

Service Specification No.	DRAFT Service Specification No 30
Service	Derbyshire Adult Sexual Assault Referral Centre (SARC)
Commissioner Lead	NHS England and NHS Improvement - Midlands
Provider Lead	TBC
Period	1 April 2023 – 31 March 2026 (1 + 1 extension)
Date of Review	Annual

SCHEDULE 2 – THE SERVICES

1. Purpose

The purpose of this specification is to provide the details of the services to be delivered from the Derbyshire Adult Sexual Assault Referral Centre (SARCs) as part of the integrated response to sexual violence and rape which will jointly meet the needs of the local population.

This document outlines the service and quality indicators expected by NHS England and NHS Improvement (the Commissioner) and the Derbyshire Police and Crime Commissioner (OPCC the Co-Commissioner) from the SARC (the Service) to ensure that a high standard of service is provided to the Commissioners responsible population. It therefore sets out the specific policies, recommendations, and standards that the Commissioners expect the Service to meet.

The service specification is not designed to replicate, duplicate, or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2012, the work undertaken by the Care Quality Commission (CQC), or the work undertaken by the United Kingdom Accreditation Service (UKAS). In the event of new guidance emerging, the specification will be reviewed and amended as quickly as possible, but, where necessary, both the Commissioner and the Provider will work proactively to agree speedy variations of contract ahead of a revised specification being produced.

Current programmes may be subject to nationally prescribed changes in response to recommendations from the the Department of Health and Social Care (DHSC), Ministry of Justice, the Home Office, Forensic and Legal Medicines (FFLM), National Institute for Clinical Excellence (NICE) as advancements in evidence-based practice emerge. The Service, and its associated IT System, is expected to have the capability to adapt promptly to, and implement, such prescribed changes.

Other policies relevant to this Specification include, but are not limited to:

- Ministry of Justice Code of Practice for Victims of Crime in England and Wales November 2020
- NHS England & NHS Improvement Five Year Forward View 2014
- NHS Long Term Plan 2019
- Home Office Cross Government Violence Against Women and Girls Strategy March 2019
- NHS England & NHS Improvement Strategic Direction for Sexual Assault and Abuse Services: Lifelong care for victims 2018
- Sexual Offences Act 2003

The Provider will not subcontract any element of the Service without the prior permission of the Commissioner. The Provider will have robust formal subcontracting arrangements using the NHS Standard Contract subcontracting template or equivalent for any agreed subcontracted elements of the Service. The Provider will regularly review and

monitor subcontracted elements and maintain overall responsibility of the Service. The Provider will ensure that subcontracted elements do not deviate in omission or addition from the Service as described in this specification.

COVID-19

The commissioner advises that where there are local COVID- related lockdowns or other restrictions in place, the expectation is that SARC services should continue as contracted. This includes the expectation that providers staff/capacity should not be diverted towards other services, or their buildings or facilities repurposed for other uses, without the specific agreement of the relevant regional commissioners.

Any indication of service change due to local or national lockdowns should be raised by the provider to the NHSEI regional commissioner so that it can be discussed and considered and where agreed, mitigations put in place that minimise any disruption to delivery of the SARC.

2. National/local context

The service is jointly commissioned by NHS England and NHS Improvement Midlands (NHSEI) and the Office of Police and Crime Commissioners for Derbyshire (OPCC). 'Commissioner' is used throughout the specification to cover all commissioning organisations.

The commissioners seek to jointly commission a specialist integrated clinical and forensic Sexual Assault Referral Centre (SARC). The Provider is required to deliver the SARC service across the geographical police force area of Derbyshire (inclusive of Derby City and Derbyshire County).

The provider will deliver the following services through the SARC whilst ensuring safe and appropriate staffing capacity at all times. This includes responsibility for co-ordinating the smooth running of the SARC service and liaising with partner organisations to ensure the profile of the service is maintained.

The delivery aim of the SARC is to provide clients with:

- acute healthcare and support in age-appropriate settings
- comprehensive forensic medical examinations
- follow up services which address their medical, psychological, social and ongoing needs
- direct referral to Independent Sexual Violence Advisors

A high quality and cost-effective service model must embrace a concept of integrated, specialist clinical forensic interventions and a range of assessment and support services through defined care pathways. SARCs are expected to provide a holistic service which ensures that victims of sexual assault, regardless of their gender, receive timely and appropriate emotional support at the point of crisis in a safe, secure and confidential environment. The service must be flexible, easily accessible and victim-centred and the SARCs will play a vital role in meeting the needs of victims. It is essential that there is effective integrated working between the SARC, safeguarding agencies and other partners involved in delivery of related services.

The services within this contract relate to:

- Adults aged 18 and over
- Young people aged 16 and 17* (where decided to be clinically appropriate with the CYP SARC provider)

*In the East Midlands, paediatric SARC provision lies within a separate contract for children and young people aged 0-17 years.

This catchment area includes prisons HMP Foston and HMP Subury and access to services for Derbyshire prisoners who have been raped or sexually assaulted in line with the agreed local framework. It also includes access to services for adults who have been raped or sexually assaulted in other institutional settings including but not limited to care and nursing homes.

The SARC location is:

Millfield House
Hall Street
Alfreton
Derbyshire

DE55 7BU

The service will be delivered through the provision of an open access 24/7/365 service, including both forensic medical examination and crisis care delivered at named Sexual Assault Referral Centre (SARC) locations. The SARC will also provide up to 6-10 sessions of fast track counselling for clients accessing the SARC service. The service will include supported referral pathways into appropriate local services for support and follow-up care where these are assessed as needed.

In addition to addressing any forensic issues, the clinical consultation will include immediate health assessment including assessment of injuries, risk assessment of self-harm, together with an assessment of vulnerability and sexual health (including the possibility of female genital mutilation). Where required, there will be immediate access to emergency contraception, post-exposure prophylaxis after sexual exposure (PEPSE), post exposure Hepatitis B vaccination and seamless pathways into other acute, mental health or sexual health services and follow-up as needed. In addition to a medical examination the service model includes suitably trained crisis workers, advocates, SARC 6-10 sessions of fast track counselling and related support, including support for the client's supporter where relevant.

This Service Specification should be read in conjunction with 'Public Health functions to be exercised by NHS England – Service Specification No. 30 Sexual Assault Referral Centres'¹ (hereafter this will be referred to as 'Service Specification 30'), the Commissioning Framework for Adult and Paediatric SARC Services and the Code of Practice for Victims of Crime (MoJ 2020)². The provider must ensure that their services are compliant with the provisions of these documents.

The benefits of a dedicated service for both the health and wellbeing of the client and delivery of justice are considerable. The SARC will provide clients with the opportunity for high quality health care with coordinated and timely facilitate forensic medical examination and sampling compliant with latest national standards.

In addition to the benefits to the health and wellbeing of the client, this (in relevant and appropriate cases) provides both the Police and the client with the best possible opportunity to recover evidence for use within an investigation. Without such an approach, support to clients within the Criminal Justice System would be significantly reduced.

An updated Health Needs Assessment for the Derbyshire adult sexual assault referral centre services will be completed in 2022. This provides information regarding the local context and activity data and should be used by the Provider in service planning:

To be added when finalised

Population data to support planning of SARC services and activity assumptions:

Area	Under 18 years	Over 18 years	Total (all ages)
Derby	59,691	197,123	256,814
Derbyshire County Council area	154,757	652,426	807,183
Total (Derbyshire ICS area)	214,448	849,549	1,063,997

	Recorded rape ⁵⁷ (age 16+)	Population (age 18+)	Recorded rape rate / 10,000 adults
Derbyshire	729	849,549	8.58
England and Wales	41,030	46,996,564	8.73

3. Key Service Outcomes

The following information is provided to aid understanding of how the delivery of these services contribute to the Outcome Frameworks that are significant to SARC victims including:

¹ <https://www.england.nhs.uk/commissioning/pub-hlth-res/>

² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974376/victims-code-2020.pdf

The provision of quality sexual assault services supports Domains 1, 3, 4 and 5 as shown in the NHS Outcomes Framework below.

Domain 1	Preventing people from dying prematurely	x
Domain 2	Enhancing quality of life for people with long-term conditions	
Domain 3	Helping people to recover from episodes of ill-health or following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

The Provider will deliver services in accordance with the NHS Constitution:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132958.pdf

National Key service outcomes

- High quality and readily accessible, 24/7, open access sexual assault services to survivors of rape, sexual violence³ and sexual abuse regardless of gender or sexual orientation
- Work towards providing SARC UKAS accredited services in line with national timelines directed by the Forensic Science Regulator. <https://www.ukas.com/resources/latest-news/sarcs/>
- SARCs contribute to achieving a range of local and national priorities and policies to improve health and wellbeing, tackle violence and abuse, reduce inequalities and tackle discrimination. The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not. SARCs have to assure effective implementation of The Equality Act 2010.

Criminal Justice Outcomes

Criminal Justice Outcomes are supported through:

- Close working relationships with the Police and Crown Prosecution Service (CPS)
- Achieving a high standard of forensic evidence (retrieval of trace evidence, documentation of injuries, including the absence of injuries)
- Provision of timely statements
- Maintaining victim confidence in the criminal justice system and information sharing
- Effective referral pathways to Independent Sexual Violence Advisors (ISVA) (NB. The provision of an ISVA service is not within scope of this contract.)
- Ensuring victims are better able to cope and recover with aspects of everyday life following the support received. Victims Services Commissioning Framework can be accessed via the below link <https://www.gov.uk/government/publications/victims-services-commissioning-framework>

³ Sexual Offences Act 2003 <https://www.legislation.gov.uk/ukpga/2003/42/contents>

- Maximising the number of victims who are confident to come forward and seek help. This may be through self-referral, professional's referral and/or police referrals. This will ensure support is available which will help to reducing long-term mental health consequences and increased safeguarding of vulnerable young people or adults
- Providing training and raising awareness of SARC services to partners, professionals, statutory and voluntary sector organisations and local communities, especially those that are seldom heard. This will include reasons for accessing the SARC, dispelling myths, signs and symptoms of sexual assault, how to refer to the SARC for forensic examination and sign posting to other services
- Consent-based, fit for purpose forensic recovery, preservation, reporting of evidence and feedback to victims
- Delivery of wider victim support through strong system-wide relationships. The service will need to implement the Sexual Assault and Abuse Strategy (2018) in delivering robust pathways to support improved wellbeing of victims. This includes:
 - Improved ability of people who have experienced sexual assault or abuse to cope with the aftermath
 - Feeling informed about the range of support available and ensuring good quality information
 - Easy access to services
 - Improved outcomes for the families of victims, through being more able to cope.

