



MAYOR OF LONDON
OFFICE FOR POLICING AND CRIME

Medical – Streamline Forensic Reporting

MOPAC Investment Advisory & Monitoring meeting 09.02.2024

Report by Det. Supt. Liz Differ on behalf of AC Louisa Rolfe

Part 1 – This section of the report will be published by MOPAC. It is classified as OFFICIAL – PUBLIC

EXECUTIVE SUMMARY

To ensure that timely and accurate medical evidence is obtained in order that the judicial process remains efficient, the Metropolitan Police Service implemented a more formal, simple and secure method, to request and receive medical evidence from the National Health Service (NHS) by engaging and contracting with third party company SFR Medical LTD in July 2022.

By outsourcing this function the MPS has:-

- Reduced the wait for medical records for evidential purposes
- Charging decisions on violent offenders is faster
- Officers have more time on the streets due to less admin tasks
- Strict KPI's exist ensuring full audit trail and value for money

SFR Medical support for police services is now being rolled out nationally, with the MPS approach being demonstrated as the 'gold standard' of what can be achieved through this scheme.

There is growth funding of £0.5m included within the Frontline Policing budget.

Approval is required to continue the work between the MPS and SFR Medical for a further four years.

Recommendations

The Deputy Mayor for Policing and Crime, via the Investment Advisory and Monitoring meeting (IAM), is asked to:

1. Approve a new award of contract under a single tender action to SFR Medical for a period of upto 4 years. The maximum value of the contract will be £2.880m
2. Approve revenue growth of £0.5m per annum to support the Medical SFR service going forwards. The total estimated cost between 2024/25 and 2027/28 will be £2.960m. A growth request for this service has been included in appendix 2 of the budget report and will need to be approved before this procurement can progress.

Time sensitivity

A decision is required from the Deputy Mayor by 28/02/2024. This is because the current contract is coming to an end, and for continuity of service the contract/funding needs to be in place prior to its expiry.

Non-confidential facts and advice to the Deputy Mayor for Policing and Crime

1.0 Introduction and background

1.1 Following research, pilots and a successful business case to MOPAC in 2022, the MPS formally engaged with SFR Medical LTD in July 2022, via Softcat PLC, an infrastructure and services provider for the public sector.

1.2 The new process has been embedded across the MPS since March 2023 and has proven to be a success. Benefits tracked support the vision of the 'New Met for London strategy' and actively strengthen eight of the priorities.

1.3 Under Met Succeed, the front line have been supported to deliver better evidence, faster and better victim care. Prosecutions have been strengthened by faster charging, especially in custody and has released hours of valuable officer time. NHS partners have been mutual beneficiaries of this process, allowing their front line to be released to focus on healthcare priorities.

1.4 Further benefit has come from streamlining the payments process which has seen a process change from individual payments to one central invoice per month, saving costs in administration of remuneration.

1.5 To ensure that timely and accurate medical evidence is obtained in order that the judicial process remains efficient, the Metropolitan Police Service implemented a more formal, simple and secure method to request and receive medical evidence from the National Health Service (NHS) by engaging and contracting with third party company SFR Medical LTD in July 2022.

1.6 Medical reports are vital in ensuring that investigations, judicial proceedings and victim care remain efficient. In simple terms this means a medical professional documenting, by way of a legally recognisable transcript, a summary of a victim's injuries and the consequential treatment received by medical professionals at hospital following an incident of violent or sexually motivated crime, including Violence against Women and Girls (VAWG), in London.

1.7 This critical evidence is obtained via a formally transcribed report known as a Streamlined Forensic Report (SFR) which forms an integral part of police investigations (especially violent crime) and used in many other disciplines such as DNA, fingerprints and phone analysis. These reports are routinely relied upon within the criminal justice system and are submitted to court via the Crown Prosecution Service (CPS) when conducting prosecutions. They are an essential tool for the MPS to secure successful convictions and positive outcomes for our victims in the communities we serve.

