LIME CULTURE

Independent Review of Lancashire Health-based ISVA Service Coordinator Pilot

2018-2021

Report of Findings

LimeCulture Community Interest Company

Contents

1 Background to the Pilot

1.0 Background to the Pilot

1.1 Lancashire Office of the Police and Crime Commissioner (OPCC) has been successful in securing funding from the Home Office's Transformation Fund to establish a 3-year pilot to place Independent Sexual Violence Advisers (ISVAs) within a hospital setting with the aim of increasing access to ISVA service provision for victims/survivors of sexual violence and abuse.

Role of LimeCulture

1.2 LimeCulture has been engaged by Lancashire OPCC to undertake an independent review of the pilot, which includes, in:

Year 1: Advice and Guidance

- Advice and guidance visit
- Recommendations to assist implementation
- Attend and report to steering group
- Use national expertise of good practice to inform the pilot

Year 2: Interim Review

- Documentary review
- Interim review including stakeholder interviews and focus groups
- Ascertain good practice, strengths of provision and gaps and areas for improvement
- Interim report of findings including key recommendations (practical and achievable)
- Feedback and clarification (to support development of action plan implementation or service improvement)

Year 3: Follow Up Review

- Analysis of delivery/implementation of interim recommendations
- Interviews/focus groups with key stakeholders to allow sharing of views, experiences and suggestions
- Final report of findings including update on progress and any new key recommendations

Purpose of this Report

1.3 This report is the Report of Findings from the independent review conducted by LimeCulture throughout the three-year period (2018-2021) they were engaged with the Health-ISVA Coordinator pilot.

1.4 It is intended that this report will be a useful resource to showcase the learning and progress that has been made as part of this innovative pilot in Lancashire.

1.5 It is also hoped that this report will be a useful resource that can be used to support other areas who are considering implementation of a Health-ISVA coordinator within a health setting.

2 Year 1
Advice & Guidance

2.0 Year 1 Advice & Guidance

2.1 On Wednesday 10 October 2018, Stephanie Reardon and Kim Doyle, Joint Chief Executives from LimeCulture, visited Blackpool Teaching Hospital to meet with the newly appointed ISVA Service Coordinator (Julie Vigo-Saunders), her line manager (Lisa Lonsdale) and the commissioner of the pilot (Liz Canavan).

2.2 The purpose of the visit was for LimeCulture to offer assistance, advice and guidance in the set-up of the project and secure the best possible outcomes for the pilot health-based ISVA project.

2.3 The LimeCulture team met with the newly appointed ISVA Service Coordinator to discuss her role and responsibilities, aims and objectives of the pilot and how the new service is to be embedded within the hospital setting.

2.4 The LimeCulture team then met (separately) with the manager and commissioner to discuss the overall aims and objectives of the pilot, reporting and governance arrangements and how the planned expansion to the project would be delivered. This expansion involves appointing additional ISVAs to work within alternative hospital settings across the county of Lancashire.

Embedding the new role

2.5 The LimeCulture team was informed that the newly appointed ISVA Service Coordinator will be employed by NHS until 2020 and located within the safeguarding team at the Blackpool hospital. She will be managed by the designated safeguarding lead nurse. This provides a good structure around the ISVA and creates robust lines of accountability and an escalation route for any concerns.

Pathways 'into' the ISVA Service Coordinator

2.6 It is anticipated that the pathway into the ISVA Service Coordinator will primarily come from:

- Hospital staff referring their patients
- Hospital staff referring themselves
- Patients referring themselves

2.7 There may be occasions when the ISVA Service Coordinator is approached via an alternative route, such as through other professionals (outside the hospital setting) who have heard about the ISVA Service Coordinator's role. This may be quite likely given the ISVA Service Coordinator's previous employment with the police and as an ISVA who had previously worked locally.

2.8 The ISVA Service Coordinator may also receive referrals from ISVAs based in the community, who may require her support in accessing health care services for their clients. The LimeCulture team believe this is a unique area of support that should be encouraged and tested as part of the pilot. The LimeCulture team believe this element of provision will enhance the support provided to ISVA service clients, who may otherwise struggle or be unable to access support for their health needs.

Support provided by the ISVA Service Coordinator

2.9 The LimeCulture Team and ISVA Service Coordinator, manager and commissioner discussed the role and responsibility of the ISVA Service Coordinator at length to try to ascertain how this would work for the duration of the pilot (and hopefully beyond).

2.10 The LimeCulture team is concerned about the ISVA Service Coordinator carrying a caseload and providing direct ISVA support to clients. The main concerns arise because in order for the ISVA Service Coordinator to provide direct ISVA support, there would need to be a distinct ISVA service created within the safeguarding team, with bespoke policies and procedures put in place to support the ISVA service provision to support, manage and supervise cases in a safe and effective environment.

2.11 While the LimeCulture team believe that the safeguarding team is the right place for the ISVA Service Coordinator to be located within the hospital setting, there are concerns that this team is not currently set up to provide a distinct ISVA support service. There is also the concern that if the ISVA Service Coordinator carries a caseload to provide direct ISVA support to clients, then she would immediately be consumed in the provision of support to ISVA clients (who may well require support for up to 2 or more years). This would mean that she would have less time available to raise awareness and offer support to the staff and patients within the hospital setting. It is unclear which cases would be taken on by the ISVA Service Coordinator for support and which cases would be referred to the ISVA service in the community. Furthermore, it is unclear how this assessment would be made, or which criteria applied in order to determine how clients might be supported. On this basis, the LimeCulture team recommend that the ISVA Service Coordinator should not carry a caseload, and instead provide the conduit for clients to access ISVA services in the community and to provide support for ISVAs wishing to access health services for their clients.

2.12 The LimeCulture team are of the view that the ISVA Service Coordinator can have most impact by:

- Raising awareness of ISVA services across the health-setting,
- Providing advice and support to staff about patients who may be victims of sexual violence to enable them to access ISVA support,
- Carry out initial risk and needs assessments,
- Refer patients and staff to ISVA services in the community,
- Provide support to ISVAs in the community in accessing health services for their clients.

2.13 The ISVA Service Coordinator was previously employed as an ISVA and has undertaken a fully accredited ISVA training programme. The LimeCulture team could see the benefit of both her experience and her training and believe this will be positive to the outcome of the pilot. For example, an ISVA Service Coordinator who is untrained would not be in a very strong position to raise awareness or provide advice and guidance about support for victims/sexual violence. Additionally, to carry out an ISVA-specific risk and needs assessment the professional should be a fully trained to understand the professional boundaries required to provide effective ISVA support and recognise the potential risks to the criminal justice process where the ISVA becomes aware of the evidence relating to an investigation, for example.

Referral 'to' local ISVA Services

2.14 The LimeCulture team is of the view that this pilot project is unique in that it will almost certainly lead to an increase in referrals to ISVA service from the health-setting, which is excellent. As referrals from health professionals to ISVA services are often quite low, this will provide an excellent opportunity to increase referrals to ISVA services and provide a seamless journey for victims/survivors of sexual violence who access healthcare services.

2.15 The LimeCulture team was informed that there are a number of ISVAs located within four ISVA services across Lancashire (Lancashire Victim Services, Renaissance, Trust House and the SARC). The LimeCulture team was informed that this has caused some confusion locally about which ISVA services to refer to, and there is a degree of tension amongst the different providers.

2.16 However, the commissioner explained that the commissioned ISVA service for Lancashire is Lancashire Victims Services (LVS) and therefore all referrals made by the ISVA Service Coordinator should go to LVS, and not the other ISVA services. The LimeCulture team agreed with the commissioner that referrals should be made to the commissioned ISVA service because of the monitoring that has taken place to assure the quality of the LVS ISVA service.

Key performance Indicators

2.17 The LimeCulture team believe some amendment to the Key Performance Indicators associated with the pilot project might be helpful. The current KPIs do not effectively measure the success of the pilot, and there is concern that the ISVA Service Coordinator could not sufficiently deliver the KPIs (such as a reduction in A&E admissions for example) which would make the pilot appear to have failed, even though it may be delivering a high-quality service.

2.18 Therefore, the LimeCulture team recommend that the KPIs are revised to focus on the following principles and overall objectives of the pilot:

- Raising awareness of the local ISVA service (in the community) amongst healthcare professionals and patients
- Increasing the number of referrals from the health-setting to ISVA services (in the community)
- Helping ISVA services (in the community) to support their client to access healthcare support.

2.19 The ISVA Service Coordinator should collect data that supports her to accurately report on the pilot's objectives and demonstrate the value of her input. A data set should be developed for collection that includes, for example, recording all awareness raising sessions that have been delivered to healthcare professionals, enquiries/contacts from healthcare professions, number of referrals (by type), number of risk and needs assessments conducted, number of referrals to LVS ISVA service, and the number of existing ISVA clients supported to access healthcare services.

Expanding the pilot

2.20 There are plans to recruit ISVA coordinators in two other hospital setting across Lancashire as part of the pilot. The LimeCulture team believe the approach taken in Blackpool by the ISVA Service Coordinator should be replicated as much as possible across other settings, as this is a unique pilot which will undoubtedly show an increase in referrals made to the LVS ISVA service from the health settings where the ISVA Service Coordinators are located.

3 Year 2
Interim Review

3.0 Year 2: Interim Review

Scope of the Interim Review

3.1 In 2018 Lancashire OPCC successfully secured funding from the Home Office's Transformation Fund to establish a 3-year pilot to place Independent Sexual Violence Advisers (ISVAs) within a hospital setting with the aim of increasing access to ISVA service provision.

3.2 In October 2018 the LimeCulture Review Team met with the newly appointed ISVA Service Coordinator (Julie Vigo-Saunders), her line manager (Lisa Lonsdale) and the commissioner with responsibility for the pilot (Liz Canavan) to offer assistance, advice and guidance in the set-up of the project and secure the best possible outcomes for the pilot health-based ISVA project. Following that visit, the Review Team provided a summary of their advice and guidance and assisted with the development of Key Performance Indicators (KPIs) and a data set to measure the outcomes of the pilot project.

3.3 Between August and October 2019, the LimeCulture Review Team undertook an interim review of the project. The purpose of the interim review was to provide feedback on the implementation of the project to date by identifying good practice, strengths in provision, gaps and any areas for improvement.