Local defined outcomes

The Commissioners require the following outcomes from the Provider:

- Equitable, timely and consistent standards and delivery of SARC services to clients
- Coordinate referrals to SARC for forensic medical examination and health assessment as determined in accordance with the multi agency strategy discussion and FFLM guidance on establishing the urgency of examinations⁴. The Service must be available to undertake an examination at the SARC at 60 minutes (1 hour) of referral if required. This must include a trained forensic examiner and crisis worker for the case. Unless a pre-arranged later appointment is made to accommodate the victim's needs.
- Ability to deal appropriately and promptly with all referrals to the service regardless of source (including self-referrals)
- Positive experience of care as demonstrated in the feedback and patient experience reviews
- Improved physical and sexual health outcomes for clients⁵ as well as reducing longer-term health needs through early emotional support intervention, supported by seamless pathways into appropriate follow-up services
- Seamless pathways and joint working with existing sexual violence services across the city and county, including those working with victims of Domestic Abuse and Violence in the city and county of Derbyshire.
- Improved mental health outcomes through early support of clients' needs by provision of SARC 6-10 sessions of fast track counselling and seamless pathways into appropriate follow-up services;
- Robust arrangements for the appropriate and prompt sharing of information with partners;
- Delivery of well-coordinated interagency arrangements offering client support through effective working relationships with relevant organisations, including Local Safeguarding Boards, Health and Wellbeing Boards and the voluntary sector.
- Survivors in Derbyshire are aware of the service, can easily access it in confidence, can self refer and use the service as they need without reporting to the police.

4. Scope

⁴ <https://fflm.ac.uk/resources/publications/guide-to-establishing-urgency-of-sexual-offence-examination/>

⁵ In accordance with British Society for Sexual Health and HIV (BASHH), British HIV Association (BHIVA) and Faculty Sexual and Reproductive Health (FSRH) guidelines

Aims of service

The aim of the SARC service is to ensure that survivors of rape and sexual assault in Derbyshire have immediate access to a range of health, forensic and other support to help them cope and recover.

The SARC will provide a holistic service to ensure that the victims of sexual assault, regardless of their gender, cultural, social or ethnic background receive timely and appropriate support. The pathway for each individual will commence from the point at which they are referred or make contact with the service as a self-referral. Emotional support at the point of crisis will be provided in a safe, secure and confidential environment with access to immediate medical care if required. Victims will have the opportunity to undergo a forensic medical examination whether or not they wish to make a formal report to the police at that time.

The aims and objectives will be achieved by delivering an evidence-based service that will provide victims with:

- Equity of access in line with the requirements of the Public Sector Equality Duty of the Equality Act (2010)
- A high quality service in an environment which meets forensic standards and requirements whilst also being confidential and comfortable
- A service which will minimise the risk of further re-victimisation and is central to promoting recovery, including improvement in physical and mental health
- A workforce which is well-trained, flexible and responsive to the needs of the victims accessing the service – the workforce will have the required experience, competencies and nationally recognised qualifications (or working towards)
- Strong leadership and integrated care pathways working between organisations, including other health and social care services, safeguarding and criminal justice services
- Ease of access to mental health and psychological therapies
- Access to long-term support from Voluntary and Community Sector Services providing advocacy, counselling and support (where available)
- The support to help an individual understand the options available to them and facilitate their choices
- Opportunities to provide feedback about the service and using this information to improve services and pathways

This will include:

- An immediate health and care response in a secure and appropriate setting ensuring that clients receive the most appropriate care for their assessed needs, supported to do so by crisis workers.
- Access to Forensic Medical Examination (FME) services that are coordinated with the health and care response.
- Access to criminal justice services.
- Pathways which deliver direct access to ongoing emotional, practical, therapeutic support and Independent Sexual Violence Advocates (ISVA). The referral pathway to ISVA must be seamless and minimise the number of agencies which the person affected has to contact and repeat their story to.
- Direct access or referral to follow up services which address the client's medical, psychosocial and on-going needs; including SARC commissioned 6-10 sessions of fast track counselling for clients attending SARC where this is indicated.
- A service that works in partnership with local healthcare services, the FME service, criminal justice services and safeguarding arrangements.
- The Derbyshire service is to provide a SARC Service for adults, and where clinically appropriate, young people aged 16 and 17 years. The provision for young people aged 16 and 17 years will be assessed on an individual basis. The place of examination must be agreed between the young person, Forensic Examiner, Paediatrician, police and social care providers. The provision for children and young people under the age of 16 years is out of scope and not included in the Derbyshire service.
- The service covers the Derbyshire police force area

Objectives of the service are to:

- Provide and coordinate 24/7 access to specialist clinical and forensic care, crisis support, first aid and safeguarding, leading to high levels of client satisfaction; For the prison population this must be delivered in accordance with the agreed local framework.
- To listen to the voice of the client and help an individual understand the options available to them and facilitate their choices.
- Maintain a clear and robust electronic case management system with one record per victim in use by all SARC.
- Maintain a robust set of Standard Operating Procedures and Policies for the SARC.
- The service delivery model will be based on evidence-based practice adopting national clinical guidelines including from the Faculty of Forensic and Legal Medicine (FFLM) and National Institute of Clinical Excellence (NICE). The service should be developed innovatively in order to deliver a high-quality service which ensures use of resources efficiently.
- All operational SARC personnel, including Forensic Examiners and crisis support services have a duty to safeguard and promote the welfare of victims (particularly young people and vulnerable adults) and to improve outcomes for them and their families through integrated working with a key emphasis on information sharing. Services should be designed and organised by the Provider which are person-centred, clinically-driven and led, support equality and diversity needs, considering particular vulnerabilities and safeguarding issues, and are in compliance with the requirements of FFLM standards and Derbyshire Adult and Children's Safeguarding Partnership Procedures⁶.
- Provide a resilient staffing model which enables continuity of service across Derbyshire.
- Where there is more than one complainant for an alleged incident or series of incidents, cross contamination must be considered. The service will follow FFLM requirements in relation to showering and changing of clothes or the use of separate examiners.
- The Provider will lead and develop a flexible service using a collaborative approach with partners which will provide choice for victims. Care pathways must be in place which ensure equity across the region and an ethos of continuous improvement and service development. The pathways will need to cope with potential demand while also considering local need and timely access to services.
- Work towards a UKAS SARC registered service⁷ in line with the Forensic Science Regulator requirements with decontamination protocols in place which demonstrate that they can ensure high quality forensic integrity which meets Forensic Science Regulator (FSR) standards and a robust chain of evidence in keeping with Faculty of Forensic and Legal Medicine (FFLM) guidelines.
- Employ a multi-professional workforce who are appropriately qualified, trained and supported and who are experienced in sexual offence examinations to deliver high standards of care.
- Provide access to appropriately trained crisis workers who provide immediate support to the client at the SARC.
- Provide a 24/7 single point of contact number for referring organisations and self referrals with 24/7 access to a sexual offence examiner to provide specialist advice and support. To provide self referrals with information about their options including advice about forensic examinations and the choice to report the assault to the police and the criminal justice system. This includes non recent cases, where victims will be offered advice and signposted / referred to the most appropriate service i.e. ISVA
- Provide information in accessible formats and the use of interpreters if necessary.

⁶ <https://www.derbyshiresab.org.uk/home.aspx> and <https://www.ddscp.org.uk/>

⁷ <https://www.ukas.com/accreditation/about/developing-new-programmes/development-programmes/sexual-assault-referral-centres/>

- Provide SARC 6-10 sessions of fast track counselling for clients attending SARC where this service is indicated following an assessment. The provider must ensure this service complies with relevant pre-trial therapy protocols.⁸
- In cases where there are no overriding safeguarding issues, to give clients the choice of whether or not to involve the Police, to provide the opportunity for clients to agree to evidence being stored in case they decide to report to the Police at a later date and / or to provide information anonymously and to request that their samples are tested anonymously.
- Carry out timely health, holistic and risk assessments including assessment of injuries (clinically and forensically), mental health and emotional well being, other forms of abuse e.g Domestic Abuse, Stalking and Honour Based Violence, FGM, risk of self-harm, vulnerability, safeguarding and sexual health;
- Provide immediate access, where indicated, to emergency contraception, 5 day starter pack for post-exposure prophylaxis after sexual exposure (PEPSE), first dose Hepatitis B vaccination and onward referral to Sexual Health Clinic for remaining treatment.
- Ensuring that clients have access to STI testing. This must be delivered through robust and timely pathways into local Integrated Sexual Health Services (ISHS)/ Genito- Urinary Medicine (GUM) to enable BBV and STI testing and treatment to be completed.
- Refer to psychological therapies which can provide also provide advocacy and referral into appropriate services to support any ongoing physical or mental health needs;
- Enable direct access to referral into the criminal justice services, at the clients request, including ISVAs
- Offer a choice of gender of clinician and crisis worker to all clients;
- The Provider must ensure that the services and the facilities are designed to protect and preserve victim dignity, privacy and confidentiality. Chaperones will be available and used in line with recommended practice and to preserve victim dignity
- Provide opportunities to provide feedback about the service and using this information to improve services and pathways.
- The Provider will assure Commissioners that the services being delivered are of a high quality through the recording, collation and monitoring of detailed quantitative and qualitative data that is made available as required and in accordance with the quality and reporting requirements in Schedule 4 and Schedule 6 of the NHS Standard Contract.
- Provide secure storage of medical records and forensic samples in accordance with the Faculty of Forensic and Legal Medicine (FFLM) and Forensic Regulator guidance;
- Promote awareness of the signs and symptoms of sexual assault and the services available. Including, a dedicated SARC website for professionals and the public.
- Maintain an asset register which clearly demonstrates the ownership, servicing, maintenance, replacement schedules for all equipment.

Service description/care pathway

An outline in diagrammatic form of the required care pathways can be found at Appendix 1. These are adapted (to reflect local circumstances) from Service Specification 30.

