

NHS Board Meeting
29th April 2020

Lanarkshire NHS Board
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SUBJECT: SEXUAL ASSAULT AND RAPE SERVICES

1. PURPOSE

This paper is coming to the Board:

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
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2. ROUTE TO THE BOARD

The paper has been:

Prepared	<input type="checkbox"/>	Reviewed	<input checked="" type="checkbox"/>	Endorsed	<input type="checkbox"/>
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by the Forensic Medical Examination Group.

3. SUMMARY OF KEY ISSUES

3.1 Background

In March 2017, the Chief Medical Officer for Scotland was tasked by the then Cabinet Secretaries for Health, and for Justice, to chair a new Taskforce to provide national leadership for the improvement of forensic medical and health care services for victims of sexual crime.

Following the creation of the Taskforce, the Chief Medical Officer published a high level work plan in October 2017, which set a clear vision of how the Taskforce and its five sub groups would drive forward improvements over the next five years.

To put beyond doubt what is expected of Health Boards in delivering care for victims of sexual crime - and to build consistency of practice throughout the country - the Scottish Government commissioned Health Improvement Scotland to develop new national standards for forensic medical examinations, which were published in 2017. The last progress update against the standards (February 2020) is included in Appendix 1.

The Scottish Government is currently taking forward the new Forensic Medical Services (Victims of Sexual Offences) Bill with the intention of introducing direct statutory functions on NHS Boards to provide forensic medical services and healthcare support to victims of rape and sexual assault, including those who have chosen not to report the crime to the police, or are undecided, but wish to undergo an examination and access healthcare support.

3.2 Existing Service Model

At present, NHS Lanarkshire has a Service Level Agreement with Archway, the regional Sexual Assault Referral Centre (SARC) operated by Glasgow City H&SCP with the expectation that both the Forensic Medical Examination (FME) and through care is provided by appropriately trained staff who are sensitive to the needs of the individuals presenting for examination and care. We also have other local mechanisms that supports people who, for a number of reasons, cannot utilise the Archway SARC e.g. children, historical assault, personal choice, availability of service, etc.

Within NHS Lanarkshire there is contingency with appropriately trained paediatricians supporting children, Sexual Health Services (consultant led), GBV and arrangements / relationships with third sector organisations, namely Rape Crisis; Women's aid; and Say Women. There is also a designated medical examination suite within University Hospital Wishaw as an alternative to FME being conducted on police premises when Archway facilities / supports are not available. Use of this facility is negligible and through this programme of work has been assessed as unfit for purpose due to its location in a busy outpatient area.

From December 2018 to November 2019, 350 cases were examined at the Archway Service, 19% being NHS Lanarkshire residents. Over recent years, there has been a slow and steady shift, through patient choice, for victims to return to NHS Lanarkshire for all through care.

3.3 Developing the Regional Model

Through the national taskforce developments, new regional arrangements are being created with the aim of improving the provision of healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse in compliance with:

- The “asks” of the Chief Medical Officer-led Taskforce for the Improvement of Services for Adults and Children who have Experienced Rape and Sexual Assault; and
- Healthcare Improvement Scotland's Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults Standards (2017).

The regional model works on the principle of a ‘hub and spoke’ with Archway providing the role of the region's centre of excellence, with outreach of medical and nursing staff to undertake forensic examinations and immediate clinical care in local facilities, with each Board then providing all subsequent through care.

The reconfiguration of services in the West of Scotland will see the Archway Service relocated to the William Street Clinic in Glasgow, providing two forensic examination suites and the central base for the operational management and coordination of the regional service. For Lanarkshire residents, the service will be as follows:

- Adult patients will be examined by Archway staff in the new treatment centre at University Hospital Wishaw, or alternatively at Archway by patient choice
- Adolescents will be examined by Archway staff in the new treatment centre at University Hospital Wishaw, or alternatively at Archway by patient choice

- Children will be examined by NHS Lanarkshire Paediatric staff in the new treatment centre at University Hospital Wishaw

The West of Scotland Health and Social Care Delivery Plan Board agreed that the future regional model should be seven days per week, which will have a recurring cost of £844k per annum once the non-recurrent commitment from the Scottish Government ends in March 2021. The cost to NHS Lanarkshire would be £160k per annum. The sustainability of the regional model and the key elements of the Forensic Medical Services (Victims of Sexual Offences) Bill will be heavily dependent on the availability of national finance to support.

