County Durham and Darlington NHS Foundation Trust

University Hospital North Durham

Inspection report

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Overall summary

Background

The Meadows is a Sexual Assault Referral Centre (SARC), which is commissioned by NHS England and the Police and Crime Commissioner and covers the areas of Durham and Darlington. The SARC is available 24 hours a day, seven days a week, including public holidays, to provide advice to police and patients, deliver acute forensic examination and provides support following recent and non-recent sexual assault and sexual violence. It also offers referrals to Independent Sexual Violence Advisors (ISVA) and counselling to people over 16 years of age in the Durham and Darlington area.

Durham Constabulary have a contract with County Durham and Darlington NHS Foundation Trust (CDDFT) to provide forensic medical examiners (FMEs) and a forensic nurse examiner (FNE) to complete forensic medical examinations in the SARC. All FMEs work within the Total Healthcare service which sits within the integrated medical services care group within CDDFT and provides doctors and nurses for the custody service as well as the SARC. For the purpose of this inspection we inspected CDDFT's provision of FMEs and one FNE to perform the forensic medical examinations within the SARC only. At the time of inspection there were six FMEs and one FNE providing forensic medical examinations. The clinical FME lead was a member of the Faculty of Forensic and Legal Medicine (FFLM) and three of the FMEs had received FFLM training in forensic medical examinations.

The service is situated next to a public car park with disabled parking spaces outside the building and ramps for wheelchair users. The SARC has a separate entrance to the main Meadows building and is accessed via stairs. There is a lift for wheelchair users. There was one forensic medical examination room and one forensic toilet/shower. The building also included a small kitchenette, toilet and waiting area for relatives or friends. The other side of The Meadows building included meeting/interview suites, which were a pleasant environment for patients and included facilities for patients to give evidence at court via video link.

Summary of findings

During the inspection we spoke with the manager of Total Healthcare, three FMEs, the FNE who was the lead nurse for Total Healthcare, and the SARC manager. We also reviewed policies, reports and examined seven patient records to learn about how the trust managed the service. For the purpose of this report when referencing FMEs, this will include the FNE.

We left comment cards at the location the week prior to our visit and received two completed feedback cards at the time of our inspection. We also spoke with commissioners of the service.

Before we inspected the SARC, the trust informed us the contract to provide forensic medical examinations was due to end on 31st March 2022, and the trust would no longer be providing FMEs to perform forensic medical examinations from that date onwards.

The trust provided us with a comprehensive action plan of actions they planned to take immediately following the inspection, which we took into consideration when making the decision regarding enforcement action.

Throughout this report we have used the term 'patients' to describe people who use the service to reflect our inspection of the clinical aspects of the SARC.

Our key findings were:

- The service did not have systems in place to help them manage risks.
- The service did not have suitable information governance arrangements.
- The service did not have suitable safeguarding referral processes and systems in place.
- Seven patient records we reviewed were incomplete, illegible and lacked the patients' 'voice' to indicate that they had been fully involved in processes regarding their experience at the SARC.
- The service did not have a culture of continuous improvement.
- The service did not ask patients for feedback about the services they received, therefore there was no evidence of continuous improvement mechanisms.
- There were no standard operating procedures for patients attending the SARC.
- The FMEs followed infection prevention and control procedures which reflected published guidance and had adapted to Covid-19 guidance to ensure services remained available to patients throughout the pandemic.
- The service had good staff recruitment procedures.
- FMEs knew how to deal with emergencies. Appropriate life-saving equipment was available.
- FMEs treated patients with dignity and respect and took care to protect their privacy.
- FMEs felt involved and supported and worked well as a team with the wider SARC partners.
- The environment appeared clean and well maintained.

We identified regulations the provider was not meeting. They must:

- Ensure effective systems and processes are in place to enable FMEs to share allegations of abuse with adult and children's social care and/or partnering agencies.
- Ensure all FMEs receive the correct level of children's safeguarding training.
- Ensure all FMEs receive clinical/safeguarding supervision.
- Ensure records are legible, and FME's must complete all sections of the records including the onward patient pathway.
- Ensure an effective governance system is in place and understood by the FMEs.
- Ensure there are standard operating procedures for patients attending the SARC.

