................................................................................. 4

1.1 Background ................................................................................................................................................. 4

1.2 Rationale for the service ................................................................................................................................................. 5

1.2.1 Healthcare and forensic medical services for people in police custody ................................................................................................................................................. 5

1.2.2 Healthcare and forensic medical services for victims of sexual assault ................................................................................................................................................. 5

2. The Work of the Network ................................................................................................................................................. 6

2.1 Role, remit and objectives ................................................................................................................................................. 6

2.2 Strategic Leadership and Governance ................................................................................................................. 7

2.2.1 Vision for service delivery ................................................................................................................................................. 8

2.2.2 Taking forward the Vision ................................................................................................................................................. 9

2.3 Operational Support ................................................................................................................................................. 9

2.4 Forensic Medical and Healthcare Services for People in Police Care ................................................................................................................................................. 9

2.4.1 Adult Sexual Assault Services Delivery Group ................................................................................................................................................. 10

2.4.2 Paediatric Forensic Clinical Services Group ................................................................................................................................................. 11

2.4.3 Forensic – Other (forensic medical services for people in police custody) Services Group ................................................................................................................................................. 11

2.4.4 The role of nurses within Forensic Medical Services ................................................................................................................................................. 11

2.5 Healthcare Services for People in Police Custody ................................................................................................................................................. 12

2.5.1 Police Custody Estate ................................................................................................................................................. 12

2.5.2 Service Mapping: the Delivery of Healthcare in Police Custody ................................................................................................................................................. 12

2.5.3 Quality Improvement and Outcome Framework for the Healthcare in Police Custody ................................................................................................................................................. 12

2.5.4 Mental Health ................................................................................................................................................. 13

2.5.5 Substance Misuse ................................................................................................................................................. 13

2.5.6 Medicines Management ................................................................................................................................................. 14

2.5.7 Management of People who have Concealed Drugs Internally ................................................................................................................................................. 15

2.6 Education, Training and Competencies ................................................................................................................. 16

2.6.1 Training Courses ................................................................................................................................................. 16

2.6.2 Knowledge Network ................................................................................................................................................. 17

2.6.3 Competency Framework for Nurses ................................................................................................................................................. 17

2.7 IT Infrastructure ................................................................................................................................................. 17

2.7.1 Adastra ................................................................................................................................................. 17

2.7.2 Telehealth ................................................................................................................................................. 17

2.8 Communications and Networking ................................................................................................................. 17

2.8.1 Communications ................................................................................................................................................. 17

3. Service Delivery and Improvement ................................................................................................................. 19

3.1 Activity ................................................................................................................................................. 19

3.2 Improvements ................................................................................................................................................. 20

References ................................................................................................................................................. 21
Executive Summary

Welcome to the third Annual Report from the National Co-ordinating Network for Healthcare and Forensic Medical Services for People in Police Care. The Network continues to work in partnership, across traditional organisational and geographical boundaries, to realise a programme of work that supports the delivery of healthcare and forensic medical services for people in police care.

Key achievements in 2015-2016:

- National Guidance for Healthcare and Forensic Medical Services for People in Police Care – version 2.0
- Service Mapping: the Delivery of Healthcare in Police Custody
- Quality Improvement and Outcome Framework for the Healthcare in Police Custody elements of the Healthcare and Forensic Medical Services for People in Police Care in Scotland
- Mental Health Literature Review
- Substance Misuse Literature Review
- Agreement and implementation of Plus Packs for the administration of medication
- Guidelines for the Management of People who have Concealed Drugs Internally
- Introduction to the role of the Forensic Medical Examiner Course held
- New to Forensic Medicine – A Teaching Programme
- Essentials in Sexual Offences Examination and Clinical Management (Adults & Adolescents) - Best Practice for Scotland held
- Service Mapping and Action Plan for Adult Sexual Assault Services
- Feedback on Forensic Medical Examination collated and provided to NHS Boards
- Agreement of national forensic kits
- Agreement on the extended role of nurses within Forensic Medical Services
- Website developed

If you would like to find out more about the work of the Network, please contact Hannah Cornish, Programme Manager, National Specialist and Screening Directorate, NHS National Services Scotland by email: hannah.cornish@nhs.net or telephone: 0131 275 7400.
1. Introduction

The aim of the Annual Report for the National Coordinating Network for Healthcare and Forensic Medical Services for People in Police Care is to provide partners with an update on the work of the Network, focusing on key achievements during the financial year 2015-16.

The work of the Network would not be possible without the input of a range of professionals involved in the various working and oversight groups. The Network Support Team would like to take this opportunity to thank all of those involved for their commitment and contribution to the Network this past year.

