

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	30 November 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Chief Executive's Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Sian-Marie James, Assistant Director of Corporate Legal Services & Public Affairs

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to update the Board on relevant matters undertaken as Chief Executive of Hywel Dda University Health Board since the Board meeting held on 28 September 2023.

Cefndir / Background

This report provides the opportunity to present items to the Board to demonstrate areas of work that are being progressed and achievements that are being made, which may not be subject to prior consideration by a Committee of the Board, or may not be directly reported to the Board through Board reports.

Asesiad / Assessment

Register of Sealings

The Health Board's Common Seal has been applied to legal documents and a record of the sealing of these documents has been entered into the Register kept for this purpose. The entries at **Appendix A** have been signed by the Chair or Interim Chair and Chief Executive, or the Deputy Chief Executive (in the absence of the Chief Executive) on behalf of the Board (Section 8 of the Health Board's Standing Orders refers).

Consultations

The Health Board receives consultation documents from a number of external organisations. It is important that the Health Board considers the impact of the proposals contained within these consultations against its own strategic plans, and ensures that an appropriate corporate response is provided to highlight any issues that could potentially impact upon the organisation. A status report for Consultation Documents received and responded to is detailed at **Appendix B**, should any Board Member wish to contribute.

Strategic and Operational Issues: Local and Regional

Mandy Rayani, Director of Nursing, Quality and Patient Experience

Mandy will be retiring from her post as Director of Nursing, Quality and Patient Experience at the end of December 2023, and this is Mandy's last Board meeting, as she leaves the Health Board at the end of December 2023.

Mandy joined the Health Board in 2017, but has been a member of the NHS family for 40 years. Her career saw her take on roles such as Divisional Nurse Mental Health, Regional Nurse Welsh Government, Chief Nurse and Lead for Allied Health Professionals in a Trust in England.

During her time with the Health Board, Mandy has led our nursing workforce with great passion, professional expertise and determination to improve the quality and experience of patient care. She has been a great ambassador for the nursing profession, and a respected leader and colleague across the Health Board and NHS Wales.

On behalf of the Board and the Executive Team, I wish to express our sincerest gratitude to Mandy for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities. I know you will join me in wishing Mandy a happy and healthy retirement.

James Severs, Director of Therapies and Health Science

I would also like to welcome James to his first Board meeting today. On 6 November 2023, James began his time in the Health Board as the Executive Director of Therapies and Health Science.

James is originally from Liverpool, but has spent the last 14 years working as an allied health professional at a range of health trusts in England, including the University Hospitals Bristol NHS Foundation Trust, and Avon and Wiltshire Mental Health Partnership NHS Trust, and as the Director of Physical Healthcare at St Andrew's Healthcare in Northampton.

His most recent roles have been with Sandwell and West Birmingham NHS Trust, where he held the role of Chief Allied Health Professional with responsibility for allied health and health sciences.

James is a passionate leader of allied health professionals and health scientists, and I am looking forward to working with him and confident that he will make a positive and lasting contribution to our team and the broader communities we serve.

Joint Escalation and Intervention Status

Members will recall at our last Board meeting, it was confirmed that, following a recent tripartite meeting with Audit Wales and Healthcare Inspectorate Wales, there will be no change in the Health Board's escalation status: targeted intervention for planning and finance and enhanced monitoring for quality issues related to performance.

The Health Board continues to operate its own internal governance arrangements previously approved by the Board, but the Executive Team has recommended that these are amended. This will result in the standing down of the Enhanced Monitoring Working Group and the Targeted Intervention Working Group, with the Escalation Steering Group continuing. Amended Terms of Reference for the Escalation Steering Group are attached (**Appendix C**).

Members are asked to support this recommendation and approve the amended Terms of Reference (**Appendix C**).

Update on the end of year Joint Executive Team Meeting: 22 November 2023

Pre-COVID-19, members of the Executive Team and I met bi-annually with the Chief Executive NHS Wales and members of their senior team as a Joint Executive Team (JET). These meetings have resumed by Teams virtually, with the most recent mid-year (2023/24) meeting held on 22 November 2023. Given the timing of this written report, I will provide an initial verbal update at the Public Board meeting.

UK COVID-19 Inquiry: Module 5

Members are advised that a further module - Module 5 (Procurement) - opened on 24 October 2023, having a Core Participant (CP) application window up until 17 November 2023. On the advice of the Public Inquiry Readiness Governance Group, the Interim Chair and I agreed that the Health Board would not apply for CP status for Module 5.

Members are advised that the Inquiry can request a statement and evidence from the Health Board even if it is not a CP (Rule 9 request).

Update on the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme

Sexual Assault Referral Centre (SARC) services perform a vital role for victims of rape and sexual abuse; they provide acute medical examinations, therapeutic support, and gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a WG review in 2013, the current model for SARC services was recognised as being inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme (the Programme) was established in 2013, with the new Health Led Collaborative Model being agreed in 2019. This agreement included a financial model, which would see a 50/50 split between Health and Police for the funding for SARC services.

In 2020, the programme governance was paused due to COVID-19, which delayed the implementation of the operational model. During this time, the significance of ISO accreditation requirements became apparent, with the risk that evidence gathered from victims from unaccredited SARCs will potentially be inadmissible in court after October 2023. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

On 19 September 2023, the Welsh Health Specialised Services Committee (WHSSC) received a paper on the SARC Regionalisation Programme (the Report); attached to my report at **Appendix D(1, 1a, 1b, 1c and 1d)**. The Welsh Sexual Assault Services programme Governance Report provides the full details and financial modelling for the Programme; this is attached to my report at **Appendix D(2)**.

As the accountability for the delivery of the Programme remains with the Health Board, Members are asked to:

- Consider and approve the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model **Appendix D(1a-d)**;

- Approve the request of the NHS Wales Chief Executives that the WHSSC Joint Committee undertake the reporting function for the Programme;
- Approve an in year funding uplift of £347k, and a recurrent full year funding of up to £506k (the Health Board's contribution is £139k) by 2025/26 for Phase 1 of the Programme; and
- Approve the continuation of funding for Phase 2 of the Regionalisation Programme at the current level.

WHSSC/EASC Governance Arrangements

In early 2023, the Minister for Health and Social Services commissioned an independent review of national commissioning functions.

The review completed in May 2023 and provided an opportunity to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also included the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This included horizon scanning to explore other national commissioning functions and opportunities.

The review found that, whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements and create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework to ensure the new Joint Committee creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

The programme of work is well underway and progress against actions are being monitored and reported through the structure and to the Oversight Board, which is accountable to the Minister for Health and Social Services and the Director General/ Chief Executive of NHS Wales. A copy of the Project Initiation Document (PID) is attached for information – **Appendix E**).

The new national commissioning joint committee will be known as the NHS Wales Joint Commissioning Committee/Cyd-bwyllgor Comisiynu GIG Cymru and aims to be established by 1 April 2024.

Argymhelliad / Recommendation

The Board is invited to:

- **Endorse** the Register of Sealings (**Appendix A**) since the previous report on 28 September 2023;
- **Note** the status report for Consultation Documents (**Appendix B**) received/responded to;
- **Agree** to the updated governance structure of the UHB's Joint Escalation and Intervention status and the updated Terms of Reference for the Escalation Steering Group (**Appendix C**); the standing down of the Enhanced Monitoring Working Group and the Targeted Intervention Working Group, with the Escalation Steering Group continuing; and
- In relation to the South Wales Sexual Assault Referral Centres Regionalisation Programme:
 - **Consider and Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model (**Appendix D(1, 1a, 1b, 1c and 1d) and D(2)**);
 - **Approve** the request of the NHS Wales Chief Executives that the WHSSC Joint Committee undertake the reporting function for the Programme;
 - **Approve** an in year funding uplift of £347k, and a recurrent full year funding of up to £506k (the Health Board's contribution is £139k) by 2025/26 for Phase 1 of the Programme; and
 - **Approve** the continuation of funding for Phase 2 of the Regionalisation Programme at the current level.
- **Note** the progress and recommendations from the Ministerial Review of national commissioning functions and the establishment of the new national commissioning joint committee to be known as the NHS Wales Joint Commissioning Committee/Cyd-bwyllgor Comisiynu GIG Cymru (**Appendix E**).

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

Not Applicable

Safon(au) Gofal ac Iechyd:
Health and Care Standard(s):

All Health & Care Standards Apply

Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Chief Executive's meetings (internal, external and NHS Wales wide), diary and correspondence
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	This report provides evidence of current key issues at both a local and national level, which reflect national and local objectives and development of the partnership agenda at national, regional and local levels. Ensuing that the Board is sighted on key areas of its business, and on national strategic priorities and issues, is essential to assurance processes and related risks.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	<ul style="list-style-type: none"> • Has EqIA screening been undertaken? Not on the Report • Has a full EqIA been undertaken? Not on the Report

Appendix A - Register of Sealings from 14 September 2023 – 14 November 2023

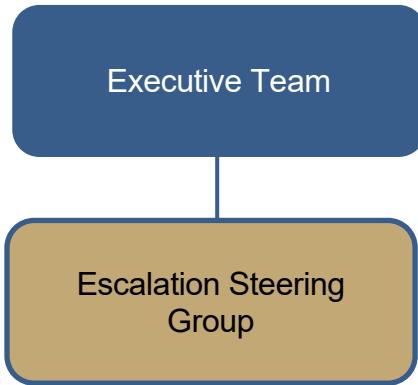
Entry Number	Details	Date of Sealing
432	Parent Company Guarantee relating to Cardigan Integrated Health and Social Care Resource Centre between Tilbury Douglas Holdings Limited and Tilbury Douglas Construction Limited and Hywel Dda University Local Health Board	19.10.2023
433	Deed of Easement for Underground Service Media relating to Land lying to the east of Glangwili General Hospital, Dolgwili Road Carmarthen, SA31 2AF between Hywel Dda University Local Health Board and Glangwili Railway Company Limited	19.10.2023
434	Contract relating to RED RAG Rated Remedial Work Ward Seven Withybush General Hospital, incorporating the conditions of the JCT Minor Works Contract 2016 Edition, between Hywel Dda University Local Health Board and Lewis Construction Building Contractors (Wales) Limited	19.10.2023
435	Contract relating to Enablement and Infrastructure Work for Temporary Kitchen Facilities, incorporating the conditions of the JCT Minor Works Contract 2016 Edition, Withybush General Hospital between Hywel Dda University Local Health Board and T Richard Jones (Betws) Ltd	13.11.2023
436	Contract relating to Red RAG Rated Remedial Work Ward 11 Withybush General Hospital, incorporating the conditions of the JCT Minor work Contract 2016 Edition, between Hywel Dda University Local Health Board and T Richard Jones (Betws) Ltd.	13.11.2023
437	Contract relating 1436 – PPH Fire Code Works Phase One (1) and Phase Two (2), incorporating the conditions of the JCT Intermediate Building Contract 2016 Edition, between Hywel Dda University Local Health Board and John Weaver Contractors Ltd.	13.11.2023
438	Deed of Variation relating to Unit 1 and First Floor office at Dura Business Park Bynea Llanelli between Nigel Vernon Short and Alltrust SIPP Limited and Hywel Dda University Local Health Board.	13.11.2023

Appendix B: Consultations Update Status Report up to 14 November 2023

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
551	Specialised Infectious Diseases Service Specification	The Regional and Specialised Services Provider Planning Partnership (RSSPPP)	Medical Director/ Deputy CEO, Director of Nursing, Quality and Patient Experience, Director of Public Health	10.08.2023	04.10.2023	04.10.2023
552	Strategic Workforce Plan for Primary Care (SWPPC)	Health Education and Improvement Wales (HEIW)	Director of Primary Care, Community and Long term Care	08.09.2023	06.10.2023	05.10.2023
553	Welsh Government Draft Budget 2024-25	Senedd Cymru	Director of Finance	26.09.2023	30.11.2023	
554	All Wales Adult Asthma Management and Prescribing Guide	Welsh Health Specialised Service Committee	Director of Primary Care, Community and Long term Care	11.10.2023	03.11.2023	03.11.2023
555	Medical Devices in Primary Care: Proposals for updating Part IX of the Drug Tariff	Department of Health and Social Care	Director of Primary Care, Community and Long term Care	11.10.2023	01.12.2023	
556	Creating a smokefree generation and tackling youth vaping	UK Government	Director of Public Health	07.11.2023	06.12.2023	

Appendix B: Consultations Update Status Report up to 14 November 2023

Ref No	Name of Consultation (hyperlink included for online consultations)	Consulting Organisation	Consultation Executive Lead(s)	Received On	CLOSING DATE	Response Sent
557	Specialised Paediatric Neurology service specification	Welsh Health Specialised Service Committee	Medical Director/ Deputy CEO	03.11.2023	08.12.2023	
558	UK clinical guidelines for alcohol treatment	UK Government	Director of Public Health	10.11.2023	08.12.2023	



ESCALATION STEERING GROUP

TERMS OF REFERENCE

Version	Issued To	Date	Comments
V0.1	Escalation Steering Group	02.11.2022	For comment
V0.1	Board	24.11.2022	Approved
V0.2	Board	30.11.2023	For Approval

ESCALATION STEERING GROUP

1. Constitution

- 1.1 The Escalation Steering Group has been constituted from 02 November 2022 to oversee the Health Board's response to the increase in escalation status to targeted intervention for finance and planning and enhanced monitoring for specific quality and performance issues.
- 1.2 Targeted intervention is a heightened level of escalation within NHS Wales and occurs when the Welsh Government and the external review bodies have considered it necessary to take co-ordinated action in liaison with the NHS body to strengthen its capability and capacity to drive improvement.
- 1.3 Enhanced monitoring is when the NHS body demonstrates a pro-active response to put in place effective processes to address the issue(s) raised by the escalation process and drive improvement itself.

2. Membership

- 2.1 The core membership of the Escalation Steering Group shall comprise the following:

Member
Chief Executive (Chair)
Executive Director of Workforce and Organisational Development (Vice Chair)
Executive Director of Operations (SRO Enhanced Monitoring)
Executive Director of Strategy and Planning
Executive Director of Finance (SRO Targeted Intervention)
Executive Medical Director/Deputy Chief Executive
Executive Director of Nursing, Quality and Patient Experience
Director of Corporate Governance/Board Secretary
In Attendance
Audit and Risk Assurance Committee Chair
Senior Projects Manager

- 2.2 The membership of the Escalation Steering Group will be reviewed on a regular basis.