Summary of findings

- Ensure there are monitoring systems for quality and safety in place so that areas for improvement are identified in a timely manner.
- Ensure patient records are accessed, handled and stored appropriately.

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider should make improvements:

- FMEs should improve the representation of the patients' voice within the patient records to enable a better analysis of risk and information sharing.
- The trust should obtain assurance all FMEs have read and understood the trust's policies.
- The trust should consider a data sharing agreement between themselves and Durham Constabulary in order to comply with information sharing regulations.
- FMEs should be able to assure themselves that patients have been referred onwards to services appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**Requirements notice** ✖
Are services effective?	**Requirements notice** ✖
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

Safety systems and processes (including Staff recruitment, Equipment and premises)

Although FMEs reported they understood how to protect adults, children and young people from abuse and improper treatment, the service did not have effective systems or processes in place to protect patients from harm. We reviewed seven sets of patient records and none of the records identified if FMEs had considered safeguarding concerns or if FMEs had made referrals to partnering agencies. We could find no evidence the trust had assurance that they protected all patients entering the SARC against harm.

Additionally, two of the four FMEs we spoke with reported they would make their own safeguarding referral and two told us they would ask the SARC support worker, or the police to make any additional referrals to partnering agencies. Only one FME reported they followed up safeguarding referrals to ensure the patient was safe. This was contrary to the trust's safeguarding policies and procedures that contained information about identifying, reporting and dealing with suspected abuse.

The trust's safeguarding policies were available to all FMEs and were up to date and included scheduled reviews. However, the trust was unable to provide us with evidence they were assured all FMEs had read and understood the policies.

We reviewed five FME training records and found one of the FMEs had received level two children's safeguarding training which was not in line with the requirements of the intercollegiate document – ' Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (2019), which states FMEs should receive level three children's safeguarding training.

Following the inspection, the trust sent an action plan which included providing the FMEs with a further children's and adults safeguarding training session, a requirement that all FMEs make their own safeguarding referrals and follow up calls when necessary and also ensured all FMEs had received the correct level of children's safeguarding training.

The SARC accepted referrals from the police with the patient's consent, and patients could also self-refer into the service. However, there was no evidence of a written 'referral acceptance criteria' which would have assured the trust, patients who attended the SARC were clinically stable.

FMEs reported they discussed patient vulnerabilities with the police before the examination and with the patient during the examination; for example, patients with a mental health diagnosis, learning disabilities or alcohol dependency. However, upon review of the patient records, we saw there was very limited written evidence of FMEs discussions with patients.

The service controlled infection risk well. FMEs used equipment and control measures to protect patients, themselves and others from infection. We saw FMEs kept equipment and their work areas visibly clean.

Durham constabulary maintained the SARC building, including fire and safety checks, waste management and cleaning schedules. We reviewed the cleaning schedules, which demonstrated external cleaning companies forensically cleaned the building before each patient entered the SARC. We saw cleaners had sealed the doors with plastic tags to demonstrate they were clean, and the log numbers recorded in the cleaning schedule. The SARC manager reported all staff entering the SARC had been DNA tested. This meant FMEs were assured of the forensic integrity of the rooms.

We noted Durham Constabulary had risk assessed the SARC, including ligature risks, and had ordered a new shower head to remove the hose risk. All bathroom doors were anti-barricade, which meant staff could open them from the outside, and ligature cutters were available if required.

Are services safe?

FMEs and SARC staff accessed all forensic suites and offices with swipe cards which reduced the risk of unauthorised access.

We saw evidence that the SARC manager had risk assessed the SARC environment for Covid-19 safety precautions and had successfully managed risks from Covid-19 which enabled the service to stay open throughout the pandemic. FMEs reported that, during the height of the pandemic, a neighbouring SARC became the hub for patients who tested positive for Covid-19 which enabled attendance at a SARC when they were symptomatic.