1.1 Background

In July 2011, the Director General and Chief Executive of the National Health Service (NHS) in Scotland, NHS Board Chief Executives and representatives of Association of Chief Police Officers Scotland (ACPOS) agreed to move towards a partnership arrangement for police care healthcare and forensic medical services whereby the services provided by Police Forces under the Scottish Home Department Circular 7362 dated March 1950 should be delivered by territorial NHS Boards.

In this context, Ministers agreed the general approach being taken towards a transfer of funding and responsibility for the provision of healthcare and forensic services in police care, based on the following proposals:

- Responsibility for the delivery of healthcare in police care, which is a function of NHS Boards under the terms of the NHS (Scotland) Act 1978 should remain the function and responsibility of NHS Boards

- Forensic medical services should be delivered by the NHS Boards but remain a function and responsibility (with effect from 1st April 2013) of the Scottish Police Authority (SPA) under section 31 of the Police and Fire Reform (Scotland) Act 2012

In practice, a clear separation of the provision of healthcare and forensic medical services is often difficult and impractical. The Scottish Government therefore decided that NHS Scotland should provide appropriate forensic medical services, on behalf of Police Scotland within joint local/regional NHS / Police Scotland partnerships. Responsibility for forensic medical services would remain with the Police although delivery will be a matter for the NHS.

This was a significant change over previous arrangements in which the 8 Scottish Police Forces procured healthcare and forensic medical services for people in care from a variety of sources including independent Forensic Physicians and the private sector. In 2013 the 8 Forces became one national organisation, Police Scotland.

In 2012 the National Coordinating Network for Healthcare and Forensic Medical Services for People in Police Care was established to work with NHS Boards, Police Scotland and wider partners such as the Scottish Police Authority and Crown Office and Procurator Fiscal Service (COPFS) to support and facilitate the transfer of responsibility.
1.2 Rationale for the service

1.2.1 Healthcare and forensic medical services for people in police custody

In evaluating the clinical needs of those in police custody, Her Majesty’s Inspectorate of Constabulary for Scotland, (HMICS) concluded that had they not been arrested, a significant proportion of those people genuinely in need of medical attention or at least examination would not have sought treatment from a doctor “because of their disorganised or chaotic lifestyle”. In light of the well-established links between chaotic or chronic substance/alcohol misuse and multiple re-offending, the notion of integrating NHS care with police care brings with it certain prima facie advantages. A more direct form of integration between police care healthcare and NHS Boards also brings the potential for joined-up access to critical service areas, such as mental health and substance misuse services.

The overarching aim of bringing healthcare closer to those in need who might otherwise overlook or avoid contact with NHS services is to improve health and assist in reducing crime and re-offending rates. This will contribute to reducing health inequalities, and ultimately wider social and community inequalities.

1.2.2 Healthcare and forensic medical services for victims of sexual assault

Evidence demonstrates that a timely, person-centred service following sexual assault can have positively influence the long term health status, their recovery and their continued engagement in any criminal justice process as well as the collection of high quality evidence to support the criminal justice process.

The dual benefits of a dedicated service for the health and well being of the client and delivery of justice are quite considerable. Forensic recovery, medical support and the wellbeing of complainant are key factors within rape investigation and central to health outcomes and maintaining the confidence of the complainant throughout the judicial process. Providing a more cohesive and robust forensic medical service will assist the criminal justice system through increasing the quality of forensic information available, and ultimately help to secure justice.

There are also significant knock-on benefits to the NHS for an integrated early response to sexual assault across the comprehensive health system, including the voluntary and community sector and criminal justice system.
2. The Work of the Network

2.1 Role, remit and objectives

It was recognised by Scottish Government that a vehicle to support networking across geographical, multi agency and professional boundaries was needed in support of local partnerships to ensure equity, mutual support and service co-ordination across the different agencies and professional groups.

Following the successful transfer of responsibility of service delivery to NHS Boards 2014, and building on the scoping work undertaken last year, the remit of the Police Care Network was adjusted to focus on supporting improvements in service delivery. A Network structure was developed to not only provide partnership engagement at a strategic level but also provide practical support for service delivery.

The overall remit of the Co-ordinating Network is to:

- extend the work in local / regional partnerships to improve health, reduce care inequalities, and integrate care within community pathways.
- extend partnerships to encompass areas beyond healthcare and forensic medical services for people in custody suites, to include other people in police care – for example sexual and serious physical abuse of children and adult sexual assault.
- support the development of the models of care to achieve a cost effective, high quality service at local, regional and national level.
- establish quality standards for the delivery of care in appropriate facilities.
- establish consistent data collection, audit and research that will develop an evidenced informed approach.
- develop the workforce, training and education based on competency frameworks.
- form appropriate links with other relevant Networks such as the National Prisoner Healthcare Network and the Forensic Mental Health Network, and to ensure minimal duplication of effort.