3. Quorum and Attendance

- 3.1 A quorum shall consist of three Executive Directors/Directors including the Chair or Vice Chair.
- 3.2 Any senior officer of the University Health Board or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.
- 3.3 Should any member be unavailable to attend, they may nominate a deputy with the agreement of the Chair, however these deputies will not count towards the quorum and will be shown as 'in attendance' for the purposes of the minutes.

4. Purpose

The purpose of the Escalation Steering Group is to:

- 4.1 Ensure oversight and coordination of the overall management of the Health Board response and activity relating to the increased escalation status.

5. Key Responsibilities

The Escalation Steering Group will:

- 5.1 Ensure oversight of the Targeted Intervention Master Actions in accordance with agreed timescales (appendix 1).
- 5.2 Ensure the three Targeted Intervention workstreams relating to planning, the delivery framework and the opportunities framework are delivered in accordance with the agreed timescales (appendix 1).
- 5.3 Ensure oversight of the Enhanced Monitoring Master Actions in accordance with agreed timescales (appendix 1).
- 5.4 Ensure oversight of progress made against the sustainability conditions including ensuring the following:
 - That Hywel Dda University Health Board is a data-driven organisation that ensures data is understood and utilised in decision making at all levels.
 - To demonstrate a strong link between ensuring quality and performance improvement.
 - That a culture of listening and learning is embedded throughout the organisation based on early and rapid triangulation and resolution of issues from a variety of sources, including patient, user and staff feedback.
- 5.5 Review and approve all evidence submission prior to formal Targeted Intervention and Enhanced Monitoring meetings with Welsh Government.
- 5.6 To identify any areas of support required from Welsh Government.
- 5.7 Act as a communication channel to the Board and the Audit and Risk Assurance Committee.
- 5.8 To undertake on a least a monthly basis a full review of the escalation delivery plan and use this to report to the Public Board and Audit and Risk Assurance Committee on progress.

6. Agenda and Papers

- 6.1 The Escalation Steering Group will be supported administratively by the Corporate Governance Team, whose duties in this respect will include:
 - Agreement of agenda with the Chair and attendees;
 - Collation of papers;
 - Taking the minutes;

- Keeping a record of matters arising and issues to be carried forward within an action log.
- 6.2 An agenda will be set with the Chief Executive at least 3 weeks before each meeting with papers required by mid-day 7 calendar days before the meeting in order for the review by the Chief Executive. All papers must be approved by the lead Executive Director before they are submitted. Papers will be issued 5 calendar days before each meeting.

7. Frequency of Meetings

- 7.1 The Escalation Steering Group will initially meet once a month, with additional meetings arranged as determined by the Chair. The frequency of meetings will be reviewed on a regular basis.

8. Accountability, Responsibility and Authority

- 8.1 The Escalation Steering Group is directly accountable for its performance in exercising the functions set out in these terms of reference. It shall embed the health board's vision, values, standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9. Reporting

- 9.1 The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Group business.
- 9.2 The Chair of the Escalation Steering Group shall:
- Provide a written update report to the monthly Formal Executive Team meeting.
 - Report on a bi-monthly basis to the Board (via the Chief Executive's report) and on a bi-monthly basis to the Audit and Risk Assurance Committee (via the Escalation Status Report) any specific matters related to the Group's activities.
 - Provide a written report to quarterly Targeted Intervention meetings with Welsh Government.
 - Bring to the Board's specific attention any significant matter under consideration by the group.
 - Ensure appropriate escalation arrangements are in place to alert the Health Board Chair or Chairs of other relevant committees of any urgent/critical matters.

10. Secretarial Support

- 10.1 The Corporate Governance Team will support the arrangements for the Escalation Steering Group.

11. Review Date

- 11.1 These terms of reference and operating arrangements shall be reviewed on at least a six-monthly basis.

Appendix 1 – MASTER ACTIONS

Deliverable Number	Master Action	TI References	Summary of Deliverables	Owner
11.1	A		<p>To develop a Board and Welsh Government-approved financial roadmap to return the Health Board to a £25m deficit position. This will:</p> <ol style="list-style-type: none"> 1. Provide clear trajectories, including actions and delivery requirements for the organisation 2. Form the basis of a robust three-year financial plan as part of a broader IMTP 3. Be based on recurrent solutions derived from a live and ongoing opportunity framework which is regularly updated to ensure that the Health Board’s underlying deficit is reduced in a sustainable manner. 	HT
11.2	B	10.15, 10.20,10.21	<p>To provide assurance over sustainable delivery of recurrent financial improvements over the financial year as part of the overall financial roadmap. This will include clear risk assessment and documented actions to mitigate any risks. This includes the need for accountability and escalation arrangements for budget managers to be embedded.</p>	HT
11.3	C	2.1, 2.2, 2.3, 2.5, 2.7, 2.8, 2.9, 3.3, 3.4, 3.5, 6.1, 6.4, 7.1, 7.2, 10.22	<p>To develop a credible three year medium plan which:</p> <ol style="list-style-type: none"> 1. Demonstrates achievement of at least level 3 on the maturity matrix; 2. Incorporated the recommendations of the outcomes of the WG planning Peer Review process; 3. Where triangulation with demand, capacity and outcomes is embedded; 4. Commences earlier in the year and becomes part of a continuous planning culture within the organisation; 5. Is set within the context of the financial roadmap developed under Planning Objective 8C and the Clinical Services plan under Planning Objective 6A. 	LD
11.4	D	10.7, 10.8, 10.9, 10.10, 10.11, 10.13, 10.16, 10.17, 10.18, 10.27, 10.28, 10.29, 10.33	<p>To develop appropriate clear roles and accountabilities to drive key workstreams across the organisation. This will include:</p> <ol style="list-style-type: none"> 1. Appropriate governance arrangements 2. Appropriate documentation and reporting templates 3. Risk management, escalation and mitigation arrangements 4. Appropriate project and programme management support; and corporate team support arrangements 5. Clarity on route to outcomes, including cash impact 6. Assurance arrangements to Board Committees are appropriate.” 	LD

11.5	E	1.13, 1.14, 10.23, 10.24, 10.25, 10.59	<p>To revise our financial management principles to include a comprehensive review and feedback, from the FDU, for the following:</p> <ol style="list-style-type: none"> 1. Financial planning 2. Budget setting 3. Savings monitoring 4. Forecasting 5. Opportunities framework 6. Project Initiation Document (PID) including risk assessment 7. Investment decision making process, governance, and criteria 8. A reassessment of the role of Business Partnering, and the organisations financial maturity, implementing the recommendations of Arcus Consulting 	HT
11.6	F	10.37, 10.38, 10.39, 10.40, 10.41, 10.42, 10.43, 10.44, 10.45, 10.46, 10.47, 10.52, 10.54, 10.56	<p>To enhance the impact of the stabilisation of nurse staffing through including within the programme:</p> <ol style="list-style-type: none"> 1. Appropriate sickness management arrangements are in place with clear reviews. 2. Appropriate escalation arrangements and controls in place for agency booking 3. Exit interviews are held with all staff. 4. Directorates have clear rosters which reconcile to clear wte budgets and financial budgets. 5. Processes to determine rostering compliance and escalation. 6. Oversight arrangements for bank, overtime and agency usage for those areas. 7. Oversight arrangements for mileage costs for agency workers. 8. Target impact at reducing off-framework agency usage first 9. Target reduction and ban of HCSW agency usage. 10. Ensure paid breaks are managed robustly. 11. Address areas of highest agency usage first. 12. Ensure adherence to the all-Wales policy on substantive nursing staff returning to work on agency contracts to the Health Board. 	LG

11.7	G	10.48, 10.49, 10.50, 10.51, 10.52, 10.53, 10.55, 10.56	<p>To enhance the impact of the medical locum and agency programme through including within the programme:</p> <ol style="list-style-type: none"> 1. Appropriate sickness management arrangements are in place with clear reviews. 2. Appropriate escalation arrangements and controls in place for agency booking. 3. Exit interviews are held with all staff. 4. Directorates have clear rosters which reconcile to clear wte budgets and financial budgets. 5. Processes to determine rostering compliance and escalation. 6. Oversight arrangements in place for high cost locums. 7. Oversight arrangements for mileage costs for locum workers. 8. Ensure job plans are in place for all medical staff and appropriate oversight arrangements. 9. Ensure appropriate rostering arrangements are in place for all medical staff alongside oversight arrangements. 10. Systematic reviews of long term temporary staffing in terms of ensuring sustainable services. 11. Any acting down arrangements and on-call arrangements are in line with policies. 	LG
11.8	H	10.1, 10.2, 10.3, 10.4, 10.5, 10.6, 10.30, 10.31, 10.32	<p>To develop and implement a delivery framework that spans the organisation, allowing for clear roles and responsibilities, structures, and accountability to effectively manage the operational delivery requirements of the strategy, address the following areas:</p> <ol style="list-style-type: none"> 1. Effectiveness of performance management within directorate portfolios is robustly set out to manage their business key performance indicators 2. Clarity provided on goal congruence resulting in accountability at directorate level, with challenge driven by Executive Directors for the areas they lead, to improve the performance culture 3. Escalation and de-escalation parameters to be set and managed consistently within directorate portfolios 4. Clinical leadership, ownership and presence strengthened within business management forums 5. Capability and capacity of operational, planning, workforce and clinical teams are united and used flexibly to mitigate the financial challenges that certain directorate portfolios face 6. Review the spans of control for across Executive Portfolios for appropriateness, effectiveness, and timeliness of management response 	AC

Report Title	South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Report			Agenda Item	
Meeting Title				Meeting Date	
FOI Status	Open				
Author (Job title)	Joanna Williams, Programme Director Welsh Sexual Assault Services Programme				
Executive Lead (Job title)	Stephen Harray, Chair Welsh Sexual Assault Services Programme/ Director National Commissioning Collaborative Unit				
Purpose of the Report	<p>The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019.</p> <p>Also, to request that Health Boards approve that the WHSSC Joint Committee undertake the reporting function for the programme and to request approval for an in-year funding uplift and the continuation of funding for Phase 2 of the Regionalisation Programme at the current level</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendation(s):					
Board Members are asked to: <ul style="list-style-type: none"> • Note this report • Note that the WHSSC Joint Committee received a report on 19 September 2023 regarding the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, and considered and approved a number of recommendations, however as accountability for the delivery of the programme remains with each HB they are now required to consider and approve the recommendations through their formal Board meetings • Approve the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model • Approve that the WHSSC Joint Committee undertake the reporting function for the programme from 1 April 2023 • Approve an in-year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme; and • Approve the continuation of funding for Phase 2 at the current level. 					

SOUTH WALES SEXUAL ASSAULT REFERRAL CENTRES (SARC) REGIONAL MODEL IMPLEMENTATION REPORT

1.0 SITUATION

The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019. Also, to request that Health Boards approve the request of the NHS Wales Chief Executives that the WHSSC Joint Committee undertake the reporting function for the programme and to request approval of an in year funding uplift and the continuation of funding for Phase 2 of the Regionalisation Programme at the current level.

The WHSSC Joint Committee received a report on 19 September 2023, see **Appendices 1a-d**, and considered and supported:

- the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model,
- that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from 1 April 2023,
- an in-year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme; and
- a continuation of funding for Phase 2 at the current level.

Accountability for the delivery of the programme remains with the seven HBs it is now being presented for approval.

2.0 BACKGROUND

SARC services perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, and gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government (WG) in 2013, the current model for SARC services was recognised as being inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was established in 2013 with the new Health Led Collaborative Model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARC services.

In 2020, the programme governance was paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time, the significance of ISO accreditation requirements became apparent with the risk that evidence gathered from victims from unaccredited SARCs will potentially be inadmissible in court after October 2023. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

3.0 ASSESSMENT

The full details and financial modelling are contained in the attached Governance Briefing Paper at **Appendix 2**.

Note that any changes to the service model and funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.

4.0 RECOMMENDATIONS

Board Members are asked to:

- **Note** this report
- **Note** that the WHSSC Joint Committee received a report on 19 September 2023 regarding the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model and considered and approved a number of recommendations, however as accountability for the delivery of the programme remains with each HB they are now required to consider and approve the recommendations through their formal Board meetings,
- **Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model
- **Approve** that the WHSSC Joint Committee will fulfil the reporting function for the programme from 1 April 2023
- **Approve** an in-year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26, and
- **Approve** the continuation of funding for Phase 2 at the current level.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	-
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management The health and social care workforce is motivated and sustainable People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	-
Finance/Resource Implications	As identified in the report
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	Any changes to the service model or funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.
Long Term Implications (incl WCFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	19 September 2023 – WHSSC Joint Committee
Appendices	Appendices 1a-d – WHSSC Joint Committee Report – 19 September 2023 SARC Chair’s Letter Appendix 2 - SARC South Wales Regional Model Implementation Governance Report



Report Title	South Wales Sexual Assault Referral Centres (SARC) Regional Model Implementation Briefing Paper			Agenda Item	3.4
Meeting Title	Joint Committee			Meeting Date	19/09/2023
FOI Status	Open				
Author (Job title)	Joanna Williams, Programme Director Welsh Sexual Assault Services				
Executive Lead (Job title)	Chair Welsh Sexual Assault Services Programme/ Director National Commissioning Collaborative Unit				
Purpose of the Report	The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, to propose that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and to a request that the Joint Committee give final approval for Phase 1 implementation of the Programme.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

Members are asked to;

- **Note** the report,
- **Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HB's for approval,
- **Consider** and **approve** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from 1 April 2023, prior to a report being issued to the seven HB's for approval,
- **Approve** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26 for phase 1 of the implementation of the SARC Regionalisation Programme; and
- **Approve** a continuation of funding for Phase 2 at the current level.

SOUTH WALES SEXUAL ASSAULT REFERRAL CENTRES (SARC) REGIONAL MODEL IMPLEMENTATION BRIEFING PAPER

1.0 SITUATION

The purpose of this report is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019, to propose that the WHSSC Joint Committee fulfil the CEO reporting function at the request of the NHS Wales Chief Executives; and to a request that the Joint Committee give final approval for Phase 1 implementation of the Programme.

As accountability for the delivery of the programme remains with the Chief Executives, it has been suggested that WHSSC Joint Committee fulfil the CEO reporting function as outlined in the attached letter to Chief Executives attached as **Appendix 1**.

2.0 BACKGROUND

SARC services perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, and gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government (WG) in 2013, the current model for SARC services was recognised as being inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was formed in 2013 and the new Health Led collaborative model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARC services.

In 2020 the programme governance was paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time, the significance of ISO accreditation requirements became apparent with the risk of failing to meet the October 2023 deadline being that evidence gathered from victims will come from unaccredited SARCs and potentially be inadmissible in court. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

3.0 ASSESSMENT

The full details and financial modelling are contained in the attached Briefing Paper at **Appendix 2**. The original report is presented at **Appendix 3** for reference.