Equality

The Provider will ensure they meet their duties under the Equality Act 2010 and there is equity of access and no discrimination of victims with protected characteristics to include age, gender, ethnicity, disability, gender

⁸ <https://www.cps.gov.uk/legal-guidance/therapy-provision-therapy-vulnerable-or-intimidated-adult-witnesses>

reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity. Services must be delivered with reasonable adjustments for victims with disabilities (including learning disability) to ensure fair and equal access.

The Provider will ensure there is equality of access to services. When carrying out assessments, treatment, interventions, providing information, and developing care pathways with victims, they must consider:

- The ability of the person to listen and remember information both verbally and written
- Provision of extra information and support to help with the understanding and delivery of care plans
- Adjustments that may be required to the structure, content and duration of interventions
- The need for prompts or cognitive aids to help with delivery of treatment or intervention
- Access to *interpreting services where the victim does not have English as their first language

*Interpreter Services - the Provider is responsible for accessing interpreting services where required. The cost of interpreter services used to obtain evidence will be met by the Provider. All interpreters (for police investigations and self-referrals) must be appropriate to the needs of the victim.

The Provider will also have a responsibility to deliver a service to victims who are unable to access the SARC i.e. those in detained accommodation, care homes, hospitals and for victims confined to their own homes. Inability to attend a SARC must not preclude an individual's right to a service. The Provider must develop effective processes and pathways to enable this.

Transport to SARC must not be a barrier to accessing services. The provider is required to support self referrals to attend, these costs must be met by the Provider.

Mental Capacity and Consent

The Provider must ensure that all clients are assessed with regard to their competency to consent to an examination. The Provider should ensure that the assessment of a client's capacity to consent is made in accordance with the relevant legal principles (e.g. the Mental Capacity Act 2005 (England and Wales), and recorded in their health record. In particular the Provider must ensure that their processes are compliant with the Department of Health 'Reference Guide to Consent for Examination or Treatment'⁹ and FFLM Guidance for Consent from patients who may have been seriously assaulted¹⁰.

The consent process will take into account all relevant aspects, such as the forensic examination (including body mapping, colposcopy recordings of the anogenital examination where necessary, in accordance with guidelines from the FFLM, ongoing support, sharing of information, report writing, witness evidence etc.) and statements.

Referral routes

The Provider must ensure that they are able to deal appropriately and promptly with referrals from the following routes (not an exclusive list):

- Police
- Primary and Secondary Healthcare providers
- PSARC
- Self-referral
- Voluntary sector agencies (specifically including local voluntary sector specialist sexual violence services)
- Local Authority services (including education, social services, housing etc.)
- Prisons

⁹ Department of Health. Reference guide to consent for examination or treatment. 4 August 2009.

<https://www.gov.uk/government/publications/reference-guide-to-consent-for-examination-or-treatment-second-edition>

¹⁰ <https://fflm.ac.uk/wp-content/uploads/2020/12/Consent-from-patients-who-may-have-been-seriously-assaulted-FFLM-Dec-2018.pdf>

- Education/Higher Education

Confidentiality, choice and control

Any question about whether information should be withheld from relatives or carers (for example, in relation to the incident or the alleged perpetrator) must be considered carefully and the decision recorded. Furthermore, safeguarding referrals may need to be made irrespective of consent to share information.

The Provider should ensure that plans for further treatment and care of the client take account of their family circumstances.

Where there are no overriding safeguarding issues, the Provider must ensure that the client is given the choice of whether or not to involve the Police.

The Provider must also ensure that the client is given choice regarding which services they wish to access as part of their ongoing care needs. Accordingly, the Provider must ensure that there are effective partnership working arrangements in place with other local health, criminal justice and voluntary agencies.

The Provider must ensure that there are adequate facilities for the storage of samples and that, with the client's consent, they are retained (see Facilities and Equipment for more details).

Risk assessment and Medical Consultation

The Provider must ensure that all cases are subject to a strategy discussion involving all relevant professionals and triaged to establish an appropriate and timely response taking into account:

- the holistic needs of the client;
- the medical needs of the client
- FFLM guidance on establishing the urgency of examination;
- all the facts relating to recovery of evidence and gathering of information.
- The gathering of information
- Full risk assessment

The Provider must ensure that an initial risk assessment is carried out in respect of all clients. The Provider must ensure that all safeguarding referrals are made within one working day for non-urgent referrals and immediately for urgent referrals.

The Provider must ensure that all non-Police referrals are offered an appointment with the sexual offences trained officer or other appropriately trained staff to discuss the possibility of reporting and giving intelligence anonymously.

In addition, the Provider shall ensure that in all cases an assessment of immediate health needs is carried out.

This assessment must include;

A risk assessment of the mental, physical and sexual health of the client and the identification of any vulnerability and the provision of immediate treatment and care as required and appropriate to the SARC setting;

- Pregnancy testing;
- Provision of Emergency contraception
- Provision of Hepatitis B vaccinations
- Immediate access to 5 day start pack of Post-exposure Prophylaxis after Sexual Exposure (PEPSE);
- Referral to mental health and primary care / acute service as required
- Referral to Sexual Health services for Blood Borne Virus (BBV) and Sexually Transmitted Infection (STI) Testing;
- Referral to other services as indicated during the assessment
- Provision of SARC 6-10 sessions of Fast Track counselling post examination
- Referral to ISVA
- Referral to specialist sexual violence counselling services

Safeguarding Vulnerable Adults

A person is vulnerable if, as a result of their situation or circumstances, they are unable to take care of or protect themselves or others from harm or exploitation.

To promote the safety and protection of vulnerable adults, the provider must:

- Have robust systems in place to identify vulnerable adults.
- Take reasonable steps to protect vulnerable adults.
- Be alert to potential indicators of abuse, exploitation or neglect.
- Be alert to potential indicators of grooming (for sexual exploitation or radicalisation).
- Report any concerns or risks to a vulnerable adult in line with local safeguarding adult policies and procedures.
- Where appropriate, develop local policy and procedures that are in line with inter-agency policy.
- Work in cooperation with all agencies involved in any investigation.
- Be aware of the referral procedures and refer as appropriate.
- Abide by the Mental Capacity Act (2005), (2019).

Safeguarding referrals will be made within one working day for non-urgent referrals and immediately for urgent referrals.

The SARC Provider must have agreed safeguarding procedures, which are compliant with the Local Safeguarding Partnerships or any subsequent multi-agency processes, structures, procedures and statutory guidance for safeguarding adult and children/young people.

SARC must have robust standard operating procedures for sexual health assessments in accordance with the British Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines.

The Provider is required to ensure that SARC clients have access to BBV and STI testing. This must be delivered through:

- Agreement of robust and timely pathways into local Integrated Sexual Health Services (ISHS)/ Genito-Urinary Medicine (GUM). This requires the SARC provider to facilitate the appointment and follow the client up to determine and encourage attendance.

The Provider must ensure that any delay to receive treatment is kept to a minimum reflecting the decreasing effectiveness of treatment with delay. Delays with treatment must be reported to the Commissioner in accordance with incident reporting procedures.

Interaction with the Criminal Justice System

For Police referrals, the Police will take responsibility for engaging with the provider.

For self or referrals from other agencies, the relationship and joint working protocols between the Provider and wider pathways is paramount and the Provider will take a lead/co-ordinating role.

The Provider must develop the required referral and communications arrangements coordinate the SARC response. The Provider must ensure that highly sensitive images, taken during a forensic examination are stored and only disclosed in line with Faculty of Forensic and Legal Medicine (FFLM) guidance¹¹. The provider will be expected to participate in the contract monitoring of that contract, to agree any solutions to issues that may arise, e.g. response times. The Police will ensure there is a single point of contact to escalate any immediate and urgent operational issues with the SARC service.

The Provider must ensure that every client attending for a forensic examination is offered a choice of follow up care. If the client wishes to access follow up care locally, then the provider must provide comprehensive and up to date information regarding the availability of local services.

The Provider must ensure that clients who have had a Forensic Medical Examination and who have requested follow up care are offered an appointment at the time of initial examination or contacted within three working days.

Forensic Medical Examinations

¹¹ <https://fflm.ac.uk/resources/publications/sarc-storage-of-forensic-samples-the-human-tissue-act-frequently-asked-questions/>

The provider must ensure that the Police can communicate promptly with a Forensic Medical Examiner in order that an early evaluation of the need for a client's forensic examination can be made.

The Provider must ensure that all clients are given appropriate opportunity to engage fully with the Police. The Provider must ensure that those who have not reported to the Police are offered an appointment with a Specially Trained Officer or other appropriately trained staff to discuss the possibility of reporting or giving intelligence anonymously.

The Provider must ensure, upon request and where appropriate, consent has been obtained, that their employees provide forensic examination exhibits and witness evidence to the Police in a timely and appropriate manner and engage fully with the Criminal Justice System.

The Provider will provide Forensic Medical Examiners or Forensic Nurse Examiners (as appropriate) to undertake the forensic medical examination. The Provider must ensure that a choice of gender of Forensic Clinician is available to each client, where possible. The Provider must ensure that every assessment of a client's need for a forensic medical examination takes into account a variety of issues including potential medical needs and forensic issues such as possible injuries. The Provider must carry out this assessment (where required) whether or not the client is outside the "forensic window" in terms of forensic samples. The decision regarding the need for a Forensic Medical Examination in any given case must be made by the Forensic Examiners in consultation with Police and where necessary other healthcare professionals.

The provider must ensure that the Forensic Clinician reviews evidential needs on a case by case basis in conjunction with the investigating officer and in accordance with the latest FFLM recommendations¹²

To ensure timeliness, statements requested by the police from a forensic clinician must be completed within 10 working days.

The Provider must provide all clients with suitable options regarding the storage of forensic samples (see Facilities and Equipment).

The Provider must ensure there is a robust Standard Operating Procedure which sets out how medical photography and colposcopy will be used to capture external and sensitive images of injuries. The Provider must ensure that the highly sensitive images, taken during a forensic examination are stored and only disclosed in line with FFLM guidance¹³.

Crisis workers

The Provider must offer a broad range of support to clients through the provision of Crisis Workers who will be responsible for delivering confidential, emotional and practical support to clients throughout their time within the SARC in close co-ordination with the Police and other healthcare professionals.