The regional group is continuing to engage with the Scottish Government officials, led by Colin Sloey, to develop and finalise the model and appropriate implementation plans.

3.4 NHS Lanarkshire Sexual Assault Referral Centre

One of the early developments of the programme was a review of the existing Forensic Examination Suite at University Hospital Wishaw. The current suite was deemed unfit for purpose due to it being situated within a busy outpatients department with no separate waiting area; no changing, toilet or shower facilities for service users and staff; no linked interview space; and no storage space.

It was agreed that any new facility should remain on the University Hospital Wishaw site to retain close proximity to Paediatrics, so one of the flats in Nethernton House was vacated to make way for the new centre.

The new facility provides a discrete and private base with one examination suite; a waiting area; an interview room; separate staff and service user toilet and shower facilities; an office; and storage space (see floor plan in appendix 2).

The facility was due to open in February 2020 and is close to completion with only the 'snagging list' to conclude, but work is currently on hold due to the Covid-19 restrictions.

3.5 Next Steps

Work continues between the West of Scotland Forensic Medical Examination group and Scottish Government colleagues to finalise the new regional model. NHS Lanarkshire's Sexual Assault Referral Centre will be completed and opened as soon as the contractor is able to recommence work.

While good progress has been made against the five HIS Standards, there remains a number of amber areas that cannot be developed further until the new regional model is rolled out. Local Standard Operating Procedures have been created for the new facility, along with clinical pathways that will be signed off by the regional group.

The sustainability and success of the regional model and the Forensic Medical Services (Victims of Sexual Offences) Bill will be heavily dependent on national finance being continued.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input checked="" type="checkbox"/>	Government policy	<input checked="" type="checkbox"/>
Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	Achieving Excellence/ local policy	<input type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

6. MEASURES FOR IMPROVEMENT

Healthcare Improvement Scotland set out 5 key standards for Healthcare and Forensic Medical Services for people who have experiences rape, sexual assault or child sex abuse, with progress reported via Scottish Government. Work is ongoing around the creation of a national performance framework.

7. FINANCIAL IMPLICATIONS

The West of Scotland Health and Social Care Delivery Plan Board agreed that the future regional model should be seven days per week, which will have a recurring cost of £844k per annum once the non-recurrent commitment from the Scottish Government ends in March 2021. The cost to NHS Lanarkshire would be £160k per annum.

The sustainability of the regional model and the key elements of the Forensic Medical Services (Victims of Sexual Offences) Bill will be heavily dependent on the availability of national finance to support.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The developments around forensic services sit on the North Partnership register, but consideration should be given to visibility on the corporate register due to the potential financial risks posed due to national funding ending in March 2021.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input checked="" type="checkbox"/>				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

The regional model will be subject to a full Equality and Diversity Impact Assessment.

11. CONSULTATION AND ENGAGEMENT

Three engagement events were held, including victims of rape and sexual assault, as part of the national process for developing the new model.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input type="checkbox"/>	Endorse	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input checked="" type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

The Board is asked to:

- Note the progress made in developing the new regional model and working towards the five HIS standards;
- Note the potential financial risks associated with the new regional model;
- Request further updates on progress and sight of the final model for approval before implementation.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Ross McGuffie, Chief Officer, North Health and Social Care Partnership
01698 858 143

Appendix 1: NHS Board Performance Report against the HIS Standards regarding Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults.

NHS Board: NHS Lanarkshire

Reporting Period: November 2019-February 2020

Report Prepared By: Jim Duffy

Taskforce Stocktake Report on progress related to the development of services for victims of Rape & Sexual Assault.