3.4 The interim report contains key findings and recommendations to improve current practice and support the development of an up to date action plan.

Methodology

3.5 The interim review was conducted by utilising a mixed methodology that allowed the Review Team to seek clarification through investigation by reviewing key documentation and interviewing key personnel in order to meet the key aims of the interim review.

3.6 The delivery of the review consisted of a 2-phase process:

- Documentary review
- Stakeholder interviews & focus groups.

Phase 1: Documentary Review

3.7 Key operational and management documentation relating to the project was provided to the Review Team by the service providers and the OPCC Commissioners.

Phase 2: Stakeholder Interviews & Focus Groups

3.8 Stakeholder interviews and focus groups were conducted with key personnel to enable the Review Team to analyse the impact and effect of the project to date. Discussions with the Health ISVAs/SVLOs, their managers, clinical staff, and ISVAs and their managers from commissioned ISVA services were extremely beneficial to this process.

3.9 Stakeholder Interviews were conducted in order to seek to understand and explore:

- How the Health ISVAs/SVLOs are carrying out their day to day role
- Whether current KPIs and data collection are adequate and useful
- Whether pathways into the ISVA/SVLO are effective
- Whether referrals out to locally commissioned Health ISVA services had increased
- Whether current governance arrangements are effective
- The impact of training upon clinical staff and whether their levels of awareness of the service across the health setting have improved.

3.10 A semi-structured question framework was developed and employed as a method to collect qualitative data from stakeholder interviews. Interviews were conducted by the Review Team as either individual interviews or as small group interviews depending on subject matter. Information and data were analysed and key themes identified from interviews and focus groups.

3.11 The LimeCulture Review Team carried out the focus groups and interviews with key personnel during August and October 2019. Data was analysed in October 2019.

Framing the Key Findings

3.12 It is suggested that the key recommendations contained within the report are used by the Commissioners to inform Year 2 of the Project.

The key findings have been ascertained by the Review Team through careful analysis of information provided by Commissioners, services providers and the views of stakeholders elicited through the focus groups and interviews.

3.13 It is important to note that all of the stakeholders who were interviewed as part of this process were informed by the Review Team that, although the information they provided may be contained in the report, they would not be personally identifiable from any of the information that they shared with us. As such, the authors of this report have not disclosed the source of any of the information, views or experiences expressed to us as part of the independent review. However, the Review Team endeavoured to triangulate evidence provided throughout the period of the review by cross-checking information from a range of sources wherever possible.

The key recommendations that the Review Team have made are embedded into the text of this report and relate entirely to the key findings. The Review Team has sought to make practical recommendations that support the progress or bring improvements to the project.

Project Outcomes

3.14 The overall outcome of the project is to improve integration between victim support services and healthcare pathways to ensure appropriate support for victims who disclose sexual violence, which they may have experienced either recently or in the past.

3.15 The aims of the project are to:

1. Empower healthcare staff (in hospital and community settings) to respond to victims of sexual abuse (recent and non-recent),
2. Develop and raise awareness of referral pathways for staff and victims identified in healthcare settings including community, hospital and mental health services,
3. Ensure that victims disclosing to health services can access appropriate support to manage their risks and meet their needs by onward referral to a range of services including community ISVA support,
4. Ensure victims in contact with ISVA services are able to access appropriate healthcare support (revised).

3.16 The aims of the project (outlined above) have been reviewed since the inception of the project on an ongoing basis. This has included careful consideration by the project's Steering Group, Commissioner and staff at the NHS Trusts involved in delivering the pilot.

3.17 LimeCulture recognise the unique nature of this project and commend all those involved in its inception and ongoing delivery through recognising the importance of early engagement with victims of sexual offences who present within a health setting. Creating expertise outside of the specialist sexual violence sector will enhance the services available to victims of sexual offences and also enable them to access specialist services in a more timely manner. All the key stakeholders interviewed during the interim review were over overwhelmingly positive about the development of the role, which is testament to those engaged in its delivery.

3.18 In addition, the Review Team recognise the determination of all stakeholders to ensure that the model developed in Lancashire can be replicated across other health and non-health settings. The Review Team is of the view that this will be enormously beneficial to many other services.

Overall Findings

Current service provision

3.19 There are currently two Health ISVAs/SVLOs in post – one is based at Blackpool Teaching Hospitals NHS Foundation Trust and the other is based at East Lancashire Hospitals NHS Trust. At the time of carrying out the focus groups and interviews as part of the interim review, a third Health ISVA/SVLO had recently been appointed at Southport and Ormskirk Hospital NHS Trust and was due to take up the post imminently.

3.20 The Review Team was informed that all three Health ISVA/SVLOs carry out the same role at their respective hospitals. In addition, the Health ISVA/SVLO at Blackpool Teaching Hospitals NHS Foundation Trusts acts as coordinator and supervisor for the other two Health ISVA/SVLOs.

3.21 The current role of the Health ISVA/SVLO is to:

- Raise awareness of ISVA/SVLO services across the health-setting through training and liaison with clinical and other medical staff,
- Provide advice and support to staff about patients who may be victims of sexual violence
- Carry out initial risk and needs assessments,
- Refer patients and staff to ISVA services in the community,
- Provide support to ISVAs in the community to assist their clients to access health services,
- Facilitate access to hospital services and information for ISVAs and other professionals such as the police
- Link with the Health IDVA

3.22 The current service is offered to victims of sexual violence attending the hospitals for treatment, as well to all members of staff currently employed within any of the three hospital settings.

3.23 Following the initial advice and guidance meeting held with the LimeCulture Review Team at the beginning of the project, it was agreed that the Health ISVA/SVLO should not carry a client caseload due to the impact this would have on the capacity to deliver this unique role. However, at the time of the interim review, the Review Team was informed that the Health ISVA Coordinator at Blackpool Teaching Hospitals NHS Foundation Trust was providing ISVA support to one patient. The Review Team was informed that a decision to provide ISVA support to this individual was based on the existence of a previous relationship from when the Health ISVA Coordinator was employed as an ISVA. It was agreed that these were special circumstances and did not impact on the practice agreed at the inception of the project.

Key Findings

Defining the role of the Health Sexual Violence Liaison Officer

3.24 The Review Team was informed that at present, the title of the role is different for each hospital involved in the project. In Blackpool Teaching Hospitals NHS Foundation Trust the role title being used is 'Health Independent Sexual Violence Adviser (Health ISVA) Coordinator' while in East Lancashire Hospitals NHS Trust, the role title is 'Health Sexual Violence Liaison Officer' (Health SVLO). The Review Team is concerned that the use of these different role titles could create confusion, particularly with ISVAs in the community who said they did not fully understand the remit of the roles and how they might differ from their own roles.

3.25 The Review Team explored with key stakeholders interviewed as part of the interim review the use of the two different role titles. Stakeholders explained that hospital staff were accustomed to making referrals to the Health Independent Domestic Violence Adviser (IDVA), a role which is well established within the hospital setting and that it would be easier for those staff to make the link with the new role if the title was similar. On that basis, a number of stakeholders suggested the role should include 'ISVA". However, the Review Team are of the view that using the title ISVA suggests that the role has an ongoing support function, which it does not. Furthermore, it could create confusion between the ISVAs in the community and the role being piloted by the project, which have different features.

3.26 The role being piloted by the project is primarily to make referrals, and as such, the Review Team considers that it may be better to adopt the name 'Health Sexual Violence Liaison Officer' (HSVLO) as it better suits the nature of the role. Using this title would have the added benefit of differentiating between this role and the role of the ISVAs in the community.

3.27 The title Sexual Violence Liaison Officer is already used widely in the University Sector to describe the role of professionals who refer victims/survivors of sexual violence to appropriate sexual violence support services, such as ISVA services. Given that traction, and as the intention of the pilot is to create a model that could potentially be rolled out more widely, it would seem apt to adopt the title 'SVLO' in health settings in order to give clarity to the nature of the role across all sectors.

3.28 Crucially, whichever title is adopted, it is the view of the Review Team that the same title should be adopted consistently across all three hospital sites. Throughout the remainder of this report the role will be referred to as Health SVLO (HSVLO).

Recommendation 1

The title of the role should be reconsidered and used consistently across all three hospital sites.

3.29 The Review Team was informed that a consistent definition of sexual violence is being used by the HSVLOs to define which patients can engage with their services. The Review Team took the view that adopting a consistent definition has been beneficial to the Project, however, believe it would be helpful to articulate the definition to internal staff to enable clarity about which patients can be referred to the HSVLO.

Recommendation 2

Ensure all staff are aware of the definition of sexual violence to enable clarity about which patients can be referred to the HSVLO.

3.30 Although at the outset of the Project, the intended role of the HSVLO was clearly defined the Review Team was told that there were some initial challenges around how the role was being interpreted. For example, the Review Team was informed that after the HSVLO role was implemented at East Lancashire Hospitals NHS Trust, the HSVLO was asked to pick up some of the work of the Health IDVA when the existing postholder was on annual leave. The Review Team are aware that the Health IDVA role is very different to the intended HSVLO role, particularly in relation to the professional boundaries, roles and responsibilities. As such, the Review Team do not believe that it is possible to combine these two distinct roles effectively. The Review Team was informed that this was subsequently addressed by key managers who acknowledged the role of the HSVLO and Health IDVA should be kept separate as had originally been intended.

3.31 The Review Team noted that the HSVLOs were unable to define the extent of their expected contact with a patient, i.e. where their role stopped and started. Consequently, it was unclear to the Review Team whether the nature of the role was intended to be short term, e.g. where patients are given advise which they could choose to follow (or not) or whether there could be longer term engagement. The Review Team was informed of an example where the HSVLO explained to a patient the process of referral to the Police or an ISVA in the community and then invited them to 'go away, think about it and come back if [the patient] decided to make a referral'. This potentially has the effect of creating an ongoing relationship with the patient. Furthermore, had the patient contacted the HSVLO again, she would have been willing to accompany her to see the Police or an ISVA in the community. The Review Team is concerned that, given the availability of the HSVLO's, encouraging more than initial contact may create expectations for patients and staff that cannot be met by current resources.

