Borders NHS Board

Meeting Date: 5 September 2019

Approved by:	Dr Cliff Sharp, Medical Director, NHS Borders
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HEALTH & FORENSIC MEDICAL EXAMINATION SERVICES FOR VICTIMS OF RAPE, SEXUAL ASSAULT & CHILD ABUSE

Purpose of Report:

This paper clarifies the revenue funding available from the Scottish Government until end March 2020/21 to improve dedicated services for people who have been raped or sexually abused, and asks the Board to approve recurring funding of up to £85,355 from April 2020/21.

The paper also details the timeline and estimated costs for the development of a local health and forensic medical examination suite.

Recommendations:

The Board is asked to **approve** the commitment of up to £85,355 funding in support of improvement of services for people who have experienced rape, sexual assault or child abuse, from April 2021, dependent on final decisions by the Scottish Government on ongoing funding and the outcome of an evaluation into the impact and service need of the new service.

The Board is asked to **note** the timeline and estimated costs for the development of a local health and forensic medical examination suite.

Approval Pathways:

The multi-agency local Working Group for Healthcare & Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People & Adults are supportive of the capital and workforce developments to enable improvement of services.

This paper has been endorsed by NHS Borders Medical Director (Executive Lead).

Executive Summary:

The attached paper **(Appendix 1)** provides a summary of the work underway locally in adherence to the Health Improvement Scotland (HIS) Standards: Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults, and the Chief Medical Officer (CMO)

Taskforce deliverables, with particular reference to:

- The development of a local health and forensic medical examination suite within the Borders General Hospital (BGH), including timescales, associated costs, and funding from the Scottish Government to develop this facility.

- The workforce developments to improve services, which includes a Gender Based Violence Nurse Co-ordinator who will assist in the development of the suite and further develop local protocols and care pathways; and dedicated Psychology and Psychiatry sessions for adults, children and young people who have experienced raped or sexual assault.

- The revenue funding available from the Scottish Government to fund the above workforce developments from October 2019 until the end March 2021, and the level of funding the Board is being asked to commit to from April 2021 to enable this workforce to continue.

Whilst the Board is being asked to approve commitment to this level of funding, the services provided through this workforce will be evaluated in 18 months time to ascertain the level of service required moving forward.

Impact of item/issues on:	
Strategic Context	Health Improvement Scotland (HIS) Standards: Healthcare & Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People & Adults. The Scottish Government Chief Medical Officers (CMO) Taskforce deliverables.
Patient Safety/Clinical Impact	HIS Standards: “To ensure consistency in approach to healthcare and forensic medical services for anyone who has experienced rape, sexual assault or child sexual abuse. The standards will set the same high level of care for everyone, regardless of the geographical location or an individual’s personal circumstances or age. They will, therefore, support the Scottish Government’s vision for the delivery of health and social care services set out in the Health and Social Care Delivery Plan11. These standards aim to support a multi-professional, multi-agency co-ordinated response to promote optimal care and to minimise any additional trauma”. Consistent, person-centred, trauma-informed healthcare and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland’. A co-ordinated, multi-agency service delivered as close as possible to the point of need.
Staffing/Workforce	The NHS Borders Paediatric Consultant will continue to

	provide forensic medical examinations required for children & young people in the Borders. The Adult forensic medical examination service will continue to be provided by South East Scotland Healthcare & Forensic Medical Services for People in Police Care, which is a service hosted by NHS Lothian. The service has committed to travel to the Borders should a local Forensic Medical Examination (FME) suite be developed. There is a recognition that good co-ordination of care is required for victims, arguably more so in a health board where forensic services are supplied from a neighbouring board. We have proposed a Nurse co-ordinator role to work in NHS Borders to develop close working relationships with FME and third sector agencies, and ensure seamless referral pathways into these support services and the appropriate NHS services locally. The post holder will also play a vital role in delivery of post-assault sexual and reproductive healthcare, in raising awareness of gender based violence issues among NHS staff alongside the Borders Violence against Women Partnership, and in delivering trauma informed care training.
Finance/Resources	The CMO Taskforce has agreed to provide funding for a local FME Suite. The CMO Taskforce had agreed funding for workforce developments (posts) up to March 2021, which would help minimise the secondary trauma of the care offered and significantly improve the quality of care. They will commit to this funding if the Board can sustain the costs of these posts from April 2021.
Risk Implications	To support consistent risk assessment and management across all Board Level, the CMO Taskforce has introduced a shared and joined up approach to Managing Risk.
Equality and Diversity	A Health Inequality Impact Assessment would be completed on the preferred option identified for a local FME Suite, and also on the revised pathway for people who have experienced rape, sexual assault or child abuse.
Consultation	Multi-agency working group for Healthcare & Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People & Adults. NHS Borders Clinical Executive Strategy Group.
Glossary	N/A

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Sponsored by:
Cliff Sharp

Borders NHS Board
5th September 2019

APPENDIX 1

HEALTH & FORENSIC MEDICAL EXAMINATION SERVICES FOR PEOPLE WHO HAVE EXPERIENCED RAPE, SEXUAL ASSAULT OR CHILD ABUSE

1. PURPOSE

This paper advises Borders NHS Board on the progress in identifying a suitable location within the Borders General Hospital to provide a local health and forensic medical examination suite for people who have experienced rape or sexual assault, including the timeline and associated estimated costs.

This paper also advises the Board on the workforce developments in support of improving services for people who have experienced rape or sexual assault. Clarification is provided below on the funding being made available for the workforce from the Scottish Government up to end of financial year 2020/21, and the amount of funding being asked for approval from the Board to allow NHS Borders to commit to continuation of the service from April 2020/21, following a review of the impact, should Scottish Government funding no longer be available.

2. BACKGROUND

In 2012, a Memorandum of Understanding was agreed between the NHS and the Police which set out the partnership arrangements for custody healthcare and forensic medical services. The transfer of responsibility took place in April 2014.

Responsibility for health care in police custody is a function and responsibility of Health Boards under the Health Service (Scotland) Act 1978. Forensic medical services (which cover the examination and collection of forensic samples from alleged perpetrators and victims of crime (including children) are currently delivered by health boards but remain a function and responsibility of the Scottish Police Authority under section 31 of the Police and Fire Reform (Scotland) Act 2012.

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) published a strategic overview of the provision of forensic medical and healthcare services to victims of sexual crime. The review highlighted significant gaps and disparity across the country and made ten recommendations to improve this.

