

NHS Board Meeting
28th October 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 checked="" 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 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. This was followed by a high level work plan to drive the agenda over the next five years. To support this and clarify what the expectations of Boards would be, the Scottish Government commissioned Health Improvement Scotland to develop new national standards for forensic medical examinations, which were published in 2017.

Boards have received 3 years of funding from the Scottish Government over the period from 2018 - 2021 to support the development of services with an aim to work towards HIS standards and associated quality indicators¹. From April 2021 the expectation is for Boards to continue funding the developed services to expected standards.

In addition, the Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill – which will place **direct, statutory** functions on NHS Boards to provide these services to victims, [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] – is currently at stage 1 and is expected to come into law by Spring 2021.

¹www.healthcareimprovementscotland.org/our_work/standards_and_guidelines/stnds/sexual_assault_indicators.aspx

The February 2020 Programme Board meeting secured endorsement for a hub and spoke model for a regional sexual assault and rape service across West of Scotland (involving NHS Greater Glasgow & Clyde; NHS Ayrshire & Arran; NHS Dumfries & Galloway and NHS Lanarkshire). Work on implementing the model has been ongoing. A regional Service manager was recruited and at the request of SG colleagues, a detailed process to validate the options appraisal process and outcomes, particularly given the funding requirements for the preferred model for the region was done. This reflected the CMO's ask that boards plan for sustaining the funding of these services beyond March 2021.

3.2 Existing Service Model

NHS Lanarkshire continues to have a Service Level Agreement with the regional Sexual Assault Referral Centre (SARC) known as Archway, 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 support 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. NHS Lanarkshire has therefore been integral to the development of the new regional model of service.

3.3 Developing the Regional Model

The Scottish Government made available £8.5m over three years (2018-19 to 2020-21) to develop the service models across Scotland. The funding received from Scottish Government for the West of Scotland to date is as noted:

	2018 - 2019		2019 - 2020		2020 - 2021	
	Capital	Revenue	Capital	Revenue	Capital	Revenue
Staffing costs for service provision	0	93000	0	450000	0	757250
Funding for colposcope procurement (x2)	0	0	0	0	0	0
Development of Regional Centre of Expertise at William Street	0	0	500000	0	0	0
Delivery of children's services on behalf of the West of Scotland Health Boards	0	0	9085	64167	0	104087
Total	0	93000	509085	514167	0	861337

Capital funding was also provided to enable the development of new facilities across the region:

- NHS Lanarkshire (£60,000 capital monies) – at Wishaw University Hospital.
- NHS Ayrshire & Arran (£250,000 capital monies) – at Biggart Hospital.
- NHS Dumfries & Galloway (£170,000 capital monies) – at Mountainhall Treatment Centre.
- NHS Greater Glasgow & Clyde (£500,000 capital monies) – at the William Street Clinic. It should be noted that Glasgow City HSCP also committed £500,000 match funding to enable the full building to be refurbished.

The premises improvement work in three of the Boards has been completed; with the plans for William Street Clinic requiring to be refreshed now that Covid-19 restrictions permit contractors working on site.

The re-configuration of services in the West of Scotland model will see the Archway Service relocated to the nearby and refurbished William Street Clinic in Glasgow as the regional Centre of Expertise. This will have two forensic examination suites and be the central location for the operational management and service co-ordination of the regional service. Adult and adolescent patients from NHS GG&C and Argyll & Bute will be examined here. Patients in Lanarkshire, A&A and D&G will be able to be examined in the new local facilities at University Hospital Wishaw, Biggart Hospital and Mountainhall Treatment Centre respectively; or if preferred at the William Street Clinic, depending on patient choice. Due to logistical challenges primarily in relation to travel times/distance and the commitment to service stabilisation, D&G will continue to provide locally all adult forensic examinations for victims of rape and sexual assault, but with a strengthened network relationship to the NHS GG&C-managed service.