3.32 Indeed, key stakeholders acknowledged that with only one HSVLO in each hospital site there will be times (such as annual leave, illness etc) when an HSVLO would not be available if a referral is made. It was unclear to the Review Team whether there are arrangements in place across each hospital site to manage such absence. The Review Team is therefore of the view that should the HSVLO role extend to more than initial contact with patients, there is a need to clearly define and manage the extended contact.

Recommendation 3

Define the relationship between the patient and the HSVLO, including the extent of contact with the patient and consider how capacity of the HSVLO will be managed across each hospital site (in relation to annual leave and absence from work).

Location and Governance

3.33 Both the HSVLO Coordinator and the HSVLOs are located within the safeguarding teams of their respective NHST Trusts and are managed by the named Safeguarding Lead Nurses. The Review Team was informed that this provides a good structure for the roles within a multi-agency setting. It also provides an effective escalation route for any concerns that are raised. Stakeholders reported that creating this multi-disciplinary team approach enables patients to be linked more effectively with services in their local community.

Good practice

Locating the HSVLO in the hospital based safeguarding team ensures appropriate governance and support for staff as well as ensuring that patients who disclose sexual violence are supported through a multi-disciplinary team approach.

3.34 The Review Team was informed by stakeholders there had been problems relating to the governance arrangements for the HSVLOs due to three NHS Trusts being involved in the delivery of the project. Currently, although the HSVLOs are deployed in other hospitals settings both they and the HSVLO Coordinator are employed by Blackpool Teaching Hospitals NHS Foundation Trust who are responsible for their day-to-day management as well as the day-to-day implementation of the project across all three sites.

3.35 The Review Team was informed that prior to the project being implemented there was no existing partnership between the three NHS Trusts and therefore no foundation upon which to build this project or ensure a consistent approach. Key stakeholders told the Review Team that an 'artificial link' has been created for the purpose of the project and that with hindsight more thought should have been given to the relationship between the day-to-day management by the HSVLO Service Coordinator of the other HSVLOs, as well as further consideration to the day-to-day management and oversight of the HSVLOs by the Lead Safeguarding Nurses within their respective NHS Trusts. The Review Team was informed that there are also HR implications arising from having HSVLOs working in distinct NHS Trusts who are supervised by an employee of another and separate NHS Trust. The Review Team was told that whilst, for the most part, these issues have now been resolved, some challenges still remain and moving forward management of staff is a key issue that will need to be

addressed. The Review Team was informed that the reason for basing the staff in different hospital sites, was to try to obtain as much data as possible to support the project and specifically to test the development of the HSVLO role.

3.36 The Review Team was also informed that there are implications concerning clinical governance and specifically, where responsibility for this sits in each NHS Trust and with the wider project. The Review Team understands that although clinical governance arrangements have been raised informally with the Project Steering Group, to date this has not been resolved.

3.37 The Review Team are of the view that the issues around governance relate specifically to the way in which this pilot project has been developed, which has evolved as three projects managed by the HSVLO Coordinator and commissioned by the OPCC for Lancashire. However, if this model is replicated by other NHS Trusts in the future, it will be important to ensure careful consideration is given to the management structure and clinical governance arrangements that support the HSVLO role.

Recommendation 4

Where HSVLOs, who work in different NHS Trusts come together to create a team supporting victims of sexual violence, careful thought should be given to the governance of the role, lines of accountability and the day to day management of the personnel.

3.38 It was clear to the Review Team, that since the outset of the project, there have been competing demands placed upon the HSVLO Service Coordinator. As well as establishing the role within the Blackpool Teaching Hospitals NHS Foundation Trust, she has also been responsible for

- running the project on a day-to-day basis,
- interviewing for the appointments of the two other HSVLOs (at East Lancashire Hospitals NHS Trust and at Southport and Ormskirk Hospital NHS Trust)
- assisting the other two HSVLOs to develop their roles and supervise their day-to-day activity.

3.39 The Review Team was of the view that these responsibilities have impacted upon the amount of time that the HSVLO Coordinator has been able to spend embedding the role at Blackpool Teaching Hospitals NHS Foundation Trust and on frontline work. For example, the HSVLO Coordinator informed the Review Team that despite being in post for 12 months, there are numerous departments within her NHS Trust that she had yet to engage with about the project or train staff around the project.

Communications strategy and raising awareness of the role

3.40 The Review Team was informed that a communication plan was developed by Blackpool Teaching Hospitals NHS Foundation Trust at the outset of the project. This involved asking key personnel from the Trust, as well as the Police and Crime Commissioner, to promote the role through various forms of media. A hospital-wide poster campaign was launched and articles explaining the new service have been included in hospital newsletters. These were targeted both at staff and at patients. The Review Team was informed that a similar plan has been developed at East Lancashire Hospitals NHS Trust where the Review Team was informed that the HSVLO can access a slot on the Trust Intranet site and record a "Message of the Day" which is displayed to all staff at login. A similar plan is in the process of being developed at Southport and Ormskirk Hospital NHS Trust. The Review Team are of the view that targeted communication should continue to ensure continued buy in to the service.

Good practice

Creating a communications plan explaining the role of the HSVLO and how the service can be accessed is essential in creating awareness amongst hospital staff and patients.

3.41 The Review Team was also informed that awareness raising sessions are being delivered to staff across each hospital site. As a priority, key staff (including clinicians and other medical staff) are being targeted in departments where victims are most likely to come into the hospital e.g. Emergency, Mental Health and Maternity departments. The HSVLOs told the Review Team that they had created short training workshops for staff which outlines the key elements of their service and how to make a referral. Key stakeholders reported the sessions have been well received and that after attending the session, staff had since made referrals to the service. However, it was acknowledged that staff have significant demands placed upon them and it may take some time for the role to become widely known and understood.

3.42 The Review Team was shown the feedback from 20 midwives who had attended a training workshop at Blackpool Teaching Hospitals NHS Foundation Trust. Prior to the workshop, 53% said they had not heard of an ISVA or an SVLO. Individual comments from the midwives after the training demonstrated their improved knowledge and awareness following the session. During the focus groups, hospital staff told the Review Team that they believed the HSVLO role would provide invaluable support to both staff and patients by:

- providing timely expert advice
- improving communication for patients by facilitating joint appointments with hospital staff and the HSVLO
- enabling private and safe discussions with patients about their individual needs on the ward outside of normal visiting hours
- reducing pressure on staff within their departments by providing specialised support that medical and other hospital staff could not provide.

'The HSVLO is a great source of advice and support for staff and patients, offering knowledge and time we don't have.'

Key Stakeholder, October 2019

3.43 The Review Team was informed that a common training package, which can be localised for each hospital site, has been developed by the HSVLO Coordinator. However, it was unclear to the Review Team exactly what changes have been made by each site and whether this has fundamentally changed the content or simply been tailored to each hospital. The Review Team is of the view that it would be helpful for the HSVLOs to evaluate each other's training package to ensure consistency in the key messages being delivered.

Recommendation 5

HSVLOs should evaluate each other's awareness raising training packages to ensure that key messages are being consistently delivered across each hospital site.

3.44 Stakeholders informed the Review Team that to date most referrals into the HSVLO service related to patients accessing the hospital and that few related to hospital staff. The Review Team was told that to date little training has been extended to staff in Occupational Health or HR departments and it was accepted that this may account for the low level of referrals received from staff. It was acknowledged that training to staff in these departments should be priortised.

Recommendation 6

As a priority, training should be delivered to key hospital departments supporting staff, such as HR and Occupational Health.

Relationship with ISVA Services in the Community

3.45 Key stakeholders from participating ISVA services in the community informed the Review Team that in their view the HSVLO service is an excellent concept and an important addition to support available for victims of sexual violence. However, they reported that the HSVLO service would have benefited from having better engagement with ISVA services in the community to explain the nature and purpose of the role and the project more broadly. ISVAs in the community said they were unsure about how their role linked in with the role of the HSVLO and how referral routes would work between them.

3.46 The Review Team was also told that the number of referrals made to ISVA services in the community from the hospital HSVLOs had been lower than they had anticipated and varies across the 3 sites. The Review Team was unable to find any explanation for this although it was acknowledged that the development of a new project like the HSVLO service would take time to be embed. It was also recognised that in engaging with staff and patients, the HSVLOs could provide information which might have an impact in the future, rather than immediately, so that staff and patients might decide to engage with their services in the coming weeks and months rather than imminently. There was, however, evidence that some referrals had been made by the HSVLOs to non-commissioned ISVA services in the community (which is outside the scope of the pilot).

3.47 The Review Team was informed that the implementation of the HSVLO role has provided ISVAs in the community with much needed access to information and guidance about hospital services and health-based client issues. As a result of the project, ISVAs reported that they had been enabled to assist their clients to access hospital services.

Good practice

HSVLOs can provide ISVAs with invaluable information about hospital services enabling better access/service provision for their clients.

"This [project] feels like real progress for us as it means that we can fast track our clients particularly when they are in crisis or in need of health support".'

Key Stakeholder, October 2019

3.48 However key informants also reported that currently this element of the HSVLO service is only used on an ad hoc basis and that more work is required within the commissioned ISVA service in the community to ensure ISVAs have a better understanding of when and how the Health SVLO can assist them to support their clients to access health services.

Recommendation 7

HSVLOs should work closely with the commissioned ISVA service provider in the community (and other key stakeholders where necessary) to ensure their role is clearly understood and that referral routes are clear and unambiguous.

Operational Processes

3.49 The Review Team was informed that the communication with the HSVLOs is working well for hospital staff, who are able to make formal referrals, and also make telephone calls with the HSVLOs, who make themselves available for discussions with staff who needed ad hoc advice. Staff reported that the availability of the HSVLOs to provide informal advice, in so far as possible, will be integral to the success of the role moving forward. The availability of such support will enable staff to act quickly when sexual violence is disclosed to them.

Good practice

Allowing staff to make informal contact with HSVLOs for ad hoc advice enables them to act quickly when sexual violence is disclosed to them by patients.

3.50 The Review Team was informed that a flow chart has been developed to explain the referral process to staff. However, other than this flowchart, no formal process/procedures have been documented to explain:

- How referrals can be made to the HSVLO
- What should happen when the HSVLO is not available
- The extent of HSVLO contact with patients
- The Referral pathway

Recommendation 8

As a matter of urgency, the HSVLO operational practice should be defined in writing and include as a minimum:

- **How referrals can be made to the HSVLO**
- **What should happen when the HSVLO is not available**
- **The extent of HSVLO contact with patients**
- **The referral pathway.**

3.51 The Review Team is of the view that, although informal contact is clearly beneficial, it is critical to the success of the project to define the operational process/procedures being implemented by the HSVLOs. This should be a living document which outlines and identifies current operational practice and records any changes made as the project develops.