In October 2017, the Scottish Government Chief Medical Officer (CMO) for Scotland, Catherine Calderwood, published a five year high level work plan which set out a clear vision and improvement plan across a range of issues including workforce, facilities, data, IT, national guidance and legislation. The CMO Taskforce was convened for the Improvement of Services for Victims of Rape and Sexual Assault chaired by the Chief Medical Officer. The Taskforce's vision, to be delivered by 2022, is: 'Consistent, person-centred, trauma-informed healthcare and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland'.

To set out what is expected of Health Boards in delivering care for victims of sexual crime, and to build consistency of practice throughout the country, the CMO Taskforce commissioned Health Improvement Scotland (HIS) to develop new national Standards which were published in December 2017: Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults, **(Appendix 2).** The Quality Indicators underpinning the standards were published in December 2018.

In June 2018, an Options Appraisal event was facilitated by the CMO Taskforce for the Improvement of healthcare and forensic medical services for adults, children and young people who have experienced rape or sexual assault in Scotland. This took key stakeholders through a rigorous decision making process to determine the optimal model and configuration of services for Scotland. The clear preference was for coordinated, multi-agency services delivered as close as possible to the point of need, supported by a regional centre of expertise.

A local multi-agency Working Group was established in June 2018 to lead on the work required in line with the CMO Taskforce deliverables and to manage the process.

3. NHS BORDERS - CURRENT FORENSIC MEDICAL EXAMINATION SERVICES

Within NHS Borders, the **Adult** forensic medical examination service is provided by South East Scotland Healthcare & Forensic Medical Services for People in Police Care, which is a service hosted by NHS Lothian. For adults, forensic medical examinations are currently undertaken at the West Lothian Civic Centre in Livingstone or the Sycamore Suite at the Astley Ainslie Hospital. For NHS Borders, this arrangement is not in keeping to the preference of services being delivered as close as possible to the point of need.

For **Children & Young People (C&YP)**, forensic medical examinations are provided locally at the Borders General Hospital (BGH) by the fully trained Consultant Paediatrician. The pathway which is followed for C&YP is guided through the Managed Clinical Network for Child Sexual Abuse.

4. CAPITAL DEVELOPMENT

For NHS Borders, the current arrangement for adult forensic medical examinations is not in keeping to the preference of services being delivered as close as possible to the point of need.

In light of this, the multi-agency working group are working to identify and develop a suitable location within the Borders General Hospital to provide a local health and forensic medical examination (FME) suite. It is expected that this facility will primarily consist of:

- Quiet waiting area
- Meeting / interview room
- Forensic medical examination room
- Bathroom/changing/shower area

A high level project plan for the development of this suite is summarised below:

- The multi-agency working group met on 17th May 2019 and completed the first stage of an option appraisal by creating potential location options for the FME suite for short listing.

- On 22nd July 2019 the working group met to score the short listed options. The group also discussed and agreed the list of 'must have' and 'desirable' facility criteria.

- The Capital Planning Team are currently carrying out high level design and assessment work of the options in order to provide estimated costs. Following this a financial appraisal will be undertaken.

- The option appraisal process will conclude with a recommended preferred option for the location of the suite within the BGH before the end of 2019.

- Detailed specifications and design of the suite will begin in the first quarter of 2020 with the appointment of a design team. Building work will begin in financial year 2020/21 and it is anticipated the facility will be completed during that financial year with timing dependant on the impact on NHS Borders services and the availability and appointment of contractors.

Funding is available from the Scottish Government to fund the capital costs relating to the development of the FME suite, with the final cost to be agreed with them. It is a requirement that the development of this unit will be managed within the agreed cost envelope.

Estimated Timeline

Event / Task	Actual or Estimated Completion Date
Option Appraisal Stage 1	May 2019
Option Appraisal Stage 2	July 2019
Location options reviewed in context of Turnaround Programme	August 2019
Update paper to the Board	5th September 2019
More detailed information gathered on 2 preferred options	September 2019
Financial Appraisal	September 2019
Confirmation of preferred location and specification with Multi-agency Working Group	October 2019
Update paper to the Board with recommendations	7th November 2019
Advise Scottish Government of Board recommendation on suite	December 2019
Design Team Appointment & engagement with stakeholders	January – March 2020
Design, Consents & detailed specification for tendering	April – June 2020
Contractor Tender Process	July - August 2020
Works commence	September 2020
Works completion	November 2020

Current High Level Estimated Costs

Area of Spend	Estimated Cost
Design work (M&E design, Architect/building warrant, Asbestos surveys)	£5,000
FF&E costs	£61,000
Cost for contractors work (electrics, painting & décor, flooring, nurse call, fire etc)	£60,000
Total	£126,000
Total (including VAT)	**£151,200**

5. WORKFORCE DEVELOPMENTS

To enable improvement of services for people who have experienced rape or sexual assault, and in recognition that good co-ordination of care is required for victims and arguably more so in a health board where forensic services are supplied from a neighbouring board, a number of workforce developments are in progress. This includes a Gender Based Violence (GBV) Nurse Co-ordinator, plus dedicated sessions of Psychology and Psychiatry support where required. Full details regarding these developments are provided below.

Gender Based Violence (GBV) Nurse Co-ordinator

The GBV Nurse Co-ordinator will assist in the development of a Scottish Borders Sexual Assault Forensic Suite, and further develop local protocols and care pathways in line with National Guidance for the Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse.

A key responsibility of the nurse will be to decrease barriers for people accessing forensic services and to deliver the necessary health components of care to survivors, i.e. post-exposure prophylaxis, emergency contraception and STI screening. They will deliver training for key NHS partners on initial management and onwards referral of survivors, and develop and maintain close working relationships with the Scottish Borders Violence against Women Partnership, Police Scotland and other relevant agencies, to promote a multi-agency model of practice. The nurse will contribute to the delivery of gender based violence workforce development opportunities by working in partnership with other agencies in delivery of nationally agreed training. They will also be responsible for delivering Gender Based Violence work across NHS Borders and the Health and Social Care Partnership, working in close collaboration with partners throughout the community.

Specific responsibilities of the GBV Nurse Co-ordinator will include:

- Working to set up the Scottish Borders Forensic Suite alongside the multi-agency working group and Scottish Government colleagues.
- Develop locally applicable protocols for survivors to ensure timely, seamless, holistic and safe care.
- Provide support to victims of Sexual Assault, co-ordinating access to services and acting as a key contact for the individual.
- Provide Sexual and Reproductive Healthcare to survivors of sexual assault.
- Work closely with Forensic Examination Services and Police Scotland.
- Develop Strong links with partner agencies, i.e.: Scottish Borders Violence against Women Partnership, Scottish Borders Rape Crisis, Women's Aid, and Police Scotland.
- Represent Scottish Borders in discussion with Scottish Government on delivery of national targets for survivors of rape and sexual assault.
- Provide specialist support and advice to colleagues in health and social care regarding Gender Based Violence.
- Participate in Multi-agency GBV training both locally and nationally.
- Work with multi-agency partners to ensure development plans are in place for the delivery of Gender Based Violence drivers and targets.
- Ensure progress of these plans is monitored and if necessary action taken to expedite results.
- Provide specialist input into the development of policies and procedures in relation to Gender Based Violence across the agencies in Scottish Borders.