Risks to Patients

FMEs reported they assessed patient's needs for Post Exposure Prophylaxis after Sexual Exposure (PEPSE), emergency contraception, hepatitis B prophylaxis, any requirement for antibiotics and referral for sexual health screening. However, in the seven patient records we reviewed, it was unclear what the next steps in the referral pathway were. FME's reported the SARC support workers documented this information and made onward referrals, however the FMEs were unable to assure themselves this was done. Additionally, the detail in the FMEs patient records did not provide assurance the patient received a thorough assessment and continuing care when required.

FMEs knew how to respond to an emergency and were up to date with their basic and immediate life support training. We saw the trust regularly checked the emergency equipment to ensure it was available in a resuscitation emergency.

From a review of seven patient records, and talking with the FMEs, we saw patients received a comprehensive assessment of their physical and mental health needs. However, the patient records did not evidence if FMEs had discussed issues such as domestic violence, child sexual exploitation and other vulnerabilities. The FMEs reported the SARC support staff documented these risks in their own documentation. We therefore saw no evidence within the FMEs patient records that would assure the trust FMEs had taken a holistic assessment of the patient and safeguarded them appropriately.

The FMEs were employed on a zero hours contract using the CDDFT's procurement system. The FNE had a substantial contract with the trust. We noted from the last three months rotas provided, there were gaps in the provision of FMEs particularly over weekend day and night cover. The trust mitigated the risk of gaps in the rota by referring the patient to the next on call FME or in urgent cases, requesting an FME not on the rota to see the patient.

Information to deliver safe care and treatment

The FMEs did not keep detailed records of patients' care and treatment. Some records were illegible and incomplete.

We reviewed seven patient records and noted six records had incomplete sections contained within them and none of the records included what the next steps in the patient's pathway would be. This meant we had limited evidence the trust would be assured FMEs managed patient risks appropriately.

Following the inspection, the trust communicated with the FMEs to remind them of their responsibilities for complete and contemporaneous record keeping.

FMEs told us they made appropriate and timely referrals to other agencies such as the sexual health clinic, ISVAs and local authority adult and children's social care. However, there was no evidence of these referrals noted in the patients' records examined.

The patient records contained body maps and detailed the patients emotional and mental health state, but did not have any sections relating to the assessment of domestic violence, learning disabilities, substance misuse, child sexual exploitation, female genital mutilation, mental capacity or additional needs for example difficulty understanding English which is against the FFLM guidance for adult forensic examinations (2021). The patient notes proforma did not provide the opportunity for the FMEs to provide a holistic assessment of the patient.

Are services safe?

The trust stored photographic evidence from the colposcopes (a colposcope is a piece of specialist equipment for making records of intimate images during examinations, including high quality photographs) securely. Each image had a unique identifying number so as not to identify the patient.

Most of the FMEs were members of the FFLM and accessed guidelines and updates from the FFLM regarding forensic medical examinations. We saw in the operational governance meeting minutes the clinical lead FME used this forum to share updates with the wider SARC team.

Safe and appropriate use of medicines

FMEs stored medicines in locked cupboards or fridges and FMEs kept keys in a secure key safe next to the medicine cupboard. We reviewed the cupboards and noted they contained medicines that were within their expiry dates. The SARC staff also monitored the room temperatures of all stored medicines and were aware of the procedure to take if the room became too hot.

SARC staff stored temperature sensitive medicines in the fridge and forensic evidence in the freezer. The SARC staff monitored fridge and freezer temperatures daily (when on site) to ensure the medicines remained safe. The fridge and freezer included an alarm to alert staff if the temperatures have gone over or under the optimal range. SARC staff we spoke with knew what procedure to follow if the fridge and freezer alarm sounded.

The trust had a comprehensive medicines management policy for handling and administering medicines within the SARC. FMEs we spoke with were confident in administrating medicines safely. However, in two sets of patient records we reviewed, the FME had recorded the name of the medicine and not the batch number or expiry date which was against the trust's policy.

All FMEs were medical prescribers and were therefore able to prescribe all medicines required without the use of Patient Group Directions (PGD). (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Track record on safety

The trust had electronic reporting systems to capture incidents and errors that required investigation and managers would share any learning outcomes with the FMEs through team meetings. This demonstrated that if an incident occurred, the FMEs and trust would take appropriate action.