A crisis worker must be available 24/7/365 to support a SARC referral and examination. The Provider will ensure suitable staffing levels to maintain a safe and effective service across Derbyshire. Staffing will ensure the service is resilient to planned and unplanned absences and is able to cope with demand. The Provider is expected to have enough capacity across the crisis support teams to ensure attendance at key meetings.

The Provider must ensure that clients are able to communicate with a crisis worker at any time. The Crisis Worker must be able to advise the client, in a timely manner, regarding the nature of the assessments and examinations that are likely to occur during their stay at the SARC and possible follow-up care including the importance of risk assessment for emergency contraception, blood-borne viruses including HIV post-exposure prophylaxis.

The Provider must ensure that a choice of gender of Crisis Worker is available to each client, where possible.

Administration

The administration function is an integral part of the SARC Service and is required to support all victims, staff, volunteers, partners and key stakeholders to deliver high quality victim centred care. The administrative function will be required to support the operational management of the service by ensuring that clinicians / crisis support is maximising time spent with victims rather than undertaking administrative tasks.

¹² <https://fflm.ac.uk/resources/publications/recommendations-for-the-collection-of-forensic-specimens-from-complainants-and-suspects/>

¹³ <https://fflm.ac.uk/resources/publications/guidance-for-best-practice-for-the-management-of-intimate-images-which-may-become-evidence-in-court/>

The Provider will ensure that all administration staff either have or receive training and learning to acquire the competencies specific to their role and responsibilities.

SARC Management Function

There will be a robust SARC management function with clear roles and responsibilities to effectively manage the day-to-day operation of the SARC Service together with other key competencies. The SARC management functions will include:

- Providing effective management support and leadership to all staff
- Leading on reporting any issues/incidents through appropriate channels
- Ensuring victim engagement and consultation activities are undertaken
- Developing and delivering service improvement plans
- Participating in and supporting any inspections, audits, performance reviews and service reviews
- Coordinating services and care with other SARC colleagues and partner agencies, ensuring their teams work together collaboratively
- Leading on promotion of the SARC
- Managing duty rotas and ensure adequate and appropriate staffing levels to fulfil service responsibilities across the region
- Support and facilitate sustained partnership working and pathway development to continuously improve co-ordination of services
- Leading on the engagement of key stakeholders to ensure a collaborative approach to service delivery for victims
- Coordinating partnership working with agencies responsible for delivering prevention activities, to ensure the SARC service supports this to strengthen the approach to prevention
- Hosting and / or attending partnership meetings where applicable
- Ensuring appropriate training is completed and recorded (eg, for police; sexual health)
- Ensuring the SARC meets the forensic and health standards for infection prevention and control; decontamination; and DNA elimination processes
- Implement and manage the clinical and non-clinical governance processes
- Manage the assets within the SARC building
- Managing use of the SARC facilities where required.
- Attend relevant meetings in each force area and with Commissioners as required.

SARC 6-10 sessions of SARC Fast Track therapeutic counselling

The Provider will develop and commission a SARC fast track counselling service which will provide 6-10 sessions of therapeutic counselling for clients attending the SARC. All clients must be assessed and where appropriate offered these sessions, including support for the carers/family where deemed appropriate. This provision may be delivered directly or through sub-contracting arrangements.

The Fast Track service must work with ISVA service and longer term counselling therapy providers in Derbyshire area to ensure the 6-10 sessions compliments existing service models. Pathways into longer term counselling following the 6-10 sessions must be developed and documented in a Standard Operating Procedure.

SARC Fast track therapeutic counselling is designed to be relatively short term (up to 10 weeks) of immediate support. It is called Fast Track because it is designed to respond quickly to the impacts of the trauma experienced, working with the client to find ways of coping with this and providing a safe space to do this as quickly as possible.

Fast Track counselling involves assessment, planning, and developing coping strategies. It focuses on the client's immediate situation including factors such as safety and immediate needs. The service must be evidenced based and have clear defined outcome measures and opportunities to provide client feedback. The service must be continually reviewed and regular reporting metrics supplied to the commissioner.

The Provider should ensure that all staff delivering counselling therapies are aware of, and adhere to, the current Crown Prosecution Service (CPS) Guidance relating to 'pre-trial therapy' as many of the service users will be involved in criminal proceedings (or may choose to report to the police at a later date).

Where the therapist believes it to be in the best interests of the individual service user to provide a therapeutic intervention that is not inline with the pre-trial therapy guidance, the Provider will ensure that the rationale for this decision can be clearly articulated, documented and shared with the police and CPS where necessary. The Provider will ensure that any such decisions are taken with agreements from the service's clinical lead and not by individual therapists in isolation.

The Provider must ensure that all staff providing counselling therapies must keep contemporaneous notes relating to each individual service user. As the therapist may be called to court as a witness in relation to any therapy undertaken prior to a criminal trial, it is crucial that the Provider recognise their responsibilities and obligations relating to disclosure of notes as part of court proceedings.

The Provider should maintain and review clear policies around pre-trial therapy including disclosure of therapy notes.

Sessions

The Provider will deliver a maximum of 10 sessions.

Treatment should be regular and delivered at an agreed frequency (to facilitate normal family life alongside the therapeutic work). Treatment should be delivered by the same person.

Following the 10 sessions, if the client requests further support, the provider must support the client to access longer term counselling services in the local area and make a direct referral to the service.

Measurement

The Provider will ensure that for each service user is assessed using recognised evidenced based tools:

At assessment, there are measures using recognised age appropriate tools.

At conclusion of support, there are measures of:

- Outcomes
- Client feedback

Workforce

The Provider must ensure that all their staff have appropriate Disclosure Barring Service (DBS) clearance that are recorded and reviewed by the Provider.

All therapeutic staff should be fully qualified with relevant post-qualification experience of working with Adults who have experienced sexual violence.

All therapeutic staff should be accredited members of the appropriate professional body for the intervention they deliver (such as BACP).

The provider must ensure that volunteers or therapists-in-training will not deliver any therapeutic interventions to any service users.

The provider will ensure that appropriate clinical supervision arrangements will be in place for all therapeutic staff to prevent vicarious trauma and promote a resilient workforce.

The provider will ensure that appropriate management supervision arrangements will be in place for all staff, and will produce records of supervision on request.

Locations, the Fast Track counselling service must ensure clients have a choice about where they can access this support in the Derbyshire area.

Providers Fast Track counselling model:

Insert model from bid submission

Locations insert from bid submission

Independent Sexual Violence Advisers (ISVA)

All clients referred to SARC must be offered the Derbyshire ISVA service.

Independent Sexual Violence Advisers (ISVAs) play an important role in providing specialist tailored support to victims and survivors of sexual violence. An ISVA is an adviser who works with people who have experienced rape and sexual assault, irrespective of whether they have reported to the police. The nature of the support that an ISVA provides will vary from case to case and will depend on the needs of the individual and their particular circumstances Emotional and practical support.¹⁴

The ISVA service will be commissioned by the Police and Crime Commissioner for Derbyshire. The Provider will be expected to work closely with the support and ISVA service provider to ensure seamless referral pathways for survivors. This may include co-location.

Psychological therapies provided by a third party

Where psychological therapies are provided by a third party the Provider is responsible for ensuring there are robust referral pathways in place.

There will be instances where clients have mental health needs which exceed the remit of the service. In these instances the Provider must ensure that a prompt and suitable referral is made to local community mental health services or acute services as necessary.

The provider would be required to develop explicit and agreed referral pathways with all local available and commissioned counselling and therapy services across Derbyshire. Regular referral reporting activity will be supplied to the commissioner.

Information Sharing

The Provider will work with the Police and partners to standardise and improve information sharing in order to meet the needs and best interests of the client. It is recommended that information sharing agreements between services are agreed and implemented. These must support the sharing of information by describing the legal framework, the framework for decision making and the process to follow to ensure clients receive appropriate and coordinated support.

The Provider will ensure that prompt referrals concerning instances of domestic abuse, Honour Based Violence, Female Genital Mutilation or Sexual Exploitation are made in accordance with local child and vulnerable adult policies regarding safeguarding or any other relevant issues.

The Provider will work with the Police, partners and stakeholders to standardise and improve information sharing in order to meet the needs and best interests of the client.

The Provider will join the National Ugly Mugs Scheme¹⁵ enabling them to report incidents and receive alerts to disseminate amongst their service users. The Provider must also encourage sex workers who use their services to become individual members of the Scheme.

Complaints

¹⁴

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647112/The_Role_of_the_Independent_Sexual_Violence_Adviser_-_Essential_Elements_September_2017_Final.pdf

¹⁵ <https://www.nationaluglymugs.org/>

The Provider will ensure that a robust complaints process is in place and any complaints received will be managed according to that policy. They will be reported as part of the information provided in the regular Contract Monitoring reports with details on resolution.

Population covered

The Provider must offer an open access service for any adult who has been a victim of rape, sexual assault or where there is suspected sexual abuse. Access must be provided to any client, who contacts the service, be that through police, self or other referrals.

In addition the Provider must offer the same service to any Derbyshire prisoner who has been a victim of rape or sexual assault and is currently held in any of the following prisons:

- HMP Foston Hall
- HMP Sudbury

The provider must also facilitate examinations outside of the SARC where this is accessed as required. For example, house bound patients, Hospitals, Care Homes or Tier 4 Mental Health services.

Promotion

The Provider must ensure that the SARC is promoted and provide any necessary education and raise awareness events so that the service is known and made as accessible as possible and to support the local implementation of the national Strategic Direction for Sexual Assault Services (SAAS).¹⁶

The SARC must have a dedicated website and resources in the form of leaflets and videos for professionals, survivors and the Public to access information about the SARC service in Derbyshire. Social media platforms should be developed as agreed by the commissioner and the provider should plan a targeted awareness campaign annually.

The provider will support local and national campaigns as requested by the commissioner e.g. National Sexual Abuse and Sexual Violence Awareness Week and national SARC media campaigns.

A strategic promotion and engagement strategy must be developed and shared with commissioners. The provider must work collaboratively with the commissioner and the Paediatric SARC to promote the Children and Adult SARC pathways across Derbyshire.

The SARC must provide a minimum of 6 training sessions a year for front line professionals and other referring agencies. This may be face to face or utilising online tools.