Note that any changes to the service model and funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.

4.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Approve** the updated South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme model, prior to a report being issued to the seven HB's for approval,
- **Consider** and **approve** that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from 1 April 2023, prior to a report being issued to the seven HB's for approval,
- **Approve** an in year funding uplift of £347k and a recurrent full year funding of up to £506k by 2025/26
- **Approve** a continuation of funding for Phase 2 at the current level.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	-
Health and Care Standards	Safe Care Effective Care Governance, Leadership and Accountability
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management The health and social care workforce is motivated and sustainable People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	-
Finance/Resource Implications	As identified in the report
Population Health	-
Legal Implications (including equality & diversity, socio economic duty etc)	Any changes to the service model or funding requirements will need to be considered by the individual commissioning organisations through their internal governance structures.
Long Term Implications (incl WCFG Act 2015)	-
Report History (Meeting/Date/ Summary of Outcome)	-
Appendices	Appendix 1 – SARC Chair’s Letter Appendix 2 - SARC South Wales Regional Model Implementation Report Appendix 3 - SARC South Wales Regional Model Report 2019

Health Board Chief Executives.

Dear Colleague

The Welsh Sexual Assault Services (WSAS) programme is a multiagency partnership programme of work that comprises of Health Boards, Police Forces, Police and Crime Commissioners and third sector partners. It is responsible for taking forward a new service model for the delivery of sexual assault services across Wales and is hosted by the NHS Wales Collaborative soon to become the NHS Wales Executive.

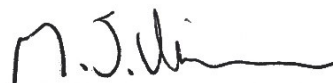
As a part of the programme's agreed governance structure, the WSAS Board has provided scrutiny and assurance to the NHS Wales Chief Executives and Chairs via the NHS Wales Health Collaborative Leadership Group in relation to quality, sustainability, safety, and delivery of the Sexual Assault Service model for Wales. This line of accountability that the current NHS Wales Collaborative has to the Chief Executives and Chairs will not be part of the NHS Wales Executive's governance structure.

As that as the interest and accountability for the delivery of the programme remains with the Chief Executives, I would like to suggest that the WHSSC Joint Committee will fulfil the CEO reporting function for the programme from April 1st, 2023.

Yours sincerely



Stephen Harrhy
Chair Welsh Sexual Assault Services
Programme/ Director National Commissioning
Collaborative Unit



Mark Dickinson
Director NHS Wales Collaborative

cc: Dr Sian Lewis, Managing Director, WHSSC
Joanna Williams, Programme Director WSAS



GIG
CYMRU
NHS
WALES

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

SARC South Wales Regional Model Implementation Briefing Paper

Author: Joanna Williams, Programme Director Welsh Sexual Assault Services

Date: September 2023

Version: 0.1

Purpose and Summary of Document:

This paper is to provide an update on the implementation of the South Wales Sexual Assault Referral Centres (SARC) Regionalisation Programme following the Business Case approval in 2019 and a request to give final approval for Phase one implementation of the Programme.

This will enable the acute hubs to be implemented and the transfer of all acute examinations to Cardiff, Swansea and Aberystwyth in order to meet the ISO accreditation deadline of October 2023.

The funding for the SARC Regional Model has been presented to the Collaborative Leadership forum in December 2022 and the Programme has been included in the NCCU plan through the WHSSC /EASC planning process.

The ask of the Joint Committee is to give final sign off for 50% of the funding for Sexual Assault Services with the other 50% of the funding being provided by the Police Forces and OPCCs in Gwent, South Wales and Dyfed Powys.

Situation

Following a review of Sexual Assault Referral Centres (SARC) across Wales, a new model for the delivery of these services across South Wales was considered and approved by the SARC Project Board on 1 August 2019 (**Appendix 1**). This report was then considered and approved by internal governance structures of the Health Boards, Police and OPCCs through the month of September 2019.

The model agreed for delivering Sexual Assault Services across South Wales consists of three adult SARC hubs in Cardiff, Swansea and Aberystwyth and two paediatric SARC hubs, one in Cardiff and the other in Swansea. The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There was also a commitment to developing an NHS led forensic medical service and establishing an All-Wales Sexual Assault Service Network and commissioning framework.

It was agreed that the proposed model will be staged across three phases.

Phase 1

The implementation of the three adult SARC hubs in Cardiff, Swansea and Aberystwyth, and two paediatric SARC hubs in Cardiff and Swansea. The total costs of phase 1 will be split 50/50 between Health and Policing and has to be implemented by October 2023 in line with ISO accreditation timescales.

Phase 2

The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes located in Risca, Merthyr Tydfil, Newtown and Carmarthen. There are elements of the spoke model which are currently subject to review.

- **Counselling**

A review will be commissioned into counselling services for victims by the regional programme with a target date of January 2024 for a service model paper to be submitted to the WSAS Programme Board. It is proposed that this would be funded by Health.

- **Crisis workers**

The model for crisis workers is being reviewed by the programme and this includes hours worked and pay grades, due to the spoke crisis workers no longer providing the acute examination support for victims. It is recommended that the current provision remains in place whilst the review is conducted.

- **ISVAs**

The ISVA service is currently funded entirely by MOJ funding streams. The review has identified the need for increased provision and standards to meet the increased demand which will inevitably lead to an additional funding requirement. OPCCs are planning on going out to tender for a provider for the new ISVA service model in September 2023, with a view of it starting April 2024.

Phase 3

The FME Service is two phases, the first is to rationalise the FME provider for the South Wales service and the second is for Health to provide the service. This element is complex due to the devolved legislation and there is currently legal and Welsh Government advice being sought.

In order to implement phase one of the model and to meet the ISO accreditation standards, there has been a new service model agreed that has been phased over a 3-year period and that identifies the uplift from the reported current baseline for Health's 50% of the total cost (full detail is contained in **Appendix 2**).

Table One: Health phase one totals and uplift from baseline

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

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

Background

SARCs perform a vital role for victims of rape and sexual abuse, they provide acute medical examinations, therapeutic support, gathering of forensic evidence and independent advocacy that supports victims through their journey of recovery.

Following a review conducted by Welsh Government in 2013, the current model for SARC services was recognised as inadequate for delivering the standards of medical care and therapeutic support needed to empower survivors of serious sexual abuse to both go through the criminal justice system and to recover from their trauma. This was the basis on which the South Wales SARC Regionalisation Programme was formed in 2013 and the new Health Led collaborative model being agreed in 2019. This agreement included a financial model which would see a 50/50 split between Health and Police for the funding for SARCs.

In 2020 the programme governance paused due to the COVID-19 pandemic, which delayed the implementation of the operational model. During this time the significance of ISO accreditation requirements became apparent with the risk of failing to meet the October 2023 deadline being that evidence gathered from victims will come from unaccredited SARCs and potentially be inadmissible in court. This could jeopardise victims' chances of a successful legal outcome. This specifically relates to the Phase 1 (Acute) Forensic and Medical examination.

Assessment

The financial modelling for the SARCs is based on a regional service model with three adult hubs and two paediatric hubs supported by four additional spokes, alongside the spokes in the hubs and a regional component.

The following principles underpin the finance modelling work:

- The model has been agreed collaboratively and will be a 50/50 split between health and police for Phase one
- The provision will be recharged based on the actual cost of the service and will be reviewed on an annual basis

- The funding for Phase two services will remain at the same level until the spoke model is agreed; this will be brought to respective Boards by December 2023
- The totality of the criminal justice ISVA costs will be met by policing colleagues from April 2024
- The counselling costs require further discussion, with a proposal that the current ISVA funding by health is repurposed to fund the counselling services currently funded through the Police.
- The crisis worker costs for the spokes would be split 50/50 between Health and Police
- Finance, Human Resources, Procurement and other corporate functions have been excluded and assumed to be absorbed within each organisation.
- The costs are based on Health pay scales, therefore some of the costs may be subject to change when services are openly procured

Finance

The table below shows the implementation of the programme over a three-year period with the declared baseline positions of the Health Boards (see Appendix 2 for full modelling). The Health Boards' 50% contribution to phase one of this model is an uplift of **£347k** in year one and **£506k** over the 3 years to the full implementation. The required funding contribution has been included in the NCCU plan through the WHSSC /EASC planning process. The 50% Police funding already having been agreed through their internal governance processes.

Table 2: The Health Board funding Splits and baseline expenditure

Commissioner Revenue Funding Model	HB Commissioner Split						
	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB
	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Model Phasing 2023/24 - Year 1	278	233	210	184	60	184	1,149
Model Phasing 2024/25 - Year 2	308	259	233	204	66	204	1,274
Model Phasing 2025/26 - Year 3	317	266	239	209	68	209	1,308
Current Baseline Commissioned Expenditure in 2022/23	140	273	98	70	52	169	802
Uplift Required in 2023/24	138	(40)	112	113	7	15	347
Incremental Uplift Required in 2024/25	30	25	23	20	6	20	124
Incremental Uplift Required in 2025/26	8	7	6	6	2	6	35
Recurrent Commissioner Revenue Funding from 2025/26	317	266	239	209	68	209	1,308
Total uplift required over 3 years 2023/24 - 2025/26	177	- 7	141	139	16	41	506

Capital Investment

Welsh Government Health Capital has agreed to fund the development of the new SARC buildings entirely and have funded most of the work required to develop the current estate to ISO accreditation standards. The investment to date includes:

- £538k in developing the current Cardiff and Bow Street SARCs to ISO accreditation standards and the building work is complete.
- £785k for the Swansea Paediatric SARC

There are also business cases for new purpose built SARCs in Cardiff and Aberystwyth that are being taken through the Health Capital processes in Welsh Government currently.

Strengths and opportunities

The objective of the regional programme is to provide a more integrated service that is driven by the needs of service users and ensures that the services meet the clinical and forensic standards, which will support victims of rape and serious sexual offences. There are some specific benefits to implementing this model.

- **Facilities** - The improved facilities will provide evidence-based environments that are conducive to supporting victims and obtaining forensic evidence to ISO accreditation standards.
- **Paediatric Provision** - Cardiff currently provides the only paediatric provision for acute examinations in the region. This is placing strain on the Cardiff SARC which is having an impact on children and young people in the three police force areas. In addition to this, children from South West Wales are having to travel significant distances to access the service. The regional programme plans to address this position by introducing a new Paediatric SARC in Swansea and increasing the workforce, with ambition to increase the age of children seen to up to 16-years-old instead of the current position of up to 14-years-old. This would bring Wales in line with the services available to young people in England.
- **Future Police and Health Collaboration** - Health and Policing collaborations in Wales have previously been challenging due to devolved legislation. Whilst this has presented challenges for the SARC programme, if this is successfully delivered it will provide the basis on which to collaborate again successfully in the future.

Risks

There is a risk that one or more of the partner agencies will withdraw from the collaboration. This is considered low due to the high importance of the service.

If any of the partners withdrew from the collaboration this will present a number of risks to the way in which SARC services are delivered.

- **ISO accreditation deadline** - The buildings, funding, legal arrangements, and management of the accreditation has been based on the regional model.

- Financial implications of Welsh Government withdrawing their commitment to provide capital funding and of the Police meeting 50% of the cost of SARC services.
- Political risks with Welsh Government and Police due to the investment they have made to develop SARC buildings to ISO accreditation standards.
- Risk to future collaborations between Policing and Health.
- Delay in funding decision will delay moving victims to ISO accredited facilities and potentially be detrimental to the outcome of legal proceedings.

When assessing the economic benefits of the regional SARC model, it is important to reflect that the programme started because of a shared recognition that the current model of provision is inadequate for meeting victims' needs. Therefore, further investment is required to improve the standards and effectiveness of the service and to meet the increasing demand.

The demand for services is increasing year on year, with a 7% increase in 2022-23 from the previous year. We are still only seeing approximately 10% of the total number of victims of sexual assault per year.

Whilst there will be an increased cost for to provide more effective services the model of collaboration presents economic opportunities and benefits.

The Phase 1 model (and investment) will enable the achievement of ISO accreditation by October 2023, the SARCs are currently on track to be the first accredited in the UK.

Recommendations

The recommendation in the paper is for the Health Boards to sign off the updated model and associated financial envelope for the implementation of **Phase One** of the SARC Regionalisation Programme and to provide a continuation of funding for Phase 2 at the current level. This has already been agreed by the Police forces across South Wales.

The ask of Health Boards is to fund an additional £506k over three years for phase one of the implementation of the SARC model in addition to the £802k that is currently funded.

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

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

Assurance and Approval

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

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Executive Summary

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

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

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

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

The proposed model will be staged across three phases.

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

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

Proposed model phase 1	
Health contribution	£581,909
Police contribution	£581,909
total	£1,163,817

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

Phase 2 and 3

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

SARC V0.8
05.08.19

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

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

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

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

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

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

1. SITUATION

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

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

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

2. BACKGROUND

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

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

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

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

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

3. ASSESSMENT AND ASSURANCE

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

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

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

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

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

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

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

Childrens Services

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

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

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

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

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

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

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

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

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

In hours: proposal

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

Delivery of the in-hours proposal will require:

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

Out of hours: proposal

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

Delivery of the out of hours model will require:

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

Forensic examinations for children: proposal

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

Delivery of forensic examinations by paediatricians will require:

- Paediatricians committed to working towards The Faculty of Forensic & Legal Medicine (FFLM) qualification
- Development of a training programme, with time given to paediatricians to undertake the training required.
- Flexibility built into FME contracts in order to support paediatricians seeing sufficient cases to be deemed competent to take on the role.
- Clarification of legislation around paediatricians trained to undertake a combined health/forensic medical examination being able to do so. In

England this is a common model of care but may require support from Welsh Government in Wales to implement a similar model.

3.1.1. Children living in Powys

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

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

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

Delivery of service for children in North Powys will require:

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

Timelines

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

On approval of the preferred model by the Project Board, work will commence immediately to put in place the enablers to support the implementation of the

full children's service model. It is anticipated implementation will be incremental with a lead in time of one to two years.

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

3.2 Adults services

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

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

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

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

Mid and West Wales, with SARC hubs located in, Cardiff, Swansea and Aberystwyth.

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

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

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

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

*will be SARC hubs providing forensic and health examinations in the proposed model

** It is recognised that individual in the south of the region are more likely to attend Swansea SARC.

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

Support will need to be provided for those who may incur longer travel times, when compared with the current model. Attachment 6 provides indicative travel

times from various parts of the region to their nearest Hub. However, it also needs to be recognised that some individuals may chose not to be seen at their nearest SARC hub. The commissioning framework needs to address this and ensure that individuals are able to access services at any SARC Hub they choose across Wales without complications.

