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**Dorset Child Sexual Abuse Examination Service Specification**

**Poole Hospital Foundation NHS Trust**

**1st April 2020 – 31st March 2021**

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| **Location of services and hours of operation**   |  |  |  | | --- | --- | --- | | **Venue** | **Service** | **Hours of operation** | | Dorset SARC (The Shores)  5 Madeira Road  Bournemouth  BH1 1QQ  (Off-site if necessary) | **Acute examinations will be conducted by one paediatrician from PHFT alongside a Forensic Examiner from the SARC** | Paediatric examiners will be available to attend the SARC: 8am – 7pm,  365(6) days a year, including public holidays.  The last referral will be taken at 5pm.  Poole Hospital Safeguarding Rota will operate 24/7 and will offer advice about child health and wellbeing.  If, following clinical assessment, it is decided that a child must be seen outside of the above operating hours, there will be ‘in extremis’ provision of a paediatric exam at the SARC. A paediatrician from PHFT will attend.  If an examination is scheduled for the following day, the relevant paediatrician will be alerted to the case at 8am and will be available to attend by 9am. | | Via teleconference or in person | **An appropriate paediatrician from PHFT will participate in planning and strategy discussions.** | 8am-7pm, 365(6) days a year, including public holidays | | Poole Hospital Paediatric Department  (n.b. colposcope to be available in the hospital) | **Non-recent CSA examinations for pan-Dorset cases, (aged 0-17yrs), will be conducted by two PHFT paediatricians.**  **Crisis Workers from the SARC will be invited to attend Poole Hospital (or be available on the telephone) to provide wraparound support and onward referral.** | Scheduled appointments  Mon-Fri, 9-5 pm | | Poole Hospital Paediatric Department | **Follow-up appointments, after initial SARC attendance, will be conducted by a PHFT paediatrician.**  **Residents of East Dorset will be offered an appointment at PHFT and seen by a solo paediatrician.**  **Residents of West Dorset will be seen by Dorset County Hospital for the collection of samples/ tests. Results will then be sent to PHFT so that they can be interpreted and actioned by the initial Safeguarding Paediatrician.** | Scheduled appointments  Mon-Fri, 9-5pm | | N/A | **Provision of statements and attendance at court** | As required by the criminal justice system. | |
| **Service delivery requirements**  The services will run from the locations detailed above and will be appropriately staffed within the operating hours specified.  The PHFT paediatric service will also provide acute examinations at the Dorset SARC, on an ad hoc basis, for children from Swindon and Wiltshire. This is subject to a separate service level agreement.  **The PHFT paediatric service will provide:**   * Access to paediatricians who are appropriately qualified, trained and supported (including participation in peer review) and who are experienced in sexual offence examinations for prepubertal children. Please see FFLM and RCPCH guidance:   Paediatric Sexual Offence Medicine (PSOM) (2017)  <https://fflm.ac.uk/wp-content/uploads/2017/06/Quality-Standards-for-doctors-undertaking-PSOM-Dr-Cath-White-and-Prof-Ian-Wall-April-2017.pdf>).   * Access to medical consultation including assessment of injuries from a medical viewpoint. (See attached documentation/ body maps.) * Provision of a top-to-toe physical exam, including the genitals and hymen. Assistance in the use of the colposcope can be provided by the forensic examiner in the SARC.      * The collection of samples for forensic purposes will be conducted by the forensic examiner. * Access to risk assessment for self-harm, vulnerability, mental and sexual health, where these needs cannot be met by routine screening by SARC staff during an acute examination. During a non-recent examination, the paediatrician will complete a holistic clinical assessment which will include the above. * Access to emergency contraception, post-exposure prophylaxis (PEPSE) or other health services and follow-up, as needed. Guidance will be sought from a relevant medical colleague, if necessary (such as a Sexual Health Consultant). The forensic examiner will dispense medications from SARC stock according to specifications in the Patient Group Directives for the Supply and Administration of Drugs in SARCs. Paediatricians will not dispense medications from SARC stock, nor prescribe medications which are outside of their usual scope of practice (including PEPSE and emergency contraception). * Prescribing/administering of Hepatitis B vaccination for young people aged under 16 years and of HIV PEPSE for young people under 35kg will be provided by the Acute Paediatric Unit at Poole Hospital, in consultation with a relevant medical colleague such as a sexual health consultant. This will be coordinated by the attending paediatrician the following working day (for Hep B) and as soon as practicable (for HIV PEPSE). * Clinical notes are the property of PHFT and are returned to PHFT for safe storage in the Paediatric Department, in a locked