Consultant CAMHS and Adult Psychiatrist and Psychologist

The following workforce will provide dedicated Psychology and Psychiatric sessions for survivors:

- 0.1 WTE Consultant Child and Adolescent Psychiatrist, plus 0.1 WTE CAMHS Psychologist to provide specialist interventions and support for those under 18 years of age.
- 0.1 WTE Adult Psychiatrist and 0.1 WTE Adult Clinical Psychologist to provide specialist trauma intervention and support for those over the age of 18 years.

As above, a new facility for examination of and support for victims of rape and sexual assault is currently being developed within the Borders General Hospital site. This will include prompt and timely access to psychiatric assessment and expert psychological support where needed.

One session of specialist Liaison Psychiatry, one session of CAMHS Psychiatry and one session each of adult and CAMHS clinical psychology time will be dedicated to developing a robust care pathway for these patients and the coordination and, where required, timely delivery of psychiatric and psychological care for those with identified post-traumatic mental health conditions. It is anticipated this will take the form of both direct clinical care and support to the small multidisciplinary team which will include psychology, sexual health and gender-based violence nurse support. The total staffing commitment is therefore 2 PAs of Consultant Psychiatry and 2 PAs of senior Clinical Psychology time to offer this service.

With regard to **Liaison psychiatry**, provision of psychiatric diagnostic assessment, signposting, onward referral and, where appropriate, the delivery and oversight of short-term outpatient psychiatric healthcare is expected. **CAMHS psychiatry** will also offer timely access to diagnostic assessment for those under eighteen years of age and, where needed, ongoing management of post-traumatic or mental health conditions supported by the wider CAMHS team as appropriate. It is anticipated there will be enhanced links and liaison with partner agencies including education, child protection services and third sector organisations. Both will promote seamless and equitable provision of mental health services relevant to this population across the age range, particularly where transition is anticipated. Dedicated and ring-fenced time each week will form the nucleus of a high-quality offering for victims, who have highlighted a dearth of person-centred skilled psychological support in the aftermath of an assault.

Adult and CAMHS Clinical psychology input will provide psychological assessment, signposting and liaison with relevant services to ensure the delivery of person-centred and trauma-informed psychological interventions where required, alongside supervision, consultation and training to the multidisciplinary team and third sector colleagues.

These professionals will collaborate with other members of the specialist team to develop pathways which prioritise care appropriate and sensitive to the needs of the patient group. The care pathways will include delivery of psychiatric and psychological care and assessment as outlined above tailored to the individual's needs. It is anticipated that this work, supported by the multidisciplinary team which would meet regularly, will be reinforced by strong links with relevant multi-agency networks including third sector. The mental health professionals will increase awareness of trauma-informed services more widely within the Borders General Hospital, CAMHS and adult mental health services as part of their remit.

6. FUNDING OF CAPITAL AND WORKFORCE DEVELOPMENTS

Capital Costs

The CMO Taskforce Options Appraisal report was published in October 2018, so there is an imperative to conclude the capital works as soon as possible. It is anticipated the estimated timeline will be delivered and if possible reduced. Once the local Options Appraisal process has concluded, and subject to the Taskforce being satisfied with the NHS Borders proposal, they would be willing to issue a capital allocation based on an estimate of the refurbishment/fit out costs.

Workforce (revenue costs)

The CMO Taskforce (Scottish Government) has now confirmed revenue funding for the workforce developments. £47,267 will be provided for the remainder of 2019/20 from October 2019, and for 2020/21 £85,355 full year funding is being provided.

The Scottish Government sought confirmation from NHS Borders prior to approving this funding that they could commit to the revenue funding from April 2021 to allow sustainability of the workforce developments. The Board did agree in principle to progress funding from April 2021 at their meeting in June and requested further information around the level of funding for their meeting in September 2019.

The Board is therefore being asked to approve the recurring revenue funding of up to £85,355 from April 2021. The breakdown of these costs is provided below:

Item	Part Year Costs (2019/20)	Full Year Costs (2020/2021)
Gender Based Violence (GBV) Nurse Co-ordinator	£19,245	£38,490
Adult Psychiatry & Psychology Sessions	£13,986	£23,970
CAMHS Psychiatry & Psychology Sessions	£13,986	£23,970
7% NRAC share of eHealth Network for Colposcopes	£1,175	£1,175
TOTAL =	***£47,267**	***£85,355**

***It is important to note that whilst the Board is being asked to approve commitment to this level of funding, the services provided through this workforce will be evaluated in 18 months time to ascertain the level of service required moving forward.

7. RECOMMENDATION

- The Board is asked to approve to the commitment of up to £85,355 funding in support of improvement of services for people who have experienced rape, sexual assault or child abuse, from April 2021.

- The Board is asked to note the progress in identifying a suitable location within the Borders General Hospital to provide a local health and forensic medical examination suite for people who have experienced rape or sexual assault, including the timeline and associated estimated costs.

Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults

Standards

December 2017

We are committed to equality and diversity. We have assessed these draft standards for likely impact on the nine equality protected characteristics as stated in the Equality Act 2010 and defined by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. A copy of the impact assessment is available upon request from the Healthcare Improvement Scotland Equality and Diversity Advisor.

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Contents

Introduction

Background to the standards

The Scottish Crime and Justice Survey 2014-15[1] found that almost 3% of adults had experienced at least one form of serious sexual assault since the age of 16; a further 8% of adults had experienced one form of less serious sexual assault. Women were more likely to be victims of both serious and less serious sexual assault.

The National Society for the Prevention of Cruelty to Children conducted a study in 2011 that reported that 0.5% of under 11s, 5% of 11–17s and 11% of 18–24s had reported contact sexual abuse (as defined by criminal law) at some point in childhood[2].

For children, young people and adults, the majority of alleged perpetrators of rape, sexual assault or child sexual abuse were males and known to the person[1, 2].

Not all rapes, sexual offences or child sexual assaults are reported either immediately or shortly after the incident. Her Majesty's Inspectorate of Constabulary in Scotland's report on the Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime notes that between April and December 2016 30% of rapes were reported within seven days of being committed, with 40% a year or more after the assault[3].