3.52 Stakeholders informed the Review Team they recognised the importance of ensuring appropriate referral documentation which records all relevant information. Stakeholders acknowledged that it would be helpful to have pro formas for:

- referrals of patients by hospital staff to the HSVLO service,
- referrals of hospital staff to the HSVLO service
- contact with the HSVLO service by community ISVAs seeking health information or advice their clients.

3.53 The Review Team was informed that to date, standard pro formas have not been developed and therefore there is no uniform method of collecting information through the referral process. Stakeholders agreed that the development of consistent forms will assist the collection of reliable data across all three hospital sites and clarify, for all those making referrals into the HSVLO service, what information they needed to include. It was also acknowledged that this would improve the audit of decisions made by the HSVLOs.

Recommendation 9

Develop standard template pro formas for:

- **Referral of patients to the HSVLO service by made by hospital staff**
- **Referral of hospital staff to the HSVLO service**
- **Contact with the HSVLO service by community ISVAs seeking health information or advice for their clients**

These proformas should capture all the information/data required to understand the nature of the referral and the action required.

3.54 It was unclear to the Review Team what consideration has been given to updating existing hospital polices to reflect the development of the HSVLO service throughout the life of the project. Stakeholders informed the Review Team that although the NHS Trusts have Domestic Abuse policies there are no Sexual Violence policies in place. It was queried whether in fact these should be created or whether it would be more beneficial to include these within the existing Domestic Abuse policies. The Review Team are of the view that, as not all cases of sexual violence disclosed within the hospital setting will occur within a domestic violence setting, it is necessary to create a distinct Sexual Violence policy which links into the existing Domestic Abuse Policy for both staff and patients.

Recommendation 10

Each Hospital Trust should develop a Sexual Violence policy which links across to existing Domestic Abuse policies.

Data Collection and Analysis

3.55 Key Stakeholders informed the Review Team that they recognised the importance of data collection and analysis in order to monitor the progress of the project and to support the overall findings of the project. However, the HSVLOs reported being unclear what about data collection and how it will be used to support the project's aims.

3.56 As part of the initial guidance provided by LimeCulture at the outset of the Project, support around the key performance indicators and a suggested data set (based on the initial key performance indicators) was provided. However, it is apparent that the HSVLOs are collecting different data based on their own interpretation of what they thought was required. For example, there is no common language around the title of Hospital departments and areas of residence so that it is impossible to compare relevant data fields in a meaningful way. The Review Team is concerned that unless a common data set is agreed and consistently collected across each hospital site, this will impact upon the quality of any data analysis used to support the expansion of the project moving forward.

Recommendation 11

Use of a common data set across each hospital site should be implemented to ensure that data analysis is effective and robust to support the project and demonstrate outcomes.

3.57 The Review Team was shown examples of quarterly reports that have been prepared by the HSVLOs for presentation to their managers and to the Project Steering Group to demonstrate their achievements to date. These were well written and included some data analysis and examples of victims' stories (although the data collected varied – see paragraph above). However, it was unclear to the Review Team how effectively these reports are being monitored or assessed to support the development of the project as it moves forward. The Review Team is of the view that it would be beneficial to create one overarching report for presentation to the Steering Group, as well as the individual reports for each hospital.

Good practice

Producing comprehensive quarterly reports detailing key data and using victims' stories to demonstrate the impact of HSVLO intervention is helpful for Managers and for the Project Steering Group to analyse the success of the project and identify any areas for change.

Recommendation 12

Key Data should be used by the Steering Group, Managers and the HSVLO Coordinator to measure the effectiveness and progress of the project.

Recommendation 13

One quarterly report (rather than 3 individual reports) identifying key data from across all 3 hospital sites should be prepared for use by the Project Steering Group.

Analysis Of Data Against Project Outcomes 1 – 4

Outcome 1: Empower healthcare staff (in hospital and community settings) in dealing with victims of sexual abuse (recent and non-recent)

3.58 To date, the HSVLOs have completed more than 30 engagements (to 421 professionals) and 23 training events (to more 311 professionals) including:

- Hospital Staff including A&E, midwifery, perinatal, gynaecology, Junior Doctors and Band 5 Nurse training, Pain Clinic.
- Community Manager and ISVAs
- Police
- Health ISVA
- Mental Health Inpatient, IAPT and community team
- Safeguarding Champions and Team
- Students Support Team and Students on Campus
- Rape Steering Group

Outcome 2: Develop and raise staff awareness of referral pathways for victims identified in healthcare settings including community, hospital and mental health service

3.59 As *Figure 1* shows, in total 124 referrals have been made to the HSVLOs in Blackpool (71) and Burnley (53) since the commencement of the project in January 2019. It should be noted that the Burnley HSVLO did not become active until later in the year.

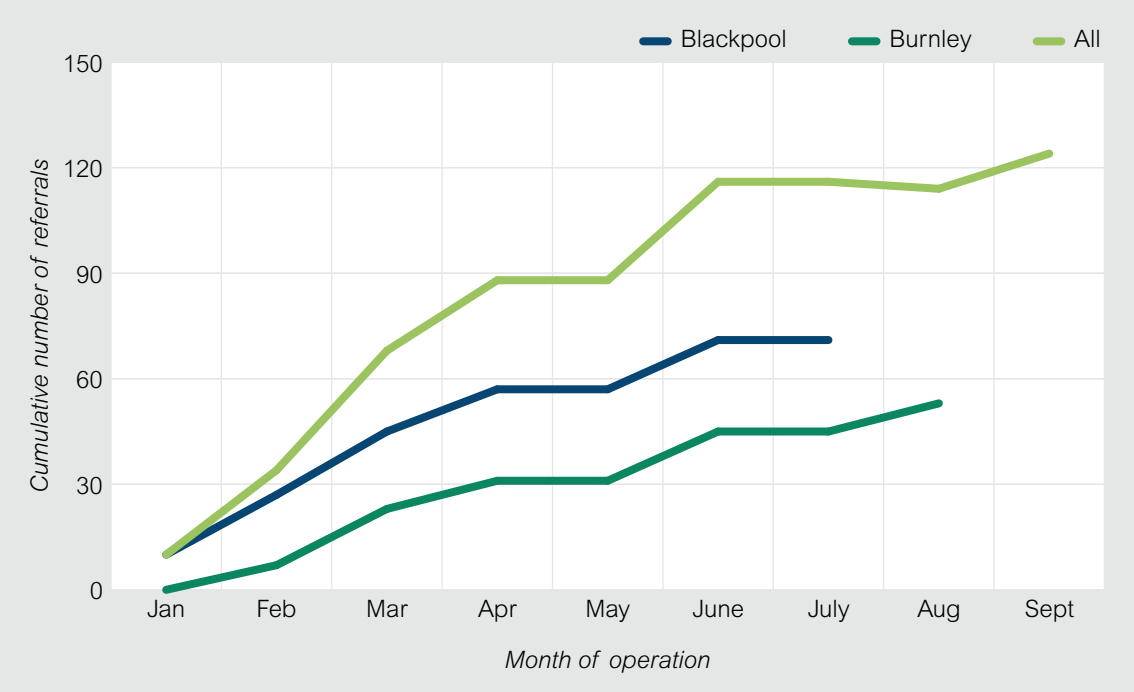

Figure 1: Number of referrals received by Health ISVA

3.60 The HSVLOs have not had contact with the patient in all cases. The data shows that where the HSVLOs have made contact (110 cases) 70% are supported for less than 7 days. Where the HSVLO has been able to make contact, 8 cases remain open.

3.61 Thanks to engagement and training events referrals are now being received from a range of sources (*Figure 2*). The data shows that where awareness raising has taken place, referrals are 8 times higher than in those services/departments where no awareness raising has been taken place. Referrals have been received from hospital departments including Wards, A&E, Maternity and other assessment areas. In addition, a number of referrals are bring made from the Safeguarding Team (Blackpool only) as well as the Sexual Assault Referral Centre (SARC).

Source of Referrals	Number of Referrals		
	Area without awareness raising	*Area with awareness raising*	**Total**
Blackpool	**5**	**66**	**71**
Blackpool Careers		1	1
Blackpool Uni Safeguarding		1	1
Community ISVA		3	3
Hospital	3	25	28
Mental Health		10	10
Police		1	1
Primary-Community Care	1	2	3
Safeguarding MW		1	1
Safeguarding Team		16	16
SARC		4	4
Self Referral	1	1	2
Sexual Health Connect		1	1
Burnley	**8**	**45**	**53**
Hospital BGH	3	6	9
Hospital Pendle Community		1	1
Hospital RBH	5	38	43
Grand Total	**13**	**111**	**124**

Figure 2: Source of Referrals to Health ISVA

3.62 HSVLOs should continue to monitor the areas referring to them to determine whether there are any changes and if additional training/engagement should be completed or where the data suggests areas where referrals are not being received.

3.63 Ensuring that victims in contact with ISVA services are able to access appropriate healthcare support (revised) is also an indicator. Referrals from Blackpool suggest referrals are being made from the community ISVA, but this is not yet the case in Burnley. This pathway should be developed as required.

3.64 *Figure 3* shows, the majority of clients referred to the HSVLO have not previously been in contact with sexual violence services, suggesting HSVLOs are reaching unmet need within health settings. This is an important finding for the project and should continue to be monitored.

	Blackpool		Burnley		All	
Age	*No.*	*%*	*No.*	*%*	*No.*	*%*
No	54	43.5%	26	21.0%	80	64.5%
Yes	17	13.7%	27	21.8%	44	35.5%
Grand Total	**71**	**57.3%**	**53**	**42.7%**	**124**	**100.0%**

Figure 3: Clients previous engagement with sexual violence services

3.65 As *Figure 4* shows, the majority of referrals are female. Gender of referral should continue to be monitored and engagement /training should ensure that areas are aware that males can also be victims/survivors of sexual violence but also that there are appropriate services to refer onto for support.