office. (N.B. The forensic examiner and crisis worker will take separate notes to the paediatrician and these will remain in the SARC.) * For non-recent/ historic cases, paediatricians have responsibility for the labelling of colposcopic disks with an appropriate password and identifier. The disks are the property of the paediatricians and will be stored securely at Poole Hospital. * Liaison with other agencies within existing safeguarding arrangements to ensure no child or vulnerable adult is at on-going risk and for consideration of need to protect others. * Consideration of the needs of the vulnerable, post pubertal victim (including those with learning disabilities/ delayed development etc) when deciding on paediatrician involvement in the examination. * Provision of written medical reports for Primary Care, Social Care, Police and Court Statements to national guidance timescales. * Documentation of findings for post-pubertal children, seen acutely, will be completed by the forensic examiner, with consultation with the paediatrician if required. * Documentation of findings for acute and historic pre-pubertal children, with a clinical opinion as to the likelihood of non-accidental injury will be provided by the paediatrician. * Provision of services for post pubertal non-recent/ historic cases will be co-ordinated by a PHFT paediatrician, but may be provided by a relevant medical colleague such as a Sexual Health consultant. This will be recorded on the child’s medical record. * Provision of evidence in Civil and Criminal Courts as a ‘Professional Witness’. * Provision of medical follow up where clinically indicated. * Provision of a service which meets NHS standards of clinical governance and the European Working Time Directive. * Facilitation of appropriate data collection and reporting processes. * Provision of a secure mechanism to facilitate referrals and the sharing of information (including email). * Compliance with requests from the relevant responsible authorities to take part in local reviews, including Safeguarding Adults Reviews, Serious Case Reviews and Domestic Homicide Reviews, as part of this contract.   **Response times**  The Provider will ensure that the following timescales are monitored and met:   * Paediatricians will attend acute examinations at the SARC within one hour of a referral, or at the agreed appointed time, (within the hours specified above). * All safeguarding referrals will be made within one working day for non-urgent referrals and immediately for urgent referrals. * Written referrals to non-recent/ historic CSA Clinics will be acknowledged within two working days. (This rarely applies as referrals are mostly by phone and are acknowledged verbally at the time of request.) * Non-recent/ historic paediatric referrals will be seen within 10 working days of acknowledgement. * Statements for police/ court will be completed within 10 working days of request.   **Referrals and criteria**   * Paediatricians will be present for acute examinations (alongside a forensic examiner) for all cases aged 0-15 years old. * The need for an ‘acute’ examination will be determined by the forensic examiner. This is not defined by a specific number of days from assault, but will be determined by clinical and forensic need. * Paediatricians will be involved in the decision as to whether acute cases aged 16 - 17 years old have any additional complexities or vulnerabilities that require input from a paediatrician. If none, young people aged over 16 years can be seen by a suitably qualified forensic examiner, without a paediatrician. Where clinically indicated, people aged between 16 and 17 years should be examined by both a paediatrician and a forensic examiner. This decision should be recorded in the notes. * Following examination of a pre-pubertal child, the paediatrician will provide a formal, written report for Children’s Services, Police and the GP. This will include clinical opinion. * In the case of post-pubertal children, the paediatrician will notify the GP in writing, but will not provide clinical opinion in relation to genital injuries. Paediatricians remain responsible for documenting their findings in an examination. * Services will be offered to people regardless of gender identity, sexuality, disability or any protected characteristic. * Follow-up care (after SARC attendance) of pre-pubertal children will be provided by PHFT. (N.B. Samples and tests of children from West Dorset will be taken at Dorset County Hospital and referred to PHFT for interpretation and action.) * Onward referral to appropriate services (such as Independent Sexual Violence Advisors or therapeutic and emotional support services) will be made by PHFT paediatricians for all children and young people seen in PHFT in relation to child sexual abuse, if a crisis worker from the SARC has not been involved in the case.   **Reporting**   * The provision of the above services will be monitored and reported to the NHS England Commissioner on a quarterly basis. * Data will be shared with Dorset SARC to facilitate the submission of SARCIPs. * A contract review meeting will be held every three months. |