The Network achieves its remit through the establishment, co-ordination and support of a Network structure which allocates areas of responsibility to a range of topic specific and geographical subgroups, while providing overall strategic direction through a national Network Board; and co-ordination of the work of the Network through a national Operational Support Group. The structure of the Network can be found on page 12.
2.2 Strategic Leadership and Governance

Chaired by Andreana Adamson, NHS Director, Health and Justice, Scottish Government, the Co-ordinating Network Board provides national strategic direction to the network. For 2015-16 it had two primary functions:

- monitoring service delivery to ensure that it meets needs and is delivered efficiently, effectively and equitably across Scotland.
- overseeing progress against the Network’s objectives and directing action to ensure they are met.

The Network Board has taken forward the development of a high level strategic vision for the delivery of healthcare and forensic medical services for people in police care. The vision sets out where partners would aim to see services by 2020. The 2016-17 workplan sets out how the Network plans to support this.

Fig 1: Network Structure

The structure and roles and remits for each of the Groups are included in the Network Structure document available from the website.
2.2.1 Vision for service delivery

Following discussion on healthcare and forensic medical services for people in police care at the NHS Board Chief Executive meeting in August 2015, at the request of the Network Board, the Network Support Team was asked to develop a Vision for how services should aim to be delivered and configured. The Vision was developed following a small scale literature review, discussion within the Network, and at the Operational Group and Network Board meetings. Regional Directors took the document back to NHS Boards and fed in comments through the Network. The following sets out where partners would aim to see services by 2020.

<table>
<thead>
<tr>
<th>Healthcare and forensic medical services for people in police care will be delivered to the highest standard of quality and safety, with the person at the centre of all healthcare decisions.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services may be configured and delivered different across Scotland, however services should take cognisance of the core principles outlined within the National Memorandum of Understanding and the National Guidance.</td>
</tr>
<tr>
<td>The forensic elements of the examination should be undertaken according to Scottish Police Authority and Crown Office and Procurator Fiscal requirements using approved kit and sampling techniques.</td>
</tr>
<tr>
<td>Staff involved in the delivery of the service should be enabled to undertake specialist training and have specified professional competencies, as set out by the Faculty of Forensic &amp; Legal Medicine and NES Career and Development Framework for Forensic and Custody Healthcare Nursing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare and forensic medical services for people in police custody</th>
<th>Healthcare and forensic medical services for Adult Victims of Sexual Assault and Child Sexual Abuse and Non Accidental Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services should include a clinical needs assessment which meets the person’s immediate healthcare needs, as well as seeking opportunities for health improvement where appropriate.</td>
<td></td>
</tr>
<tr>
<td>Services should refer to specialist treatment services or other support services provided by Local Authorities and Third Sector organisations if appropriate.</td>
<td></td>
</tr>
<tr>
<td>Healthcare and forensic medical services should be embedded within existing healthcare services and be situated in forensically sound healthcare or social care facilities.</td>
<td></td>
</tr>
<tr>
<td>Services should include an immediate clinical needs assessment and health care follow up with access to sexual and reproductive health services, support, advocacy, trauma care and safety planning.</td>
<td></td>
</tr>
<tr>
<td>Examinations should be timed appropriately to meet the needs of the victim and both evidential and therapeutic needs.</td>
<td></td>
</tr>
<tr>
<td>Services should refer to other NHS services as well as support services provided by Local Authorities and Third Sector organisations if appropriate.</td>
<td></td>
</tr>
<tr>
<td>Everyone should have access to healthcare and forensic medical services regardless of whether they choose to report to the Police and pro-active steps will be taken to ensure access to services for disadvantaged groups.</td>
<td></td>
</tr>
</tbody>
</table>

Fig 2.: Vision for service delivery

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1 Self-referral services for non-health and social care services to NHS, without the involvement of the Police or COPFS, will require further consideration on the basis of legal advice.
2.2.2 Taking forward the Vision

It has been noted by NHS Boards that whilst the vision outlines where services would aspire to be, investment was required to develop services, specifically with regards to ensuring that forensic medical examinations for victims of sexual assault take place in healthcare or social care facilities. In 2016-17 the Network will work with partners to take the Vision forward.

In parallel, a Quality Improvement and Outcome Framework for the Healthcare in Police Custody elements of the Healthcare and Forensic Medical Services for People in Police Care in Scotland was developed by the Network in 2015 (see section 2.5.3). The data collected as part of this quality improvement work will assist NHS Boards, Police Scotland and the Police Care Network in demonstrating progress against specific elements within the Vision.