Derbyshire support service providers, known as CORE providers (<http://www.core-derbyshire.com/>), have developed their own partnership arrangements and organise joint awareness raising events of their services with the OPCC and the Police where appropriate. This includes prevention and publicity events where economies of scale increase the opportunities for those providers. It is expected that the provider of the Derbyshire SARC works as a member of this CORE group of support providers to actively promote their service across Derbyshire and the City.

Any acceptance and exclusion criteria and thresholds

Geographic coverage/ boundaries

The Provider must offer an open access service for clients who either reside in or where the offence has been committed in the Derbyshire Police Force Area.

Commissioners recognise that there may be occasions where clients were assaulted and / or reside outside the area (this can include cases where the assault occurred overseas). There may also be an occasion where cross boundary cases arise. In these instances the care of the client is paramount and access to services should not be refused unless there are exceptional circumstances. The Provider should log the case and raise this with Commissioners at the earliest appropriate opportunity.

This scheme is a third party reporting system which allows sex workers to report crimes against them if they do not feel confident in making full reports to the police. Information from the reports will be used to produce alerts to warn other sex workers and will also be fed anonymously into police intelligence databases.

¹⁶ <https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf>

Access

The Provider must ensure that the SARC service is available 24 hours a day, 7 days a week, including public holidays, to provide advice to Police and clients and deliver acute medical and forensic examination. Clients must be able to communicate with a crisis worker at any time. It is anticipated that, in the case of police referrals, clients are assessed and examined at a SARC within the relevant Police Force area unless the express agreement of a suitably authorised Police Officer to an alternative venue is obtained.

The service must include a dedicated free phone telephone number which must be staffed at all times (24/7/365) and enable provision of advice for the Police and other professionals from a Forensic Examiner. Access to forensic advice is included in scope of the contract and contract prices. All staff must be trained to ensure that they understand the procedures and should have knowledge of the Force areas to support the effective and efficient deployment of resources to meet attendance time frames.

At the point the Provider receives the referral they must:

- Log the nature of the referral;
- Include the name and date of birth of the victim
- Log the referrer's name and collar number or payroll number
- Log the incident log number
- Log the location details (or where the examination is required)
- Ensure the correct Forensic Examiner resource is deployed
- Provide a unique reference number for each call.

The Provider will ensure that all calls to and from the free phone number are recorded, held and retained in accordance with the General Data Protection Regulation (2018) and Data Protection Act 2018.

Urgency of examinations should be assessed in accordance with FLLM guidelines¹⁷

The Provider must ensure that, in the case of non-police referrals, clients are assessed and examined at the SARC of their choice.

The provider must follow the latest FLLM guidance for the collection of forensic samples: <https://fflm.ac.uk/wp-content/uploads/2022/01/Recommendations-for-the-collection-of-forensic-specimens-FSSC-Jan-2022.pdf>

The provider must have a standard proforma agreed by the commissioner to record the examination, examples are available from the FFLM <https://fflm.ac.uk/wp-content/uploads/2021/09/FME-form-Complainant-FSSC-July-2021.pdf>

If an urgent forensic examination is needed, the Provider must ensure that staff are available to support access to the service and also support to the victim. The client will be given a suitable mutually agreed appointment time to be seen. This appointment time will be made available at 60 minutes of referral (subject to joint working between the Police and the Provider), both in and out of hours for police and self-referral clients.

The Provider will record the response time of the initial call request and arrival time and will submit these as part of contract and performance management information.

The provider must have robust risk assessments and lone working policies in place to see clients outside of core operating hours.

Commissioners recognise that delays may take place, for example if another client is already at the SARC. This timescale only applies where the client wishes to attend at 60 minutes from referral to the SARC.

All travel and subsistence costs are included in the scope of the contract and contract price. This includes travel costs for self referral clients who request support to access the SARC.

Provision of non-recent elements of SARC services are only required between 0900 and 1700. The Provider will manage access to the Service through a centralised system that provides;

- A single telephone number;
- A single set of policies and/or decision rules on when examinations are required;
- A single system of booking examinations according to forensic and medical urgency

¹⁷ <https://fflm.ac.uk/resources/publications/guide-to-establishing-urgency-of-sexual-offence-examination/>

The Provider must take all reasonable steps to ensure that forensic evidence is obtained and health care provided as soon as possible after an assault and within the forensic window dependent on the type of assault. The Provider must ensure that, where appropriate, a 5 day starter pack of PEPSE and first dose of Hepatitis B vaccination is available at the SARC and administered within the exposure timeframes in accordance with the British Association of Sexual Health and HIV: <https://www.bashh.org/bashh-groups/special-interest-groups/sexual-violence/> and NICE guidelines

Similarly the Provider must ensure that oral emergency contraception is administered at the SARC within 72 hours of the incident where ever possible (although it is recognised that some forms of Emergency Contraception can be given up to 5 days) or alternatively an Intrauterine Contraceptive Device within five days via an urgent referrals to the locally provided service, taking into account patient choice.

Examinations for non-recent cases will be seen in a timely manner, as agreed at the strategy meeting/discussion in line with Achieving Best Evidence' (ABE) standards.

Clients who request follow up care must be offered an appointment at the time of the initial examination or contacted within three working days. Where clients require onward referral to services external to the SARC these must be organised within 14 days of the client's attendance. Safeguarding issues for vulnerable adults (and where relevant, their children) must be addressed.

The Provider must conduct an annual Equality Impact Assessment of the SARC service and ensure an action plan is produced to review the accessibility of the service.

The Provider is required to ensure that the service routinely reviews access data and takes appropriate steps to ensure that all sectors of the community (e.g. men, ethnic minority groups, members of the LGBT community etc) are aware of the service, how to access it and that staff are appropriately trained to engaged sensitively and appropriately with these clients.

Exclusions

- There is an absolute requirement to develop strong and efficient working relationships and protocols to ensure coordination of services for the victim at the SARC in a timely way to ensure there is no risk to obtaining the evidence
- A separate service is commissioned for children and young people up to the age of 18. There may be exceptional cases where it is appropriate for a young person (aged 16-17 years) to be seen in the Adult SARC service – these must be considered on a case by case basis and flagged retrospectively with the Commissioner. A robust strategy meeting with relevant stakeholders and the Paediatric SARC should be utilised to make the correct decision for the young person. The SARC must work collaboratively with the Paediatric SARC to ensure all wrap around care and onward referrals are made for clients aged 16-17 years accessing the Adult Service. Decisions must be documented in the case notes.

Discharge processes- Transfer of and Discharge from Care Obligations

The Provider must ensure that all clients are assessed prior to the conclusion of their appointment by a sexual offences trained officer, clinician and/or crisis worker, depending on the initial referral route to evaluate ongoing risks to the client.

The Provider must ensure that all clients are offered comprehensive and up to date written information on aftercare for their physical, mental health and emotional needs.

Interdependence with other services/providers

The SARC is commissioned by NHSEI on behalf of the wider health service, the Derbyshire Police and Crime Commissioners' offices and Derbyshire police force. The Provider will promote effective multi-agency working in the best interests of clients accessing the SARC service. The Provider is responsible for co-ordinating the smooth running of the SARC service and liaising with partner organisations to ensure the profile of the service is maintained and enhanced with the full range of stakeholder organisations.

Relevant Legislation, Policy and Guidance:

The Provider will adhere to, take note of and action as appropriate in relation to the following:

- The Code of Practice for Victims of Crime in England and Wales
- Strategic direction for sexual assault and abuse services
- Derbyshire Safer Communities Board
- <https://www.ukas.com/accreditation/about/developing-new-programmes/development-programmes/sexual-assault-referral-centres/>
- Sexual Offences Act 2003 amended 2013
- Public Services (Social Value) Act 2012
- Equality Act 2010
- Disability Discrimination Act 1995
- Health and Safety at Work Act 1974
- General Data Protection Regulation 2018
- Data Protection Act 2018
- Registration with the Information Commissioners Office
- Common law duty of confidentiality
- Code of Practice on Confidential Information 2014
- Confidentiality Guidance for Doctors GMC 2009 (revised 2017)
- Confidentiality and Disclosure of Information BMA 2008
- The Code (Professional standards of practice and behaviour for nurses, midwives and nursing associates) NMC 2018
- Caldicott Report 1997
- National Data Guardian for Health and Care Review of Data Security, Consent and Opt-Outs 2016
- Data Protection Act 1998 European Directive 1995/46C
- Access to Health Records Act 1990;
- Freedom of Information Act 2000;
- Environmental Information Regulations 2004
- European Directive 2003/4 EC
- Computer Misuse Act 1990
- Human Rights Act 1998.
- Health and Social Care Act 2015
- NHS Act 2006
- Crime and Disorder Act 1998
- Regulatory and Investigatory Powers Act 2000
- Records Management Code of Practice for Health and Social Care 2016
- NHS Code of Practice for Confidentiality 2003
- NHS Code of Practice for Information Security Management 2007
- Mental Capacity Act (MCA) HM Government (2005, 2019)
- Children Act HM Government (1989/2004)
- Health and Social Care Act HM Government (2015)
- Care Act HM Government (2014)
- Safeguarding children and young people: Roles and competences for health and social Care staff Intercollegiate Document Third Edition
- Working Together to Safeguard Children
- Local safeguarding transitional arrangements
- Statutory guidance for Local Safeguarding Children Boards, local authorities, safeguarding partners, child death review partners, and the Child Safeguarding Practice Review panel
- Prevent Duty Guidance
- Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
- Care Act: Adult safeguarding: sharing information
- Adult Safeguarding: Roles and Competencies for Health Care Staff
- Safeguarding vulnerable People in the NHS – Accountability and Assurance Framework
- Gillick v West Norfolk and Wisbech AHA [1985] UKHL 7
- Themes and lessons learnt from NHS investigations into Department of Health matters relating to Jimmy Savile (2015)
- Think child, think parent, think family: a guide to parental mental health and welfare
- <http://www.scie.org.uk/publications/guides/guide30/index.asp>
- Hidden Harm: Responding to the needs of children of problem drug users, London: Home Office

As well as any other relevant legislation, policy and/or guidance that comes into force during the life of the contract

The Provider must work with partners to agree and deliver safe, effective clear pathways of care. Partners will include:

- The Derbyshire Police Service
- The Derbyshire Office of the Police and Crime Commissioner
- Lead Health Commissioner/s
- Safeguarding Partnerships
- Local Authorities
- NHS England and NHS Improvement
- Clinical Commissioning Groups
- Mental Health services
- PSARC service
- Other Local Government partners
- The Crown Prosecution Service
- Third Sector organisations including specialist sexual violence providers
- Sexual Health services
- Social care agencies
- Prisons
- ISVA Services
- Domestic Abuse services
- Other services as appropriate

Stakeholders and interdependencies may vary from those identified above and the interface with other services cannot be overstated. The Provider must work pro-actively to set up referral pathways, information sharing agreements and other enablers to ensure that access to and support from such services should always be as accessible as circumstances allow.