February 2020

1. Current status against HIS standards. (Re; February 2020 report below).

There are no major changes in practice since last reporting period. Archway still provide our services within the Glasgow facility on behalf of NHS Lanarkshire. NHS Lanarkshire has participated in the consultation of the proposed new Sexual Health (FME) Bill, and this process raised many as yet unanswered questions on how NHS Lanarkshire and all other Boards will resource this. NHSL will continue to discuss and anticipate the need to deliver a localised workforce for 2021 and beyond. This may have an impact upon other services currently delivered if prioritisation has to be given to legislative requirements on FME services. At present, workforce issues are as they were and Archway provide this information.

2. Development of local Facility

Work on the new NHS Lanarkshire facility commenced on 13 January. Weekly updates are received from planning department and a walk through of the site was conducted on Monday 3rd February 2020. It is estimated that the work will be completed by the end of week commencing 10th February 2020. Monitoring of progress is ongoing.

3. Performance against H.I.S. standards

The NHS in Scotland is responsible for co-ordinating healthcare and forensic medical services for people following rape, sexual assault or child sexual abuse and meeting both health and support needs of survivors.

In December 2017, Health Improvement Scotland (HIS) produced standards for healthcare and forensic medical services for people who have experienced rape, sexual assault or child sexual abuse. The standards were developed to ensure consistency in approach to healthcare and forensic medical services for anyone who has experienced gender based or sexual violence. This report sets out the current self-assessment for NHS Lanarkshire.

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.

Criteria	What	When	Who	Current Status	Evidence
1.1	<p>Each NHS board has co-ordinated pathways of care in place for children, young people and adults which, at a minimum, include:</p> <ul style="list-style-type: none"> 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, c) Immediate and follow-up healthcare, including sexual health and psychosocial wellbeing support. 	<p>Children – Current to UWH Paeds</p> <p>Adults – current to Archway</p>	Ross McGuffie CO North IJB	AMBER	<p>Child services currently provided by Wishaw Paediatrics. Progress in suite development following further delay at the end of 2019, with existing SOP's in place. Discussions are ongoing regionally to consider the best model for Children and Young people, with particular reference to how they maintain competence/expertise in terms of how many cases they have.</p> <p>Adult services continue to be provided through Archway currently. The issue of graduating from this to a specific Lanarkshire service is being discussed locally and featured strongly in the NHSL response to consultation on the proposed FME legislation, particularly around the resources required to achieve this, but also on how competence is maintained for clinicians given the relatively low numbers of cases per clinician. This discussion is ongoing]. Regional model support plans in progress.</p> <p>Follow on care is linked up by the current clinicians involved.</p> <p>Improved local service provision for children was expected to come on stream by the end of December 2019, but the delays in delivering the facilities have pushed this back to 2020. Position for adults as part of the regional model is expected to commence in 2020 (no specific date yet agreed) but this currently under discussion due to a number of challenges and therefore, status is AMBER.</p> <p>Discussions have taken place with appropriate senior personnel on the ongoing support required for any individual who may require it, following trauma or historical abuse/assault. It is</p>

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Criteria	What	When	Who	Current Status	Evidence
					recognised in Lanarkshire that such individuals will be provided with access to support services at the appropriate time, when they are ready to engage, with no need for new referral.
1.2	<p>Each NHS board has a care pathway for adults which supports:</p> <ul style="list-style-type: none"> 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. 	Current via Archway	Archway	Green	<p>Current arrangement remains with Archway with pathways and protocols being developed for outreach services to Lanarkshire when facilities open.</p> <p>Self-presentation out of hours not currently available as FME staff not contracted to conduct these examinations.</p> <p>There continues to be access locally to healthcare via sexual health clinics, GP and other universal routes.</p>
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.	<p>March 2020 for children.</p> <p>Adult provision by Archway</p>	<p>Ross McGuffie</p> <p>Children's Services NHSL</p> <p>Archway</p>	AMBER	<p>Archway and FME activity reports. Third Sector activity outlines. NHSL GBV Services outline, ASSIST activity outline.</p> <p>Needs of male victims are less readily supported by current systems, given low numbers, by third sector service providers.</p> <p>Policies, procedures and guidelines on forthcoming localised arrangements are being completed by the local steering group. These will be finalised as the local service comes on stream</p>
1.4	<p>For the co-ordination of healthcare and forensic medical services, each NHS board can demonstrate:</p> <ul style="list-style-type: none"> 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- 	<p>Mar 2020 for children.</p> <p>Adult provision by Archway</p>	<p>Ross McGuffie</p> <p>Children's Services NHSL</p> <p>Archway</p>	AMBER	<ul style="list-style-type: none"> a) Archway statement of provision. NHSL Sexual health service model. NHSL GBV services service model. Third sector service models b) SOPs for Children cases being written. Decontamination being arranged.

