VERA BAIRD QC
POLICE & CRIME COMMISSIONER

Thank you for the opportunity to help shape your framework for SARC inspections. Supporting victims of sexual assault and rape and ensuring they are provided with high quality services is such an important area of work to me as Police and Crime Commissioner for Northumbria.

We appreciate that the SARC provider guidance is a result of lengthy engagement with CQC colleagues, external advisory group and also through NHS England's own external group including representatives from the Home Office, Department of Health and Social Care and Ministry of Justice, and that you have now tested this methodology with two providers.

We have had the opportunity to review your SARC inspection guidance for providers and have formed our views around the key questions that you ask.

What are the strengths of this approach?

I must start by outlining our concern that only those SARCs that are commissioned by health bodies will be subject to inspection. We believe that all SARCs should be inspected under the same regime, regardless of commissioner or provider. I understand that ourselves, Durham, Suffolk and Norfolk are the areas that will be omitted from the inspection regime and I want to ask you to re-consider this. I have consulted with my fellow PCCs and we are all keen for you to inspect the SARCs in our area on a voluntary basis – we want to be in a position where we can benchmark our services with any other police areas in order to improve our service provision and ensure a high standard of care. I will write to you separately about this issue, but I feel it is important to note here for the purpose of this consultation.

In terms of the strengths of this new approach, I believe that bringing together all aspects of sexual assault referral centre inspections is an important step towards improving the overall SARC service for vulnerable victims.

This approach provides a benchmark and standardisation for the quality and regulation of health care provision within the sexual assault referral centres for victims of rape and serious sexual assault. The learning from the inspection will help services develop a coherent view of health services within the SARC

Is there anything missing in the provider guidance, or in the additional prompts for these services contained within the appendix?

The provider guidance and additional prompts are comprehensive and cover all aspects of the inspection. The only one addition would be how inspectors will obtain the experiences of victim's and how they will actually measure the quality of care provided to the victim without engaging or witnessing the care provided. This is not an easy task but one that is important to truly understand the impact of the care provided.

How can we involve the public and people who use SARCs services to gather evidence outside of the inspection?

This is difficult due to the confidential and sensitive nature of the SARC and victims of sexual violence. In order to involve the public the CQC could publish their findings on-line and provide the public with a facility to directly report in any issues, views or concerns. This could be advertised

within the SARC's and/or details provided to service users by the ISVA's or crisis workers. Police and Crime Commissioners and local victim services could also promote findings and encourage feedback direct to the CQC.

Can you suggest any other ways that will help CQC to judge quality in SARCs?

The CQC could consider reviewing client files/information gathered, to spot check whether appropriate safeguarding interventions have been taken and whether documents are of an adequate standard, given that some may be used as court documents if a case proceeds through the criminal justice system.

Additionally CQC could consider whether it is appropriate for to somehow assess the forensic cleanliness of areas of the SARC that are to be forensically cleaned.