The immediate and long-term physical and psychological consequences of rape, sexual assault or child sexual abuse can be considerable and may include depression, anxiety, post-traumatic stress disorder, substance misuse, self-harm and suicide[4]. It is crucial that people, including children and young people, have access to a range of services which meet their needs, including support, advocacy, trauma care, safety planning, immediate clinical assessment and follow-up healthcare, including sexual health[5, 6].

A paediatrician with child protection experience and skills should always be available to provide, if necessary, immediate advice and subsequent assessment for children and young people where there are child protection concerns. This should be extended to 18 years of age in specific circumstances, for example looked after children, children and young people suspected to be sexually exploited and young people with vulnerabilities and mental health issues.

The NHS in Scotland is responsible for co-ordinating and delivering healthcare services for people following rape, sexual assault or child sexual abuse and for meeting both health and support needs[7]. The services provided by territorial boards, Integration Joint Boards (IJBs)[8] and special health boards, including the Scottish Ambulance Service, should be appropriate to the roles and responsibilities of the respective NHS board. Where services are not available locally, or the person (to preserve their anonymity) chooses to go outwith their own NHS board area, NHS boards will need to work collaboratively with other health services and agencies.

Forensic medical examinations should always be undertaken in a suitable environment, and be provided by appropriately trained and competent staff. The way in which this is carried out is important since it has the potential either to support or to undermine subsequent recovery. For forensic examinations, the option of having an impartial observer (a chaperone) present should be offered wherever possible, in

particular where there is a sole clinician undertaking the examination. The provision of a chaperone should be in line with the General Medical Council's guidance on intimate examinations and chaperones[9]. Communication and support needs should be documented and actioned as appropriate, including the involvement of an appropriate adult where required[10].

These standards have been developed to ensure consistency in approach to healthcare and forensic medical services for anyone who has experienced rape, sexual assault or child sexual abuse. The standards will set the same high level of care for everyone, regardless of the geographical location or an individual's personal circumstances or age. They will, therefore, support the Scottish Government's vision for the delivery of health and social care services set out in the Health and Social Care Delivery Plan[11].

These standards aim to support a multi-professional, multi-agency co-ordinated response to promote optimal care and to minimise any additional trauma. Standardising the quality of care offered will further ensure the timely collection of high quality evidence to support any criminal justice proceedings. The standards are intended to complement, not duplicate, existing standards and guidelines, including for example, the Child Protection Managed Clinical Networks standards of service provision and quality indicators for the paediatric medical component of child protection services in Scotland[12].

Policy context

In 2017, the Scottish Government convened a Task Force for the Improvement of Services for Victims of Rape and Sexual Assault chaired by the Chief Medical Officer. The Task Force's vision, to be delivered by 2022, is 'Consistent, person-centred, trauma-informed healthcare and forensic medical services and access to recovery, for anyone who has experienced rape or sexual assault in Scotland'[13]. The Task Force is supported by four concurrent workstreams: Quality Improvement; Clinical Pathways; Design and Delivery of Services; and Workforce and Training. The high level work plan was published in October 2017[14].

The standards should also be read alongside other relevant legislation and guidance, including the Adult Support and Protection (Scotland) Act 2007[15] and Child Protection guidelines 2014[16].

Scope of the standards

These standards apply to anyone who has experienced rape, sexual assault or child sexual abuse, including children, young people and adults.

These standards apply to all services and organisations (including NHS boards and IJBs) responsible for the delivery of healthcare and forensic medical examinations for people who have experienced rape, sexual assault or child sexual abuse.

The standards cover the following areas:

- leadership and governance
- person-centred and trauma-informed care
- facilities for forensic examinations
- educational, training and clinical requirements, and
- consistent documentation and data collection.

Format of the standards

All our standards follow the same format. Each standard includes:

- a statement of the required level of performance
- a rationale explaining why the standard is important
- a list of criteria describing the required structures, processes and outcomes
- what to expect if you are a person receiving care
- what to expect if you are a member of staff, and
- what the standards mean for organisations, including examples of evidence which would confirm the standard has been met.

Within the standards, all criteria are considered 'essential' or 'required' in order to demonstrate the standard has been met. While all NHS boards and IJBs are expected to meet all the standards, the detailed implementation of the criteria will be for local determination.

More information about the development of the standards is set out in Appendix 1.

Terminology

Wherever possible, we have incorporated generic terminology which can be applied across all settings. The term 'person' or 'people' is used to refer to the person receiving care or support. The term 'representative' is used to refer to any person the individual wishes to be involved in their care and support. This includes, but is not limited to, someone who has a parental responsibility for the child or young person, carers, family, or an independent advocate.

Throughout this document, we have used the phrase 'forensic examiner' to refer to the professional carrying out the clinical forensic examination.

Self-referral to forensic medical examination, as described in criteria 1.2 and 2.7b, is applicable once the Scottish Government Health and Social Care Directorates issues national guidance and information.

Recognising there are different definitions outlined in different legislation, for the purposes of these standards, and in line with the Sexual Offences (Scotland) Act 2009[17], the following age-specific terms have been used:

- 'child' refers to children under 13 years of age
- 'young person' is someone between 13–15 years of age, and
- 'adult' is someone aged 16 years of age and over.

Summary of standards

Standard 1: Each NHS board demonstrates the leadership and commitment required for a co-ordinated response to meet the needs of people who have experienced rape, sexual assault or child sexual abuse, including forensic examinations, immediate clinical needs assessment and aftercare.

Standard 2: Each NHS board ensures that people who have experienced rape, sexual assault or child sexual abuse receive person-centred and trauma-informed care.

Standard 3: Each NHS board ensures that the facilities and equipment for forensic examinations are appropriate, safe and effectively managed.

Standard 4: Each NHS board ensures that staff have the knowledge, skills and competency to deliver healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse.

Standard 5: Each NHS board ensures that forensic examinations of people who have experienced rape, sexual assault or child sex abuse are recorded using consistent documentation and data collection.

Standard 1: Leadership and governance

Standard statement

Each NHS board demonstrates the leadership and commitment required for a co-ordinated response to meet the needs of people who have experienced rape, sexual assault or child sexual abuse, including immediate clinical needs assessment, forensic examinations and aftercare.

Rationale

The NHS in Scotland is responsible for co-ordinating and delivering healthcare services for people following rape, sexual assault or child sexual abuse and for meeting both health and support needs[7]. This response includes the provision of immediate and ongoing care and support (including health and psychosocial support) and forensic medical services, including forensic medical examinations.

All sharing of appropriate information between agencies is undertaken in line with professional confidentiality guidance; legal requirements (including child and adult protection); Crown Office & Procurator Fiscal Service (COPFS) guidance; Data Protection and Caldicott principles; and local and national data sharing protocols, policies and procedures[15, 16, 17, 18, 19, 20].