None of the FMEs we spoke with could provide an example of an incident they had reported or any examples of learning from incidents that had taken place at the SARC. However, FMEs were able to demonstrate they understood their responsibilities to report all types of incidents.

Lessons learned and improvements

FMEs told us discussions around themes from incidents would happen at their monthly team and contractual meetings. The SARC manager would also discuss reported incidents during contract and operational joint meetings with Durham Constabulary.

The trust's alert system delivered safety alerts and FMEs received the alerts by email. This ensured FMEs were aware of any medicines or equipment that were required to be withdrawn from the service.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

FMEs told us they provided care and treatment based on national guidance and best practice. However, there were no audits or reviews undertaken so the trust could gain assurance FMEs were following national guidance which would result in safe, best practice for patients.

FMEs told us they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance; including the FFLM and National Institute for Clinical Excellence (NICE). However, the service's patient records lacked a comprehensive health assessment which was not in line with the FFLM guidance.

The trust had evidence based policies to provide guidance for FMEs and to ensure FMEs identified risks to patients. All FMEs had access to the trust's policies through an electronic system. However, we noted in some instances, the FMEs were not adhering to them, for example the safeguarding policies.

The trust had specific polices for the handling of blood borne viruses (HIV/Hepatitis) and PEPSE prophylaxis and contraception policies, which were up to date and in line with national guidance. In one record we reviewed, the FME had followed the contraception policy which showed evidence the FME had offered the patient appropriate care.

Monitoring care and treatment

The trust was unable to provide us with evidence of audits for example patient records, safeguarding referrals or medicine prescribing. As a result, the trust could not be assured the FMEs were providing safe and good quality care. Following the inspection, the trust informed us they would be introducing audits which covered all elements of the SARC service, including patient records.

All patient records had additional space to record conversations the FMEs may have with external partner agencies such as, for example, the local authority, sexual health clinic or the patient. However, we only saw evidence of records of further conversations in one of the seven patient records reviewed. This did not provide assurance the FMEs captured the patients' voice or that FMEs discussed patients' cases with partner agencies for onward referrals.

Effective staffing

FMEs completed mandatory training, which included a range of topics such as basic life support, infection control, fire training and immediate life support. Two FMEs completed this training through the trust and were alerted by email when their training was due to expire. The other FMEs completed their training within their own NHS trust. The Total Healthcare manager and the trust's procurement department had an overview of all the FMEs mandatory training.

We reviewed the FMEs contracts which set out clearly the expectations and training required to fulfil the contractual agreement between the FME and the trust and found the FMEs' records we reviewed were compliant with the trust's contract.

Most of the FMEs had completed the licentiateship of the FFLM and all FMEs had completed appropriate training for their role as forensic medical examiners, including the use of the colposcope.

The FMEs all received annual appraisals either from the General Medical Council, the FME clinical lead or their line managers in their substantive posts. The procurement department kept a record of all appraisals undertaken.

The FMEs we spoke with reported there was no formal clinical or safeguarding supervision provided by the trust. FMEs told us they would seek supervision informally on a need only basis. This meant FMEs did not have support to improve their practice and wellbeing through reflective practice. Following the inspection, the trust informed us they would be ensuring all FMEs received safeguarding and clinical supervision.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

Professionals, other agencies or patients could refer into the SARC. FMEs told us they offered patients a choice of appointment time which met their needs. FMEs told us these appointments were kept within the forensic window which is line with FFLM guidance.

The Total Healthcare administrator received referrals during the day who then informed the FME on call. The FME contacted the police officer or patient and arranged a mutually agreed time to attend the SARC for the examination. Outside of working hours, a member of the police custody suite team took the referral and informed the FME on call.

We saw evidence of good working relationships between the FMEs and their co-located colleagues in the SARC. We saw evidence of joint meetings minutes where the SARC teams and FMEs discussed incidents, complaints/compliments and themes.