	Blackpool		Burnley		All	
Gender	*No.*	*%*	*No.*	*%*	*No.*	*%*
Female	57	46.0%	53	42.7%	110	88.7%
Male	8	6.5%		0.0%	8	6.5%
Not known	6	4.8%		0.0%	6	4.8%
Grand Total	**71**		**53**		**124**	

Figure 4: Gender of referrals

3.66 The distribution of ages of referral (*Figure 5*) shows a wide range including those under 18, this should continue to be monitored and HSVLOs should ensure they are able to refer on to age appropriate services.

	Blackpool		Burnley		All	
Age	*No.*	*%*	*No.*	*%*	*No.*	*%*
16-18	8	11.3%	3	5.7%	11	8.9%
19-24	12	16.9%	14	26.4%	26	21.0%
25-29	10	14.1%	11	20.8%	21	16.9%
30-34	7	9.9%	8	15.1%	15	12.1%
35-39	4	5.6%	7	13.2%	11	8.9%
40-49	4	5.6%	3	5.7%	7	5.6%
50-54	4	5.6%	3	5.7%	7	5.6%
55-64	2	2.8%	1	1.9%	3	2.4%
65+	3	4.2%	2	3.8%	5	4.0%
Not known	17		1		18	
Grand Total	**71**		**53**		**124**	

Figure 5: Age of Referrals

3.67 *Figure 6* shows the majority of referrals are White British (75%). There are a number of referrals from BMER groups who may experience additional challenges accessing services and require further support.

	Blackpool		Burnley		All	
Ethnicity	*No.*	*%*	*No.*	*%*	*No.*	*%*
White British	54	43.5%	39	31.5%	93	75.0%
White and Black Caribbean		0.0%	2	1.6%	2	1.6%
African		0.0%	1	0.8%	1	0.8%
Asian		0.0%	3	2.4%	3	2.4%
Black British		0.0%	1	0.8%	1	0.8%
British Asian		0.0%	7	5.7%	7	5.7%
Not known	17	13.7%		0.00%	17	13.7%
Grand Total	**71**	**57.26%**	**53**	**42.74%**	**124**	

Figure 6: Ethnicity of Referrals

3.68 Of those referred to the HSVLO just 5 (4%) were NHS hospital based or community staff. These indicators should continue to be monitored.

3.69 *Figure 7* shows the area of residence of patients referred. HSVLOs should continue to monitor the areas of residence of those referred to ensure they can develop appropriate onward referrals pathways in localities.

Area	Blackpool	Burnley	Total
Accrington		9	9
Bacup		1	1
Blackburn		15	15
Blackpool	53		53
Burnley		10	10
Colne		1	1
Darwen		4	4
Fleetwood	3		3
Freckleton	1		1
Haslingden		1	1
Kirkham	1		1
Lancaster	1		1
London		1	1
Morecambe	1		1
Nelson		4	4
Poulton	1		1
Rawtenstall		2	2
Rossendale		4	4
St Annes	4		4
Unknown		1	1
Wrea Green	1		1
Not Known	5		5
Grand Total	**71**	**53**	**124**

Figure 7: Residence of Referrals

Outcome 3: Ensure that victims disclosing to health services can access appropriate support to manage their risks and meet their needs by onward referral to a range of services including community ISVA support

3.70 *Figure 8* shows the nature of the concern that has been referred. The highest proportion, 46% were adults reporting non recent assault – this may include those who have experienced abuse as children. 30.6% were adults reporting recent assault as an adult. A significant proportion, 8.9% were referred as recent Child Sexual Abuse.

3.71 For those recorded as not SV/DV, outcomes indicate that referrals have been made onto IDVA/ISVA services as well as to the Police. Therefore, these have not been excluded from outcome analysis

	Blackpool		Burnley		All	
Nature of Concern	*No.*	*%*	*No.*	*%*	*Total*	*% Total*
Child Sexual abuse	11	8.9%		0.0%	11	8.9%
Child Sexual Exploitation		0.0%	1	0.8%	1	0.8%
Gang Rape		0.0%	1	0.8%	1	0.8%
Grooming		0.0%	1	0.8%	1	0.8%
Non-recent Adult	44	35.5%	13	10.5%	57	46.0%
Parent Needing support	1	0.8%		0.0%	1	0.8%
Recent Adult Assault*	3	2.4%	35	28.2%	38	30.6%
Sexual assault	1	0.8%		0.0%	1	0.8%
Sexual exploitation		0.0%	1	0.8%	1	0.8%
Sexual Harassment		0.0%	1	0.8%	1	0.8%
Not applicable	1	0.8%		0.0%	1	0.8%
Not SV/ DV	10	8.1%		0.0%	10	8.1%
Total	**71**	**57.3%**	**53**	**42.7%**	**124**	

**within the last 6 months*

Figure 8: Nature of Referral Concern

3.72 As *Figure 9* shows for more than a third of clients (35.5%), the HSVLO was able to provide advice and refer them onto other services. All clients undergoing onward referral will have a risk and needs assessment.

	Blackpool		Burnley		Total	
Outcomes	*No.*	*%*	*No.*	*%*	*No.*	*%*
Advice	24	19.4%	20	16.1%	44	35.5%
Declined any support		0.0%	3	2.4%	3	2.4%
Declined support at this time		0.0%	1	0.8%	1	0.8%
Declined under medical investigation		0.0%	1	0.8%	1	0.8%
Diminished capacity		0.0%	1	0.8%	1	0.8%
No contact		0.0%	3	2.4%	3	2.4%
Onward Referral	26	21.0%		0.0%	26	21.0%
Outcome	1	0.8%	1	0.8%	2	1.6%
Risk and Needs Assessment	3	2.4%	14	11.3%	17	13.7%
Support accessing health services	13	10.5%	5	4.0%	18	14.5%
Unable to make contact	4	3.2%	4	3.2%	8	6.5%
Grand Total	**71**	**57.3%**	**53**	**42.7%**	**124**	**100.0%**

Figure 9: Outcomes from Health ISVA Engagement

3.73 *Figure 10* shows around a quarter of clients had already been referred for support prior to contact with the HSVLO This included referrals to Children's Social Care and ISVA support. A proportion had already refused support.

3.74 A proportion of clients who declined referral or who were unable to access support, were too unwell to engage with the HSVLO service e.g. being admitted to a mental health unit.

3.75 HSVLOs were able to facilitate referrals both to community ISVA services (17.7%), health services (4.8%), sexual health (2.4%) and mental health (3.2%), counselling (2.4%), social care/ social worker (10.5%), police (12.1%) and police reengagement (2.4%) Some clients requested Advice only (4.8%) and this should continue to be a function of the HSVLO.

3.76 One of the proposed additional indicators was an increase in the reporting of police crimes. *Figure 9* shows 15 people accepted a referral onto the police and an additional 3 people re-engaged with the police following HSVLO contact.

	Blackpool		Burnley		Total	
Outcomes from Health ISVA	*No.*	*%*	*No.*	*%*	*No.*	*%*
Unable to Support	6	4.8%	5	4.0%	11	8.9%
Already Referred	9	7.3%	15	12.1%	24	19.4%
Children and families wellbeing service		0.0%	1	0.8%	1	0.8%
Advice Only	2	1.6%	4	3.2%	6	4.8%
Referral (Health)	6	4.8%		0.0%	6	4.8%
Referral (Counselling)	2	1.6%	1	0.8%	3	2.4%
Referral (ISVA)	15	12.1%	7	5.6%	22	17.7%
Referral (Mental Health)	3	2.4%	1	0.8%	4	3.2%
Referral (Police Reengagement)	3	2.4%		0.0%	3	2.4%
Referral (Police)	6	4.8%	9	7.3%	15	12.1%
Referral (Sexual Health)	1	0.8%	2	1.6%	3	2.4%
Referral (Social Care)	3	2.4%	1	0.8%	4	3.2%
Referral (Social Worker)	5	4.0%	4	3.2%	9	7.3%
Referral IDVA	8	6.5%		0.0%	8	6.5%
Victim Support	2	1.6%	3	2.4%	5	4.0%
Grand Total	**71**	**57.3%**	**53**	**42.7%**	**124**	**100.0%**

Figure 10: Health ISVA Onward Referral of Clients

Outcome 4: Ensure victims in contact with ISVA services are able to access appropriate healthcare support (revised)

3.77 Referral data (*Figure 2*) shows that community ISVAs are referring to HSVLOs for support to access health services in Blackpool, though data does not suggest the pathway has yet been developed in Burnley.

Additional Measures

3.78 Risk of Readmission – 77 (64%) of those accessing the HSVLO service have been identified as at risk of emergency readmission. 30% (22 clients) of those identified as at risk, have consented to have their records followed up to identify whether they have readmitted. This is unlikely to be a significant enough number to review to identify an effect and therefore a challenging indicator to evidence.

3.79 Clinical outcome (Star outcomes to show direct impact of service on victims at entrance and exit) and satisfaction scores (Victim satisfaction survey), were originally identified within performance indicators for the HSVLO service. However, the initial review of the role of the HSVLO by the LimeCulture Review Team with commissioners and managers determined that the HSVLOs would only carry a small and short-term caseload. The collection of outcomes measures would therefore be challenge in terms of a long-term analysis.

4 Year 3
Final Review

4.0 Final Review

Scope of the Final Review

4.1 In January 2021, the LimeCulture Review Team undertook the final review of the project, which involved a range of focus groups and interviews with key stakeholders to the project. Due to the restrictions imposed as a result of Covid-19, these focus groups and interviews took place virtually (via Zoom and Teams).

4.2 The purpose of the final review was to consider:

- How recommendations from the interim review (January 2020) have been implemented (see below table for a list of those recommendations),
- Any further recommendations that have arisen since the interim review that will further improve practices in Lancashire,
- Any other recommendations that will assist the further role out of the project either nationally or in other localities.