Relevant networks and screening programmes

The Provider must ensure the SARC Manager or identified lead has capacity to participate in relevant sexual health networks as well as relevant national SARC bodies and Police meetings. These include (but are not limited to)

- Rape and Serious Sexual Offences Co-ordination Groups
- NHS England and NHS Improvement national SARC groups
- Safeguarding Partnerships
- Sexual Health Forums
- Sexual Exploitation Boards
- Other SAAS groups

5. Applicable Service Standards

Applicable national standards (eg NICE)

The Provider will ensure that the service is compliant with the relevant National Standards and Requirements.

The Provider must actively pursue compliance with national healthcare standards, including clinical governance and risk management in line with Provider policies.

The Provider must keep abreast of national policies and guidance including, but not limited to:

- BASHH and FSRH guidelines and standards on sexual and reproductive health service provision;
- DH/NHSEI (previously Public Health England) Immunisation against infectious disease (“Green Book”)
- National Service Framework for Children, Families and Maternity Services; and Standards for Better Health;
- FFLM

SARCIPs

The Provider is required to submit monthly performance data in respect of Sexual Assault Referral Centre Indicators of Performance (SARCIPs). The current draft of these national measures, which are still undergoing review, are detailed at Appendix 3.

In addition, the service and performance reports will be designed to meet need, as detailed in the Victim Code where that need and risk is robustly assessed, with clear individual outcomes identified, a support plan agreed and delivered to the victim’s satisfaction.

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Please see **Appendix 2**.

Applicable local standards

The Provider is required to submit quality and performance data detailed at **Appendix 4 and 6**.

6. Applicable quality requirements

Applicable Quality Requirements (See Appendix 4-6 and Schedule 4A-B)

The Provider is required to conduct an Annual Self- Assessment of the key elements of their service using the template at **Appendix 5**.

Indicative Activity Plan

Please refer to the Activity supplied by the Commissioner.

Service User Experience

To continually improve service provision as a minimum every client will be given a service user questionnaire to complete. Returned questionnaires will be reviewed quarterly with an action plan which is reviewed monthly. The Provider must submit a service user evaluation report annually.

7. Other

Additional Service Requirements

Workforce

The Provider must ensure that they have sufficient Clinicians available at all times to undertake examinations, taking into account the different skills necessary for clinical and/or forensically recent or non-recent cases.

The Provider must monitor the number of cases seen by each clinician, to ensure that each sees the recommended number (as defined by national guidance) and that their skills are kept up to date.

The Provider is required to ensure that there is safe and appropriate staffing capacity at all times.

All staff will require DBS clearance and police vetting this cost will be the responsibility of the Provider. The Provider must be able to demonstrate they are compliant with safer recruiting, DBS standards, Police vetting and the Lampard Recommendations (2015).

In accordance with latest government legislation from 1 April 2022, COVID-19 vaccination will be a requirement for staff providing face-to-face care in healthcare.

Governance

The Provider is required to have a clear Governance Framework that covers all aspects of the service (e.g. Board of Directors, Forensic Examiner; crisis support; SARC Management etc). The Provider's Board of Directors is part of the overall clinical governance framework with accountability for the quality and performance of all services. It will need to include clarity of how the governance will be organised for any sub-contractors or partner organisations who are delivering care to victims under this service specification. There should be internal clinical oversight and assurance with robust operational processes in place across all organisations delivering care and services under this specification. The governance framework will detail the meetings / forums which form part of the governance arrangements and provide clarity of group membership / quoracy from the multidisciplinary team, partners and key stakeholders.

Clinical risk management must be a priority for the Provider to ensure safe, effective and best value healthcare is provided, and to ensure clinical risk and issues are robustly managed, mitigated and controlled, e.g. reducing the spread and risk of infectious diseases, cross-contamination, adverse clinical events including ensuring that 'Never Events' do not occur. The framework will also include how the Provider will share learning from incidents, risks and complaints/compliments.

Governance includes but is not limited to:

- Quality assurance
- The Forensic Science Regulator requirement for Sexual Assault Referral Centres (SARCs) to achieve accreditation to ISO 15189:2012 <https://www.ukas.com/resources/latest-news/sarcs/>
- Risk management
- Incident management
- Complaints
- Victim and public participation/compliments
- Medicines Management
- Record keeping
- Audit
- Information management and governance
- Policies and procedures, including standard operating procedures (SOP)
- Safeguarding (see section for Safeguarding)
- Evidence based practice, including adherence to NICE guidelines or equivalent specialist guidelines
- Open and transparent processes/Duty of Candour

Audit

The Provider must have in place a robust schedule of audit to provide assurance of the quality and standard of care being delivered as part of this service. Examples of expected audit include but are not limited to: records management, infection prevention and control, adherence to NICE guidance, Forensic Science Regulator, Faculty of Forensic and Legal Medicine etc.

Forensic Science Regulator

The Provider will be expected be working towards compliance for Derbyshire SARC (as agreed in the bid submitted by the provider) with United Kingdom Accreditation Service / Forensic Science Regulator ISO15189 in line with current national timescales.

The provider is expected to have a robust set of Standard Operating Procedures and Policies in place for UKAS accreditation and the ongoing management. <https://www.ukas.com/resources/latest-news/sarcs/>

Training

The clinical lead within the Provider organisation is responsible for ensuring that all clinical staff on the rota are trained to recognised standards. As part of its awareness raising function, the Provider will organise training for other professionals to ensure the service is understood, promoted and to enable and increase referrals and access to the service.

Forensic Examiners must have the skills and competencies to perform their roles as defined by the GMC, NMC and FFLM <https://fflm.ac.uk/resources/fflm-quality-standards/>

Medical:

- Have full GMC registration and discharge their professional responsibilities in line with professional standards, regulations and code of practice and conduct
- Are registered on NHS England's Medical Performer's List
- Undertake a peer-led appraisal at least every 2 years

- Take part in GP revalidation, agree an annual personal development plan with their appraiser and undertake relevant CPD
- Have a right to work in the UK
- Have appropriate medical indemnity insurance
- Have appropriate support to take study leave in order to develop and maintain the necessary skills for working in the role of Forensic Examiner
- For examiners who are in the process of attaining any accredited qualifications, they must have access to mentorship and support at all times
- Receive initial and refresher training to ensure high level of competence in responding to medical emergencies and resuscitation relevant to working in a SARC.

Nursing

- Have full professional registration with the NMC and discharge their professional responsibilities in line with The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates
- Have a recognised mentorship qualification with annual updates
- Have a right to work in the UK
- Take part in Nurse revalidation
- Undertake an annual appraisal and agree a personal development plan with their appraiser using relevant CPD to maintain knowledge, skills and competencies.

Pastoral support

The Provider must ensure that all employees have access to ongoing supervision and psychological support. The Provider must monitor staff turnover (including destinations and reasons for leaving) closely and report any areas of concern promptly to the Commissioners.

Professional Statements

All accounts need to be clearly documented and all references of the case made in the statement being taken. The notes are not required to be exhibited, as they are unlikely to be relied upon as evidence in court procedures, however should the CPS and/or police require the exhibits, it is beneficial for the SARC to have clear documentation that these exhibit accounts exist to support the case as part of the Criminal Justice System, should the notes be required, the CPS and court can consider and request to review as part of the overall case proceedings.

Peer Review

The Provider must establish a Peer Review system which is managed centrally and linked to clinical governance and service improvement. All clinical staff on the rota must attend peer review sessions in accordance with FFLM guidance [Peer-review-in-sexual-offences-Dr-C-White-April-2021.pdf \(fflm.ac.uk\)](https://fflm.ac.uk/peer-review-in-sexual-offences-dr-c-white-april-2021.pdf)

Policy development

The Provider must establish a common set of policies to guide staff covering, for example, the circumstances in which examinations are needed, on the peer review process, on how cases should be overseen when referring back to local services etc. These policies must be developed in line with, and updated to reflect changes in, national guidance.

Advisory work

The Provider must act as a source of advice for 'generalist' clinicians unsure as to what to do in the case of disclosed rape and sexual assault.

Information gathering and intelligence sharing

The Provider must have clear and agreed data collection and sharing procedures. These will be used to ensure that local agencies receive the right information for service planning, local needs assessments and police intelligence gathering. In Derbyshire, there is a plan to commission, design and implement the ECINs case management system, which in time all contracted services will be expected to use. The time scale is staged to have an interim function through Invictus as a single case management system to then move to ECINs multi-agency function where partners and agencies required to be part of that arrangement can then be users of the service.

Appendices 2, 3 and 4 detail the Commissioners performance and quality information and reporting requirements.

Facilities and Equipment

The Provider is responsible for the upkeep of the dedicated forensically approved SARC premises and equipment.

The SARC will have forensic decontamination policies in place to ensure high quality forensic integrity and a robust chain of evidence in keeping with FFLM and FSR guidelines. This includes environmental monitoring provided by an external provider.

The provider is responsible for the implementation of the Forensic Science Regulator SARC accreditation process. This will require partnership working with the commissioners. The costs of FSR accreditation and ongoing FSR compliance are included in the contract price.

The SARC will be responsible for:

- equipment and assets located within the SARC – *see asset list*
- The Provider is responsible for all regular and routine maintenance of assets throughout the life of the contract.
- Working towards UKAS accreditation of the SARC set in place by the Forensic Science Regulator
- ensuring that appropriate facilities and equipment cleaning and maintenance is undertaken. Forensic cleaning, consumables and environmental monitoring
- clinical waste
- provision of alternative patient clothing, toiletries, clothing, refreshments etc. This list is not exhaustive.
- ordering and storing drugs and other consumables used at the SARC
- Emergency grab bag, AED and emergency medication e.g. adrenaline for anaphylaxis

It will be the responsibility of the police force to provide police related equipment such as forensic modules and evidence bags etc, however the SARC will maintain a role in ensuring the necessary stock levels are sufficient through engagement with the relevant police force contacts.