FMEs told us they offered all patients who attended the SARC an appointment with an ISVA and with the patient's consent, they also contacted GPs with details of the patient's attendance at the SARC. If appropriate, FMEs would refer patients to sexual health clinics and counselling services. However, in the seven patient records we reviewed, none of the records detailed those onward referrals. FMEs told us the SARC support workers documented these referrals. Therefore, there was a lack of evidence in the FMEs patient records that effective joint working with other professionals and agencies to co-ordinate care for patients was taking place.

Health improvement and promotion

Although FMEs told us that they would provide patients with onward referrals to health promotion agencies if required, in the patient records we examined we saw no evidence of such referrals recorded and were not assured this had taken place.

Consent to care and treatment

In all seven patient records we reviewed, there was a lack of evidence that FMEs gave patients treatment options and explained potential risks of those treatment options. The patient records contained a 'yes' or 'no' option with regards to 'genito-urinary medicine advice, including HEP-B and PEPSE (if appropriate)'. Although the FMEs had indicated 'yes' or 'no', there was no further information detailed, therefore we could not be assured the FMEs had given patients the correct information to make an informed decision about treatment options available to them.

FMEs followed national guidance to gain patient's consent. FMEs understood the relevant consent and decision-making requirement of legislation and guidance, including the Mental Capacity Act 2005.

We saw evidence that all FMEs had completed mental capacity act training and were able to describe what actions they would take if a patient lacked the capacity to consent.

All FMEs were aware of the importance of gaining consent from patients before performing the forensic medical examination. We saw evidence of this from the records we examined and FMEs told us that consent was a continuous process and that they gave the patient the option to stop the forensic medical examination at any point should they wish to do so.

Are services caring?

Our findings

Kindness, respect and compassion

FMEs told us they treated patients with compassion and kindness and respected their privacy and dignity. Feedback we received from two patients who used the service was positive.

The SARC manager collected feedback from patients which they fed back to the FMEs through regular contractual and quality meetings. The trust did not collect feedback from patients.

FMEs told us they allowed patients time to control the examination and took time to explain processes and next steps. Interviews with FMEs demonstrated they were kind, respectful and compassionate as well as knowledgeable about the impact and trauma of sexual assault on patients using services at the SARC.

Involving people in decisions about care and treatment

When speaking with the FMEs, we heard patients were at the centre of their care and treatment. The FMEs reported patients were involved in decisions about each step of their care however, there was little evidence of this in the seven sets of patient records we reviewed. We were only able to recognise the patient's voice in one of the seven sets of patients records we reviewed. This did not assure the trust that FMEs were asking patients their views.

FMEs told us they offered all patients whose first language was not English an interpreter. FMEs had access to the trust's language telephone line to complete the initial examination. This ensured patients understood the treatment options available to them. However, the patient records did not have a section for FMEs to complete to identify the need for an interpreter and record it accordingly.

Durham Constabulary produced and maintained the SARC website which included information on what to expect when attending the SARC, contact numbers for the SARC and information regarding other agencies.

Privacy and dignity

The SARC is situated in a building with a discreet entrance, and parking was available in a pay and display car park next to the building. The premises were large and on an upper level that was accessible by ramps and lifts for wheelchair users. There was an additional entrance to the service for access to counselling or police interviews after the examination. This helped with patient flow and maintained confidentiality as well as forensic integrity.

FMEs showed respect for patients' privacy, allowing them to use the toilet and shower facilities alone. However, FMEs and SARC support workers remained close by to ensure the patients were safe from harm. Following the examination, patients had access to shower facilities and FMEs offered a selection of refreshments.

All forensic rooms within the SARC were accessible with swipe cards. The SARC manager locked patients' records in a filing cabinet. The Total Healthcare administrator collected the records for storage within the trust the next working day.

Are services responsive to people's needs?

Our findings

Responding to and meeting people's needs

The SARC accepted self-referrals and referrals from other agencies. Patients who self-referred and chose not to involve the police were able to have their evidence stored at the SARC for up to seven years, should they wish to proceed with police involvement later.

FMEs, SARC support workers, and the police all worked within the one building. FMEs were able to advise patients about access to onsite facilities, for example; the ability to give evidence by video link rather than attend court face to face, and how to access counsellors.