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

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

South East Wales proposal:

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

South West Wales proposal:

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

Mid and West Wales Proposal:

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

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

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

Timelines

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

3.3 Forensic Examination Service

This project promotes a Health delivered Forensic Medical Examination (FME) service as the preferred means of delivery in Wales, and has the commitment and support from Police and Health Services to achieve this. However, it is realised the transition time may take five to ten years dependant on current contracts and the training of health professionals to undertake the roles.

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

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

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

FME Proposal

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

Delivery of the FME proposal will require:

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

- As current legislation stands there would need to be an open and transparent procurement process, which would require Health to tender for the service.

Timeline

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

4. COMMISSIONING INTENTIONS

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

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

Currently the SARC services are provided predominantly by third sector and funded by the regional police and PCCs. The costing of the preferred model in phase 1 identified a significant increase in funding required. Forensic services are currently commissioned by the police due to legal requirements, which will need to continue based on their current financial commitment to the provision of FME services.

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

Proposal

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

This will require:

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

Timeline

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

5. ESTABLISHING A SARC DELIVERY NETWORK AND A COMMISSIONING FRAMEWORK

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

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

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

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

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

The lead commissioning organisation will be responsible for develop the detailed service specification to support the procurement process, the service planning and contracting and commissioning of SARC services across the region. There will need to be an agreement on a form of collaborative commissioning, rather than pooled budgets (policy does not currently allow for pooled budgets to be established between health and the police).

Some resource to support both the Network and the commissioning organisation have been identified in the workforce modelling (attachment 1a).

Once the service model has been agreed and a lead commissioner identified, a commissioning framework will be developed and an Delivery Network established. As previously noted in section 3.3, the police will need to retain the commissioning lead for FME services.

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

Proposal

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

This will require:

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

Timeline

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

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

6. FINANCES

6.1 Financial assumptions

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

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

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

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

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

6.1 Revised Costs and Phasing

Following discussions between the commissioning organisations, an agreement has been reached to consider the implementation of the overall model through a number of stages and align costs accordingly. This acknowledges that further detailed work to develop the model and associated costs for the 'spokes' and the FME services needs to be undertaken to ensure that each component accurately reflects the needs of the service. This

programme of work is seen as a ten-year transformational programme of change.

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

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

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

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

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

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

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

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

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

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

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

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

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

Table3. Distribution or costs phase 1.

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

Estimated police force region split*:- (based on population shares)	Resident populations	%	phase 1 £
Dyfed Powys Police	516754	21%	122,201
Gwent Police	587743	24%	139,658

South Wales Police	1324384	55%	320,050
Total police region	2428881	100%	581,909

- **Revenue costs**

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

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

- **Non pay costs**

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

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

Costs associated with the three-yearly assessment for ISO accreditation are recognised in the financial case. Any work required to meet accreditation standards for Ynys Saff SARC, Cardiff will be included within the C&V UHB major capital business case currently going through the All Wales planning process. Costs associated with relocation of Aberystwyth will need to be included in any appropriate capital bid for Hywel Dda UHB as referenced above, as will those for the children's SARC hub in Swansea, led by Swansea Bay UHB. Further, discussions will need to take place regarding Swansea adult hub as the premises are owned outright by the third sector and have recently been subject to complete refurbishment. Clarification will need to be sought regarding the level of involvement by the police in developing the

forensic requirements of the new build and assurance from the third sector that ISO requirements have been addressed

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

- **Capital Costs**

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

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

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

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

There are currently two capital planning streams in the NHS. The process followed will depend on the level of investment required. Each Health Board has a discretionary capital programme, which addresses smaller capital requirements. This would also be available to apply for replacement equipment. In addition, where major capital investment is required, it would be necessary to develop a formal business case by the hub host provider for consideration through the All Wales Capital Planning Programme.

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

- **Transitional Costs**

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

- **Additional costs**

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

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

6.3 Future costs associated with Phase 2 and Phase 3.

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

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

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

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

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

Table 4. Differences between current and proposed costs

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

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

7. EQUALITY IMPACT ASSESSMENT

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

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

8. RECOMMENDATIONS TO THE SARC BOARD

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

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

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

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

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

Attachment 1 Proposed Financial Framework May 2019

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

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

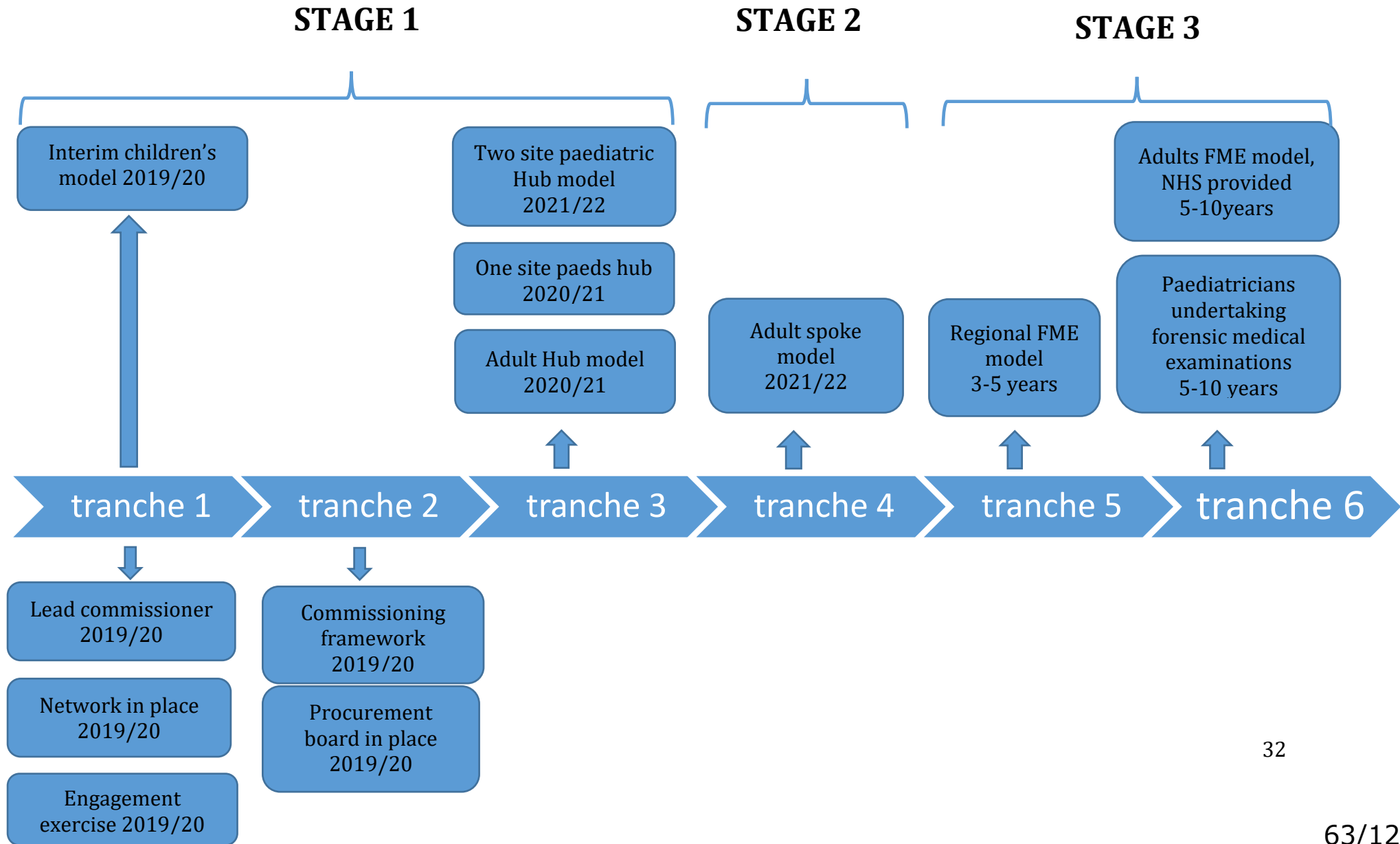
- This phasing excludes costs for ISVAs, Counselling and FME services.
- These costs will be in addition to the costs below and will continue to be paid by the current service contractor until the detailed costed models have been agreed and approved by each commissioning board.
- In the event that the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

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

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

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

Attachment 2. DRAFT TIMELINE



Attachment 3: Hub and Spoke service specification

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

Attachment 4: Key Principles underpinning service modelling

Childrens services

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

Adult services

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

Each SARC hub needs to:

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

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

- Meet the service specification for a spoke.

FME services

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

Each FME service must meet:

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

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

Table 1. Total number of cases and demographics

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

Table 2. Total number of cases and demographics

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

Table 3. Assault type

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

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

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

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

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

Table 6. Acute Forensic medical examination undertaken

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

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

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

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

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

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

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

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

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

Proposed pathways based on indicative travel times

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

About this document

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

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

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

1. Background

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

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

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

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

2. Case for Change

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

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

The Wales Sexual Assault Referral Centre Review 2013 found that:

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

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

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

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

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

2.1 The SARC Project and the service model

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

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

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

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

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

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

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

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

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

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

2.2 Impact on Workforce

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

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

3. Equality and Human Rights

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

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

- Age
- Disability

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

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

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

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

4. Equality Impact Assessment

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

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

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

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

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

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

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

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

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

United Nations Convention on the Rights of the Child

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

4.1 Potential impact on protected characteristic groups

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

4.1.1. Gender

There is evidence from the Crime Survey for England and Wales (CSEW 2013/14) and research papers to show that women and girls are at greater risk than men in terms of sexual assault and are more likely than men to have experienced intimate violence² across all headline types of abuse. The 2013/14 CSEW report found that overall 19.9% of women and 3.6% of men having experienced sexual assault (including attempts) since the age of 16.

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

4.1.2 Age

Age is a risk factor for sexual assault. The CSEW found that, among both men and women, the prevalence of intimate violence was higher for younger age groups. Young women were more likely to be victims of any sexual abuse in the last year; 6.7% of women aged between 16 and 19 compared with all older age groups (for example, 2.0% of women aged between 25 and 34). In considering children, more than one third of all rapes recorded by the police are committed against children under 16 years of age⁴.

Potential impact: Young people may have different needs and will require a joint assessment with a paediatrician and forensic examiner. When treating children, the service model will additionally follow the standards and criteria outlined for children’s services⁵.

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

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

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

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

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

4.1.3. Race

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

Women and girls from a black, minority-ethnic (BME) background may find it more difficult to leave an abusive situation due to cultural beliefs or a lack of appropriate services. Forced marriages, Female Genital Mutilation (FGM) (see detail under 'gender' on previous page) and so called 'honour'-based violence are more likely to be prevalent in (although not limited to) certain communities, although the data on these crimes is limited⁶.

Research found around BME women's experience of sexual violence services is not tailored well to the needs of the communities, and should be thought about locally and to specifically develop practice which meets the needs of BME women and girls (Between the Lines, 2015, Thiara, Roy and Ng⁷). This research further suggests a number of gaps existing within service responses to BME women experiencing sexual violence, suggesting engagement with these communities in the delivery of SARC services. The research itself identified the current engagement with BME women as generally inaccessible, making it even more difficult for BME women to access services and disclose pertinent information in an already difficult and complex situation. Services should not be "one size fits all," but meet the needs of the locally identified groups, in order to ensure SARCs are accessible for the at risk populations in that area.

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

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

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

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

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

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

4.1.4. Disability

The Looking into Abuse (2013)⁸ report states that sexual abuse is prevalent among people with learning disabilities and that it is commonly linked with other physical and psychological abuse. Disabled women may be around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime⁹.

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

As well as physical disability, there is a need to consider learning disabilities and mental health. Communication needs in these client groups may be more challenging and care should be adapted accordingly, for example, where there is a need for BSL interpretation services. There are specific standards under the All Wales Standards for Communication and Information for People with Sensory Loss¹⁰ that apply directly to emergency and unscheduled care (in addition to primary care and other secondary care services) and these outline the staff training requirements, communication systems and equipment and patient needs information which should be provided by health boards. BSL interpreters will be required for the deaf community.

4.1.5. Marriage and civil partnership

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

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

4.1.6. Pregnancy and maternity

Evidence has shown many victims of domestic abuse experience such abuse whilst pregnant. Studies show 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth¹¹.

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

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

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

4.1.7. Religion or belief (including lack of belief)

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

Potential impact - staff need to consider and recognise that patients' personal beliefs may lead them to ask for a procedure for mainly religious, cultural or social reasons or refuse treatment that you judge to be of overall benefit to them¹². There are also many issues in relation to prayer, diet, death and dying rituals that would have to be considered. As previously a comprehensive cultural awareness toolkit is available for this purpose.

4.1.8. Sexual orientation

UK surveys have found that the prevalence of violence in intimate Lesbian, Gay, Bisexual, Transgender (LGBT) relationships usually mirrors that in heterosexual relationships, with approximately one in four to one in three individuals in LGBT relationships experiencing domestic abuse at some point. Men are more likely to report violence than women¹³.

Research for the South Wales Police and Crime Commissioner found that the SARCs appeared to be accessible for LGB communities with 7% of adult referrals coming from LGB communities. Research by Angiolini in 2015¹⁴ further suggests that gay men face greater barriers in reporting than their heterosexual counterparts, and that SARCs may not be well enough equipped to address these cases. A specialist LGBT service in London urged that there is a wider recognition and discussion around LGBT reporting and need for a greater understanding around the barriers they face in accessing SARCs.

The Unhealthy Attitudes report by Jones and Somerville¹⁵ provides some clear statistics and information about views and attitudes among health and social care staff which may lead to improper treatment of LGBT people, further emphasizing the need for training on LGBT issues among the workforce. The report states that "Almost three in five (57 per cent) of health and social care practitioners in Wales with direct responsibility for patient care don't consider sexual orientation to be relevant to an individual's health needs." It further reports that "Just one in twenty patient-facing staff said they have received training on the health needs of lesbian, gay and bisexual people or trans people's health needs (both four per cent)."

