Agenda Item 3.6

NHS Highland

Meeting:	**Highland Health & Social Care Committee**
Meeting date:	**3rd September 2025**
Title:	**Police Custody Healthcare (PCH) / Sexual Assault Referral Centre (SARCS) Forensic Medical Examiner (FME) Service Summary Report**
Responsible Executive/Non-Executive:	**Arlene Johnstone, Chief Officer, NHS Highland**
Report Author:	**Teresa Green, NHS Highland, Marion Gillies, Service Manager Custody & SARCS**

Report Recommendation:
HHSCP Committee is invited to take moderate assurance that NHS Highland is committed to delivering a high-quality, trauma-informed, and financially sustainable custody and SARCS healthcare service.

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to:

This report provides assurance to the Highland Health & Social Care Committee (HHSCC) regarding the proposed transformation of Police Custody Healthcare (PCH) and Sexual Assault Referral Coordination Services (SARCS). It aligns with national standards including:

- Healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse, HIS (2024)
- Medication Assisted Treatment (MAT) standards: access, choice, support (2021)
- Rights, Respect and Recovery (2018)
- NHS Scotland Quality Ambitions: Safe, Effective, Person-Centred Care

2 Report summary

2.1 Situation

- The current service was placed on the HHSCP risk register due to a £331,000 overspend in 2022/23. There was a further overspend of £359 in 2023/24.
- A Value and Efficiency Group (VAEG) was established in April 2024 to address financial and operational inefficiencies.

A new model (Model 2) has been developed and endorsed by NHS Highland leadership, aiming to deliver a sustainable, efficient, and budget-compliant service.

2.2 Background

NHS Highland has a statutory duty to provide PCH and SARCS. The main SARCS is the Shores in Inverness, and a peripheral unit is also in place in Wick, Caithness.

NHS Highland delivers custody healthcare across 4 sites. Inverness and Caithness are delivered in house, and there are SLAs in place for custody suites in Fort William and Portree / Kyle.

Since inception of the SARCS / PCH / FME in 2021, the service has consistently exceeded budget, with previous attempts to develop a robust, affordable service model unsuccessful. The predominant reason for overspending is a reliance on specialist medical locums to deliver forensic medical examination services. Recruitment of an NHS Highland team of FMEs is currently in progress.

The VAEG reviewed all service activity data over a one-to-two-year period and appraised the current service model, developed and appraised a further two models with Model 2 being the preferred model that could deliiver a robust service model within budget.

2.3 Assessment

The proposed service model (Model 2) provides:

- **Enhanced Leadership Structure**: Two Senior Nurse Managers, supported by an internal 24/7 single rota forensic medical examiner service, will lead SARCS and custody pathways, replacing the previous Clinical Nurse Manager and Forensic Nurse Coordinator roles.
- **Increased 24/7 Staffing** cross-covering SARCS and custody reducing gaps in rota coverage and excessive reliance on good will :
    - **In-hours**: 2 clinical nurse managers + 2 WTE ANPs + 2 Admin/HCSW.)
    - **Out-of-hours**: 2 ANPs (Burnett Road base)
- **Affordable Satellite provision costs**: do not exceed overall budget within Model 2.

2.4 Proposed level of Assurance

Substantial		Moderate	x
Limited		None	

Comment on the level of assurance

Substantial assurance will be dependent on successful recruitment of the team however it is noted that the service was delivered within allocated budget for 2024-25 with an EOY positive variance of £198k.

3 Impact Analysis

3.1 Quality/ Patient Care

- Enhanced Coverage: Provides 24/7 coverage, reducing reliance on locum staff and ensuring more consistent and higher-quality care.
- Trauma-Informed Practices: Prioritises trauma-informed practices to ensure compassionate and supportive interactions with all patients.
- Efficiency: Increased efficiency of workforce who can work across SARCS or custody healthcare, ensuring equitable distribution of tasks and responsibilities.

3.2 Workforce

- Career progression pathways for nurses to ANP level.
- Recruitment of NHS-employed FMEs to replace costly locums.
- Increased leadership capacity to support specialist pathways (e.g., mental health, paediatrics, digitalisation of service delivery etc)

3.3 Financial

Implementation of Model 2 ensures 385k is available to cover current delivery costs satellite areas. This was £356k in 2024-25. Further savings will be realised as new ways of working are developed to provide hub and spoke model and increased digital assessment and support.

	Status Quo (2023)	Model 1	Model 2
Cost	2,620,494	2,236,230	2,076,520
Budget	2,461,773	2,461,773	2,461,773
Variance	-158,721	225,543	385,253

3.4 Risk Assessment/Management

Successful implementation of Model 2 mitigates previous financial and operational risks.

3.5 Data Protection

The report does not involve personally identifiable information.

3.6 Equality and Diversity, including health inequalities

At this stage, there are no proposed changes for any individual accessing custody health care pathways.

The impact on staff will be managed in line with organisational change processes.

3.7 Other impacts

N/A

3.8 Communication, involvement, engagement and consultation

- VAEG included invites to all internal NHS Highland stakeholders, staff side and people partners. Senior clinicians within the service, responsible service managers and finance accountants have been in attendance
- Consultation / meetings with NHS Lothian lead FME to share service data and develop forensic physician job descriptions during 2024
- Individual meetings with directly employed locum staff (2x FME) in March 2025
- Proposed new model has been presented and agreed by SMT, SLT and EDG.

3.9 Route to the Meeting

Service Update following request from HHSCC

4 Recommendation

Provide assurance to HHSCC that NHS Highland is committed to delivering a high-quality, trauma-informed, and financially sustainable custody and SARCS healthcare service. The proposed model ensures:

- Compliance with national standards
- Improved patient outcomes
- Efficient use of resources
- Strategic workforce development