Recommendations *(from Interim Review)*	
1	The title of the role should be re-considered and used consistently across all three hospital sites.
2	Ensure all staff are aware of the definition of sexual violence to enable clarity about which patents can be referred to the HSVLO.
3	Define the relationship between the patient and the HSVLO, including the extent of contact with the patient, and consider how capacity of the HSVLO will be managed across each hospital site (in relation to annual leave and absence from work).
4	Where HSVLOs who work within different NHS Trusts come together to create a team working to support victims of sexual violence, careful thoughts should be given to the governance of the role, issues of accountability and the day to day management of the personnel.
5	HSVLOs should evaluate each other's awareness raising training packages to ensure that key messages are being consistently delivered across each hospital site.
6	As a priority, training should be delivered to key hospital departments supporting staff, such as HR and Occupational Health.
7	HSVLOs should work closely with the commissioned ISVA service providers in the community (and other stakeholders where necessary) to ensure their role is clearly understood and that referral routes are clear and unambiguous.
8	As matter of urgency, the HSVLO operational practices should be defined in writing and include as a minimum: • How referrals can be made to the HSVLO • What should happen when the HSVLO is not available • The extent of HSVLO contact with patients • The referral pathway
9	Develop standard template proformas for: • Referral of patients to the HSVLO service made by hospital staff • Referral of hospital staff to the HSVLO service • Contact with the HVSLO service by community ISVAs seeking health information or advice for their clients.
10	Each Hospital Trust should develop a Sexual Violence policy which links across to existing Domestic Abuse policies.
11	Use of a common data set across each hospital site should be implemented to ensure that data analysis is effective and ribust to support the project and demonstrate outcomes.
12	Key data should be used by the Steering Group, Managers and the HSVLO Coordinator to measure effectiveness and progress of the project.
13	One quarterly report (rather than 3 individual reports) identifying key data from across all 3 hospital sites should be prepared for use by the Project Steering Group

Table 1. Recommendations from the Interim Review (January 2020)

Project Update

Commissioning Responsibility

4.3 It is clear to the Review Team that there continues to be overwhelming enthusiasm and commitment from Commissioners to ensure victims/survivors of sexual violence from across Lancashire have access to safe, effective and accessible ISVA Services to support them following their experience of sexual violence.

4.4 Inspired by the impact of IDVAs located within hospitals, Commissioners were keen to try and improve access to ISVA services for those victims/survivors accessing or using hospital based health care services. The Review Team is clear that Commissioners have been very involved throughout the life of this project and have demonstrated clear commitment to ensuring positive outcomes result from the project.

4.5 Since the interim review of the project, Commissioners have succeeded in finding additional funding from NHS England & Improvement budgets to extend this project until March 2022 and allow for five NHS Trusts in Lancashire to have a dedicated post embedded within their staffing teams.

4.6 The Review Team was informed that excellent relationships have been built between the Commissioner and Blackpool Teaching Hospitals NHS Trust (the Provider), which is the lead Trust with responsibility for delivering and rolling out the project. These relationships have allowed for plans to be put in place to support the delivery of the project and enabled ad hoc discussions to take place to find workable solutions to problems or challenges as they have arisen.

4.7 The Review Team was informed that the Project Steering Group has now been disbanded (as a result of the project moving to role out) and regular contract monitoring meetings now take place between the Commissioner and Provider. The Commissioner confirmed that key data is now routinely used to monitor provision and the Provider confirmed that they understood why specific data is requested by the Commissioner and how it is used to monitor the effectiveness of this provision.

Current Health-ISVA Service Provision

4.8 At the time of the interim review, there were two health-ISVAs in post (one in Blackpool Teaching Hospitals NHS Trust and one in East Lancashire Hospitals NHS Trust), with a third due to be recruited imminently. The Review Team was informed that there are now 4 NHS Trusts with Health-ISVAs embedded (now also located in Southport and Ormskirk Hospital NHS Trust, and Lancashire Teaching Hospitals NHS Trust) There is also agreement for a fifth NHS Trust (University Hospitals of Morecambe Bay NHS Trist to have a Health-ISVA embedded within their staffing team. Recruitment is due to begin imminently.

4.9 The Review Team is of the view that incredible progress has been made to accelerate the project and move to the role out of dedicated and specialist posts located across multiple Lancashire hospital settings. This clearly demonstrates a commendable level of commitment from all those involved in the project.

Achieving the Interim Review Recommendations

Defining the role of the Health-ISVA

4.10 At the time of the interim review, the Review Team noted that the role title was different for the hospitals involved in the project at that time. Specifically, the title of the post within Blackpool Teaching Hospitals NHS Trust was ISVA Coordinator and the title of the post within East Lancashire Hospitals NHS Trust was Health- SVLO (Sexual Violence Liaison Officer). As such, the Review Team was concerned that the use of different role titles could create confusion and the Review Team recommended that the role titles should be reconsidered and used consistently across all hospital sites (recommendation 1).

4.11 At the final review, the Review Team was informed that further consideration had been given to the role titles and agreement has been made to adopt and use the role title 'Health-ISVA'. The Review Team was informed that the role title is now consistently used across all the hospital Trusts involved, with the exception of the role title used by the Coordinator (based in Blackpool Teaching Hospitals NHS Trust) whose title is 'Health ISVA Service Coordinator'.

4.12 The Review Team is pleased to see consistent role titles across the Trusts have now been adopted and believe this will bring a unity to their roles and support the post holders to deliver a 'service' despite being located in different NHS Trusts. This consistency will also support stakeholders' understanding and awareness of their specialist roles.

4.13 However, the Review Team remains concerned that the use of the term 'ISVA' within the role title suggests there is an ongoing support function, which it does not. That said, the Review Team acknowledge that as key external stakeholders have been engaged with this project in Lancashire from the outset, there is now sufficient local knowledge and understanding of the specific role within hospital settings to prevent any misunderstanding or confusion that might otherwise be created from the role title.

4.14 Furthermore, the Commissioner and Provider also believe that having a similar title to the 'Health-IDVAs' is a compelling reason to retain the title 'Health-ISVA' as it provides some continuity for health staff now that Health-IDVAs are fairly well established in hospital settings (and who also do not provide on-going support).

4.15 At the time of the interim review, the Review Team recommended that the definition of 'sexual violence' be articulated to internal Trust staff to enable clarity about which patients can be referred to the Health-ISVA (recommendation 2). It was reported to the Review Team at the final review that each of the Health-ISVAs have taken steps to ensure that there is clarity amongst internal staff about which patients can be supported by the Health-ISVA and specifically, what is meant by the term 'sexual violence'. This definition is included in staff training and promotional material that is used with the different NHS Trusts to raise awareness amongst staff. The Provider gave an example of where this information has been included on 'intranet' pages which are regularly used by all staff.

Location and Governance

4.16 At the time of the interim review, the Review Team recommended that the relationship between the Health-ISVAs and the patients, including the extent of contact, should be defined (recommendation 3). The Review Team was unclear what arrangements were in place to manage any absence of the post holders (such as annual leave, illness etc). This was of particular relevance because the model (of one post holder in each of the NHS Trusts) that has been adopted by the project is a risk for the resilience of the service, for example where one of the post holders is absent and unable to deliver the role.

4.17 During the final review, the Review Team was informed that careful consideration had been given to how best to manage planned or unplanned absences across the different Trusts in order to support the resilience of the service and allow for support to continue. The Review Team was informed that Standard Operating Procedures have now been created that define the scope of practice for the Health-ISVAs (see paragraph 45 below or further details). These provide consistency in provision from the Health-ISVAs across each of the NHS Trust where they are embedded and crucially, also enable the Health-ISVAs to provide cover for each other during any absence.

4.18 In addition, the Review Team was informed that a decision had been taken for each of the Health-ISVAs to be employed by Blackpool Teaching Hospitals NHS Trust (Provider) and seconded into the respective NHS Trusts across Lancashire. Crucially, this arrangement allows for backfill arrangements to be put in place when one of the Health-ISVAs is absent and creates sustainability for the Health-ISVA service to operate across different Trusts in Lancashire. This arrangement also has positive implications for the governance and management of the Health-ISVAs across the different NHS Trusts in Lancashire (see also para 17 below).

4.19 Following the interim review, the Review Team recommended 'careful thought should be given to the governance of the role, issues of accountability and the day to day management of the personnel' involved in the project (recommendation 4). During the final review, the Review Team was informed that the employment arrangements that have been put in place to ensure all Health-ISVAs are employed by a single NHS Trust (Blackpool Teaching Hospitals NHS Trust) ensure clear lines of accountability are in place for the service, including the day to day line management of the Health-ISVAs through a single structure.

4.20 The Review Team was informed that each of the NHS Trusts involved in the delivery of the Health-ISVA service in Lancashire operates quite differently, with differing approaches, and distinct systems and practices in place. Furthermore, there is limited contact between them. The Review Team was informed that the single Trust employment arrangement that has been put in place has created the conditions for the consistent provision of service delivery by the Health-ISVAs embedded with different NHS Trusts.

4.21 Furthermore, it has also provided a unique opportunity for the respective NHS Trusts to work together and created relationships that would otherwise not have been put in place. The Review Team considers this to be a significant achievement of this project.

4.22 During the interim review, the Review Team was informed that the Health ISVA Service Coordinator's role was always envisioned to be an equal balance between two different aspects of the role; operational delivery of the Health-ISVA role and the coordination of the other Health-ISVAs involved in the project. However, at the time of the interim review, the Review Team was informed that the Coordinator (based within Blackpool Teaching Hospitals NHS Trust) had spent considerably more time setting up the project than running the service on a day-to-day basis. This had included interviewing for the appointments of the new recruits in the other NHS Trusts and then assisting the new post holders to develop their roles and supervise their day-to-day activities. As a result, the Review Team was concerned about the impact these responsibilities were having on the the amount of time the Coordinator had been able to spend embedding the role within Blackpool Teaching Hospitals NHS Trust and delivering the operational Health-ISVA aspects of the role.

4.23 At the final review, the Review Team was informed that much of the time originally spent by the Coordinator in the setting up of the project had now been reduced and this had allowed her to continue to focus on embedding the role within the Trust. The Review Team was informed that the Coordinator's role is now more equally split in terms of the balance between operational delivery of the Health-ISVA aspect and the 'coordination' aspect of the role.

4.24 Furthermore, the Review Team was also informed that the Provider recognises the value that this dual aspect brings to the Coordinator's role and how this impacts on the service. Specifically, it was reported to the Review Team that the operational delivery of the Health-ISVA aspect of the role provides the Coordinator with a unique knowledge and understanding which supports and underpins the coordination of the service delivery.