2.3 Operational Support

The Operational Support Group chaired by Deirdre Evans, Director, National Services Division, co-ordinates and oversees the work of the Network subgroups to implement the decisions of the Network Board and the achievement of the Network’s objectives. It also provides a forum for interchange and linking between the Network subgroups and Regional Collaboratives and assists in the design and continuing delivery of services.

2.4 Forensic Medical and Healthcare Services for People in Police Care

Three Forensic Medical Services Groups have been established to provide strategic direction and practical support to the delivery of forensic medical services across Scotland, in line with the principle of continuous improvement. A short life working group has also been established to look at the extended role of nurses within forensic medical services.

All three sub groups have worked to refresh the Forensic Medical section of the National Guidance for Healthcare and Forensic Medical Services for People in Police Care to ensure it is in line with existing legislation and best practice guidance. The guidance includes standards (where already agreed) along with support information, protocols, etc. It is only guidance to be available for use and is not mandatory, recognising the need for local variation. Version 2 of the Guidance was published in June 2015 and is available on the website. Version 2 brings the Guidance in line with the minimum standards for the provision of forensic examinations to victims following a sexual offence that were developed by the short term working group. The Forensic Sampling section has also been strengthened and clarified, bringing in updates from the Faculty of Forensic and Legal Medicine (FFLM), where relevant and appropriate.
2.4.1 Adult Sexual Assault Services Delivery Group

Service Mapping and Action Plan
In April 2015 NHS Boards and Police Scotland were asked to consider to what extent their services met the minimum standards for the provision of forensic examinations to victims following a sexual offence. The responses were considered by the Group and themes discussed and extracted. In parallel, Police Scotland, in partnership with NHS Boards, has developed a briefing paper on the current state of forensic healthcare provision for victims of sexual assault across Scotland, focusing in particular on the experience and support for victims and the integrity of processes and facilities to meet the needs of wider forensic and criminal justice requirements.

The information was collated to provide a high level picture for Scotland and an assessment made as to the national Red, Amber, Green status of each of the standards. An associated high level Action Plan has been developed with actions to assist partnerships with working towards the standards. The Action Plan also contains national actions which are being taken forward through the Network.

It was recognised by the Network Boards that resources would be required to implement some elements of the standards.

Forensic Medical Examination Feedback
In 2014-15 two questions in relation to the forensic medical examinations were included in the feedback process for victims of sexual assault undertaken by Rape Crisis Scotland for Police Scotland. Data relating to these two questions is extracted and reviewed by the Group on a quarterly basis to look at themes and key learning points. This data is also cascaded to NHS Board Managers and Service Leads responsible for service delivery. Following a request by Managers and Forensic Physicians, the Network will work with Rape Crises Scotland to provide more targeted feedback in 2016-17.

National Proforma
A National Pro-forma containing all of the information to be captured during a forensic medical examination for sexual assault has been developed in consultation with stakeholders and has been tested by Forensic Physicians. The Group will work with services to look towards adoption of the pro-forma in 2016-2017.

Estates
Work is being taken forward to provide guidance on the management and cleaning of forensic medical examination suites where forensic medical examinations for victims of sexual assault are undertaken. The guidance will apply equally to premises that are managed by Police Scotland and NHS Boards and will be published in 2016-17.

Group members contributed to the development of the Essentials in Sexual Offences Examination and Clinical Management (Adults & Adolescents) - Best Practice for Scotland Course, as outlined in Section 3.6.1 – Training Courses.

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2 Scottish Government established short life working group which minimum standards on the provision of forensic examinations to victims following a sexual offence to inform the development of the Victims and Witnesses (Scotland) Act as it went through Parliament. These standards were not widely consulted on and have not been formally issued to NHS Boards. Ministers agreed to the recommendations in principle, with an expectation that discussions amongst partners would be able to give effect to the recommendations in practice. Ministers also recognised that implementation may present some practical challenges to partners.
Quality Improvement

Quality indicators for adult sexual assault services are in development. They are informed by available evidence and policy documents. They will support NHS Boards, Police Scotland and COPFS to assess outcomes of healthcare and forensic medical service delivery for victims of sexual assault and support service planning and quality improvement. They will also help partners to understand what impact the services are having for individuals and how this is contributing to common outcomes (short, medium and longer term) as identified at the Stakeholder event in October 2014. Following consultation in 2016-17, these will be published.

2.4.2 Paediatric Forensic Clinical Services Group

The main aim of the Group is to work with the three Regional Networks for Child Protection to implement recommendations of a number of Paediatric reports to ensure that the care delivered to children is effective, person centred and equitable across Scotland.

In 2015-16 the Group has agreed a national best practice model of care for children and adolescents who are victims of sexual abuse and non accidental injury.