Criteria

1.1 Each NHS board has co-ordinated pathways of care in place for children, young people and adults which, at a minimum, include:

a) access to responsive, person-centred and trauma-informed care and support services, independent advocacy, trauma care and safety planning
b) immediate clinical needs assessment, and
c) immediate and follow-up healthcare, including sexual health and psychosocial wellbeing support.

1.2 Each NHS board has a care pathway for adults which supports:

a) easy access and self-presentation to healthcare, and
b) forensic medical examinations, subject to appropriate and agreed national collection and retention policies for storage of forensic medical samples.

1.3 Each NHS board identifies the specific needs of different groups of people who have experienced rape, sexual assault or child sexual abuse and ensures there are policies, procedures and guidelines on how these will be met and monitored.

1.4 For the co-ordination of healthcare and forensic medical services, each NHS board can demonstrate:

a) provision of responsive and person-centred services and facilities, including those for children and young people

b) development and implementation of relevant policies, procedures, standards and guidance in keeping with the principles of trauma-informed services

c) adoption of consistent documentation and data collection and IT infrastructure

d) a multi-professional and multi-agency approach, including collaboration between NHS boards

e) sharing of appropriate information, following consent (where applicable) from the individual, between agencies and teams in line with relevant legislation, principles, policies and procedures[15, 16, 18, 19, 20]

f) collection, monitoring, and review of data, and action taken as a result

g) ongoing quality improvement (including offering people the opportunity to feedback on their experience), and

h) robust clinical governance mechanisms with an executive lead and a clinical lead appointed.

What does the standard mean for people who have experienced rape, sexual assault or child sexual abuse?

- Everyone can access responsive and person-centred services and facilities, including children, young people and people with additional needs.
- People will experience compassionate, accessible, responsive, trauma-informed and culturally sensitive services.
- People can access clear pathways of care and will receive help, care and clinical interventions when needed.
- People know how to provide feedback, including what to do if they wish to make a complaint or provide feedback about the service or the facilities they have experienced.
- People can be confident that professionals will work together to deliver high quality and sensitive care, and that information will be shared and stored appropriately.
- People can have confidence that the organisation has effective leadership and governance and that it promotes an organisational culture committed to continuous improvement.

What does the standard mean for staff?

- Clear pathways of care are available and are easily accessible for all staff.
- Staff have clear guidance on multi-agency and multi-professional working.
- If there are child protection concerns, staff can, at all times, consult a paediatrician with child protection experience and skills (of at least Level 3 safeguarding competencies) to provide immediate advice and subsequent assessment, if necessary, for children and young people.

What does the standard mean for the organisation?

- The organisation:
  - has clear and robust governance structures
  - ensures co-ordinated, person-centred pathways of care are developed (with input from other statutory agencies and the third sector) and implemented, and
  - records and monitors data and undertakes learning to improve multi-agency and multi-professional working, care planning and information sharing.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Policies, procedures and guidelines which meet the needs of people who have experienced rape, sexual assault or child sexual abuse.
- Data reporting on how the specific needs of people have been met, including gender preference for forensic examiner.
- Collection and review of data relating to forensic examinations, including Joint Paediatric Forensic Examinations and Inter-agency Referral Discussions, where appropriate.
- Audit and review against relevant guidance and standards[12].
- Improvement work, including action plans, data collection and review of data.
- Compliance with information sharing legislation, principles, policies and protocols[15, 16, 18, 19, 20].
- Agreed clinical pathways of care.
- Multi-professional and multi-agency staff working, including involvement of professionals including pharmacy/pharmacist professionals and other professionals, where relevant.
- Feedback (anonymised) from people who use services.
- Risk management processes.
- Protocols and agreements for interagency working, including referral pathways and Service Level Agreements, where appropriate.

Standard 2: Person-centred and trauma-informed care

Standard statement

Each NHS board ensures that people who have experienced rape, sexual assault or child sexual abuse receive person-centred and trauma-informed care.

Rationale

Person-centred care involves people and services working collaboratively and in genuine partnership. Care provision that focuses on personal goals, preferences and needs, results in more effective care with better outcomes and a better experience for people who use services.

There are five primary principles for trauma-informed care: safety; trustworthiness and transparency; choice; collaboration; and mutuality and empowerment[21].

Research confirms that a victim-centred[22, 23] and trauma-informed[24] response to sexual crime can reduce further trauma and have a positive effect on the long-term recovery of an individual, continued engagement in any criminal justice process, and better quality evidence to support any criminal proceedings.

Research has also highlighted the following as good practice:

- availability of a female examiner
- privacy
- a non-institutional setting (for example comfortable and welcoming)
- respect and sensitivity
- talking through the process, and
- the person having some control over the process[23].

In their research into Sexual Assault Referral Centres, Lovett et al noted that adult service users, regardless of gender, expressed a strong preference for female forensic examiners and they recommended that this should be the norm[23]. For planning purposes, good practice means that a female forensic examiner should be available at all times. The Victims and Witnesses (Scotland) Act 2014 states that an individual must be given the opportunity to request the gender of the examiner[25].

A paediatrician with child protection experience and skills[26, 27], for example through accredited training from the Royal College of Paediatrics and Child Health, should always be available to provide, if necessary, immediate advice and subsequent assessment, for children and young people where there are child protection concerns. This should be extended to 18 years of age in specific circumstances, including looked after children, children and young people suspected of being sexually exploited and young people with vulnerabilities and mental health issues.

Good practice notes that the principles of trauma-informed care should be applied throughout the process of a person's care, including in any communications with or about them, enabling the individual to have as much sense of choice, collaboration and choice about the examination and their subsequent care as possible, and enhancing their sense of safety and trust[28]. This includes ensuring that people are fully informed, involved and supported through all stages of their care, including when

there are any delays or limitations to the process. To minimise any additional risk of trauma or distress, families and carers should be appropriately supported.

In line with the General Medical Council's guidance on intimate examinations and chaperones[9], a 'patient should be offered the option of having an impartial observer (a chaperone) present wherever possible'. For forensic examinations, an impartial observer should be made available where there is a sole clinician present during the forensic examination. When an translator is required, this should be an independent person and not a family member or friend[29].

Standards of service for victims and witnesses have been developed by Police Scotland, the Crown Office & Procurator Fiscal Service, the Scottish Courts and Tribunals Service, the Scottish Prison Service, and the Parole Board for Scotland[30]. These standards ensure that victims have fair and equal access to services and are treated with dignity and respect at all times. The standards also outline that support organisations must work together, and in partnership, with victims.