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Criteria	What	When	Who	Current Status	Evidence
	<p>informed services</p> <p>c) adoption of consistent documentation and data collection and IT infrastructure</p> <p>d) a multi-professional and multi-agency approach, including collaboration between NHS boards</p> <p>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.</p> <p>f) Collection, monitoring, and review of data, and action taken as a result.</p> <p>g) ongoing quality improvement (including offering people the opportunity to feedback on their experience)</p> <p>h) Robust clinical governance mechanisms with an executive lead and a clinical lead appointed.</p>				<p>c) Archway to provide data returns and documentation from Centre of Excellence</p> <p>d) Regular meetings taking place regionally and locally with a full range of stakeholders.</p> <p>e) Still to be further developed – Caldicott arrangements apply, GDPR applies</p> <p>f) Remains limited at present – Archway testing new national dataset</p> <p>g) evaluations via RCS</p> <p>h) leads identified, not yet taken ownership from Archway</p>

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.

Criteria	What	When	Who	Current Status	Evidence
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.	Ongoing	Ross	AMBER	Current Archway SLA in place for adults but work ongoing to plan for move to Peripatetic then Lanarkshire based service. Paediatric process in place at UHW with new facility on line Mar 2020
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.	Ongoing	All	Green	Ongoing
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).	Ongoing	All	Green	ongoing
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.	Ongoing	All	Green	Ongoing

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Criteria	What	When	Who	Current Status	Evidence
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	Ongoing	All	Green	Archway information resources. National Rape and Sexual Assault guidebook Third sector information materials NHSL sexual health website
2.6	Individualised support needs are assessed, documented and actioned as appropriate.	Ongoing	Archway clinical staff and Paeds	Green	Current arrangements. To be factored into Lanarkshire arrangements as they come on stream.
2.7	<p>People are provided with support and information, in a format appropriate to their needs, about:</p> <ul style="list-style-type: none"> 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 	Ongoing	Archway and local services	Green	Leaflets available. National guide book available.
2.8	<p>Support is provided to enable people to access:</p> <ul style="list-style-type: none"> a) immediate and follow-up healthcare b) trauma care, including evidence-based psychological therapies c) mental health services, including safety 	Current	All	Green	All services available locally.

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Criteria	What	When	Who	Current Status	Evidence
	<p>planning</p> <p>d) sexual health services</p> <p>e) support services, and</p> <p>f) Independent advocacy.</p>				
2.9	<p>All adults who refer themselves to services can access:</p> <p>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</p> <p>b) Forensic examinations to ensure that forensic evidence is not lost due to delay caused by uncertainty about whether to report.</p>	Current	Universal Services and Archway contact	Green	Archway statistics advise No of self-referrals for Lanarkshire. Information gathered in December/January for the consultation process of the new sexual health/FME legislation. NHSL will comply with all requirements of legislation when passed.
2.10	<p>People have the opportunity to request the sex 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.</p>	Current – except out of hours	Archway and FME staff (on behalf of NHSL)	RED	Sex of examiner offered where possible within hours, but outwith hours FME options limited.
2.11	<p>The timing of the forensic medical examination:</p> <p>a) is person-centred and trauma-informed, and</p> <p>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.</p>	Current	Archway and Paeds clinical staff	Green	Discussions take place with victim to ensure compliance
2.12	<p>For young people and adults, the forensic examination is undertaken within three hours of request.</p> <p>Exceptions to this timeframe may be necessary:</p> <ul style="list-style-type: none"> to reflect a person’s choice or decision about 	Variable – better during daytime hours	Archway and FME, and Paeds clinical staff	AMBER	Archway figures, and paediatric returns on timescales