4.25 As a result, there is no desire to create a distinct 'Coordinator' role without operational delivery responsibilities and the Provider informed the Review Team that moving forward, the Coordinator will continue to be a dual aspect role, due to the perceived benefits outlined above.

4.26 However, the given the size of Blackpool Teaching Hospitals NHS Trust, the Provider informed the Review Team that it would be useful to have additional resource for the operational delivery of the Health-ISVA provision. Moving forward, the Review Team recommends that additional resource should be considered to allow for further operational delivery of the Health-ISVA provision at Blackpool Teaching Hospitals NHS Trust.

Further Recommendation

Additional resources should be considered to allow for further operational delivery of the Health-ISVA provision at Blackpool Teaching Hospitals NHS Trust.

Communication Strategy and Raising Awareness

4.27 During the interim review, the Review Team was informed that a common training package had been developed by the Coordinator, which could be amended and tailored to the different NHS Trusts, in recognition of the differences between each of the NHS Trusts. The Review Team was unclear exactly what changes had been made to the training package for the different Trusts and whether these were fundamental or simply tailored for difference audiences.

4.28 As such, it was recommended that the Health-ISVAs evaluate each other's awareness raising training packages to ensure that key messages are consistently delivered across each hospital site (recommendation 5).

4.29 At the final review, the Review Team was informed that the training packages had been reviewed, and amended to ensure the consistency of key messages. The Review Team was informed that as one of the Health-ISVAs had experience of delivering training material, she took the lead in reviewing and updating the training material to ensure key messages are consistent. The Review Team was informed by the Health-ISVAs that as a result, they are confident that their training material is consistent and meets the differing needs of staff within their respective NHS Trusts.

4.30 During the interim review, the Review Team was informed that the majority of referrals to the Health-ISVAs had been made in relation to patients accessing health services, with very few referrals coming from members of NHS staff who had experienced sexual violence. At the time of the interim review limited training had been delivered to the departments supporting staff, such a HR and Occupational Health. It was therefore, recommended by the Review Team that training be prioritised for these departments supporting staff members (recommendation 6).

4.31 At the time of the final review, the Review Team was informed that training had now been delivered to these departments and there had been an increase of referrals from NHS staff, which demonstrates another positive achievement of the Health-ISVA service.

4.32 However, the Review team was informed that the number of referrals relating to NHS staff varies between each of the Health-ISVAs. The Health-ISVAs reported that as each Trust has different services available to Trust staff , they thought this may have the potential to impact on these rates. For example, an external independent counselling/therapy service is available to the staff at Southport and Ormskirk Hospital NHS Trust which staff may choose instead to access rather than the Health-ISVA service.

4.33 The Review Team considers that improving access to ISVA support for NHS Staff who have experienced sexual violence is a significant outcome of this service and as such, the number of staff accessing the support of the Health-ISVA service should continue to be monitored robustly by commissioners.

Further Recommendation

Commissioners should continue to monitor the number of NHS Staff accessing the support of the Health-ISVSA services to ensure this important outcome is being achieved.

4.34 As a decision was taken fairly early in the project that Health-ISVAs would not carry a case load or provide ongoing support (due to capacity and as Health-ISVAs are located outside of an ISVA service), it is crucial therefore, that Health-ISVAs are able to make timely referrals to the ISVA service in the community (who are commissioned to provide ongoing support for victims/survivors of sexual violence).

At the interim review, the The Review Team recommended that Health-ISVAs should work closely with the commissioned ISVA service provider (Lancashire Victim Services provided by Victim Support) in the community to ensure their role is clearly understood and that referral routes are clear and unambiguous (recommendation 7). At the final review, the Review Team was informed that the Health-ISVAs have continued to work in partnership with the commissioned ISVA service (Lancashire Victim Services provided by Victim Support) with good relationships reported to support the understanding of the Health-ISVAs roles and allow for timely referrals.

4.35 Furthermore, the Review Team understands that one of the Health-ISVAs was previously employed by the provider of the commissioned ISVA service and this has continued to strengthen relationships between the Health-ISVAs and the commissioned ISVA service and improve the understanding of the role and scope of respective services' as well as their way of working.

4.36 The Review Team was also informed that a new partnership meeting has been arranged between the senior managers of the Health-ISVA service, commissioned ISVA Service and the Lancashire SARC and it is anticipated that this forum will provide the opportunity to strengthen working relationships and ensure pathways continue to be clear, to support timely referrals being made between the three services. Stakeholders reported being very positive about the opportunities that this meeting will provide moving forward.

4.37 At the time of the interim review, it was reported to the Review Team that the number of people referred by the Health-ISVAs into the ISVA service in the community had been lower than expected. However, it was recognised that as a newly established service, the number of referrals was expected to increase over time as some of the Health-ISVAs work, such as awareness raising for example, could not be expected to result in immediate engagement and may well take weeks or months to see the benefits.

4.38 During the final review, the Review Team was informed that referrals to the ISVA service in the community from the Health-ISVAs have increased. The Review Team was also informed that an initial risk assessment undertaken by the Health-ISVA (where possible) will also accompany the referral.

4.39 As the Health-ISVAs have all completed accredited ISVA Training, they are able to undertake the Safety and Support (SAS) Assessment, which has been developed for use by ISVAs, and is used by the ISVA Service in the community. The Review Team is of the view that this is an example of positive practice as it provides useful information to the ISVA Service in the community at the point of referral and reduces the need for the victim to keep repeating sensitive information to different professionals.

4.40 However, the Review Team was informed that the number of referrals made by the different Health-ISVAs embedded within different NHS Trusts are 'varied'. The Review Team attempted to understand why the number of referrals from each Health-ISVA was different across each NHS Trust and concluded that there may be a number of reasons impacting on the referral rates from the different Health-ISVAs which are important to consider. These included the size and location of the Trust the Health-ISVA is embedded within. Specifically, the Review Team was informed that the Health-ISVA embedded within Southport and Ormskirk Hospital NHS Trust also makes referrals to the commissioned ISVA Service for Merseyside due to a proportion of their patients living outside of the boundaries of the ISVA service for Lancashire.

4.41 Furthermore, the Review Team was informed that due to the staggered start dates of the Health-ISVAs at different NHS Trusts, they are at different stages of raising awareness amongst staff about their service, which will almost certainly have an impact on the number of referrals in the short term.

4.42 As the Health-ISVA service is intended to provide improved access to ISVA services for those accessing health services (or who are employed by health services), the Review Team is of the view that this outcome should continue to be routinely monitored by Commissioners moving forward.

Further Recommendation

Commissioners should continue to monitor the number of referrals the Health-ISVAs make to ISVA services in the community .

4.43 As part of the interim review, it was clear from discussions with stakeholders that navigating health services is often a challenge for both victims/survivors and indeed professionals, such as ISVAs when supporting their clients to access services to meet their needs. As such, it was clear to the Review Team that one of the key benefits of this project is the value that Health-ISVAs can add to the ISVAs in the community through supporting access to health services.

4.44 During the final review, it remained clear to the Review Team that the support provided by Health-ISVAs to ISVAs in the community in relation to their client's access to health services continues to be highly valued. The Review Team is therefore of the view that the benefit that Health- ISVAs can provide to support victims/survivors to access health services is an important and unique success of this project.

Operational Processes

4.45 Following the interim review, the Review Team recommended that the Health-ISVA operational practices be defined in writing (recommendation 8) in order to support the expansion of the project and ensure that as and when new Health-ISVAs are recruited their working practices are consistent. It was acknowledged that this document should be a 'living' document that can be updated and amended over time based on operational progress and improvements that are made to the delivery of the service.

4.46 During the final review, the Review Team was informed by the ISVA Coordinator that Standard Operating Procedures have now been developed for the Health-ISVA service and are being used by all of the Health-ISVAs across Lancashire to support the delivery of their role within the different NHS Trusts they are embedded within. The Review Team was informed that the creation of these written procedures have helped enormously to provide clarity to the scope of the Health-ISVA service and ensure consistency of provision.

4.47 It was clear from the outset of the project, that the Health-based ISVAs would take referrals from a range of sources, which is a key success of the project. However, at the time of the interim review, the Review Team was informed that no formal documentation was in existence to support the collection of data relating to referral types. As such, the Review Team recommended that standard templates be developed to support referrals to the Health-ISVA Service, and assist in the data collection and decision making for Health-ISVAs in terms of next steps for supporting referrals (recommendation 9).

4.48 The Review Team was informed during the final review that standardised referral forms have now been developed and are being used effectively by the Health-ISVAs. The Review Team recommends that Commissioners continue to monitor referrals to the Health-ISVA service to ensure that referrals continue to be made to the Health-ISVA service from a range of sources.

Further Recommendation

Commissioners should continue to monitor the source of referrals to the Health-ISVAs to ensure that the service continues to be accessible to patients, staff and ISVAs in the community.

4.49 As part of the interim review, it was recommended by the Review Team that in light of the Health-ISVA service each of the NHS Trusts with Health-ISVAs embedded should develop a Sexual Violence Policy (recommendation 10). Stakeholders had previously informed the Review Team that each of the NHS Trusts had a Domestic Abuse Policy but not a distinct Sexual Violence Policy and given that not all sexual violence occurs within a domestic setting, the Review Team was of the view that it would be helpful for the NHS Trusts to develop a Sexual Violence Policy to include the Health-ISVA service.

4.50 The Review Team was informed as part of the final review that it had not been possible to implement this recommendation. This was reported as being largely due to NHS Trust decision-making about policies being outside of the auspices of this project (and decisions about Trust policy are taken by individuals not associated with this project) which the Review Team acknowledges. However, the Review Team was informed that the majority of the NHS Trusts have now included sexual violence as part of their existing Domestic Abuse Policy.

Data Collection and Analysis

4.51 Following the interim review, the Review Team recommended the use of a common data set across each hospital site ensure that data analysis is effective and robust to support the project and demonstrate outcomes (recommendation 11).

4.52 The Review Team was also unclear how data from the project was being used by the Project Steering Group to oversee and steer the project, and specifically, measure the effectiveness and progress of the project. As such, the Review Team recommended that Key Data be used by the Steering Group to do this (recommendation 12).

