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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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).

References

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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.