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Criteria	What	When	Who	Current Status	Evidence
	<p>the timing of the forensic examination, and</p> <ul style="list-style-type: none"> In remote and island communities where significant travel is involved. <p>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.</p>				
2.13	A suitably trained, impartial chaperone is offered for all forensic examinations where there is a sole clinician present.	Current	Archway cover and Paed clinical and the CYP FME	Green	In place
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.	Current	All	Green	Standard Equality Policy and Procedure

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.

Criteria	What	When	Who	Current Status	Evidence
3.1	<p>All forensic examinations take place in facilities that are:</p> <ul style="list-style-type: none"> 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. 	Current	NHSL arrangements for Paediatrics at UHW, or young people and adults at Archway	Amber	Archway (on behalf of NHSL) and Paed arrangements in place, with local facility plans ongoing although there is a delay to the planned date of readiness.
3.2	All facilities and equipment used for forensic medical examinations comply with relevant national standards, specifications and guidelines.	Current	Archway and Paed	Green	Evidence available from Archway(on behalf of NHSL).
3.3	National sampling kits and any other relevant equipment provided, including colposcopes, are available, monitored, maintained, and up to date and comply with national specifications.	Current	Archway and Paed	Green	All in place
3.4	<p>The forensic examination will be undertaken:</p> <ul style="list-style-type: none"> a) where there is no risk that the person who 	Current	Archway and Paeds	Green	Separate and individualised arrangements per case. These principles also underpin the new facility design and SOP's

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Criteria	What	When	Who	Current Status	Evidence
	<p>has experienced rape, sexual assault or child sexual abuse will come into contact with the suspect</p> <p>b) in a separate setting and by a different forensic examiner from that used for the examination of the suspect, and</p> <p>c) If this is not possible, the actions taken to mitigate risks and reduce contamination of forensic evidence are identified, recorded and shared.</p>				

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.

Criteria	What	When	Who	Current Status	Evidence
4.1	<p>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.</p> <p>Training includes, but is not limited to:</p> <ul style="list-style-type: none"> 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, 			Green	Training records evidence all requirements

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Criteria	What	When	Who	Current Status	Evidence
	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.	Current	Paeds	Green	All in place
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.	Current	Paeds and Archway	Green	Archway report FME report NHSL staff systems
4.4	Staff wellbeing is supported through ongoing personal and peer support.	Current	Paeds and Archway	Green	Archway report FME report GBV Partnerships locally