Criteria

2.1 Each NHS board ensures that it develops responsive and age-appropriate services to meet the needs of all people who have experienced rape, sexual assault or child sexual abuse.

2.2 There is a person-centred and trauma-informed response to people who have experienced rape, sexual assault or child sexual abuse that is timely sensitive, respectful, age-appropriate and recognises the person's needs and choices.

2.3 A person's views and preferences are sought, documented and shared with the multi-professional and multi-agency team as required, and actioned.

Any information shared is subject to appropriate consents being obtained and in line with relevant legislation and professional confidentiality guidance (see Criterion 1.4e).

2.4 If the person is unable to make their own decisions at any time:

a) their preferences will still be sought, and taken into account, where possible, and
b) the views of those who know their wishes (taking into account the identity of the suspect), such as a parent, guardian, carer, independent advocate, formal or informal representative, are sought and taken into account.

2.5 People (and where appropriate their representative) are fully informed, involved in and supported through all stages of their care, including when there are any delays or limitations to the process.

2.6 Individualised support needs are assessed, documented and actioned as appropriate.

2.7 People are provided with support and information, in a format appropriate to their needs, about:

a) support services, independent advocacy, trauma care and mental health services, including safety planning
b) immediate clinical needs
c) immediate and follow-up healthcare, including sexual health
d) the forensic examination and related consent issues, and
e) the criminal justice system, where appropriate.

2.8 Support is provided to enable people to access:

a) immediate and follow-up healthcare
b) trauma care, including evidence-based psychological therapies
c) mental health services, including safety planning
d) sexual health services
e) support services, and
f) independent advocacy.

2.9 All adults who refer themselves to services can access:

a) health and support services (see pathways of care detailed in Criterion 1.1), irrespective of whether or not they have reported to the police, and
b) forensic examinations to ensure that forensic evidence is not lost due to delay caused by uncertainty about whether to report.

2.10 People have the opportunity to request the gender of the forensic examiner who will be involved in their care. Children and young people are given the opportunity to request the gender of their paediatrician.

2.11 The timing of the forensic medical examination:

a) is person-centred and trauma-informed, and
b) follows discussions with the person, the forensic examiner and others as appropriate, for example a paediatrician if the person is under 16 years of age.

2.12 For young people and adults, the forensic examination is undertaken within three hours of request[31].

Exceptions to this timeframe may be necessary:

- to reflect a person's choice or decision about the timing of the forensic examination, and
- in remote and island communities where significant travel is involved.

In either of these situations, the forensic examiner provides the person and the police with an indication of when the examination will take place, and the reasons for this are recorded and shared appropriately.

2.13 A suitably trained, impartial chaperone is offered for all forensic examinations where there is a sole clinician present.

2.14 When a translator or appropriate adult is required, the person's preferences are sought, including the gender of translator, and these are recorded, shared and actioned as appropriate or reasons documented if this is not possible.

What does the standard mean for people who have experienced rape, sexual assault or child sexual abuse?

- People can expect to be treated as an individual, with dignity and respect, and that their wishes and preferences will be respected.
- Everyone, including children and young people, will receive care and support that is appropriate to their age and needs.
- People will receive information in a format and style that is appropriate to their needs (including provision of information for people with autism, learning disability and translation services) and their age (including age-appropriate information for children and young people). This information will enable people to make an informed choice about the services they wish to access.
- People will be able to access a forensic examiner or paediatrician of the gender of their choosing, and to access an impartial chaperone.
- The views of representatives, such as a parent, guardian, carer, independent advocate, formal or informal representative, will be taken into account, when an individual is unable to make their own decisions. Staff will be mindful of the identity of the suspect.
- Family members and carers, where appropriate, will be supported throughout the process.

What does the standard mean for staff?

- Staff can:
  - actively and sensitively engage with people who have experienced rape, sexual assault or child sexual abuse to understand their needs and preferences, and ensure that responsive and person-centred services are provided, and
  - offer responsive and person-centred services and information for all people who have experienced rape, sexual assault and child sexual abuse, including children and young people and people with additional needs.

What does the standard mean for the organisation?

- NHS boards have systems and processes in place to ensure an appropriate response to people's needs and preferences, including:
  - referral to another NHS board, where appropriate
  - gender preferences for forensic examiner and paediatrician
  - appropriate and timely sharing of information in line with relevant legislation and guidance[32]
  - provision of impartial chaperones, and
  - responsive and person-centred services, including those for children and young people.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Evidence of information provided in alternative formats and languages, including easy read, and of provision of services that reflect the need of local communities or care settings, including care homes and prisons. • Access to translators and support services. • For children and young people, documentation relating to child protection, including Inter-agency Referral Discussions (IRD) and Joint Paediatric Forensic (JPF) examinations. • Documentation relating to decision making around the forensic examination, including, where appropriate, the involvement of multi-agency staff and professionals, including children's social work services and the police. • Audit and review of learning from data on timings of forensic examinations, including those undertaken by paediatricians and forensic examiners, and gender preference for forensic examiner and paediatrician, and provision of a chaperone. • Data on clinical needs and healthcare, including contraception and post exposure prophylaxis for HIV and hepatitis B and emergency contraception, pregnancy testing, mental health services, and therapeutic services for the person, and where appropriate, their family. • Information and support available to people who have experienced rape, sexual assault or child sexual abuse, or their families, including referral services and information leaflets, for example, about advocacy services.

Standard 3: Facilities for forensic examinations

Standard statement

Each NHS board ensures that the facilities and equipment for forensic examinations are appropriate, safe and effectively managed.

Rationale

Following the creation of Police Scotland, the responsibility for the delivery of healthcare and forensic medical services for people in police care transferred from the police to NHS boards[3]. The Scottish Police Authority (SPA) has assumed responsibility for forensic medical services under Section 31 of the Police and Fire Reform (Scotland) Act 2012[7]. The delivery of forensic medical services was passed to NHS boards through the development of a Memorandum of Understanding[33].

The services provided by territorial, Integration Joint Boards (IJBs) and special health boards, should be multi-agency and multi-professional and appropriate to the roles and responsibilities of the respective NHS board.

In keeping with the NHSScotland Quality Strategy, all facilities for forensic examinations should be safe, effective, person-centred[34], and dedicated and suitable to the needs of all people who use the service[35], including being trauma-informed. For children and young people, this should include appropriate clinical facilities with a suitably age-appropriate environment with a waiting area, appropriate toys and distractions for the examination[12].

Her Majesty's Inspectorate of Constabulary in Scotland's 2017 report[3] noted that it is not acceptable for forensic examinations of people who have experienced rape, sexual assault or child sexual abuse to take place in police stations. The report also makes it clear that it is not acceptable for anyone who has experienced rape, sexual assault or child sexual abuse to come into contact with any suspect while they receive healthcare or forensic medical services.