1.8 Prior to this new process, if medical evidence was required, officers had to engage directly with NHS trusts, proven to be an inefficient process. Medical SFR is a third party company that offers a service to engage and secure SFRs from NHS trusts on their customer's behalf. At the point of implementation, the time saved per officers has been captured and is a significant saving as detailed later in this paper, along with other benefits captured.

1.9 The current annual revenue budget for the SFR Medical contract is £300k which sits within Frontline Policing. Analysis of evidence demand and invoicing from the beginning of the contract indicates to a monthly budget requirement of c£60k equivalent to £720k pa. Following the 23/24 Q1 full year forecast, PIB approved allocation of additional one-off funding of £400k to meet the pressure from the additional demand in the service.

Additional baseline budget of £440k is required to avoid future year overspends, (this includes £20k for Digital Policing Support costs). An ongoing growth request of £0.5m per annum has been requested in appendix 2 of the budget report; the procurement can only commence once this has been approved.

1.10 The contract commenced in 22/23 with a 3 year max contract value of £900k. At the end of the financial year, spend against the contract was c£272k. Due to higher than anticipated spend through the contract the value threshold will be reached sooner than anticipated. There is no proposal to uplift the current contract. If the service was to run to the end of the 25/26 financial year, then it is estimated that the contract value would need to be uplifted by £1,532,000.

2.0 Issues for consideration

2.1 Urgent Provision - 'Medical SFR' offer a 24 hour medical evidential service (for in-custody remand cases) or a 10 day turnaround for non-urgent medical evidence through an online portal. Securing this evidence in this efficient way has vastly improved the success of requests to remand the most prolific offenders, improved the subsequent likelihood of a successful prosecution case and removed delays in the judicial process. This has allowed for quicker and proper outcomes for victims of crime thereby improving victim satisfaction. In cases where an urgent SFR has been requested, currently, 59% have been charged whilst in custody. A data analysis in August '23, found that in 84% of cases looked at, the case would not have been charged without the medical evidence with most resulting in bail or possibly NFA.

2.2 Audit Function - The 'Medical SFR' service has allowed the MPS to track and trace each and every request to NHS England where an MPS investigator has requested medical evidence; this due to the development of a secure cloud based portal that has provided MPS officers with a consistent approach to requesting medical reports for victims of violent crime that is fully auditable. This has allowed for tighter scrutiny and also allow for the proper financial resourcing for this type of evidential request by the MPS. The Directorate of Professional Standards (DPS) agree it provides far greater scrutiny at a higher level than we previously had and have welcomed this robust process.

2.3 Time Saved and Improved Investigations - In depth analysis has been continually monitored since the inception of this work. Based on a cost/time model, Jan – Dec 23 estimates a cumulate minimum saving of £2.9m annually in non-cashable savings.

Whilst this is not a tangible benefit, it is perhaps the most important as this is frontline focused, freeing up officers time to focus on the most important priority of service to the public and equates to 99FTE.

This is the minimum estimated savings of not reverting back to the previous system. Whilst tangible, not a cashable benefit. 99FTE is a monthly average based on hours saved month by month Jan-Dec. It should be noted that the first quarter of 2023, figures were lower due to trial and adoption. All figures quoted are a low-end estimate

In addition, since January 23, a total number of 4,915 cases have been impacted by this, saving time and securing convictions.

2.4 Satisfaction of Frontline Officers

Police investigators from all forces currently using SFR Medical have provided 100% positive written feedback in thousands of cases, examples of which are;

- "SFR medical service was effective and efficient and delivered the results required in the specified time"
- "The SFR Medical Portal works well and is clear and easy to use with evidence provided in a matter of hours"
- "SFR Medical have definitely provided a more efficient means of obtaining medical evidence whereas we have previously had to wait weeks, if not months, to obtain the required material direct from the relevant hospital"
- "CPS authorised a charge for serious injury and the lawyer confirmed that without the medical evidence this would not have been possible I know that the victim's family will be grateful that this person will be appearing at court later today."