Standard 5: Consistent documentation and data collection

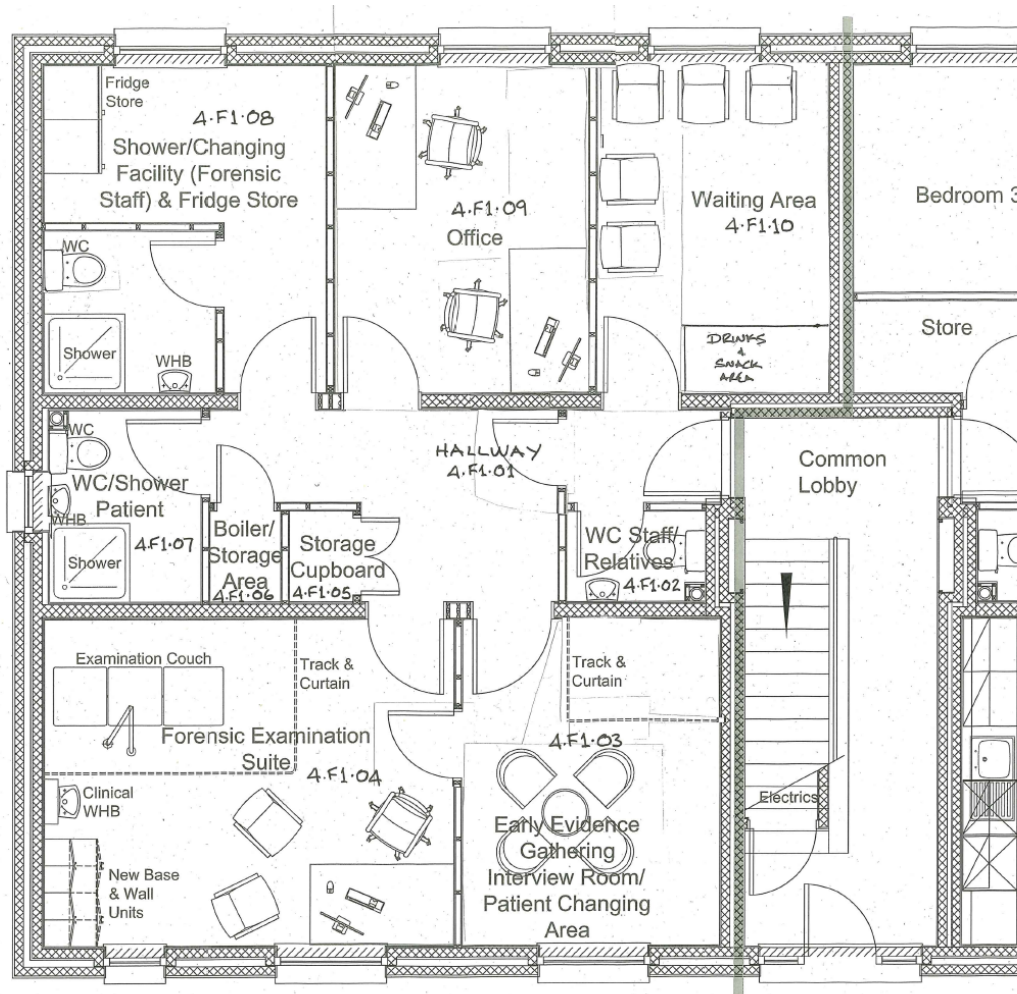
Standard statement - Each NHS board ensures that forensic examinations of people who have experienced rape, sexual assault or child sexual abuse are recorded using consistent documentation and data collection.

Criteria	What	When	Who	Current Status	Evidence
5.1	Consistent documentation and data collection for forensic reporting, as agreed by the relevant regional and national networks, are used.	Current document avail waiting new national pathway	Archway	Green	Archway data management.
5.2	<p>Informed consent for the forensic examination is:</p> <ul style="list-style-type: none"> 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. 	Archway documentation	Archway	Green	Archway data management (on behalf of NHSL)

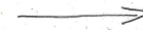
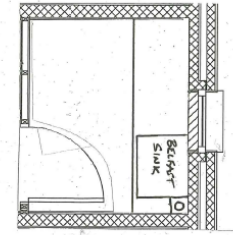
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Criteria	What	When	Who	Current Status	Evidence
5.3	<p>Following each forensic examination, relevant standardised documentation is:</p> <ul style="list-style-type: none"> a) completed by the forensic examiner (and paediatrician for children and young people) to inform investigators, court practitioners and jurors, and b) Shared and stored appropriately. 	Archway documentation	Archway	Green	Archway data management.

Appendix 2: Floor plan



NOTES
 FIGURED DIMENSIONS TO BE TAKEN IN PREFERENCE TO
 SCALED DIMENSIONS.
 ALL DIMENSIONS TO BE CHECKED ON SITE.



Rev	Date	Amendments

Client:
NHS Lanarkshire

Project:
Netherton House Internal Alterations

Drawing Title:
Detailed Proposed Floor Plan

Drawn: SM	Scale: 1:40 @ A3	Drawing No.: 03	Date: 03/09/19
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