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

4.1.9. Trans*

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

¹² http://www.gmc-uk.org/guidance/ethical_guidance/21179.asp

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

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

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

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

The Trans Mental Health Study (2012¹⁷) provided data on participant experiences of sexual violence. 17% of participants reported they had experienced domestic violence as a result of their trans identity, 11% stating they had experienced reoccurring domestic violence. The study also stated that 14% of participants had been sexually assaulted due to their gender identity, and 6% of participants reported being raped as a result of being trans. It was also noted in this study that a large proportion of trans people worry about being sexually assaulted or abused in the future, further impacting on their overall mental health

The 2015 report by Angiolini¹⁶ also suggests that trans individuals face great obstacles in reporting sexual violence, and that services are ill-informed and ill-equipped to understand and handle these crimes. There is a lack of understanding and knowledge around trans issues generally, which transfers into the realm of sexual violence. It is important that these gaps in knowledge are addressed as to allow for proper case handling around sexual violence in the trans community

Potential Impact - In 'It's just Good Care: A guide for health staff caring for people who are Trans' 2015¹⁹ Trans* people must be accommodated in line with their gender expression. This applies to toilet facilities, wards, outpatient departments, accident and emergency or other health and social care facilities, including where these are single sex environments. Different genital or chest appearance is not a bar to this. Privacy is essential to meet the needs of the trans* person and other service users. If there are no cubicles, privacy can usually be achieved with curtaining or screens. The wishes of the trans* person must be taken into account rather than the convenience of nursing staff. An unconscious patient should be treated according to their gender presentation. Absolute dignity must be maintained at all times. It also states that breaching privacy about a person's Gender Recognition Certificate or gender history without their consent could amount to a criminal offence. A medical emergency where consent is not possible may provide an exception to the privacy requirements. All these issues, as well as others, could be mitigated through training.

4.1.10. Welsh Language

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

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

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

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

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

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

4.2 Summary of findings to support Phase 1.

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

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

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

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

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

5. Phase 2. Implementation Planning Phase 2018-2019

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

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

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

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

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

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

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

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

6. Next Steps

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

Attachment 8: GLOSSARY

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

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

Summary of planned South Wales funding flows

Provider Service Funding Model - Phase 1 only

	Hub						Programme Costs	Sub Total	Spoke				Sub Total	Total
	Acute Adult			Paeds					Merthyr	Risca	Camarthen	Newtown		
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea	£000's								
Model Phasing 2023/24 - Year 1	709	497	259	323	63	448	2,298	-	-	-	-	-	2,298	
Model Phasing 2024/25 - Year 2	687	530	371	323	188	448	2,547	-	-	-	-	-	2,547	
Model Phasing 2025/26 - Year 3	687	519	371	323	268	448	2,616	-	-	-	-	-	2,616	

Commissioner Revenue Funding Model

	HB Commissioner Split							Police Commissioner Split				Total HB & Police
	AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	Dyfed Powys	Gwent	South Wales	Total Police	
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	
Model Phasing 2023/24 - Year 1	278	233	210	184	60	184	1,149	292	312	545	1,149	2,298
Model Phasing 2024/25 - Year 2	308	259	233	204	66	204	1,274	324	345	604	1,274	2,547
Model Phasing 2025/26 - Year 3	317	266	239	209	68	209	1,308	333	355	621	1,308	2,616

Current Baseline Commissioned Expenditure in 2022/23	140	273	98	70	52	169	802	182	575	358	1,116	1,918
Uplift Required in 2023/24	138	(40)	112	113	7	15	347	110	(264)	187	33	380
Incremental Uplift Required in 2024/25	30	25	23	20	6	20	124	32	34	59	124	249
Incremental Uplift Required in 2025/26	8	7	6	6	2	6	35	9	9	16	35	69
Recurrent Commissioner Revenue Funding from 2025/26	317	266	239	209	68	209	1,308	333	355	621	1,308	2,616
Total uplift required over 3 years 2023/24 - 2025/26	177	- 7	141	139	16	41	506	151	- 221	262	192	698

*Current Baseline Commissioner Contributions based on commissioner confirmation or 19/20 declared estimates with inflation applied to 2022/23

Upon final approval of the financial model the existing baselines will be transferred in from HBs to NCCU so the whole funding is aligned to commissioning responsibility

Assumption is NCCU (health) will invoice the relevant Police Commissioner for the agreed funding share

Implementation will be monitored and funded on an actual costs incurred basis not above the agreed plan levels

Post	Hub					Programme Office £000's	Hub Sub Total £000's	Spoke				Spoke Sub Total £000's	Model Total £000's	Allocation Split		Population Demand Equal Shares	Police Commissioner Split															
	Acute Adult			Paeds				Feb-23 £000's	Jun-23 £000's	Sep-23 £000's	Aug-23 £000's			Health 50%	Police 50%		21.0%	24.0%	55.0%	100.0%												
	Cardiff £000's	Swansea £000's	Aberyswyth £000's	Cardiff £000's	Swansea £000's																											
	Merthyr £000's	Risca £000's	Camarthen £000's	Newtown £000's																												
Phase 1																																
Consultant				140	14						0	154	77	77																		
Consultant Lead	28	28	14								0	70	35	35																		
OOH Regional Consultant rota				70							0	70	35	35																		
SARC Manager	61	61									0	122	61	61																		
SARC Deputy Manager	27	53	53								0	133	66	66																		
Paediatric Sexual Health Nurse				32							0	32	16	16																		
Paediatric Crisis Worker				33							0	33	17	17																		
Day Crisis Worker	161	97	33								0	291	145	145																		
Out of Hours Crisis Worker	56	15	15								0	86	43	43																		
Supervision Crisis Worker	6	6	6								0	18	9	9																		
Medical Secretary / Admi Support				19							0	19	10	10																		
Receptionist	34	34	34								0	102	51	51																		
Non Pay											0																					
Non Pay inc Travel/training	56	15	15								0	86	43	43																		
Consumables	35	25	10								0	70	35	35																		
Contingency/Risks (10%)	50	30	17		43						0	140	70	70																		
Colposcopy contract	20	3	3								0	26	13	13																		
Forensic cleaning	25	5	5								0	35	18	18																		
Leasing / Accomodation Costs	56	50									0	106	53	53																		
ISO Accreditation initial costs	30	30	30								0	90	45	45																		
Programme Costs																																
Programme Director						119	119				0	119	60	60																		
Clinical Lead						70	70				0	70	35	35																		
Senior Project Manager						60	60				0	60	30	30																		
Senior Project Support						42	42				0	42	21	21																		
Programme Administrator						34	34				0	34	17	17																		
ISO Project Manager (1 year Oct23-24)						32	32				0	32	16	16																		
Non Pay																																
Non Pay - Travel/training etc						50	50				0	50	25	25																		
10% Inflation Contingency	64	45	24	29	6	41	209				0	209	104	104																		
Total Phase 1	709	497	259	323	63	448	2,298	0	0	0	0	2,298	1,149	1,149	0	278	233	210	184	60	184	1,149	0	292	312	545	1,149					
Phase 2																																
Sexual Violence Advocate Cj												0	981	0	981																	
Therapeutic Counselling												0	466	233	233																	
Paediatric Advocacy Support Worker												0	0	0	0																	
Day Crisis Worker B3												50	68	45	43																	
Other Community based services													53																			
Total Phase 2	0	0	0	0	0	0	0	0	0	0	0	50	68	45	43	206	1,653	336	1,317	0	81	68	62	54	17	54	336	0	335	357	625	1,317

645 452 235 294 57 407

Post	Hub					Programme Office £000's	Hub Sub Total £000's	Spoke				Spoke Sub Total £000's	Model Total £000's	Allocation Split		HB Commissioner Split	Population Demand Equal Shares	Police Commissioner Split																					
	Acute Adult			Paeds				Merthyr £000's	Jun-23 Risca £000's	Sep-23 Camarthen £000's	Aug-23 Newtown £000's			Health 50%	Police 50%			AB UHB	C&V UHB	CTM UHB	HD UHB	Powys HB	SB UHB	Total HB	21.0%	24.0%	55.0%	Total Police 100.0%											
	Cardiff	Swansea	Aberyswyth	Cardiff	Swansea																								24.2%	20.3%	18.3%	16.0%	5.2%	16.0%	100.0%	25.4%	27.1%	47.4%	100.0%
	£000's	£000's	£000's	£000's	£000's																								£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Phase 2																																							
Sexual Violence Advocate CJ											0	981	0	981																									
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Paediatric Advocacy Support Worker											0	0	0	0																									
Day Crisis Worker B3											50	68	45	43	206	206	103	103																					
Other Community based services												53																											
Total Phase 2	0	0	0	0	0	0	0	50	68	45	43	206	1,653	336	1,317	0	81	68	62	54	17	54	336	0	335	357	625	1,317											

Assumptions

- 1 Staffing for Cardiff SARC has been agreed by the service and the recruitment has started. There costs will start to be incurred in approximately 3 months
- 2 The costs for the Swansea and Aberystwyth adult hubs are based on the Cardiff staffing compliment and reduced (in consultation with clinicians and providers) to reflect the predicted demand at each site
- 3 The childrens hubs in Cardiff and Swansea have the same staffing compliments with the addition of the additional cost of the regional rota being hels in Cardiff.
- 4 The timescales for the Swansea and Aberystwyth hubs have not been finalised as yet
- 5 There will need to be more work done on the roles to be included in the spokes - including the role of the crisis workers, ISVA's and counselling - with the latter 2 being take forward by separate task and finish groups
- 6 Crisis workers in the spokes will be available 8am-8pm (as agreed with police)
- 7 The Swansea Manager will also cover Aberystwyth
- 8 The ISVA & CYPISVA costs will be picked up by the Police and therefore not included in the model assumptions
- 9 The counselling costs are to be agreed
- 10 The staffing models have been agreed with clinicians and service providers as the staff required to run the services as part of the new model.
- 11 Salary Scale is NHS
- 12 Crisis workers 2 different JD's - Hubs B4 & Spokes B3



GIG
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WALES

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

Welsh Sexual Assault Services (WSAS) Programme Governance

Author(s):

Joanna Williams WSAS Programme Director

Date: October 2023

Version: 0.1

Purpose and Summary of Document:

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

SITUATION

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

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

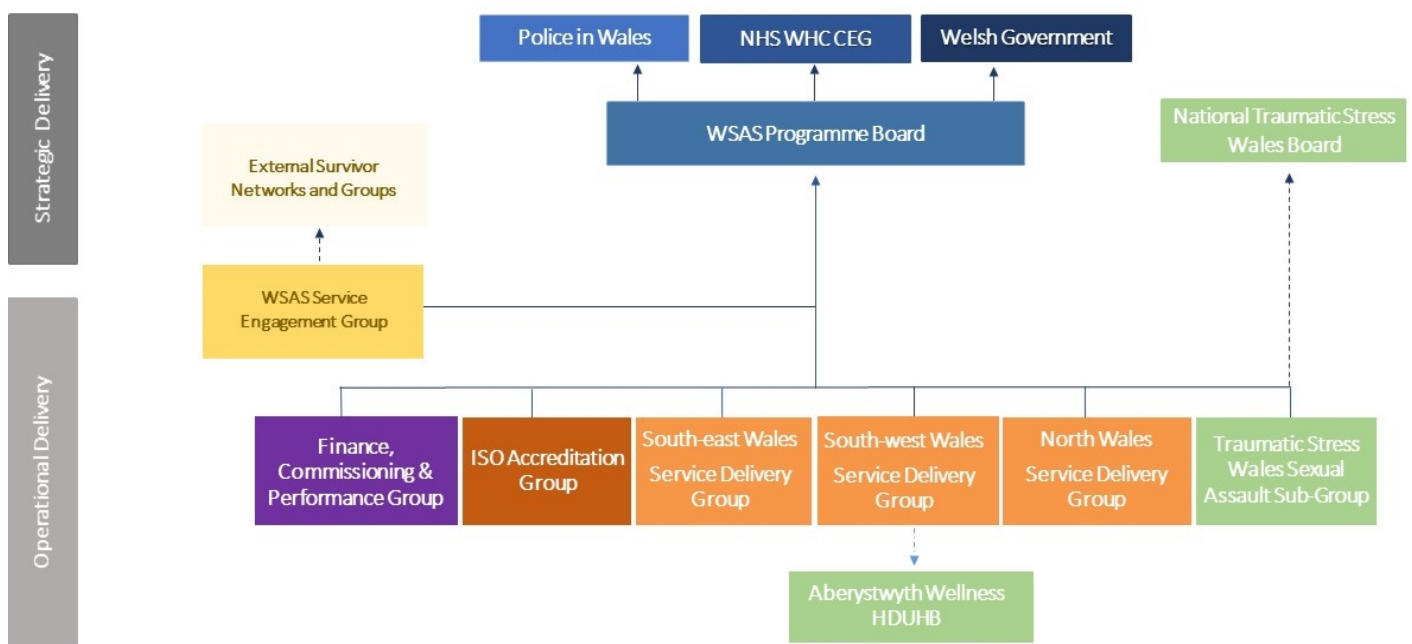
The SARC hubs will also act as a spoke for the local population and will be supported by additional spokes in Risca, Merthyr Tydfil, Newtown and Carmarthen.