Criteria

3.1 All forensic examinations take place in facilities that are:

a) located in health or designated multi-agency settings with health and social care facilities, and

b) accessible, suitable and responsive to the needs of all people who use the service.

3.2 All facilities and equipment used for forensic medical examinations comply with relevant national standards, specifications and guidelines[36, 37, 38].

3.3 National sampling kits and any other relevant equipment provided, including colposcopes, are available, monitored, maintained, up to date and comply with national specifications.

3.4 The forensic examination will be undertaken:

a) where there is no risk that the person who has experienced rape, sexual assault or child sexual abuse will come into contact with the suspect
b) in a separate setting and by a different forensic examiner from that used for the examination of the suspect, and
c) if this is not possible, the actions taken to mitigate risks and reduce contamination of forensic evidence are identified, recorded and shared.

What does the standard mean for people who have experienced rape, sexual assault or child sexual abuse?

- All forensic examinations will take place in safe, accessible and suitable facilities, with age-appropriate services and space for children and young people. Where appropriate, access to washing facilities, refreshments and replacement clothing will be available.
- All facilities and settings maximise a person's dignity and privacy and are responsive to the individual's needs, including people with additional support needs.
- No forensic examinations will take place in police settings.
- No one who has experienced rape, sexual assault or child sexual abuse will come into contact with the suspect during the forensic examination or while receiving healthcare services.

What does the standard mean for staff?

- Staff have safe, appropriate and effective equipment to use.
- Staff can access suitable, high quality and maintained facilities.

What does the standard mean for the organisation?

- NHS boards provide safe, effective and person-centred healthcare and forensic medical services.
- Appropriate and high quality equipment and facilities are provided, including, where appropriate, access to washing facilities, refreshments and replacement clothing.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Information and data on location of forensic examinations, facilities and compliance with national standards and guidelines.
- Accessible and high quality premises with appropriate facilities and equipment, including washing facilities, refreshments and replacement clothing.
- Compliance with infection control guidance, anti-contamination and forensic science regulator guidance[36, 39, 40].

Standard 4: Educational, training and clinical requirements

Standard statement

Each NHS board ensures that staff have the knowledge, skills and competency to deliver healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse.

Rationale

To ensure that services are safe, effective, person-centred and trauma-informed, all relevant staff are provided with training appropriate to their role and responsibilities[35, 41].

Given the distressing nature of the work, staff are offered ongoing personal and peer support, peer review in keeping with national professional standards, continuous professional development and supervision.

Criteria

4.1 Each NHS board ensures that all staff providing healthcare services and forensic examinations for people who have experienced rape, sexual assault or child sexual abuse have undertaken accredited training proportionate and appropriate to their roles and responsibilities. Training includes**,** but is not limited to:

a) person-centred and trauma-informed care, to understand the impact of trauma and how to respond with sensitivity and compassion to people who have experienced rape, sexual assault or child sexual abuse
b) communication skills appropriate to the individual needs and age range of people who use services
c) equality and diversity informed practice
d) child and adult protection issues, as appropriate
e) immediate clinical needs assessment, treatment and management
f) appropriate and timely referral for immediate and longer term follow-up care
g) legislative requirements, including adult and child protection
h) standardised data collection
i) report writing, court skills and the legal process, and
j) forensic capture.

4.2 Joint Paediatric Forensic (JPF) examinations involving child sexual abuse cases include both a competently trained paediatrician and forensic examiner who can carry out timely examinations with a colposcope or equivalent, including photo-documentation.

4.3 Staff are supported to maintain high levels of skill and expertise through:

a) clinical supervision
b) peer review in keeping with national professional standards
c) appraisals, and
d) continuous professional development.

4.4 Staff wellbeing is supported through ongoing personal and peer support.

What does the standard mean for people who have experienced rape, sexual assault or child sexual abuse?

- People can be confident that staff providing healthcare services and forensic examinations are compassionate, skilled and competent.
- Staff have the training to meet the needs of people who use services, including children, young people and people with additional needs.

What does the standard mean for staff?

- Staff can demonstrate knowledge, skills and competence relevant to their role.
- Staff attend relevant training and achieve required competencies and qualifications.
- Staff are supported to fulfil their responsibilities.

What does the standard mean for the organisation?

- NHS boards are committed to providing staff with:
  - the necessary knowledge and skills, appropriate to their roles and responsibilities, to provide high quality care and support, and
  - ongoing support.
- Training and continuous professional development opportunities are available and accessible to all relevant staff.
- Opportunities for multi-agency and multidisciplinary training are developed.

Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*

- Information about support mechanisms for staff.
- Appraisal and CPD data.
- Training and development plans and records, for example:
  - for Forensic Medical Examiners – the Quality Standards in Forensic Medicine[42] issued by the Faculty of Forensic & Legal Medicine
  - for nurses – the Quality Standards for Nurses in Sexual Offence Medicine[43]
  - Essentials in Sexual Offences Forensic Examination and Clinical Management (Adults and Adolescents) Best Practice for Scotland[44]
  - Protecting Children and Young People: Framework for Standards[26, 27]
  - Paediatrics and Child Health training, including Level 4 competencies and attendance at CSA courses
  - Transforming Psychological Trauma[45] issued by NHS Education for Scotland, and
  - further qualifications, including postgraduate qualifications.

Standard 5: Consistent documentation and data collection

Standard statement

Each NHS board ensures that forensic examinations of people who have experienced rape, sexual assault or child sexual abuse are recorded using consistent documentation and data collection.

Rationale

Consistent documentation (electronic or paper) and data collection for forensic reporting will ensure a high quality, consistent national approach and minimise unwarranted variation and error.

All information shared is subject to relevant professional confidentiality guidance, legal requirements and national and local data sharing protocols, policies and procedures[15, 16, 18, 19].

Criteria

5.1 Consistent documentation and data collection for forensic reporting, as agreed by the relevant regional and national networks, are used.

5.2 Informed consent for the forensic examination is:

a) obtained for each element of the examination, either from the person or their representative (taking into account the identity of the suspect)
b) documented using standardised consent forms, and
c) in line with data protection regulations.

5.3 Following each forensic examination, relevant standardised documentation is:

a) completed by the forensic examiner (and paediatrician for children and young people) to inform investigators, court practitioners and jurors, and
b) shared and stored appropriately.

What does the standard mean for people who have experienced rape sexual assault or child sexual abuse?