3.0 Contributes to the New Met for London (NMfL) Plan and / or MOPAC Police & Crime Plan 2022-25¹

3.1 Community Crime Fighting – The use of SFR Medical has strengthened the communication link between the MPS and NHS England, allowing officer's to spend more time patrolling their communities.

3.2 Culture Change / Better Supporting Victims – The requesting of medical notes is predominantly to progress cases involving violence, and violence against women and girls are key priorities for Londoners and the MPS must develop effective ways in which to better protect the communities we serve. Therefore the continuation of SFR Medical will assist in the pursuance of faster charging decisions and protection of the most vulnerable. The urgency provision provided by SFR Medical will enable essential key evidence in support of such offences to be obtained with a 24 hour window reducing the number of offenders released under investigation or on police bail.

3.3 Fixing Our Foundations / Reducing and Preventing Violence – The SFR Medical process is secure, fully digital and paperless, providing a fast and completely auditable way of requesting medical notes. This allows faster decisions to be made on cases,

¹ [Police and crime plan: a safer city for all Londoners | London City Hall](#)

so that violent offenders are charged quicker, brought to justice and victims better protected. SFR Medical will continue to enhance the service provided to victims of violent crime, by supporting the police and the CPS in achieving better outcomes more frequently.

4.0 Financial, Commercial and Procurement Comments

Pricing detail is contained within the restricted section of the report.

4.1 Analysis of statement demand from the beginning of the contract indicates a monthly budget requirement of c£0.060m equivalent to £0.720m per annum. The 2023/24 budget includes a PIB approved allocation of additional one-off funding of £0.400m to meet the pressure from the additional demand in the service.

4.2 The total proposed cost of the Medical SFR service will be £2.880m between 2024/25 and 2027/28. There are also additional DDaT support costs, which will cost £0.020m per annum taking the total annual cost to £0.740m. There is an existing £0.300m annual revenue budget to support the service hence an additional £0.5m is required to support the service going forward. An ongoing growth request for this service has been included in appendix 2 of the budget report; this will need to be formally approved before this procurement can proceed.

4.3 The continued engagement of SFR Medical, who are an SME organisation based in London, also supports the Met's commitment as an Anchor Institution to direct 10% of its annual spend to local micro, small, diverse and VCSE businesses based in London.

5.0 Legal Comments

5.1 The Mayor's Office for Policing and Crime ("MOPAC") is a contracting authority as defined in the Public Contracts Regulations 2015 ("the Regulations"). All awards of public contracts for goods and/or services valued at £214,904 or above shall be procured in accordance with the Regulations. This report confirms the value of the proposed contract exceeds this threshold.

5.2 Regulation 32 permits the direct of award of a contract without prior publication of a contract notice in a limited number of circumstances. Specifically, 32(2)(b)(ii) provides it shall be lawful if competition is absent due to technical reasons provided no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement. MPS DLS have been a part of the assurance process in the drafting on this plan

5.3 The MOPAC Scheme of Delegation and Consent provides the Deputy Mayor for Policing and Crime ("DMPC") has delegated authority to approve:

1. Business cases for revenue or capital expenditure of £500,000 and above (paragraph 4.8); and
2. All contract exemptions valued at £100,000 or above (paragraph 4.13).

5.4 Paragraph 7.23 of the Scheme provides that the Director of Strategic Procurement has consent for the approval of the award of all contracts, with the exception of those called in through the agreed call in procedure. Paragraph 4.14 of the Scheme provides the DMPC reserves the right to call in any MPS proposal to award a contract for £500,000 or above.

6.0 Equality Comments

6.1 In summary, as this is an extension of an existing service this adds value to all aspects relating to equality and diversity as it will improve our service to victims across investigation. Further, it will significantly improve our service to victims of violence, not least, violence against women and girls which is a priority for the MPS and nationally.