2.4.3 Forensic – Other (forensic medical services for people in police custody) Services Group

Forensic Kits

Work was undertaken to look at best practice with regards to forensic evidence capture and collection, and the most appropriate sampling kits to use for this purpose. The aim is to standardise and improve the quality of the kits available across Scotland in line with the (FFLM and Scottish Police Authority recommendations and make the procurement of forensic sampling equipment more cost efficient. The kits have now been agreed and will be procured and rolled out in 2016-17.

Quality Improvement

Quality indicators for forensic services for people in police custody are in development. They are informed by available evidence and policy documents. They will support NHS Boards, Police Scotland and COPFS to assess outcomes of healthcare and forensic medical service delivery for people who have allegedly committed a crime and are in police custody and support service planning and quality improvement. They will also help partners to understand what impact the services are having for individuals and how this is contributing to common outcomes (short, medium and longer term) as identified in the logic models. Following consultation in 2016-17, these will be published.

2.4.4 The role of nurses within Forensic Medical Services

The Network has worked with the Crown Office and Procurator Fiscal Service (COPFS) to look at extending the role of nurses within the forensic medical service. To this end COPFS has agreed that suitably trained and experienced forensic nurses are able to undertake the following:

- bloods for the purposes of Section 5 of the Road Traffic Act (RTA) 1988
- penile swabs from individuals accused of a sexual offence

In order to support this decision, the Network has agreed how information requested by COPFS should be collated and reported and will work with COPFS throughout 2015-16 to build the evidence base.
2.5 Healthcare Services for People in Police Custody

A number of different workstreams have contributed to the enhancement of healthcare delivery in police custody. The groups and workstreams provide strategic direction and practical support to the delivery of healthcare in police custody services across Scotland, in line with the principle of continuous improvement. All groups and workstreams have worked to refresh the Healthcare in Police Custody section of the National Guidance for Healthcare and Forensic Medical Services for People in Police Care to ensure it is in line with existing legislation and best practice guidance.

2.5.1 Police Custody Estate

Police Scotland continues to carry out a significant programme of work to update the custody estate to ensure that it meets NHS requirements. This has involved the redesign and modernisation of significant numbers of rooms within the Police Custody estate.

2.5.2 Service Mapping: the Delivery of Healthcare in Police Custody

The Substance Misuse and Mental Health Short Life Working Groups recommended a service mapping exercise be undertaken to determine the current service provision for people with substance misuse or mental health illnesses who come into police custody in Scotland. The Groups were particularly keen to gather and share examples of innovative and good working practice but also sought to identify areas of concern where a national strategic approach would be useful in helping to remedy. Semi-structured interviews were conducted with volunteer healthcare representatives from each of the 14 territorial Health Boards. The service mapping provides a qualitative picture of the healthcare provision within police custody. This report is available on the website.

In parallel, a questionnaire was undertaken by Police Officers working in police custody to seek their views on healthcare provision in police custody and better understand the processes for referral to the services. A total of 61 police custody staff completed the online questionnaire. Staff were also asked to highlight examples of innovative practice or work that is particularly effective in their area.

The aim of both of the mapping exercises was to gain a greater understanding of healthcare provision in police custody and to inform recommendations for improvements to the provision of healthcare delivered to patients. These are being taken forward by the Substance Misuse Group and the Mental Health Group.

2.5.3 Quality Improvement and Outcome Framework for the Healthcare in Police Custody

The Quality Improvement and Outcome Framework provides logic models and a set of evidence informed indicators that can assess outcomes of healthcare delivery within police custody healthcare services and support service planning and quality improvement. A logic model is a graphic representation of a programme, intervention, project or theory of change. It describes what is put in, what is done and what is expected to be achieved, in logical order. It shows the links between intended inputs, activities, outputs and outcomes. The indicators are evidence informed and were developed using NHS standards and clinical guidelines (where these exist), national outcomes frameworks, peer reviewed academic journal articles and agreed best practice, including discussion at national meetings.
The Framework will help NHS Boards, Police Scotland and wider partners understand what impact the services are having for individuals and how this is contributing to common outcomes (short, medium and longer term) as identified in the logic models. Initial discussions on the long term outcomes for the healthcare and forensic medical services for people in Police Care across Scotland took place at the Network’s stakeholder day in October 2014. The information generated was further refined and developed by the Quality Improvement and Outcome Group and widely consulted on with a range of stakeholders. The Framework was published in December 2015. A presentation on the Framework was given at the Faculty of Public Health Conference in November 2015. The Framework is available on the website.

Work for 2016-17 will involve supporting partners to use the Framework so that partnerships and services are able to demonstrate improvements over time.

2.5.4 Mental Health

Best Practice for Service Delivery & Actions to Make it Happen
The Mental Health Group is currently developing best practice guidance for healthcare professionals working in police custody. A strategic report which outlines the epidemiology, evidence base, current service delivery, best practice and an action plan outlining how services will move towards the best practice model, and how the Network can best support this is also in development. Following consultation, this will be published in 2016-17.