- Written consent will be obtained for each element of the forensic examination before the forensic examination takes place.
- People will know what they are consenting to, and that consent can be withdrawn at any time.
- Consent will be obtained from the person themselves, or their representative, (taking into account the identity of the suspect).
- All information will be shared appropriately and stored securely. People will know what information about them is shared.

What does the standard mean for staff?

- Staff will be able to access, use and submit standardised documentation.
- All documentation will be stored and shared appropriately.

What does the standard mean for the organisation?
• Each NHS board will adopt standardised tools to ensure there is consistency in approach and high standards of reporting. • Each NHS board will ensure that all documentation is compliant with legislation, guidance, and local and national professional policies and procedures.
Practical examples of evidence of achievement *(NOTE: this list is not exhaustive)*
• Evidence of appropriate storage and retention of stored documentation and data[15, 16, 18, 19]. • Use of National Proforma for Forensic Examinations of all Children and Young People. • Joint policy in place for storage of health records, including sensitive digital images. • Examples of consent forms for children, young people and adults. • Audit of: - data collected using standardised tools, including those relating to Joint Paediatric Forensic examinations - completed forms, including consent forms, and - accuracy of completed forms and their compliance with General Data Protection Regulation (GDPR).

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Appendix 1: Development of the standards

The Standards for Healthcare and Forensic Medical Services for People who Have Experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults have been informed by current evidence and best practice recommendations, and developed by group consensus.

Development activities

To ensure each standard is underpinned with the views and expectations of both health and social care staff, third sector representatives, people and the public in relation to healthcare and forensic medical services, information has been gathered from a number of sources and activities, including:

- literature review, and
- development group meetings.

A project group was convened in May 2017 to consider the evidence and to help identify key themes for standards development. Dr Cliff Sharp, Medical Director, NHS Borders is the project group chair.

Membership of the project group is set out in Appendix 2.

Quality assurance

All project group members were responsible for advising on the professional aspects of the standards. Clinical members of the project group were also responsible for advising on clinical aspects of the work. The chair was assigned lead responsibility for providing formal clinical assurance and sign-off on the technical and professional validity and acceptability of any reports or recommendations from the group.

All project group members were asked to declare any interests at the beginning stages of the project. They also reviewed and agreed to the project group's Terms of Reference. More details are available on request from hcis.standardsandindicators@nhs.net

Healthcare Improvement Scotland also reviewed the standards document as a final quality assurance check. This ensures that:

- the standards are developed according to agreed Healthcare Improvement Scotland methodologies
- the standards document addresses the areas to be covered within the agreed scope, and
- any risk of bias in the standards development process as a whole is minimised.

For more information about Healthcare Improvement Scotland's role, direction and priorities, please visit:

www.healthcareimprovementscotland.org/drivingimprovement.aspx

Appendix 2: Membership of the standards project group

Name	Position	Organisation
Cliff Sharp (Chair)	Medical Director	NHS Borders
Sandy Brindley	National Co-ordinator	Rape Crisis Scotland
Hannah Cornish	Programme Manager, Police Care Network	NHS National Services Scotland
Katie Cosgrove	Programme Manager, Gender Based Violence	NHS Health Scotland
Jessica Davidson	Senior Clinical Forensic Charge Nurse	NHS Lothian, South East Scotland Police Custody Healthcare and Forensic Examination Service
George Fernie	Clinical Advisor, Police Care Network & Forensic Physician	NHS Lothian
Elizabeth Gallagher	Nursing & Operations Manager	NHS Lothian Forensic Services (REAS)
Ruth Henry	Manager	Archway Sexual Assault Referral Centre, Glasgow City Health & Social Care Partnership
Anne Marie Hicks	Procurator Fiscal, Sexual Offences Policy	Crown Office
Stuart Houston	National Rape Task Force / National Human Trafficking Unit	Police Scotland
Robin Jamieson	Lead Forensic Physician	NHS Ayrshire & Arran, NHS Lanarkshire, NHS Greater Glasgow and Clyde
Saira Kapasi	Violence Against Women Justice Lead	Scottish Government
George Laird	Manager	West of Scotland Sexual Health MCN & Child Protection MCN
Jamie Lipton	Procurator Fiscal Depute	Policy & Engagement Division, Crown Office & Procurator Fiscal Service
Colin MacDonald	Service Manager, Police Custody Health Care	NHS Greater Glasgow and Clyde
Jane MacDonell	Consultant Paediatrician	NHS Borders, South of Scotland, Child Protection MCN Clinical Lead
Rhoda MacLeod	Head of Adult Services (Sexual Health)	Glasgow City Health & Social Care Partnership
Mark McEwan	Service Planning Lead	Regional Collaboratives, NHS Grampian

Name	Position	Organisation
Jan Mcclean	Regional Healthcare Planner	Regional Collaboratives, South East Scotland
Kate McKay	Chair of Specialist Paediatric Forensic Service Delivery Subgroup	Scottish Government
Graham Milne	Network Programme Manager – Equally Safe Project	NHS National Services Scotland
Joy Mires	Regional Clinical Lead for Child Protection	North of Scotland Child Protection MCN
Jacqueline Mok	Chair of Child Protection Committee	Royal College of Paediatrics and Child Health Scotland
Paula O'Brien	Administrative Officer	Healthcare Improvement Scotland
Jane Officer	Lead Scientist Toxicology & Drugs, SPA Forensic Services	Scottish Police Authority (SPA)
Moira Paton	Manager	Rape and Sexual Abuse Service Highland (RASASH)
Sally Patrick	Clinical Team Leader Custody Healthcare & Forensic Service (Chefs)	North of Scotland Planning Group
Carol Rogers	Lead Forensic Scientist – sexual offences	Scottish Police Authority (SPA)
Grant Scott	Professional Nurse Advisor	Prison Healthcare Services, Glasgow City Health and Social Care Partnership
Louise Scott	Clinical Advisor, Police Care Network & Forensic Physician	NHS Western Isles
Karan Simson	Clinical Team Leader (Police Custody)	NHS Greater Glasgow and Clyde
Jim Smith	Project Officer	Healthcare Improvement Scotland
Shona Stewart	Police Inspector, NHS Liaison, Custody Healthcare & Forensic Medical Services	Police Scotland
Melanie Wade	Detective Inspector, Public Protection Support, HMICS-Forensic service provision	Police Scotland
Fiona Wardell	Team Lead, Standards and Indicators Unit	Healthcare Improvement Scotland
Deb Wardle	Lead Consultant in GU Medicine & Sexual Health	Archway, NHS Greater Glasgow and Clyde
David Wearden	Clinical Lead for Forensic Medicine	NHS Grampian, NHS Highland

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The Healthcare Environment Inspectorate, Improvement Hub, Scottish Health Council, Scottish Health Technologies Group, Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.