6.2 The Metropolitan Police Service has completed the requirement under their Public Sector Equality Duty and as part of the Equality Act 2010. The future implementation of the new Medical SFR portal has been assessed for impact, both internally and externally and positive and negative, on persons belonging to a 'protected characteristic'. Where appropriate, negative impact has been assessed, reviewed and plans (both pre-existing and new) have been introduced to this assessment to provide mitigation to the impact, perceived and real. Records of the consultation and associated responses have been recorded on Form 6119A. The Inclusion, Diversity and Equality (IDE) Strand, part of AC Professionalism HQ have also been consulted and have reviewed the EIA and consider the assessment to be procedurally correct, therefore passing quality assurance.

6.3 SFR Medical are a unique SME (small and medium sized enterprise) organisation offering a bespoke service to all national police areas in England and Wales to enhance the service police provide to victims of violent crime. This supports the Anchor Institution Charter in its objective that post pandemic we can all live and work in greener, cleaner, healthier and safer communities, that our society can be fairer – with a stronger safety net, more engaged communities and more value placed on the things we care most about.

6.4 The founder of SFR Medical is an NHS key worker who recognises the pressure put on health and emergency workers and the impact of this on the criminal justice service during and post pandemic, offering a way to narrow social, economic and health inequalities by offering an improved service to all customers and all victims of violent crime. No negative equality implication arise from this process.

7.0 Privacy Comments

7.1 The MPS is subject to the the requirements and conditions placed on it as a 'State' body to comply with the European Convention of Human Rights and the Data Protection Act (DPA) 2018. Both legislative requirements place an obligation on the MPS to process personal data fairly and lawfully in order to safeguard the rights and freedoms of individuals.

7.2 Under Article 35 of the General Data Protection Regulation (GDPR) and Section 57 of the DPA 2018, Data Protection Impact Assessments (DPIA) become mandatory for organisations with technologies and processes that are likely to result in a high risk to the rights of the data subjects.

7.3 The Information Assurance and Information Rights units within MPS will be consulted at all stages to ensure the project meets its compliance requirements.

7.4 A DPIA has been completed for this project. The project will ensure a privacy by design approach, which will allow the MPS to find and fix problems at the early stages of any project, ensuring compliance with GDPR. DPIAs support the accountability principle, as they will ensure the MPS complies with the requirements of GDPR and they demonstrate that appropriate measures have been taken to ensure compliance.

7.5 The system itself is robust as the supplier holds personal information relating to the victim of crime. The DPIA has been completed and signed off to the MPS standard. The security of the portal robust and tested and the supplier have DS agreements in place with the NHS where required. The previous process that existed provided no such assurance, reliant upon email. This process eliminates the risk associated with any data breach.

8.0 Real Estate Implications

8.1 The SFR process is fully digital and paperless, and can be accessed by any existing computer, laptop or mobile devices already issued to all officer's and staff.

9.0 Environmental Implications

9.1 – The SFR Medical process is completely digital, paperless and therefore has minimal waste implications on the environment. In addition this process negates the need for numerous officer's to journey to various hospitals and GP practices, across London to collect physical evidence.

9.2 – No implications in regards to the London Anchor Institutions Charter.

10.0 Background/supporting papers

10.1 No further papers or appendixes of note.

Report author: Detective Superintendent Liz DIFFER 07833405379 / Inspector Colin REED 07823894182

Part 2 – This section refers to the details of the Part 2 business case which is NOT SUITABLE for MOPAC Publication.

The Government Security Classification marking for Part 2 is:
OFFICIAL-SENSITIVE [COMMERCIAL]

Part 2 of Streamlined Forensic Reporting (SFR) exempt from publication for the following reasons:

- Exempt under Article 2(2) (a) of the Elected Local Policing Bodies (Specified Information) Order 2011 (Data Protection Section 43 – Commercial Interests).
- The relevant sections under the FOIA that would exempt this information from disclosure, for example:
 - **Commercial Interest Section 43**

The paper will cease to be exempt and subject to review upon the expiry of the contract in March 2028.