The investment in children's services has focused on clinical and managerial leadership capacity to take forward Taskforce recommendations with respect to child protection nationally and child sexual abuse (CSA) regionally. To date this process has identified challenges in Board areas regarding operational managerial responsibility and clinical

governance; and has resulted in work being progressed to address (e.g. updating processes for service review, governance responsibilities and service development).

The core Regional Team based at the William Street Centre of Expertise will consist of a Regional Service Manager, a Regional Clinical Lead, a Regional Nursing Team Lead and Administrative support. The clinical service will be provided by a team of nursing and medical staff, based on one nurse and one doctor being available 24/7. An additional team will be provided during core hours (i.e. 9am to 9pm 7 days per week), to enable the service to be delivered peripatetically to Lanarkshire and A&A by a second nurse and a second doctor (or in the second suite in William Street) delivering a timely service closer to the clients home.

This has now been confirmed as the optimal approach following the recent completion of the further validation of the option appraisal requested by SG.

Subject to confirming the position on funding (see below), it has been agreed with SG that these new arrangements would be established in the region from December 2020.

In February 2020, Board Chief Executives agreed to contribute a further £100,000 to support this model on the understanding that there would be ongoing discussion with Scottish Government endeavouring to secure recurring funding to support the service delivery model. At this present time it has been confirmed that recurring funding is not an option the Scottish Government are in a position to support – the extant position being that, as per the initial agreement with all Boards across Scotland, the non-recurrent funding already provided over a 3 year period, was to assist with the transition of the responsibilities for these services, with the Boards then having a responsibility to ensure a plan was in place for future funding of the service from 2021 onwards.

3.4 NHS Lanarkshire Sexual Assault Referral Centre

The refurbishment of the chosen site at Netherton House, near UHW is completed, with some ongoing minor snagging issues to be resolved. The facility will be ready for use when the Regional model is scheduled to be implemented (December 2020).

NHS Lanarkshire is participating in a Regional working group to compose Standard Operating Procedures and Pathways that can be consistently applied across the region to standardise process and ease the practical challenge for the peripatetic teams travelling to different areas.

3.5 Finance

The resource allocated to the West of Scotland Boards to enable a service development across that three year period was just over £3m. The SG allocation letters to Directors of Finance stated that services developed with this funding, must be maintained by the Health Board beyond the life time of the ring-fenced allocation. Going back to December 2018, concerns were noted by the Regional Programme Board at the time that the ongoing running costs of meeting CMO expectations and national (HIS) standards for these services by West of Scotland Boards would put further pressure on the health and care system.

The paper endorsed by the Programme Board in February 2020 set out that the model proposed required £750k of the currently non-recurrent funding from SG to Archway to be continued; plus an additional circa £100k from Boards themselves. The extant position

of SG is that the responsibilities for delivering these services fully and to expected standards rest with NHS Boards now and there is no commitment for the additional funding provided for the three years ending 20/21 to be made recurrent for the adult, adolescent or children's service

With the confirmation of no recurrent funds from SG, the default position currently is that Boards will have to identify the recurrent funding to enable service continuation and enhancement as above. It should be noted that the enhanced service model as it stands is not fully compliant with the letter of the HIS Standards (as that has an expectation that the second peripatetic rota would be operational 24/7). In addition, circa £100k of non-recurrent monies has also been provided to enable the delivery of children's services on behalf of the West of Scotland Health Boards

The approximate deficit in total funding in the regional adult and adolescent service is £920,258 with the budgets as identified below.

	£
Regional Model Requirement	1 661,423
Archway budget (including Board incomes)	741,165
Deficit	920,258

In addition, there would be a deficit in funding for the children's service moving forward of £ 65,148 as below.

SPEND / Application	YTD 20.21 Spend	Forecast 20.21 Spend
Service Manager	£11,333.00	£34,000
Consultant sessions	£10,100.00	£31,148
general running costs		£0
Total Spend	£21,433	£65,148

Consequently the total deficit for all service delivery would be £ 985,406.