Request for new assets must be requested to the commissioner. All assets and equipment used in the provision of SARC services, including any items purchased throughout the duration of the contract, are to remain the property of the SARC service and will transfer to any new provider at the end of any contract term.

The Provider will share the status and expected lifespan of assets regularly with Commissioners.

The landlord of the SARC premises will remain responsible for building maintenance and repair. The Provider may be required to hold the lease.

The Provider must ensure high standards of infection control as required by any national and/or local Provider policies as well as ensure high standards of forensic integrity based on national or local Provider policies.

The Provider must ensure that secure storage is provided for all samples, including capacity for the client to agree to evidence being stored in case they decide to report to the Police at a later date, as well as to provide information anonymously. Samples, with the client's consent, must be retained for a minimum of two years. If there are reasons for longer retention this should be clearly documented and agreed by both the Provider and the client. The Provider is responsible for the transportation of any samples in a prompt manner (while retaining the chain of evidence) to an appropriate laboratory.

The Provider will be responsible for the storage of medical records and retention of records created during the contract term in accordance with <https://www.nhs.uk/information-governance/guidance/records-management-code/records-management-code-of-practice-2021/>

Records may be transferred at the end of the contract to ensure continuity of care.

The Provider is required to deliver services for Derbyshire from the following SARC premises:

Millfield House
Hall Street
Alfreton,
Derbyshire,
DE55 7BU

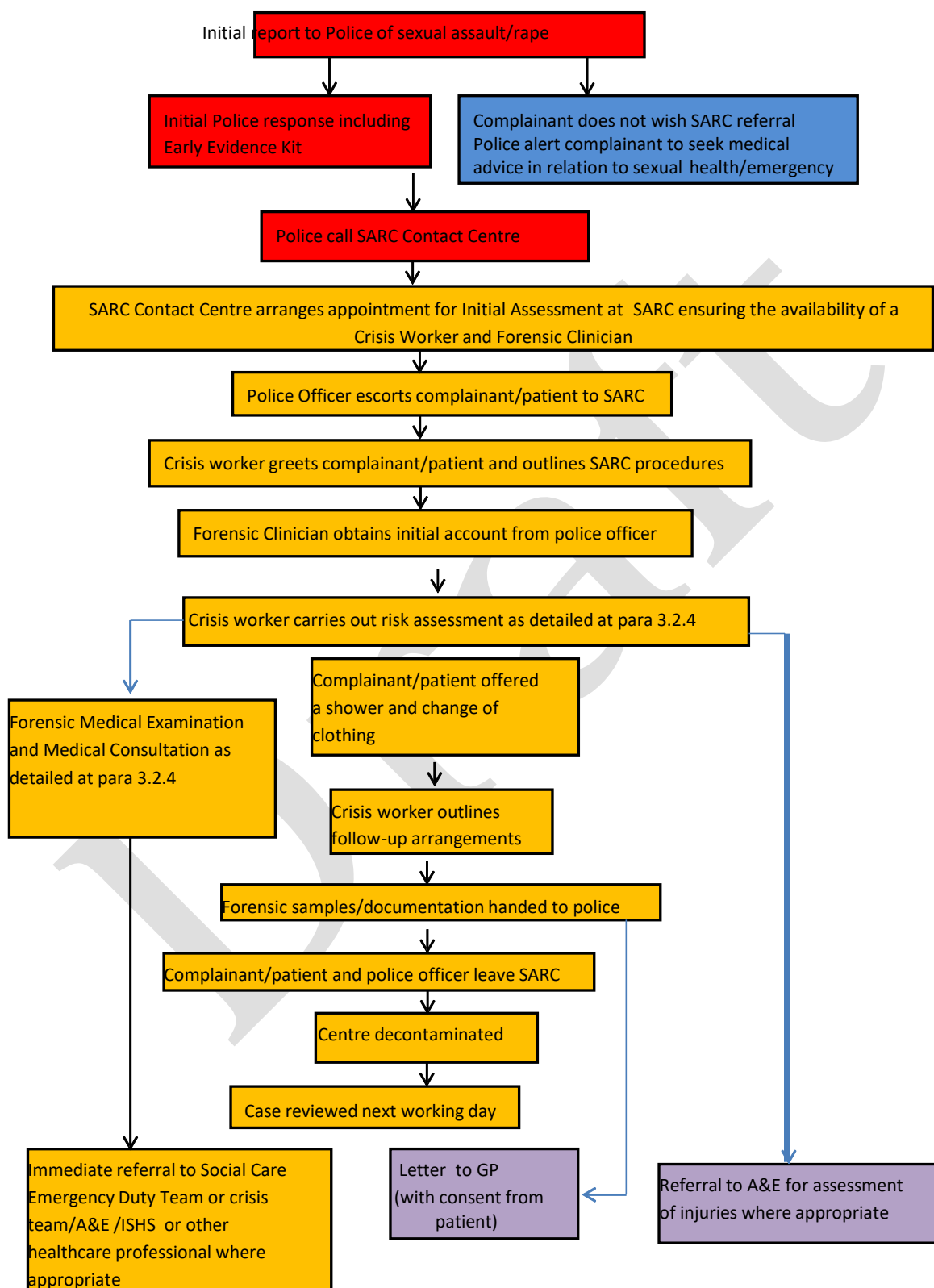
Millfield House is a current SARC provision, and will monitored to ensure it continues to be a fit for purpose in the future. The building is owned by the PCC for Derbyshire.

Please note: There maybe occasions where the service is required to go into the prison (for example HMP Foston Hall) or attend a service user whose injuries require them to be seen in hospital. These will be exceptional circumstances and the Provider will be required to have plans to manage these instances.

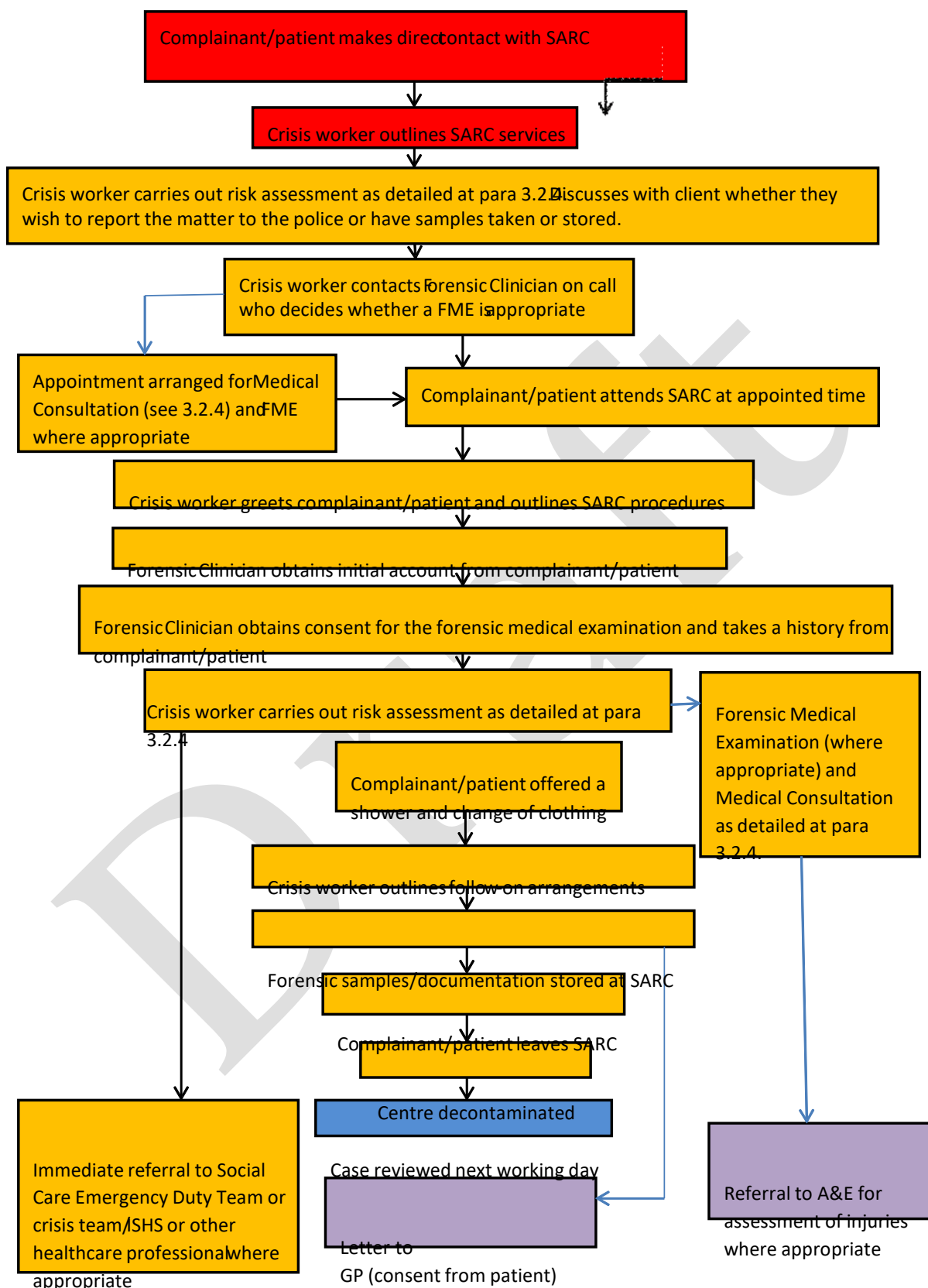
Should notice be issued by the Landlord the Provider and Commissioner will work together to identify suitable alternative arrangements. The Provider's Business Continuity Plan must identify how full service provision will be maintained in the short and medium term.