The SARC had been adapted for patients who used wheelchairs or had mobility concerns. For example, lifts were in place and both toilets and shower rooms had handrails and emergency call bells.

Taking account of particular needs and choices

FMEs told us they offered patients a choice of gender of the FME undertaking the examination. They reported there had never been an incident where the service could not meet the patient's choice. However, we did not see evidence of this offer recorded within the patient's records.

The SARC support workers were able to access police computer records to establish if patients had attended the SARC on more than one occasion. The SARC support worker would share this information with the FME. This ensured any previous history or attendances were known by all practitioners which could then better inform their interactions with those patients.

The environment was welcoming and there was evidence of easily cleaned toys for children that may be attending with the patient in the waiting area.

Timely access to services

The SARC's website displayed opening hours and contact numbers. FMEs provided forensic medical examinations 24 hours a day 365 days a year. The administrators would liaise with the FMEs to schedule appointments and the FMEs worked closely with the SARC team to ensure patients were seen within a 60-minute referral window or when it was convenient to the patient. This was in line with the national guidance.

The trust did not monitor response times of patient's attendance at the SARC; therefore, the trust was not able to identify if any change of practice was required to improve response times. However, we reviewed the contract meeting minutes which did not detail any concerns from Durham Constabulary around FMEs not meeting the set patient response times.

Listening and learning from concerns and complaints

FMEs were aware of the trust's complaints policy and knew what action to take if a patient wished to complain. However, we saw evidence the service had not received any complaints between January 2021 to January 2022. Although the service had not received any complaints, we saw complaints were an agenda item for the operational governance meetings.

The Total Healthcare manager would action complaints, and would investigate, address and resolve the matter. The SARC manager also dealt with complaints and reported they would share them directly with the Total Healthcare manager or discuss as part of the operational governance group agenda. This ensured the service dealt with patient complaints appropriately and any learning from complaints was shared with the teams.

Are services well-led?

Our findings

Leadership capacity and capability

There was a lack of a clear management structure to provide supervision and support to the FMEs and quality assure the standard of service provision at the SARC.

The FMEs reported the Total Healthcare manager was always available and spoke positively about the support they received from them.

The trust had identified an FME as a clinical lead for Total Healthcare who attended the operational governance group meetings and undertook some of the other FMEs appraisals. The FNE who was the lead nurse for Total Healthcare, also undertook forensic medical examinations. However, neither the FME nor the FNE took sole responsibility for the oversight of the SARC service.

Vision and strategy

The trust had a clear overall vision and mission which was to provide care that is right first time, every time and their mission was to provide safe, compassionate and joined up care. The FMEs we spoke with believed they were following the trusts' vision and mission.

FMEs we spoke with were passionate and committed to their roles and told us of the good care they provided their patients. The SARC manager also commented on the FMEs commitment to provide a good patient experience.

The service did not have a business plan or strategy due to the expiry of their contract with Durham Constabulary which expired in March 2022. A strategy may have helped the service to identify its gaps in care provision such as the outdated patient record proformas.

Culture

FMEs spoke positively about the culture of the service and reported they felt heard and supported by the Total Healthcare's manager. FMEs told us they could make comments and suggestions, talk freely and felt supported to drive improvements to the service.

There was a strong emphasis on patient-centred care. The FMEs reported an open and honest culture and understood how to apply the duty of candour. FMEs reported they worked well together with the SARC team. The SARC manager reported the same with regards to working with the FMEs.

The FMEs told us they had clinical team meetings jointly with the police custody team, but because of the Covid-19 pandemic these had been sporadic over the last two years. FMEs told us, during the meetings they discussed, for example, complaints and incidents. FMEs could also raise any concerns. Although requested, the trust did not provide us any minutes of these meetings during our inspection and therefore the trust could not be assured these discussions took place.

Governance and management

A range of meetings supported the governance structure, including the local operational governance group which Durham Constabulary led; and the Total Healthcare contractual performance, assurance and operational meeting which Durham Constabulary also attended. Incidents, complaints and discussion of trends or themes, took place at these meetings. Despite multi-agency meetings taking place, due to the lack of quality assurance and governance of practice at the SARC, the trust could not be assured of any positive impact resulting from those meetings.