The current position is that funding would need to be agreed per board from April 2021; and how that funding would be attributed – for example, whether this should be a percentage contribution to the overall costs in line with the percentage activity for the respective board area. By way of illustration, on review of the activity from December 2018 – November 2019 the activity trend was noted as below (though there would be an expectation to review this over a 3 year period for the percentage activity similar to the SLA agreements currently).

Based on the percentage of the activity in the table below, NHS Lanarkshire's share of the deficit is approximately £190, 000.

Board	% activity
GG&C	57
A&A	16
Lanarkshire	19

Highland (A&B)	3
Dumfries & Galloway	0.5

Note: The “missing” 4.5% is in relation to other Boards (e.g. FV, A&B) where there is an SLA with GG&C, and any other Board area not in West of Scotland.

West of Scotland Boards are now moving towards realising the service delivery model agreed in line with the HIS Standards, as facilities in Lanarkshire and Ayrshire and Arran are in a position to be fully functional; and Glasgow is moving to tender for the facilities in William Street. The service though is not in a position to utilise the new facilities as there is a requirement for further recruitment to provide the full regional 24 hour service and the peripatetic service. GG&C hosts the regional service and to date have appointed staff in an aim to stabilise, though not fully cover, the current service delivery model over 24 hours with ad hoc medical sessional payments and medical locum spend continuing. Further recruitment in nursing and medical staff is required on an ongoing permanent basis to ensure a sustainable service for the WoS Sexual Assault Service. If security in ongoing funding is not achieved and posts are advertised as fixed term there will be inherent consequences due to the potential of limited interest in staff applying, as staff will not leave permanent hour posts to move to fixed term with the potential of no funding being available at the end of term.

While considering the financial impact of the future there was a review of the financial position for alternative service delivery models. Of note to deliver the current fully costed model of 24 hour service delivery based in Glasgow it was noted that there was a deficit in the current budget available of £512,629. While this would remain a considerable financial impact there would also need to be acknowledgment from the boards and HSCP's that this model of service delivery would not achieve the utilisation of the facilities in Lanarkshire, Ayrshire and Arran and second suite in Glasgow where there has been considerable capital already invested. In conjunction with this there would be a failure to achieve the HIS standards in the delivery of healthcare and forensic services for adults, adolescents and children who have experienced rape or sexual assault.

3.5 Next Steps

There will be a legal requirement to deliver a fully funded WoS Sexual Assault Service in accordance with the HIS standards by April 2021. In delivering this service, ensuring full utilisation of facilities and acknowledging the capital spend to-date, an agreed ongoing financial funding model is required to support the current required appointment of staff and future costs of ongoing service delivery.

The Board is asked to approve the recommendations from the Regional model:

- West of Scotland Boards should take steps to identify the £920,258 recurrently required from 1st April 2021 from within their local budgets (noting that there would be slippage from 2019-20 that could be carried over and used to support the enhanced service over the start of 2021-22).
- The allocation model to be used should a percentage contribution to the overall costs in line with the percentage activity for each respective Board area based on a three-year rolling average
- For NHS Lanarkshire, this will be circa £190k per annum from 21/22 financial year

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.

A monthly performance report is now available composed by the Regional Service Manager

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 and the financial implications are highlighted at section 3.5 above. Boards are responsible for the financial cost of the service from April 2021.

For NHS Lanarkshire, this results in a recurring £190k per annum cost pressure.

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.

Detailed consultation on the aforementioned legislation was conducted across NHS Lanarkshire and the other NHS Boards.

12. ACTIONS FOR THE BOARD

The Board is asked to:

Approve	<input checked="" 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 creating the local Forensic Examination facility;
- Note the potential financial risks associated with the new regional model;
- Approve the new regional model as set out within the paper;
- Approve the proposed cost model based on a three year rolling average of percentage service activity for each respective Board area;
- Approve a recurring spend of circa £190k per annum from 21/22 onwards to support the model.

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: June - September 2020

Report Prepared By: Jim Duffy

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

September 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. There are improvements in the availability of data on demand and performance with monthly reports now routinely shared. NHS Lanarkshire is integral to the development of Regional model and the required Standard Operating Procedures and Pathways. These will be ready for use when the new regional model is implemented in December 2020.