Literature Review
In order to support the delivery of evidence based care for people with mental health problems in police custody, a literature review of peer reviewed journal articles was undertaken. The literature review is a resource for healthcare professionals working in police custody, and has been used to inform the best practice guidance being developed by the Mental Health Group.

Network members contributed to Scottish Government, Police Scotland and the NHS’s Distress Innovation – Improving our Response event in September 2015. The event showcased some initiatives underway across the country and some forthcoming developments.

2.5.5 Substance Misuse

Best Practice for Service Delivery & Actions to Make it Happen
The Substance Misuse Group is currently developing best practice guidance for healthcare professionals working in police custody. A strategic report which outlines the epidemiology, evidence base, current service delivery, best practice and an action plan outlining how services will move towards the best practice model, and how the Network can best support this is also in development. Following consultation, this will be published in 2016-17.

The Group provided to advice to Police Scotland on best practice in relation to Alcohol, Road Traffic and Transferring people to Accident & Emergency.
Literature Review
In order to support the delivery of evidence based care for people with substance misuse problems in police custody, a literature review of peer reviewed journal articles and guidelines, policy and strategy documents was undertaken. The literature review is a resource for healthcare professionals working in police custody, and has been used to inform the best practice guidance being developed by the Substance Misuse Group. A poster on the findings of the literature review was presented at the Faculty of Public Health Conference in November 2015. The literature review is on the website.

Network members contributed to Holyrood’s Alcohol Interventions in Criminal Justice Settings event in March 2016 which explored the opportunities for identifying those misusing alcohol who come into contact with justice services, the interventions available and the challenges that need to be overcome in order to engage with and continue to support this population, including the essential role of throughcare for helping people to continue their journey after they have returned to a community setting. There is also an associated article in Holyrood magazine.

Standards for the pre-hospital clinical management of those suspected of being under the influence of New Psychoactive Substances
New Psychoactive Substances are becoming an increasing concern for healthcare professionals working in police custody, the police, as well as policy makers. The 2015 Scottish Prisoner Survey found that over a quarter (27%) of prisoners had used legal highs before going into prison. The National Records of Scotland’s annual report on drug related deaths notes that NPS were found to be present in the body in 114 in 2014, and implicated in 54% of these deaths.

With input from healthcare professionals and Police Scotland colleagues working in police custody, the National Prisoner Healthcare Network led the development of Standards for the Pre-hospital clinical management of those suspected of being under the influence of New Psychoactive Substances. The standards are intended to assist NHS practitioners to safely identify and manage those who are suspected of being under the influence of a NPS in Police Custody, Prison or a secure mental health setting. The standards will be published in the near future.

2.5.6 Medicines Management
Administration of medications
Approximately 40-50% of people in police custody are on medications, with a large proportion being on multiple medications. In order to agree an approach for the administration of medications that is clinically robust, safe, efficient and which supports and protects all staff involved, the Network undertook several pieces of work. The Medicines Management Subgroup held a workshop with key stakeholders to outline the current models in existence across Scotland and discuss and agree the pros and cons of each approach. A simulation exercise was carried out in May 2015 in Police Custody suites to trial the different methods of medicines administration. NHS Greater Glasgow & Clyde then undertook a pilot to trial preferred option - the plus packs - and to look at the dynamics in real time within a busy custody suite. Plus Packs were agreed as the preferred method of administration, and training materials were developed to support the roll out.
Advice and guidance
The Group is continuing to establish safe systems for medicines administration, providing Police Scotland with guidance in relation to the administration of medications, particularly around the use of paracetamol and asthma inhalers and developing a protocol and an accompanying letter for the collection of opioid substitute medication from pharmacies.

2.5.7 Management of People who have Concealed Drugs Internally
A multi-agency, multi-professional short life working group, including NHS professionals in Emergency Medicine, Toxicology, Forensic Physicians and Nurses and Police Scotland was established to further review guidelines for the management of people who have concealed drugs internally. Following wide consultation, and endorsement from the Royal College of Emergency Medicine and the Faculty of Forensic and Legal Medicine, the guidelines were published in June 2015, feedback to date has been positive. The guidelines are on the website.
2.6 Education, Training and Competencies

NHS Education Scotland (NES), in partnership with NHS, Police Scotland and COPFS colleagues, has undertaken work to support the educational needs of the emerging and existing workforce providing the service. A comprehensive educational package has been designed, developed and delivered. In designing the educational programme, the diversity of requirements from NHS Boards and Police Scotland was acknowledged. NES looked in particular at the educational needs of this emerging reconfigured workforce and the specific challenges to those in remote and rural environments.