BACKGROUND

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

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

Governance Structure (**Appendix 1**)



The Board is responsible for:

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

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

ASSESSMENT

Membership

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

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

Supporting Groups

Finance, Commissioning and Performance Group (FCPG)

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

Service Delivery Groups (SDG)

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

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

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

ISO Accreditation Group

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

Service and Survivor Engagement

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

Traumatic Stress Wales Sexual Assault Steering Group (TSW)

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

Project Groups

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

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

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

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

Financial Governance

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

Table One: Health phase one totals and uplift from baseline

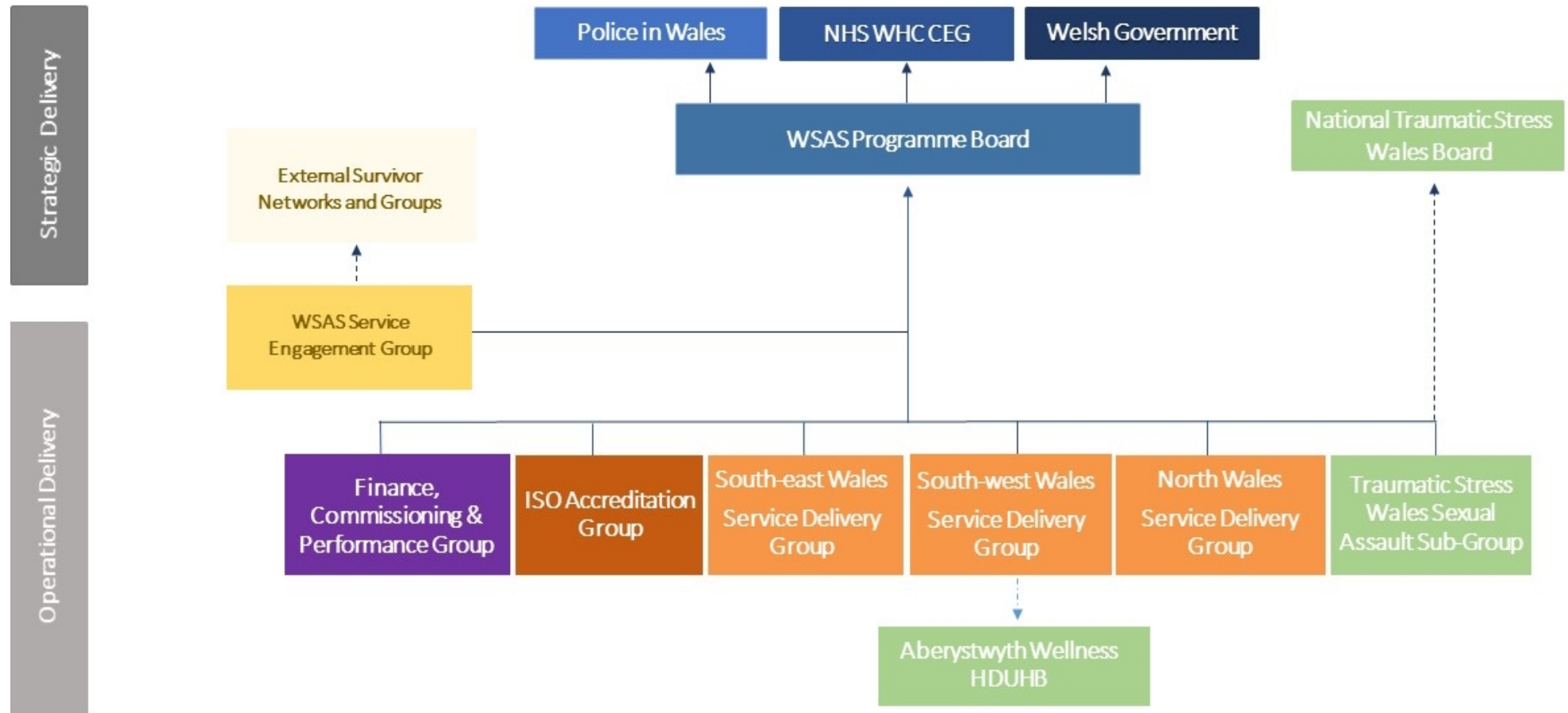
Year	Health 50% funding £000's	Uplift from baseline (£000)
2023-24	1,149	347
2024-25	1,274	124
2025-26	1,308	35

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

RECOMMENDATION

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

Appendix 1 – Governance Structure



Programme Initiation Document:
National Commissioning Implementation Programme



Llywodraeth Cymru
Welsh Government

PROGRAMME INITIATION DOCUMENT

Programme Name: National Commissioning Functions Implementation Programme
Programme: National Commissioning Functions Programme

Release Version:
 Date:

Author:	Maxine Evans Programme Manager
Owner:	Samia Edmonds Senior Responsible Officer
Client:	Minister for Health and Social Services
Document Number:	Version 0.9

Programme Initiation Document:
National Commissioning Implementation Programme

Document History

Revision History First Draft 21 June 2023

Revision Date	Previous Revision Date	Summary of Changes
22-6-23		KP additions
12-07-23	21-07-23	SE and Policy Leads comments and amendments
28-07-23		KP Additions NB Appendices not available in this draft
16-08-23	28-07.23	ME additions reflecting feedback from Oversight Board 09/08/23 and individual comments received
24-08.23	16-08-23	ME additions reflecting feedback from Implementation Board 22/08/23
06-09-23	24-08-23	ME amendments to all references of 'new body' within review recommendations (section 2) replaced with 'new (joint committee) Me amendments – added a high level summary of the workstreams main roles (made clear that legislation requirements fall under the Governance workstream) Me amendments to programme organogram moving programme support team to the side

Approvals This document has been approved by:

Name	Date of Issue	Version
Oversight Board subject to amendments agreed at its meeting on 06-09-23	13-09-2023	0.9

Distribution This document has been distributed to:

Name	Date of Issue	Version
Oversight Board	06-09-2023	0.9
Implementation Board	19-09.2023	0.9
Implementation Group	12-09.2023	0.9
Programme Support Team	19-09-2023	0.9
Health Boards x7	26-09-2023	0.9

Programme Initiation Document:
National Commissioning Implementation Programme

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Programme Initiation Document:

National Commissioning Implementation Programme

1. Purpose

This Programme Initiation Document (PID) establishes oversight and programme arrangements to implement the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

The PID addresses the following fundamental aspects of the programme:

- The stages and phasing of the programme.
- The aims and objectives of the programme.
- The expected benefits and outcomes of the programme.
- The roles and responsibilities of those involved in managing the programme.
- Delivery of the programme.

2. Background

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the independent review recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.

Programme Initiation Document:

National Commissioning Implementation Programme

- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

3. Programme Relationships

Key to the programme is the recognition of the relationship between the extant two Joint Committees and the seven Local Health Boards (LHBs).

Local health boards have a statutory responsibility for the commissioning and provision of services to meet the needs of their populations. Whilst they remain accountable, two Joint Committees were established as national, hosted bodies to support LHBs in discharging their commissioning function for an agreed portfolio of services. Health Boards provide the funding for these Joint Committees who have been given delegated responsibility for decision making via the seven Chief Executives on behalf of their individual Boards.

- **Welsh Health Specialised Services Committee (WHSSC)** - established in 2010 to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is responsible for the joint planning of specialised and tertiary services of the LHBs.
- **Emergency Ambulance Services Committee (EASC)** - established in 2015 with responsibility for planning and securing sufficient emergency and non-emergency ambulance services for the population. It includes the Welsh Ambulance Services NHS Trust (WAST) and Emergency Medical Retrieval and Transfer Service (EMRTS Cymru – Wales Air Ambulance).
- **The National Collaborative Commissioning Unit (NCCU)** - responsible for delivering national commissioning programmes for mental health and learning disability services. The NCCU is managed by the Chief Ambulance Services Commissioner (CASC).

4. Programme Definition

The Programme is defined as:

Implementation of the recommendations made as an outcome of the independent review of national commissioning functions in Wales.

Programme Initiation Document:

National Commissioning Implementation Programme

5. Programme Scope

The Programme will include the following:

- WHSSC, EASC, NCCU commissioning bodies (the services that are currently commissioned by these bodies is included at appendix 4 – to be finalised in final draft)
- NHS 111 Wales Service – commissioning (not service delivery)
- Sexual Assault Referral Centres (SARC) commissioning (not service delivery)

6. Programme Aim and Objectives

The overall **aim** is:

To fully implement the Ministerial Directive following the independent review into national commissioning. Within this aim, the following principles from the original terms of reference will need to be considered:

- Improving outcomes and reducing inequalities
- Adding further value to the NHS system in Wales
- Strengthening and streamlining of commissioning functions, and associated decision making
- Building on evidence of good practice
- Supporting the development of commissioning expertise within the NHS in Wales
- Maximisation of national commissioning capacity and capabilities
- Minimal disruption to the system
- Minimal disruption to the existing workforce within WHSSC, EASC/ NCCU, the NHS 111 Wales programme and the SARC commissioning service
- Any changes to be implemented should be resource neutral as a minimum and will maximise the value and efficiencies delivered by current commissioning arrangements as the new Joint Committee matures (post April 2024)
- Exploit where possible, economies of scale through the establishment of a new Joint Committee by 1 April 2024.
- Enhanced improvement in transparency, rigour and accountability to the delivery of commissioned services through the new Joint Committee to health boards

The overall **objective** of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime

Programme Initiation Document:

National Commissioning Implementation Programme

- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards
- Relationship with NHS Executive clarified

7. Programme Structure

See **Appendix 1** for organigram of the programme and workstream structure

7.1 Welsh Government Oversight Board

An Oversight Board will be established by Welsh Government, which will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishment of the new committee by 1 April 2024. The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/ Chief Executive of NHS Wales. Its terms of reference (draft) can be found in **Appendix 2**.

7.2 NHS Implementation Board

The Joint Committees of WHSSC and EASC will form the basis of the programme's Implementation Board. It will lead on the execution of the programme providing assurance and advice to the Oversight Board. Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning joint committee for Wales in line with the review's recommendations and the decision of the Minister for Health and Social Services. Membership will be adapted to reflect and further explore other national commissioning opportunities, including the commissioning of 111 services and SARC services. The Implementation Board will provide assurance and make recommendations to the WG Oversight Board. It will retain some delegated decision making on minor matters to ensure the timely progression of certain milestones. Through its membership, the Chief Executive Officers will provide assurance to their individual Health Boards and CEO Leadership Board, on the direction and decisions of the programme. Its terms of reference (draft) can be found in **Appendix 3**.

7.3 Implementation Group

The Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services, and will meet monthly. Its terms of reference (draft) can be found in **Appendix 4**.

7.4 Programme Support Team

The Programme Support Team will be responsible for carrying out the programme activities through five dedicated workstreams, ensuring that timescales are met. Within its responsibilities, it will ensure all risks and issues are identified, logged and flagged

Programme Initiation Document:

National Commissioning Implementation Programme

through the programme structure as appropriate. The Programme Support Team will undertake all administrative tasks associated with the programme including the production of workstream highlight reports, papers and action notes for the Implementation Group and Implementation Board. Membership will be drawn from WHSSC, EASC, the NCCU, 111 and SARC services.

7.5 Workstreams

1. Workforce (People) –
 - a. Management of the Organisational Process (OCP)
 - b. Values and Behaviours
2. Comms and Engagement
 - a. All communication and engagement with staff
3. Function and Form
 - a. Functions and future structure of the new Joint Committee
4. Finance
 - a. Merger of budgets, financial systems and supporting standing financial instructions
5. Governance
 - a. Supporting legislation and governance framework for the new Joint Committee

8. Product Breakdown and Deliverables

The following are the high-level deliverables within the programme:

- Programme approval.
- Development of programme infrastructure.
- Reporting of risks, mitigations and progress to the WG Oversight Board.
- Scoping the current commissioning Joint Committees.
- Communication and engagement with affected staff.
- Communication with external stakeholders.
- Completion of Organisational Change Process (OCP).
- Establishment of infrastructure for new single commissioning Joint Committee and its management structure including any required statutory or regulatory instruments.
- Establishment of governance arrangements.
- Recruitment of single Chair and independent members to the new Joint Committee.
- Development and agreement of Model Standing, Reservation and Delegation of Powers and Standing Financial Instructions for issue to new Joint Committee and Health Boards.
- Launch of the new Joint Committee

9. Programme Activities and Timeline

A summary of key milestones, by month and workstream, can be found in **Appendix 5**. Each workstream lead will develop its own detailed work plan to underpin the delivery of the programmes activities within the agreed timescales.

Programme Initiation Document:

National Commissioning Implementation Programme

10. Constraints

- Capacity of programme implementation team.
- Timeframe for Ministerial decision.
- Timeliness and availability of information and documentation required from each organisation affected (WHSSC, EASC, NCCU, 111 and SARC).
- Capacity of workforce to focus on the establishment of the new Joint Committee whilst performing current roles and responsibilities.
- Availability of resources to deliver programme.

11. Assumptions

Assumptions made in the planning of this programme are:

- This is a priority for Welsh Government and the organisations affected.

12. Tolerances

To be agreed by the Oversight Board but deadline for go live of 1st April 2024 is a fixed point.

Shadow running period can be flexed.

13. Risk

A risk register for the programme will be developed and maintained as the programme progresses. This will assess and identify actions to mitigate the constraints highlighted above.

14. Reporting

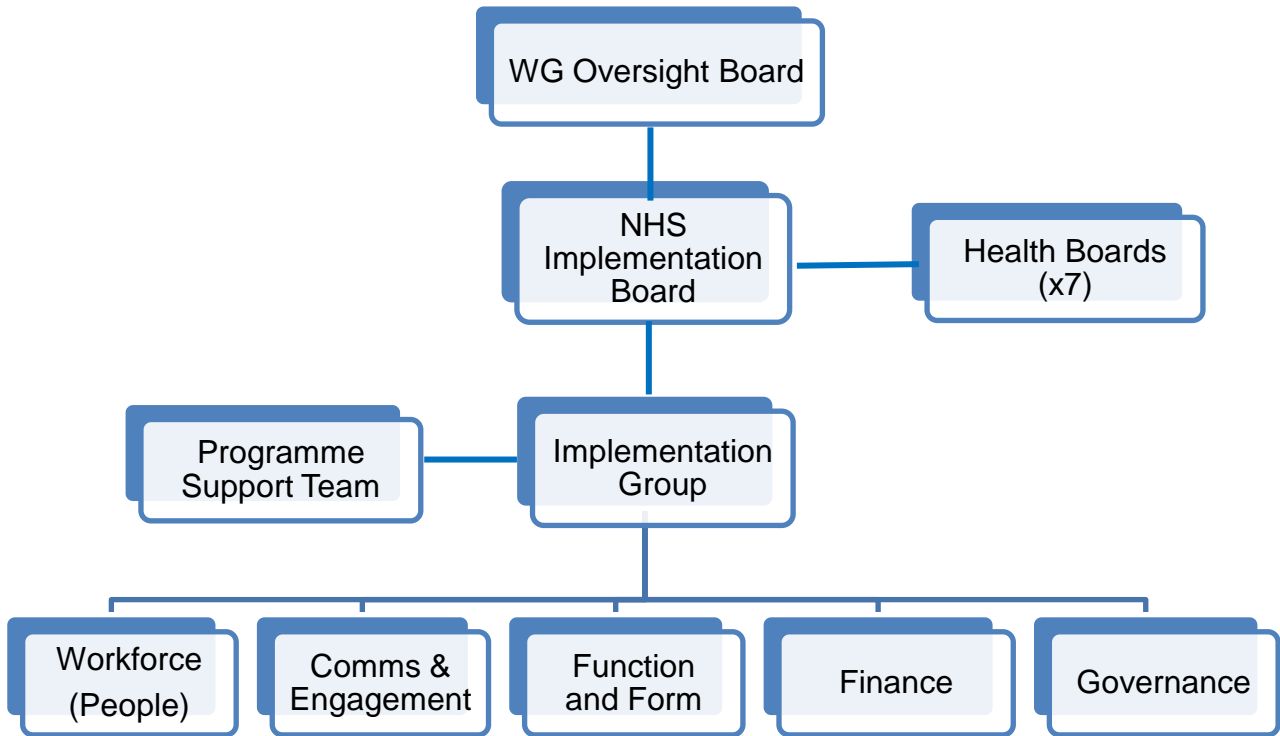
The programme will report to the Implementation Board, which will feed into the Oversight Board which has overall accountability for the delivery of the programme.