2. Development of local Facility

The refurbishment of the facility is complete and will be in use by December 2020.

3. Performance against H.I.S. standards

See below. There is little change in the delivery at this point. This will occur in December 2020 when the regional model begins.

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	Each NHS board has co-ordinated pathways of care in place for children, young people and adults which, at a minimum, include:	Current to UWH Paeds	Ross McGuffie CO North IJB	AMBER	Child services currently provided by Wishaw Paediatrics. Progress on Forensic was delayed by COVID but facility is now complete. 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

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Criteria	What	When	Who	Current Status	Evidence
	<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. 	Adults – current to Archway			<p>have.</p> <p>Adult services continue to be provided through Archway currently. Regional model has progressed and the readiness of our FME facility will dovetail with the commencement of the new model in December 2020.</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>Follow on/throughcare is being delivered as before.</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 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.</p>
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. Lanarkshire is part of the Regional working group developing SOP's and pathways that will be used across the region.</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	December 2020 for all groups but Adult provision	Ross McGuffie Children's	AMBER	<p>Monthly activity/performance 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,</p>

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Criteria	What	When	Who	Current Status	Evidence
	met and monitored.	by Archway until then	Services NHSL Archway		given low numbers, by third sector service providers. Policies, procedures and guidelines on forthcoming regional arrangements are being completed by the regional working group
1.4	For the co-ordination of healthcare and forensic medical services, each NHS board can demonstrate: <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-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. f) Collection, monitoring, and review of data, and action taken as a result. 	Dec 2020 Adult provision by Archway until then with local arrangements for children as before	Ross McGuffie Children's Services NHSL Archway	AMBER	a) Archway statement of provision. NHSL Sexual health service model. NHSL GBV services service model. Third sector service models b) SOPs for all cases to be used across region, being developed. c) Monthly reports now routinely sent by regional service manager d) Regular meetings taking place regionally and locally with a full range of stakeholders. e) Still to be further developed – Caldicott arrangements apply, GDPR applies f) Reports now available

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Criteria	What	When	Who	Current Status	Evidence
	<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>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 new Regional Model. Paediatric process in place at UHW with new facility completed and expected to be operational in Dec 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
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

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Criteria	What	When	Who	Current Status	Evidence
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 planning d) sexual health services e) support services, and f) Independent advocacy. 	Current	All	Green	All services available locally.

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Criteria	What	When	Who	Current Status	Evidence
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.	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	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.	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	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.	Current	Archway and Paeds clinical staff	Green	Discussions take place with victim to ensure compliance
2.12	For young people and adults, the forensic examination is undertaken within three hours of request. Exceptions to this timeframe may be necessary: <ul style="list-style-type: none"> 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.	Variable – better during daytime hours	Archway and FME, and Paeds clinical staff	AMBER	Archway figures, and paediatric returns on timescales
2.13	A suitably trained, impartial chaperone is offered for all forensic examinations where there is a sole clinician present.	Current	Archway cover and Paeds clinical	Green	In place

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Criteria	What	When	Who	Current Status	Evidence
			and the CYP FME		
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	All forensic examinations take place in facilities that are: <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 Paeds arrangements in place, with local facility plans nearing completion as regional model is implemented.
3.2	All facilities and equipment used for forensic medical examinations comply with relevant national standards, specifications and guidelines.	Current	Archway and Paeds	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 Paeds	Green	All in place
3.4	The forensic examination will be undertaken: <ul style="list-style-type: none"> a) where there is no risk that the person who has experienced rape, sexual assault or child sexual 	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>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, and j) Forensic capture. 			Green	Training records evidence all requirements
4.2	Joint Paediatric Forensic (JPF) examinations involving child sexual abuse cases include both a competently	Current	Paeds	Green	All in place

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Criteria	What	When	Who	Current Status	Evidence
	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: <ul style="list-style-type: none"> 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.

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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	Informed consent for the forensic examination is: <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)
5.3	Following each forensic examination, relevant standardised documentation is: <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.