Are services well-led?

The Total Healthcare manager and Durham Constabulary met bi-monthly. We reviewed minutes of those meetings which showed monitoring and challenge regarding the performance of the SARC. However, there was no evidence in the minutes of challenge around the quality of the forensic medical examinations or the FMEs performance. This would not assure the trust of adequate oversight of the FMEs medical examinations.

The trust did not have any standard operating procedures or guidance for patients attending the SARC. One FME reported they would use guidance from another area of the trust if required. This did not assure the trust FMEs were following standard operating procedures when developing the patients' plan of care. Following the inspection, the trust informed us that standard operating procedures were in development for all patients attending the SARC.

Processes for managing risks, issues and performance.

There were no clinical or internal audits completed within the service to monitor the quality or identify areas for development. Following the inspection, the trust provided an action plan which included the immediate development of audits to monitor the quality of the service.

Durham Constabulary contracted Total Healthcare to provide the forensic medical examination, and Total Healthcare was part of the trust's integrated medical specialities care group. The care group reviewed their risk register as part of bi-monthly governance meetings. All care group risk registers were scrutinised by the executive directors. The trust reported there had been no risks identified with respect to the SARC service. This demonstrated the trust had limited oversight of the service provided by the FMEs as it failed, for example, to identify the risks of poor documentation and FMEs not following the trusts policy with regards to safeguarding referrals.

The Total Healthcare manager, lead FME and lead FNE kept a joint risk log with the partner agencies which we saw evidence of in meeting minutes. Members of the operational governance group discussed the risk log at each meeting. This ensured the trust was aware of any risks concerning the service the rest of the SARC provided. At the time of the inspection the requirement to update the patient records booklet and CQC registration were the only items relating to the trust.

Although the trust had a business continuity plan for the whole of the trust, they did not detail one specifically for the SARC. The SARC manager reported Durham Constabulary had a continuity plan if the building was unusable. This ensured patients were always able to receive examinations elsewhere.

Appropriate and accurate information

The trust did not collect Sexual Assault Referral Centres Indicators of Performance data. This information would help to improve care for patients.

Patients consented for the FMEs to securely store their patient records. This was part of their initial consent process. However, the trust allowed a member of staff outside of the trust access to patient records which was a breach of the General Data Protection Regulation (2018) as the trust was the information asset owner. (The Information Asset Owner is responsible for ensuring that specific information assets are handled and managed appropriately.) We raised this with the trust during inspection and it would be their responsibility to investigate further and raise with the Information Commissioners Office as appropriate.

Engagement with Patients, the public, staff and external partners

The SARC manager collated patient feedback shared with the trust and other external partners within the operational and contract meetings. The SARC manager was able to share an example where a patient had raised a complaint about police being in the room during the examination. As a result of this complaint, police were not allowed to be present during the patient's forensic medical examination.

Are services well-led?

The FMEs had the opportunity to feedback their concerns to the SARC manager or through the regular FME meetings. However, these meetings were Total Healthcare combined (custody and SARC) and had been sporadic throughout the pandemic which meant there had been less opportunity to meet as a team and discuss concerns.

Continuous improvement and innovation

At the time of the inspection, the service did not have a formal approach to identify any innovation or improvement work towards improving the quality of care provided. For example, we saw no evidence of patient feedback to inform service design or improvement.

The trust employed most of the FMEs on a contractual zero hours basis and they were therefore responsible for their own continuous professional development. The forensic nurse examiner reported good opportunities for learning and development from the other FMEs, and the Total Healthcare manager supported them to develop their skills within the SARC.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The trust must ensure effective systems and processes are in place to enable FMEs to share allegations of abuse with adult and children's social care and/or partnering agencies. The trust must ensure all FMEs receive the correct level of children's safeguarding training. The trust must ensure all FMEs receive clinical/ safeguarding supervision.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The trust must ensure records are legible, and FME's must complete all sections of the records including the onward patient pathway. The trust must ensure effective governance systems are in place and understood by the FMEs. The trust must ensure there are standard operating procedures for patients attending the SARC.