2.6.1 Training Courses

Further details on all of the courses and resources can be found on the Supporting Health Care in Police Custody and Prison portal.

Introduction to the role of the Forensic Medical Examiner Course
A four-day, non-residential, multi professional course has been designed, developed and implemented. The course is accredited for CPD purposes by the Faculty of Forensic & Legal Medicine of the Royal College of Physicians. The NES course is based entirely and appropriately on the Scottish Legal system and legislation. The course was run in autumn 2015, with 32 course participants and supported by an established faculty representing medicine, the Police & the legal system. Feedback was very positive. The course has evolved since it was first introduced in November 2012.

New to Forensic Medicine – A Teaching Programme
A training programme, “New to Forensic Medicine – a Teaching Programme” was developed by NES and the School of Forensic Mental Health (SoFMH). It complements the very successful “New to Forensic Mental Health – Teaching Programme” and includes all the topics included within the four day “Introduction to the Role of the Forensic Medical Examiner” course. This mentored programme is particularly suitable for those working in remote and rural locations and lends itself to a locality based small group learning approach. Trainers representing each geographical area have been identified and trained as mentors. Mentors will provide not only guidance through the training programme but also a sustainable supportive network for those involved in this work. The programme is accessed through the SoFMH which will evaluate its use and provide certification of satisfactory completion for CPD purposes. It is suitable for both doctors and nurses. There are currently 7 mentees registered and 19 trained trainers.

Essentials in Sexual Offences Examination and Clinical Management (Adults & Adolescents) - Best Practice for Scotland
This course ran as a pilot for the first time in March 2015 and following its success it was revised and ran again in March 2016. It is the first course in sexual offences examinations to be run in Scotland and is based on the Scottish Legal System. The training course includes presentations, case studies and discussions on a range of topics, including; collection of evidence and crime scene management, forensic exam including genital injuries, therapeutic and forensic aspects of clinical care, equality and diversity, gender based violence and medical ethics and human rights legislation. Informal feedback has been very positive. In March 2016, 21 attended the course (19 doctors and 2 nurses) from across Scotland.
2.6.2 Knowledge Network

NES, along with the Prison Service, has created a Supporting Health Care in Custody and Prison portal which is hosted by the Knowledge Network. This includes sections on Healthcare for People in Custody and another on Forensic Medicine and is a very useful resource for people working in the field.

2.6.3 Competency Framework for Nurses

NES Career and Development Framework for Forensic and Custody Healthcare Nursing, designed by a group of experts has been completed and is available on the Portal.

2.7 IT Infrastructure

2.7.1 Adastra

The Adastra User Group was consolidated in 2015-16. Label printing to enhance the safety of medicines administration, and agency referral; the process of electronically referring people to other services such as specialist mental health services have been tested and will be rolled out in 2016-17.

A Sharepoint site has been developed as a resource to share key documents relating to Adastra.

2.7.2 Telehealth

Terms of Reference for a Telehealth workstream have been agreed and this area of work will be taken forward during 2016-17.

2.8 Communications and Networking

2.8.1 Communications

In line with the Network’s Communications and Engagement Strategy the following are issued quarterly following Network Board meetings:

- **Network Newsletter** communicates key decisions and actions arising from the Network Board meetings, as well as other work going on within the Network and related fields.

- **Network Update** on the work of the Subgroups provides Network stakeholders with an update on the work of the working groups of the Network.

- **Network Highlight Report** is used to provide the Network Board with an update on the work of the Network and service provision within the Regional Collaboratives.

- **Network Board minutes** communicate key decisions and actions arising from the meetings.
Website
The website provides a repository for Network documents, information on each of the subgroups and key network activities - [http://www.policecare.scot.nhs.uk/](http://www.policecare.scot.nhs.uk/)

Networking
The 5 Nations Health & Justice Collaborative (England, Wales, Scotland, Northern Ireland and the Republic of Ireland) was hosted by Scotland in Edinburgh on 29 April 2015. The theme for the meeting was healthcare in police custody, and the South East Forensic Medical Service presented their Regional Model. The meeting facilitated interesting discussions about the different challenges faced in each of the nations.
3. Service Delivery and Improvement

There are however different service delivery models across Scotland. Some are nurse led with nurses providing the initial triage, assessment and treatment, supported by Forensic Physicians, and others are primarily provided by contracted Forensic Physicians.

In remote and rural areas services are generally provided by General Practitioners. This takes cognisance of the remote and rural geography as well as the infrequent requirement for expert forensic involvement. Support from mainland NHS Boards for forensic medical expertise is provided as required.