Update reports will be taken to both Boards on a monthly basis.

15. Footnote

This programme is separate to the Care and Support programme which is pending establishment. However, shared learning that can be brought into this programme will be considered.

Appendix 1 - National Commissioning Implementation Programme/Workstream Structure



Programme Initiation Document:

National Commissioning Implementation Programme

Appendix 2 - Oversight Board Terms of Reference

National Commissioning Functions Oversight Board

Terms of Reference v0.5

1. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee) creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

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Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

2. Purpose of the Oversight Board

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- A clear identity
- Confirmed hosting agreement
- Delegation of functions by health boards
- Clarify the alignment and interface with the NHS Executive, particularly in relation to the commissioning of 111 services and the relationship with national programmes more broadly

In this context, the Board will provide the strategic oversight, assurance and control of the overall strategic direction of the programme to create a new national commissioning Joint Committee, which will act on behalf of the seven health boards. It will champion the vision and objectives of the new Joint Committee at a senior level to oversee progress and to lead on the statutory, regulatory and legislative requirements for the establishment of the new Joint Committee by 1 April 2024.

The Oversight Board will be accountable to the Minister for Health & Social Services and the Director General/Chief Executive of NHS Wales.

Updates will also be provided to the Health & Social Services Group Executive Directors Team and the NHS Wales Leadership Board.

Specifically, the Board will:

- Provide assurance to the SRO about the deliverability of the programme, including the designated workstreams.
- Support the SRO with decision making.
- Enable the SRO to provide briefings to the Minister for Health & Social Services, the Director General/ CEO of NHS Wales and the Public Bodies Unit.

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- Support the programme with the management of key stakeholders.

3. Remit of the Board

- The NHS Implementation Board will report to the Oversight Board which, in turn, will support the SRO with assurance and decision making.
- Ensure the resources required are regularly reviewed and considered against agreed programme deliverables.
- To provide scrutiny and seek assurance from the Implementation Board to enable the Oversight Board to support the SRO in decision making and provide assurance to the Minister for Health and Social Services and the Director General/Chief Executive for NHS Wales
- Provide a point of escalation and resolution for significant risks and issues which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Provide a point of escalation and resolution for areas of dispute which cannot be managed or agreed within the implementation arrangements that may impact on delivery.
- Provide the SRO with advice, guidance, and assurance on matters of governance to ensure the programme is managed in line with Welsh Government PPM requirements.
- Provide the assurance mechanism to the Minister for Health & Social Services and the Director General/ CEO of NHS Wales on the implementation of the recommendations from the independent review of national commissioning functions.

4. Membership

- **Chair/SRO:**
 - Samia Edmonds
- **Deputy Chair:**
 - Chris Jones, DCMO
- **Hosting body representatives and lead CEOs:**
 - Paul Mears
 - Nicola Prygodzicz
- **Chairs of the current national commissioning functions:**
 - Kate Eden
 - Chris Turner
- **Directors of the current national commissioning functions:**
 - Sian Lewis
 - Stephen Harrhy
 - Richard Bowen
- **Policy Leads:**
 - Melanie Westlake (NHS Wales Governance)
 - Aled Brown (Urgent & Emergency Care)
 - Pat Vernon (WHSSC)
 - Iain Hardcastle (Planning)
 - Finance (tbc)
 - Workforce?

Programme Initiation Document:

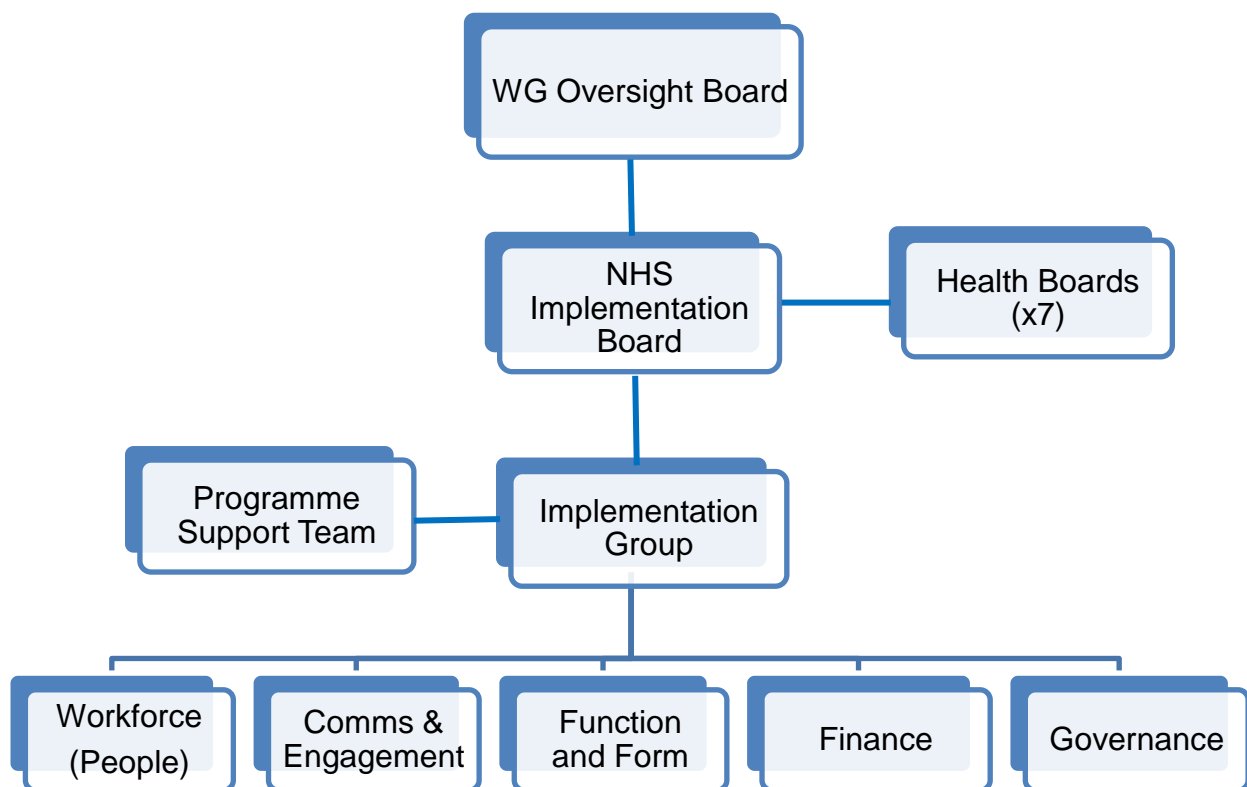
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- **Independent members:**
 - Mari Williams (Legal Services)
 - Christopher Griffiths (Legal Services)
- **Observers:**
 - Programme Director
 - Programme Lead

Audit Wales will act as an independent strategic advisor. Papers of all meetings will be shared routinely.

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

5. Accountability/ Structures



6. Meetings

- The Oversight Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
- Chair or Deputy Chair; at least two WG policy leads; at least two representatives from the national commissioning bodies; and one representative from a hosting body.

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- Other WG & NHS directors / senior leaders to be invited to oversight board meetings as necessary, depending on subject matter to be discussed.
- Standing agenda items will include:
 - programme update;
 - highlight reports;
 - risks and issues;
 - programme decision log;
 - communications and engagement.
- Secretariat will be provided by the Health & Social Service Group Planning Team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

7. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

8. Close

The programme board will conclude upon completion of its business and as agreed by the SRO.

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Appendix 3 - Implementation Board Terms of Reference

National Commissioning Functions IMPLEMENTATION BOARD

Terms of Reference v0.10

9. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined to form a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee create its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

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National Commissioning Implementation Programme

Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

10. Purpose of the Implementation Board

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Board will lead on the execution of the programme providing assurance and advice to the Oversight Board.

Within its responsibilities, it will ensure delivery of the programme of activities as set out in the PID, to facilitate the co-ordination, delivery and timescale for the development of a single commissioning Joint Committee for Wales in line with the review's recommendations and the decision of the Minister for Health and Social Services.

11. Remit of the Implementation Board

The Implementation Board will report, provide assurance and make recommendations to the Oversight Board. It will be responsible for the delivery of the programme, providing assurance to the SRO about the deliverability of the key milestones through the designated workstreams.

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Specifically the Implementation Board will:

- Provide expertise to enable the establishment of a single commissioning Joint Committee for NHS Wales, ensuring it is supported by a robust governance structure and remains within the constraints of legislation, regulations and standing orders.
- Review the appropriate level of resources for transfer to the new Joint Committee to ensure it can effectively discharge its functions as a platform for a once for Wales commissioning function.
- Provide assurance to the Oversight Board that the programme is being managed and controlled effectively through the Implementation Group.
- Provide a steer and direction to the Implementation Group to ensure progression of the programme within the agreed timescales.
- Provide assurance to the Oversight Board that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Monitor programme risks and issues and escalate as appropriate to the Oversight Board.
- Ensure interdependencies across the workstreams are being managed and optimised.
- Escalate significant risks and issues to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Escalate areas of dispute to the Oversight Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Through routine reporting, providing assurance to the Oversight Board that all project and workstream activities, including critical milestones have been delivered effectively and on time.
- Ensuring timely communication with external key stakeholders.
- Ensure effective management of the project/programme budget,

12. Membership

Recognising that the new commissioning Joint Committee will remain a joint committee of Health Boards membership of the Implementation Board will be drawn from the most senior leaders within the current Joint Committees of WHSSC and EASC, adapted to reflect wider potential national commissioning opportunities, including the commissioning of 111 and SARC services. It will be co-chaired by the chairs of EASC and WHSSC and will have the following membership. The CEO of PHW has been added as a full member given that one of the recommendations from the Independent Review was to secure public health input to the new commissioning Joint Committee.

- **Members:**
 - Co-Chairs x 2
 - WHSSC Vice Chair and Independent Members (x 2)
 - Health Board Chief Executive Officers (x 7)
 - Chief Executive Officer Public Health Wales
 - Chief Ambulance Services Commissioner

Programme Initiation Document:

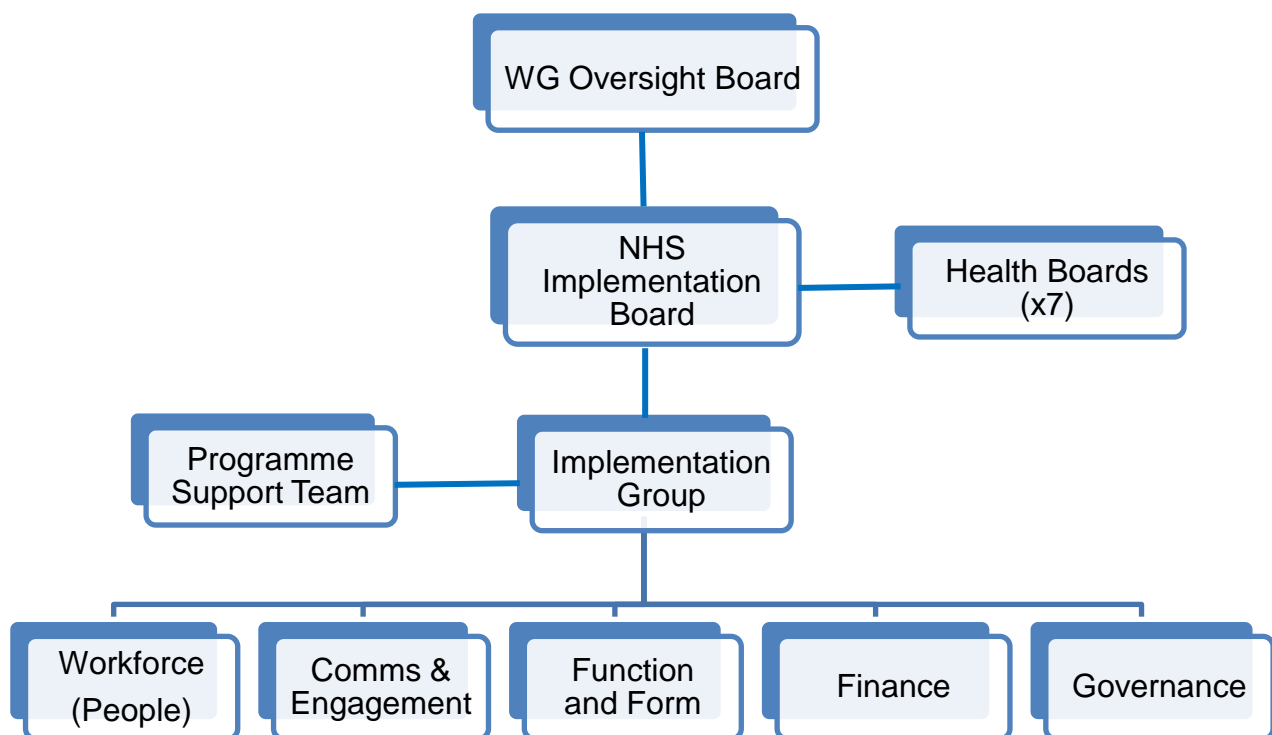
National Commissioning Implementation Programme

- Managing Director WHSSC
- Chair of all Wales Directors of Planning
- Director of the National Programme for Urgent & Emergency Care 111 and Six Goals Programme
- Director of Finance WHSSC, EASC/NCCU

- **In Attendance:**
 - Programme Director for Project
 - Committee Secretaries x 2
 - Chief Exec WAST
 - Chief Exec Velindre
 - Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Board fully meets its purpose and work plan.

13. Accountability/ Structures



14. Meetings

- The Implementation Board will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
 - One of the Chairs

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- 4 Health Boards (in line with EASC and WHSSC Standing Orders)
- 1 person representing WHSSC,
- 1 person representing EASC and the NCCU
- 1 person representing 111 Programme Board
- At least one of the programme support team will be expected to be present.
- Standing agenda items will include:
 - Programme update;
 - Highlight reports;
 - Risks and issues;
 - Programme decision log;
 - Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.
- Members of the Implementation Board will be responsible for ensuring that their own organisation is kept fully briefed on the programme. Written briefings will be provided following each meeting to aid this process.

15. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

16. Review

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

Programme Initiation Document:

National Commissioning Implementation Programme

Appendix 4 - Implementation Group Terms of Reference

National Commissioning Functions Implementation Group

Terms of Reference v0.4

17. Context

An independent review was conducted in early 2023 to reflect upon the experiences of the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC), which also includes the National Collaborative Commissioning Unit (NCCU), and to further build upon national commissioning arrangements. This has included horizon scanning to explore other national commissioning functions and opportunities.