Appendix 1. Adult Pathways

SARC Adult Care Pathway (police case): Initial attendance at SARC



SARC Adult Care Pathway (non-Police referral): Initial attendance at SARC



Appendix 2

Applicable standards set out in guidance and/or issued by a competent body

Forensic Science Regulator Guidance The Control and Avoidance of Contamination in Forensic Medical Examinations
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912748/207_DNA_Anti-Contam_SARC_Custody_Issue_2_Final.pdf

Forensic Science Regulator. Sexual Assault Referral Centres and custodial facilities: DNA anti-contamination. 2016
<https://www.gov.uk/government/publications/sexual-assault-referral-centres-and-custodial-facilities-dna-anti-contamination>

British Association for Sexual Health and HIV (2011) *UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault 2011*. Updated 2012 <http://www.bashh.org/documents/4450.pdf>

Care Quality Commission (2010) *Making a difference to people's lives through modern healthcare and social regulation* <http://www.cqc.org.uk/about-us>

Department of Health (2010) *Sex and violence: improving your care. Taskforce on the health aspects of violence against women and children - young people's version* <https://www.gov.uk/government/publications/sex-and-violence-improving-your-care-taskforce-on-the-health-aspects-of-violence-against-women-and-children-young-peoples-version>

Department of Health (2010) *Improving services for women and child victims of violence: the Department of Health Action Plan*
<https://www.gov.uk/government/publications/improving-services-for-women-and-child-victims-of-violence-the-department-of-health-action-plan>

Department of Health and Home Office (2010) *National Support Team for Response to Sexual Violence*
<http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/PublicHealth/Healthimprovement/NationalSupportTeams/SexualViolence/index.htm>

Department of Health, Home Office, Association of Chief Police Officers (2009) *Revised National Service Guide: A resource for developing Sexual Assault Referral Centres* http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_107570

Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Faculty of Forensic and Legal Medicine. *Recommendations for the Collection of Forensic Specimens from Complainants and Suspects*.

Faculty of Forensic and Legal Medicine. *Operational procedures and equipment for medical rooms in police stations and victim examination suites.2007*.

Faculty of Forensic and Legal Medicine, Royal College of Paediatrics and Child Health, Association of Chief Police Officers. *Guidance for best practice for the management of intimate images that may become evidence in court. 2010*.

Faculty of Sexual and Reproductive Healthcare: series of Quality Service Standards http://www.fsrh.org/pages/clinical_standards.asp

HM Government (2007) *Cross Government Action Plan on Sexual Violence and Abuse*
<http://webarchive.nationalarchives.gov.uk/+/homeoffice.gov.uk/documents/sexual-violence-action-plan.html>

Home Office (2008) *Saving Lives. Reducing Harm. Protecting the public. An Action Plan for Tackling Violence*
<http://webarchive.nationalarchives.gov.uk/20100413151441/http://www.crimereduction.homeoffice.gov.uk/violentstreet/violentstreet008.htm>

NHS England (formerly NHS Commissioning Board) (2013) *Safeguarding Vulnerable People in the Reformed NHS. Accountability and Assurance Framework (note: revised framework to be published in 2015)*

<http://www.england.nhs.uk/wp-content/uploads/2013/03/safeguarding-vulnerable-people.pdf>

RCM, RCN, RCOG, Equality Now, UNITE (2013) *Tackling FGM in the UK: Intercollegiate Recommendations for identifying, recording, and reporting*. London: Royal College of Midwives

Appendix 3

Sexual Assault Referral Centre Indicators of Performance (SARCIPs)



SARCIPS 2122 Data
Template v0.5.xlsx



SARCIP User Guide -
2021-22 v1.0.docx



2021-22 SARC
Quality Schedule.xlsx

SARCIPs are mandatory reporting requirements for all SARC services across England. The Provider is required to ensure that they update their data collection and submission as and when national SARCIPs requirements change

Appendix 4

Local Quality Requirements

Indicator	Requirement	Target	Description	Timing and Method for Reporting
Infection control and DNA decontamination	Forensic medical room forensically cleaned and sealed after each client. Deep clean undertaken every month. DNA environmental swabbing should be conducted every two months by the police service	100%	Recording of cleaning undertaken. Exceptions reported to the Service Review	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Care management	Clients who have requested follow-up contact will be contacted within 72 hours	100%	Number of clients requesting contact by follow-up; number and percentage contacted within 72 hours; reasons for any non-achievement of target	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Access	A Forensic Examiner will be available 24 hours a day, 365 days of the year	90%-95%	Exceptions reporting for non-achievement of target	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net

Access	Recent clients /those requiring a forensic medical examination, where it is deemed appropriate, the Forensic Examiner will be available to undertake the examination within 60 minutes of being called out	90%-95%	Number of Forensic Examiner callouts; Number and percentage where Forensic Examiner arrived within 60 minutes of being called to attend	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Aftercare	All clients' carers are offered written aftercare information on physical, mental and emotional needs.	100%	Number of clients provided with written aftercare information Number of children and young people seen Percentage attainment	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Reducing inequalities and improving client outcomes	Care pathways: All required onward referrals to services external to SARC are organised within a maximum of 14 days of the clients attendance	100%	Number of onwards referrals organised within 14 days Total number of onward referrals Percentage attainment	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Reducing inequalities and improving client outcomes	All clients are offered EHC, PEPSE and Hepatitis B Vaccinations where indicated	100%	Number of clients offered <ul style="list-style-type: none"> • EHC • PEPSE • Hep B vaccination 	Quarterly at Contract Review Meetings and by performance report submitted no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net

Appendix 5.

Annual Self-Assessment

(of the key elements of SARCs in the Home Office, ACPO (2009), and DH Revised National Service Guide: Data monitoring).

National Service Guidance: key Minimum Elements	Self-assessment of how SARCs meet the Minimum Element Please rate 1, 2 or 3 1=does not meet the minimum element 2=on the way to meeting the minimum element 3=meets the minimum element
1. Twenty-four hour access to crisis support, first aid, safeguarding, specialist clinical and forensic care	
2. Appropriately trained crisis workers to provide immediate support to the victim and significant others where relevant	
3. Choice of gender of wherever possible	
4. Access to forensic doctor / clinician and other practitioners who are appropriately qualified, trained and supported and who are experienced in sexual offences examinations for including any associated safeguarding issues	
5. 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	
6. The medical consultation includes risk assessment of harm/self-harm,	

National Service Guidance: key Minimum Elements	Self-assessment of how SARCs meet the Minimum Element Please rate 1, 2 or 3 1=does not meet the minimum element 2=on the way to meeting the minimum element
<p>together with appropriate forensic assessment and an assessment of</p> <p>vulnerability and immediate health needs including access to</p> <p>emergency contraception, post exposure prophylaxis (PEP) or other acute, local mental health services or sexual health services and follow-up as needed</p>	
<p>7. Access to support, advocacy, counselling and follow-up through the service, including support throughout the criminal justice process, should the victim choose that route</p>	
<p>8. Well co-ordinated, interagency arrangements are in place, involving local Third Sector service organisations supporting victims and survivors, Local Safeguarding Children Boards (LSCBs) where services are reviewed regularly to support the service in delivering to agreed care pathways and standards</p>	
<p>9. The service has a core team to provide 24/7 cover for a service which meets NHS standards of clinical governance and the European Working Time Directive</p>	
<p>10. Minimum dataset and appropriate data collection procedures in each SAS</p>	

11. Extent to which the service is integrated with local support services for victims	
12. Strengthen the sustainability of the SAS through joint commissioning and local strategic partnerships, including the Third Sector.	

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Appendix 6

Local Requirements reported locally

Sexual Assault Referral Centre Services			
Quarterly Reporting – Data to be broken down for each month within the quarter			
Quarterly Reporting	Reporting Period	Format of Report	Timing and Method for delivery of Report
Number of clients attending the service	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Number of clients engaging with the service through other means (telephone, advice, social media etc.)	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net

Time from reporting to attendance: <ul style="list-style-type: none"> • 0 to 1 hour • 1 to 3 hours • 3 to 5 hours • 5 to 24 hours • Above 24 hours 	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Number of safeguarding referrals made and percentage of all cases seen	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net

<p>Percentage of cases referred to</p> <ul style="list-style-type: none"> • genito-urinary medicine • accident and emergency • local mental health services • psychological therapy • other 	Quarterly	Performance Report	<p>Performance report to be submitted for each quarter no later than the 15th day at the end of each quarter by email to:</p> <p>england.midlandssarcs@nhs.net</p>
Number of complaints, topics and action	Quarterly	Performance Report	<p>Performance report to be submitted for each quarter no later than the 15th day at the end of each quarter by email to:</p> <p>england.midlandssarcs@nhs.net</p>

Number of incidents and near misses, type and action taken	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Number of compliments, topics	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Percentage of cases where immediate safeguarding action needed to be taken	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net

Exception reporting of information governance/ data provision incidents.	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Workforce <ul style="list-style-type: none"> <input type="checkbox"/> Current WTE broken down by staff group <input type="checkbox"/> Vacancy rate <input type="checkbox"/> Sickness rate 	Quarterly	Performance Report	Performance report to be submitted for each quarter no later than the 15 th day at the end of each quarter by email to: england.midlandssarcs@nhs.net
Sexual Assault Services			
Annual Reporting	Reporting Period	Format of Report	Timing and Method for delivery of Report
Client and family/carer feedback sought, evaluated and action plans developed	Annually	Performance report	Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net

Information governance compliance Report	Annually	Performance report	Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net
Service compliance with national healthcare standards report	Annually	Performance report	Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net
Workforce report to include: <ul style="list-style-type: none"> • Peer support delivery and uptake • Percentage of completed appraisals. • Percentage of mandatory and statutory training completed 	Annually	Performance report	Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net

<ul style="list-style-type: none"> Professional regulation position statement Percentage of staff with DBS clearances Staff training compliance with FFLM and relevant Royal College guidance 			Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net
Number of case peer review meetings attended by each examiner in a year	Annually	Performance report	Performance report to be submitted no later than the 15 th day at the end of each contracting year by email to: england.midlandssarcs@nhs.net

Victim Satisfaction and Continuous Improvement (SARC)			
Quarterly Reporting – Data to be broken down for each month within the quarter			
Quarterly Reporting	Reporting Period	Format of Report	Timing and Method for delivery of Report

<p>Victims Categories of Need Outcomes – Level at engagement vs level at case closure. To include;</p> <ul style="list-style-type: none"> • Mental & physical health • Shelter & accommodation • Family, friends & children • Education, skills & employment • Drugs & alcohol • Finance & benefits • Outlook & attitudes • Social interaction 	Quarterly	Performance Report	<p>Performance report to be submitted for each quarter no later than the 15th day at the end of each quarter by email to:</p> <p>england.midlandssarcs@nhs.net</p>
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