3.1 Activity

For the first time, we have a full year near national picture of activity within the healthcare and forensic medical service in Scotland. Figure 3 below outlines the activity as recorded in Adastra: the healthcare and forensic medical service national IT system, for 1st April 2015 to 31st March 2016, broken down by Case Type i.e. type of/reason for referral to healthcare staff.

<table>
<thead>
<tr>
<th>Case Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice</td>
<td>6313</td>
</tr>
<tr>
<td>Blood – Forensic</td>
<td>35</td>
</tr>
<tr>
<td>Blood - RTA Custody</td>
<td>218</td>
</tr>
<tr>
<td>Blood - RTA Hospital</td>
<td>130</td>
</tr>
<tr>
<td>C S Spray</td>
<td>16</td>
</tr>
<tr>
<td>Complaint Against Police</td>
<td>81</td>
</tr>
<tr>
<td>Sudden Deaths in the community</td>
<td>105</td>
</tr>
<tr>
<td>Drink</td>
<td>2497</td>
</tr>
<tr>
<td>Drugs</td>
<td>2636</td>
</tr>
<tr>
<td>Fit For Court (FFC)</td>
<td>1336</td>
</tr>
<tr>
<td>Fit To Be Charged (FTC)</td>
<td>9</td>
</tr>
<tr>
<td>Fit To Be Detained (FTD)</td>
<td>5160</td>
</tr>
<tr>
<td>Fit To Be Interviewed (FTI)</td>
<td>370</td>
</tr>
<tr>
<td>Fit To Be Released (FTR)</td>
<td>2031</td>
</tr>
<tr>
<td>Fit To Be Transferred (FTT)</td>
<td>20</td>
</tr>
<tr>
<td>Fit To Plead (FTP)</td>
<td>122</td>
</tr>
<tr>
<td>Health Problem</td>
<td>4994</td>
</tr>
<tr>
<td>Impairment Test</td>
<td>140</td>
</tr>
<tr>
<td>Injured Party</td>
<td>377</td>
</tr>
<tr>
<td>Injuries</td>
<td>844</td>
</tr>
<tr>
<td>Intimate Samples (Other)</td>
<td>167</td>
</tr>
<tr>
<td>Intimate Search</td>
<td>63</td>
</tr>
<tr>
<td>Medication</td>
<td>8610</td>
</tr>
<tr>
<td>Mental Health Act (s297)</td>
<td>35</td>
</tr>
<tr>
<td>Mental Health Act (s36)</td>
<td>9</td>
</tr>
<tr>
<td>Officer Injury</td>
<td>4</td>
</tr>
<tr>
<td>Suicide Marker</td>
<td>108</td>
</tr>
<tr>
<td><strong>Total number of cases</strong></td>
<td><strong>37232</strong></td>
</tr>
</tbody>
</table>

*Fig 3.: Activity by Case Type for 2015-16*
The data does however come with a number of caveats. Three out of 14 NHS Boards are currently not using Adastra. There are differences in how each service records data and how each case type is defined. The total number of cases does not accurately equate to the total number of episodes of care. In some cases the healthcare professional may return to see the same patient twice or more under the same case number. In other areas the healthcare professional may create a second case number for the same patient.

The figures do not show adult or paediatric sexual offences data due to the inconsistencies in data recording and data not being inputted for the majority of adult and paediatric examinations that take place in NHS premises. Due to the discrepancies in data collection no further analysis has been undertaken for 2015-16. Further work will be done in 2016-17 to develop consistent data collection with the aim of providing more comprehensive national activity data.

Unpublished activity data has been compared between NHS Boards and has been used by compare request by Police Scotland across the country, contributing to shared learning across and within organisations and resulting in changes to practice in some areas.

3.2 Improvements

In 2015-16 NHS Boards have worked to consolidate service delivery, as well as developing innovative health improvement practices. In police custody, NHS Boards are increasingly delivering Alcohol Brief Interventions (ABI) to people in police custody. ABIs are practices that aim to identify a real or potential alcohol problem and provide motivation an individual to do something about it. ABI delivery is an NHS Board Local Delivery Plan (LDP) standard, with NHS Boards expected to deliver 20% of ABIs in 'wider settings' which includes police custody. Just under 1,000 ABIs delivered in police custody in 2014/15 and just over 1,000 ABIs delivered in police custody in quarters 1, 2 and 2 in 2015/16, indicating an increase on last year.

With support from Police Scotland Custody Division, Take Home Naloxone Kits are being issued by healthcare professionals to those at risk of opiate overdose in order to prevent overdose deaths. NHS Boards are also working third sector organisations and wider NHS services to develop more integrated pathways for victims of sexual crime.
References


vii Alexander, H. (2014) Logic Modelling, presentation provided as part of the National Coordinating Network for Healthcare and Forensic Medical Service in Police Care’s Stakeholder Day, October 2014