The review found that whilst there is good evidence of evolution and growing maturity in both WHSSC and EASC, there remain gaps and potentially lost opportunities in the current national commissioning arrangements in Wales. In particular, the review found scope to improve and strengthen decision making and accountability arrangements.

In summary, the recommendations made are:

- WHSSC, EASC and NCCU should be combined into a single Joint Committee. This would simplify and streamline the current arrangements. It would also create one central point of NHS commissioning expertise in Wales.
- This new Joint Committee should be given a new name to highlight that it is a new committee rather than just a merger of existing bodies.
- The term “specialist” [or “specialised”] should not be used in any new name, but the scope and responsibilities of the service should be defined.
- The new Joint Committee should take on an expert supportive role to health boards in developing Regional and Inter Health Board commissioning. This would help build commissioning capacity across the health system in Wales.
- The new Joint Committee should be responsible for commissioning the 111 service. This could provide a model for managing other commissioned services within NHS Wales going forward.
- The current hosting agreement should be retained but would need to be reviewed after the new Joint Committee is established. (This single, new joint committee would be hosted by Cwm Taf Morgannwg UHB as the UHB is the current host and employer for the two existing Joint Committees).
- There is currently a lack of Public Health input around population needs assessment etc. and this should be remedied in line with the requirement in the Memorandum of Agreement.
- An organisational development programme should be put in place, including a behaviour framework. This would help ensure the new Joint Committee creates its own identity.
- The establishment of strengthened governance arrangements for the Joint Committee, as set out in further detail in the report.

Programme Initiation Document:

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Whilst the commissioning of 111 services was not explicitly included in the initial scope of the review, this falls under the opportunities that were explored as part of the horizon scanning. This was a strong view put forward by health boards. This recommendation will therefore be tested and explored further, alongside the proposed transition of the 6 Goals Urgent & Emergency Care Programme into the NHS Wales Executive.

The planned transfer of the Sexual Assault Referral Centres (SARC) commissioning service from the NHS Executive to the NCCU on 1 April 2024 will also be included within the remit of the project.

18. Purpose of the Implementation Group

The overall objective of the programme is to provide strategic direction and control to ensure all required preparatory work and engagement has been undertaken in order for the new Joint Committee to be operational and fit for purpose by 1 April 2024.

The arrangements and products to be put in place to facilitate 'go-live' on 1 April 2024 include:

- The appointment of a new single Joint Committee with a single Chair, for national commissioning
- A functional model and operational specifications
- Completion of the organisational change process
- Governance model and necessary supporting mechanisms
- Documented legacy statements to enable evaluation of the new Joint Committee overtime
- A clear identity
- Confirmed interim hosting agreement subject to review post implementation
- Delegation of functions by health boards

In this context, the Implementation Group will act as the sounding board between the Programme Support Team and the Implementation Board. It will be responsible for generating ideas and providing support and guidance to the workstream leads on an operational level, and for reviewing the outcome of activities and recommendations to be taken to the Implementation Board.

Specifically the Implementation Group will:

- Provide a steer and direction to the Programme Support Team to ensure progression of the programme within the agreed timescales and provide operational advice to support activities where they are off-track
- Review the outcome of workstream activities to ensure they are fit for purpose prior to reporting to the Implementation Board
- Review all highlight reports and papers prior to sharing with the Implementation Board
- Ensure the programme is being managed and controlled effectively through the Programme Support Team.

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- Ensure that the change is managed within best practice guidelines, including the NHS Wales Organisational Change Policy, and that staff affected by the change feel supported and valued.
- Ensure significant risks and issues are being tracked and managed effectively by workstream leads and support them in their risk management activities
- Escalate areas of dispute to the Implementation Board which cannot be managed or mitigated within the implementation arrangements that may impact on delivery.
- Identify interdependencies across the workstreams are identified, managed and optimised.
- Ensure the Programme Support Team is adequately resourced to deliver the programme

19. Membership

- **EASC/NCCU:**
 - Chief Ambulance Services Commissioner EASC/NCCU – Co-Chair
 - Deputy Chief Ambulance Service Committee
 - Clinical Director for NCCU
 - Deputy Director Communications and Engagement (EASC/NCCU)
 - Deputy Director and Head of Nursing (NCCU)
 - Committee Secretary
- **WHSSC:**
 - Managing Director WHSSC – Co-Chair
 - Director of Finance WHSSC and EASC/NCCU
 - Medical Director WHSSC
 - Director of Nursing WHSSC
 - Director of Planning WHSSC
 - Director for Mental Health & Vulnerable Adults WHSSC
 - Committee Secretary
- **111 and Six Goals Programme:**
 - Head of the National Programme for Urgent & Emergency Care 111 – Nicola
 - Workforce and Commissioning Lead for the 111 Programme Board
- **Health Boards:**
 - Director of Strategic Planning, or nominated deputy
 - Director of Finance, or nominated deputy
 - Board Secretary
- **Provider:**
 - Executive Director of Operations, WAST
 - Executive Director of Strategic Transformation, Planning and Digital, Velindre

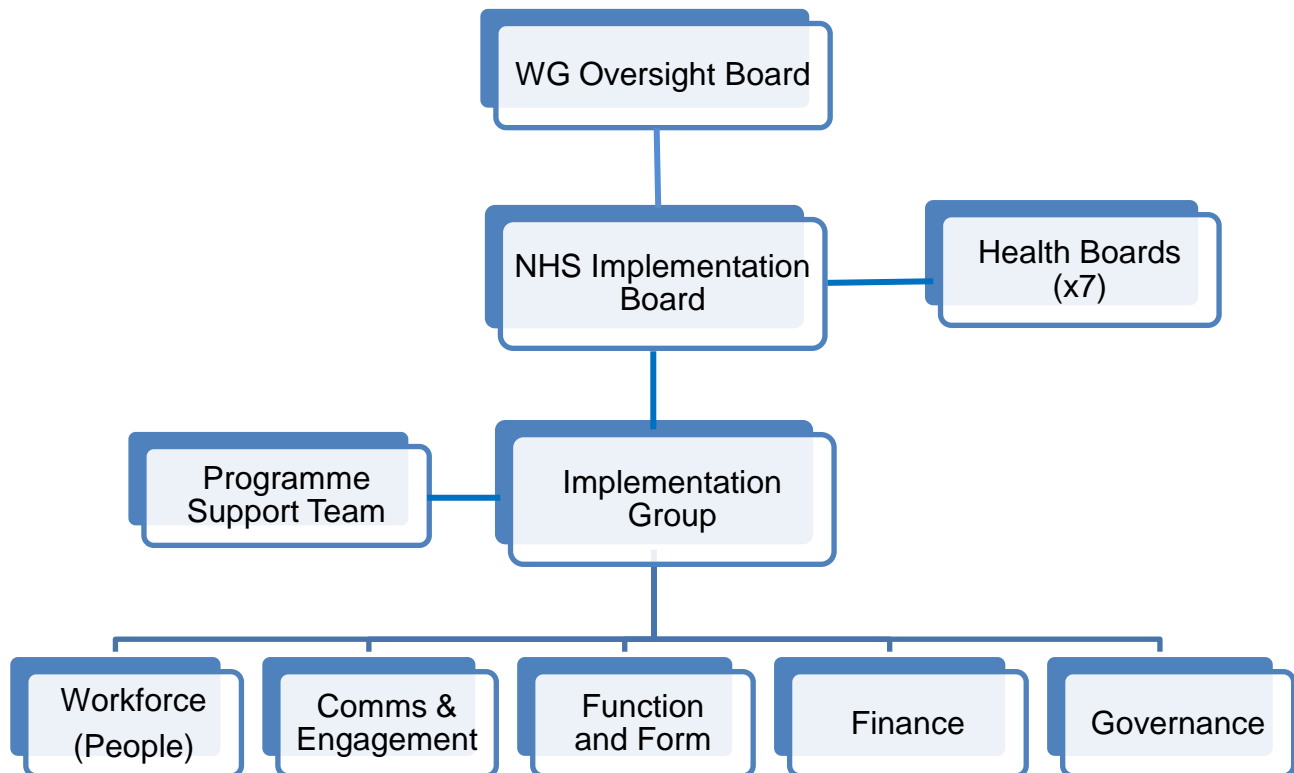
Programme Initiation Document:

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- Programme Director for Project
- Programme Finance Director for Project
- Programme Manager for Project

Additional members will be co-opted as necessary to ensure the Group fully meets its purpose and work plan.

20. Accountability/ Structures



21. Meetings

- The Implementation Group will meet monthly, and as required to meet the requirements of the programme.
- Members are permitted to send a deputy if unavailable to attend. Notification must be provided to the Chair in advance.
- It will be quorate with the following members present:
 - 1 person representing WHSSC,
 - 1 person representing EASC and the NCCU
 - 1 person representing 111 Programme Board
 - 1 person representing Health Boards
 - At least one of the Programme Support Team will be expected to be present.
- Standing agenda items will include:
 - Programme update;
 - Highlight reports;
 - Risks and issues;

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- Programme decision log;
 - Communications and engagement.
- Secretariat will be provided by the programme support team with a record maintained of actions and decisions, and progress monitored through the overall programme plan.

22. Agenda/Papers

- The agenda will be based on items agreed with the chair.
- Members may submit agenda items with notice as far in advance as possible.
- The agenda and papers will be circulated three days prior to the meeting.
- Programme overview and workstream highlight reports will be prepared in the prescribed format.

23. Review

The Terms of Reference will be reviewed within 3 months of the start to ensure purpose remain extant for the duration of the project.

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National Commissioning Implementation Programme

Appendix 5 - Key Programme Activities and Timeline

Month	Key Activities	Workstream
Aug – Sept 23	Sign off PID	
Aug – Sept 23	Establish and provide sign off to programme structure, sub-structure, and terms of reference	
Aug 23	Fully explore opportunities for national commissioning functions with health boards and key stakeholders	Function & Form
Aug 23	Scope 111 and SARC commissioning functions to determine inclusion within the new Joint Committee	Function & Form
Aug 23	Map committee structures, where appropriate, of WHSSC, EASC and NCCU	Workforce
Aug 23	Engage with Trade Unions on proposed new Joint Committee and planned OCP	Workforce
Aug 23	Develop Communication & Engagement Plan, including staff survey, FAQ sheet and staff bulletin to share with affected staff and wider key stakeholders	Comms' & Engagement
Aug 23 – Mar 24	Schedule joint staff meetings for the duration of the programme, to provide key updates and listen to feedback	Comms' & Engagement
Sept 23	Agree name for new Joint Committee (will require Ministerial approval)	Function & Form
Sept 23	Develop and agree commissioning functions for new Joint Committee	Function & Form
Sept 23	Produce legacy statements for WHSSC, EASC, NCCU, 111 and SARC commissioning to support future evaluation of new Joint Committee	Function & Form
Sept 23 – Oct 23	Develop structure for new Joint Committee	Function & Form
Sept 23 – Oct 23	Undertake financial assessment of WHSSC, EASC, NCCU, 111 and SARC commissioned services, and identify a budget for transfer to the new Joint Committee	Finance
Sept 23 – Oct 23	Map all fixed assets and lease arrangements	Finance
Sept 23	Map staffing structures of WHSSC, EASC, NCCU, 111 and SARC commissioning, and gather job descriptions in readiness for OCP process	Workforce
Sept 23 – Oct 23	Confirm structure for Tier 1 (Executive and Senior Management AfC 8c and above)	Workforce

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Month	Key Activities	Workstream
Sept 23	Produce Staff Consultation paper for phased OCP process (Tiers 1, 2 and 3)	Workforce
Sept 23	Board secretaries advised of decision-making process and timelines for approval of delegation of functions to their individual Health Boards, and built in to Board agenda's	Governance
Sept 23 – Oct 23	Seek Ministerial approval to proceed with recruitment of a single Chair and Independent Members for the new Joint Committee	Governance
Oct – Nov 23	Develop branding for new Joint Committee in line with guidelines	Function & Form
Oct – Dec 23	Scope IT infrastructure and IG requirements, including transfer of documents, for new Joint Committee (NWSSP and DHCW support required)	Function & Form
Oct – Nov 23	Map all new sources of information re: 111 and SARC	Finance
Oct – Nov 23	Map all contracts for commissioning	Finance
Oct 23	Scope statutory instruments and legislation required for the establishment of the new Joint Committee	Governance
Oct – Nov 23	Scope Governance Framework and identify products for development (SO's, SFI's, Reservation and Delegation of Powers, MoU's, Policies and Procedures)	Governance
Oct 23 – Nov 23	Chief Executives to take agreed delegation of functions of the new Joint Committee to their individual Health Boards (supporting SO's and SFI's under development)	Governance
Oct 23	Carry out 4 week OCP consultation with affected staff and trade unions	Workforce
Oct 23 – Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 1	Workforce
Oct 23 – Jan 24	Commence recruitment process for new Chair	Workforce
Nov – Dec 23	Undertake Tier 1 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Nov 23	Confirm structure for Tier 2 (Snr/Middle Management AfC 8b - 7)	Workforce
Nov 23	Where required, produce and approve through HR process, job descriptions for Tier 2	Workforce
Nov – Dec 23	Prepare for transfer of documents to new website as appropriate (NWSSP and DHCW support required)	Function & Form
Nov 23 – Jan 24	Develop SO's, SFI's, Reservation and Delegation of Powers and MoU's for approval by committee and boards of Local Health Boards on establishment	Governance
Dec 23 – Jan 24	Undertake Tier 2 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce

Programme Initiation Document:

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Month	Key Activities	Workstream
Dec 23	Commence recruitment process for Independent Members	Workforce
Jan 24	Confirm structure for Tier 3 (Officer AfC 6 - 3)	Workforce
Jan 24	Where required, produce and approve through HR process, job descriptions for Tier 3	Workforce
Jan 24	Commence process for securing Public Health involvement to support the commissioning functions of the new Joint Committee	Workforce
Jan 24	Develop OD Programme, including a Behaviour Framework, to support the principles and values of the new Joint Committee	Governance
Jan – Feb 24	Chief Executives to take Governance Framework including SO's, Reservation and Delegation of Powers and SFI's to the individual Heath Boards for approval	Governance
Feb – Mar 24	Undertake Tier 3 OCP process (job matching / slotting-in / prior consideration / TUPE)	Workforce
Feb 24	Interview process and appointment of Independent Members	Workforce
Mar 24	OCP process concluded	Workforce
Mar 24	Public Health support in place	Workforce
Mar 24	Chair and Independent Members in post	Workforce
Mar 24	Health Board approved delegation of functions in place	Governance
Mar 24	OD and Behavioural Framework in place	Governance
Mar 24	Website live	Function & Form
Mar 24	Go live of new Joint Committee	Function & Form