4.53 At the final review, the Review Team was informed that a common data set had now been agreed between the Provider and the Commissioner and was being routinely collected by all Health-ISVAs. The Commissioner informed the Review Team that they had worked hard to ensure the data collected is sufficient to monitor the effectiveness of the service, which is now the role of the Commissioner (as the Project Steering Group has been disbanded).

4.54 Following the interim review, the Review Team recommended that one quarterly report was developed that contained information from each of the Health-ISVAs (rather than separate reports submitted by each of the Health-ISVAs (recommendation 13). The Review Team was informed during the final review that this recommendation had been adopted and a single report is now submitted as part of the quarterly monitoring meetings that take place between the Commissioner and the Provider.

4.55 The Review Team was informed that this quarterly report includes qualitative data and a case study from each of the NHS Trusts where a Health-ISVA is embedded. The Review Team is of the view that this approach to monitoring is excellent as it incorporates data which is vital to ensure the service is delivering on its intended outcomes, as well as capturing real-life stories that illustrate the support that is being provided within each Trust, and which may not otherwise be captured through data alone.

5 Extending the Project Beyond Lancashire

5.0 Extending the Project Beyond Lancashire

5.1 The Review Team is firmly of the view that there would be considerable benefit in implementing the model to place dedicated staff within health setting to improve access to ISVA services across further NHS Trusts.

5.2 The project aim to place ISVAs within health setting to improve access to ISVA services, has successfully demonstrated a number of unique and important outcomes (see conclusion for more details) that would support the role out of this model into further NHS Trusts nationally.

5.3 In order to support a further role out, the Review Team is of the view that targeted work should be undertaken to raise awareness of the project and its outcomes nationally. The Review Team would be keen to support this effort which should include the publication of the Review Team's report.

5.4 The Review Team recommend that funding is sought to develop guidance for Commissioners (and Providers) who may wish to implement this model in other NHS Trusts. This should include the learning from Lancashire and include real life case studies.

6 Conclusion

6.0 Conclusion

6.1 The involvement of LimeCulture CIC from the outset of the project has enabled the Review Team to observe the incredible progress that has been achieved by this project. It has been a privilege and honour to have been involved with its development.

The ultimate aim of the project, to place ISVAs within health setting to improve access to ISVA services, has continued to be the ambition that remained constant throughout the life of the project and has been demonstrated in a number of different ways as described below.

6.2 First, the project has shown that the role that Health-ISVAs can provide in raising awareness amongst NHS staff (of sexual violence generally and the support available from the health-ISVAs provide) can help healthcare professionals to identify victims/survivors among their patients. The Health-ISVAs also provide them with the option to refer their patients immediately for support.

6.3 Second, the project has shown that Health-ISVAs are able to provide immediate crisis support to patients (or staff) who disclose sexual violence within the hospital setting. This aspect of support would generally not otherwise be available.

6.4 Third, the project has shown that Health-ISVAs can provide a unique referral route from health settings into ISVA services in the community, allowing victims/survivors who may not otherwise have accessed specialist support to do so. The Project has shown the relationship between the Health-ISVAs and the commissioned ISVA service in the community as being a critical success factor. The decision taken early on in the project, that the Health-ISVAs would not provide ongoing support or manage a client case load (due to capacity and that Health-ISVAs are located outside of an ISVA Service) was in the Review Team's view the right approach. As such, this decision highlighted the need for Health-ISVAs to be able to make timely referrals to the ISVA service for patients (and staff) to ISVAs within the community for ongoing support.

6.5 Fourth, the project has shown that through embedding Health-ISVAs within hospital settings across Lancashire, victims/survivors of sexual violence can be supported to access health services, which were described by stakeholders as 'difficult to navigate'. The Project has shown the Health-ISVAs have been able to provide helpful assistance and advice to the ISVAs in the community with supporting their clients to access health services. The Review Team is of the view that the support the Health-Based ISVAs can provide to support victims/survivors to access health services is an important and unique success of this project.

6.6 It is clear that the project has changed and progressed significantly since its inception, and it is the view of the Review Team's that the flexible approach of all those involved has supported the project to evolve throughout its life.

6.7 There has been a clear and unwavering commitment and dedication from the range of professionals involved in the project (including senior NHS managers, commissioners, the Health ISVA Service Coordinator and Health-ISVAs, the Project Steering Group and stakeholders across Lancashire). The Review Team commends them for their willingness and ability to work together in partnership to support the project's aims.

6.7 Furthermore, the willingness of those involved to seek advice and guidance from the Review Team, and to take forward all of the recommendations is testament to their ambition and commitment to deliver a successful project. Partners have collaborated effectively to find solutions to operational challenges as they have arisen and have worked hard to deliver our recommendations.

6.8 It is the view of the Review Team that this collaborative approach has contributed significantly to the success of the Health-ISVA service, and has led to NHS England & Improvement's decision to provide additional funding for the Health-ISVA service until 2022.

6.9 The Health-ISVA service was also recognised by the Nursing Times Awards who announced Blackpool Teaching Hospitals NHS Foundation Trust as the 2020 winner of the Integrated Approach to Care category for the Health-ISVA service. This prestigious award was presented by HRH Price of Wales.

6.10 Overall, the Review Team is extremely impressed by both the Commissioners and the Provider to ensure that Health-ISVAs are now available across multiple NHS Trusts across Lancashire. This is reflected by their considerable achievements to implement and take forward all of the recommendations from the Review Team's initial advice and guidance visit in October 2018, and following the the interim review in January 2020.

6.11 The LimeCulture Review Team would like to commend the Commissioners and the Provider for the work they have done to achieve the vast majority of the recommendations from the interim review and to ensure the ongoing quality and consistency of the Health ISVA Service. It is It is clear that each of the recommendations from the interim review has been carefully considered, with actions put in place to ensure it is achieved and implemented.

6.12 For the only recommendation that has not yet been fully achieved, the Review Team was provided with clear and reasonable explanations as to why this has not been feasible. Information relating to each individual recommendation is considered and contained within the body of the report and the below table shows the progress that has been made to implement the recommendations.

6.13 In a small number of areas, the Review Team has made further recommendations to assist the Commissioner and Provider. The details of these have been included in the body of the report and are included in the below table for ease of reference.

Interim Review Recommendations

	Recommendation	Progress Made	Further Recommendations
1	The title of the role should be re-considered and used consistently across all hospital sites	Fully Achieved and Implemented	N/A
2	Ensure all staff are aware of the definition of sexual violence to enable clarity about which patents can be referred to the HSVLO.	Fully Achieved and Implemented	N/A
3	Define the relationship between the patient and the HSVLO, including the extent of contact with the patient, and consider how capacity of the HSVLO will be managed across each hospital site (in relation to annual leave and absence from work).	Fully Achieved and Implemented	N/A
4	Where HSVLOs who work within different NHS Trusts come together to create a team working to support victims of sexual violence, careful thought should be given to: • the governance of the role, • lines of accountability and • the day to day management of the personnel.	Fully Achieved and Implemented	Additional resources should be considered to allow for further operational delivery of the Health-ISVA provision at Blackpool Teaching Hospitals NHS Trust
5	HSVLOs should evaluate each other's awareness raising training packages to ensure that key messages are being consistently delivered across each hospital site.	Fully Achieved and Implemented	N/A
6	As a priority, training should be delivered to key hospital departments supporting staff, such as HR and Occupational Health.	Fully Achieved and Implemented	Commissioners should continue to monitor the number of NHS Staff accessing the support of the Health-ISVSA services to ensure this important outcome is being achieved.
7	HSVLOs should work closely with the commissioned ISVA service providers in the community (and other stakeholders where necessary) to ensure their role is clearly understood and that referral routes are clear and unambiguous.	Fully Achieved and Implemented with ongoing plans.	Commissioners should continue to monitor the number of referrals the Health-ISVAs make to ISVA services in the community
8	As matter of urgency, the HSVLO operational practices should be defined in writing and include as a minimum: • How referrals can be made to the HSVLO • What should happen when the HSVLO is not available • The extent of HSVLO contact with patients • The referral pathway	Fully Achieved and Implemented	N/A

	Recommendation	Progress Made	Further Recommendations
9	Develop standard template pro-formas for: • Referral of patients to the HSVLO service made by hospital staff • Referral of hospital staff to the HSVLO service • Contact with the HVSLO service by community ISVAs seeking health information or advice for their clients	Fully Achieved and Implemented	Commissioners should continue to monitor the source of referrals to the Health-ISVAs to ensure that the service continues to be accessible to patients, staff and ISVAs in the community.
10	Each Hospital Trust should develop a Sexual Violence policy which links across to existing Domestic Abuse policies	Not Achieved due to being outside the remit of those involved in the Project.	N/A
11	Use of a common data set across each hospital site should be implemented to ensure that data analysis is effective and robust to support the project and demonstrate outcomes.	Fully Achieved and Implemented	N/A
12	Key data should be used by the Steering Group, Managers and the HSVLO Coordinator to measure effectiveness and progress of the project.	Fully Achieved and Implemented	N/A
13	One quarterly report (rather than 3 individual reports) identifying key data from across all 3 hospital sites should be prepared for use by the Project Steering Group	Fully Achieved and Implemented	N/A

Table 2. Interim Review Recommendations, Progress Made & Further Recommendations

Annex A

About LimeCulture

LimeCulture Community Interest Company (CIC) is a national sexual violence and safeguarding organisation based in the UK. We work with frontline professionals, and their organisations, to improve the response to victims of sexual violence, and safeguarding through our range of training and development initiatives, research, and specialised consultancy services.

We believe that all victims, regardless of where they live, their age, belief, gender or sexual orientation, should have access to high-quality, safe and effective support services. To this end, we are committed to working with professionals and services to ensure they have the tools, knowledge, skills, competence and confidence to respond effectively, professionally and safely to safeguard the welfare of children and adults affected by sexual violence.

Established in 2011, LimeCulture quickly evolved into the UK's leading training and consultancy organisation focusing on sexual violence and safeguarding. Through our breadth of professional knowledge and experience of working across the sector, we have a unique insight into the full range of agencies with a responsibility for victim care.

The Review Team for this review included:

Stephanie Reardin, *CEO*
Kim Doyle, *Chair*
Becky Dewdney York, *Programme Manager*
Bernie Ryan, *Director of Training*
Maria Putz, *Training and Development Manager*