



# NHS Sexual Assault Response Coordination Services (SARCS) Network

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## Annual Report 2023/24

DON'T KNOW  
WHERE TO TURN  
IF YOU'VE  
BEEN RAPED  
OR SEXUALLY  
ASSAULTED?  
**TURN TO SARCS.**





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## Foreword – Carol Potter, Chief Executive, NHS Fife Chair of SARCS Network Oversight Board

*Now in its second year of formation, SARCS remains a vitally important service across Scotland. I am grateful to all the exceptionally talented and dedicated individuals who work so hard for the service. The SARCS Oversight Board meets on a quarterly basis and I continue to be impressed by the breadth of work being accomplished by Network members.*

*We continue to work in collaboration with the SARCS Policy Unit (SPU) within Scottish Government, previously the Chief Medical Officer (CMO) for Scotland's Taskforce for the Improvement of Health Care & Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse. I would like to thank the SPU for their continued support and dedication.*

*The SARCS Network has brought together partners including NHS Scotland, Social Care, COPFS, COSLA, Rape Crisis Scotland, RCGP, Police Scotland and Scottish Government. This has enabled extensive collaboration across the many projects and deliverables that the Network have been focusing on this year, to ensure that our outputs are stakeholder-led and ratified with appropriate partners.*

*I would like to extend an enormous thanks to everyone involved.*





## Introduction

Welcome to the second Annual Report from the Sexual Assault Response Coordination Services (SARCS) Network. The SARCS Network is a National Strategic Network based within National Services Division, NHS National Services Scotland.

The aim of the Annual Report is to provide stakeholders with an update on the work of the SARCS Network, focusing on the Network's development, the key achievements for 2023/24, the impact these had and outlining deliverables for 2024/25.

Accomplishing the many Network achievements for this year would not have been possible without the extensive input, support and collaboration of all our partners. The Network Programme Team would like to take this opportunity to thank all of those involved for their commitment and contributions to the Network.

If you would like to find out more about the work of the Network, please contact the Network Programme team on [nss.sarcsn@nhs.scot](mailto:nss.sarcsn@nhs.scot)



## Jess Davidson MBE Clinical Nurse Lead, SARCS Network

*I was delighted to take up my post as Clinical Nurse Lead for SARCS in September 2023. In the last eight months, we have continued to navigate the transition from the CMO Taskforce to the SARCS Network.*

*We have been able to catalyse a groundbreaking Training Needs Analysis, commence the Core Steering Group and establish our terms of reference, outputs and relationships as we move forward. My focus continues in building equivalence of access to high quality, trauma informed and person-centred care.*

*It is the greatest privilege to work in a SARCS Network which has the commitment, focus, energy, collegiate openness and ideas that are born from the critical thinking and innovation of our colleagues. It is inspirational.*

*In the coming months, we will be preparing further all the clinical pathways, with all the complexities that they bring, alongside education and workforce development. Our world does face challenges, but after working with Grevio on the ratification of the Istanbul Convention early in 2024, I know we should be more committed to SARCS than ever.*

*All innovation requires governance and a place to talk it through. I am delighted to be at the heart of the Network to facilitate this. I am confident that we can look forward to some huge changes in how we empower people and systems to know how to be there for anyone for when they turn to SARCS.*

*There is still so much to do, and I look forward to all the success and challenge that the next year will bring.*



## Background

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021, which underpins the work of the Chief Medical Officer (CMO) for Scotland's Taskforce for the Improvement of Health Care & Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse (Taskforce), came into force on 1 April 2022.

The Act places a statutory duty on NHS Boards to provide forensic medical services for victims of sexual offences and consistent access to self-referral services. This ensures that people can access healthcare and request an examination without first having to make a report to the police.

The SARCS Network was established to ensure the necessary leadership and ownership within the NHS for the continuous improvement and development of services and a consistent approach across the NHS Boards. The Network plays a key role in supporting NHS Boards to deliver the highest standards of patient care in accordance with Healthcare Improvement Scotland (HIS) Standards and deliver the Network's vision:

*Working in partnership to support the delivery of coordinated, holistic, person-centred, trauma-informed healthcare and forensic medical services in Scotland, for people of any age who have experienced rape, sexual assault, or child sexual abuse, including access to health and wellbeing support to aid recovery.*



## SARCS Network

### What is a National Strategic Network?

We work across geographical and organisational boundaries to support a 'Once for Scotland' approach to the planning, design and delivery of an integrated, holistic, person-centred care pathway across the health and social care system. We provide national strategic leadership and advice using the most up to date evidence base.

National Strategic Networks deliver added value to their partners across 6 broad objectives:

- Network Governance and Structure
- Communicating and Engaging with partners
- Leadership and partnership working
- Strategic Service Planning and Development
- Continuous Improvement
- Education, Training and Development

### SARCS Network Objectives

- Provide national leadership to ensure a co-ordinated approach to the continuous improvement and development of NHS SARCS.
- Support a 'Once for Scotland' approach to the planning, design and delivery of an integrated, holistic, person-centred care pathway across the health and social care system for survivors of rape and sexual assault.
- Engage with organisations to advocate for service users, survivors and their families, and services to influence and advise policy and strategy.
- Provide a forum for partnership working and resolving issues requiring national agreement between partners through consensual collaboration.



## Network Governance

The SARCS Network Oversight Board is chaired by Carol Potter, Chief Executive, NHS Fife on behalf of the NHS Board Chief Executives. Its aims are to provide national strategic leadership and bring NHS Boards, Health and Social Care Partnerships and wider partners together to ensure a coordinated approach to the continuous improvement and development of NHS SARCS across Scotland. The Oversight Board is accountable to NHS Board Chief Executives and the SARCS Programme Board (run by the SARCS Policy Unit, Scottish Government).

The Core Steering Group is chaired by the Network's National Clinical Lead and Clinical Nurse Lead and comprises of SARCS representatives from each NHS Board. The Core Steering Group coordinates and oversees the work of the Network working groups, providing a forum for interchange and linking between these groups. The group also provides a link to escalate issues to the Oversight Board where necessary.

The Network's working groups are responsible for developing national strategic solutions to priority areas identified by Network stakeholders, in line with the Network's objectives:



***Education & Workforce***



***Children & Young People***



***Data & Intelligence***



***Adult Pathways of Care***



## Tansy Main, Head of SARCS Policy Unit, CMO Policy Division, Scottish Government

*The SARCS Network went from strength to strength in its second year of operation, partly attributable to the robust governance and programme management arrangements put in place in year one, but also thanks to the continued hard work and commitment of the team and the strong relationships they have established with key stakeholders which helps to ensure that their work is informed by a wide range of professional views.*

*The SARCS Policy Unit place great value on the excellent working relationship we enjoy with the Network team - that close collaboration has proven invaluable as we work together to deliver real world change to support the continuous improvement of SARCS across Scotland. The transition from SPU to Network led data collection and reporting has been a particularly noteworthy success in the last reporting year, as was the development of a national qualitative data set which will provide invaluable feedback about people's experience of accessing a SARCS. Other significant achievements include the training needs analysis exercise and the refresh of the guidance for healthcare professionals - which will help to ensure that NHS staff have the knowledge and support they need to provide a trauma informed response to people who disclose a rape or sexual assault. The appointment of a SARCS Patient Advocate has also been a hugely important milestone in the growth of the Network, ensuring that the voice of lived experience is at the centre of everything they do.*

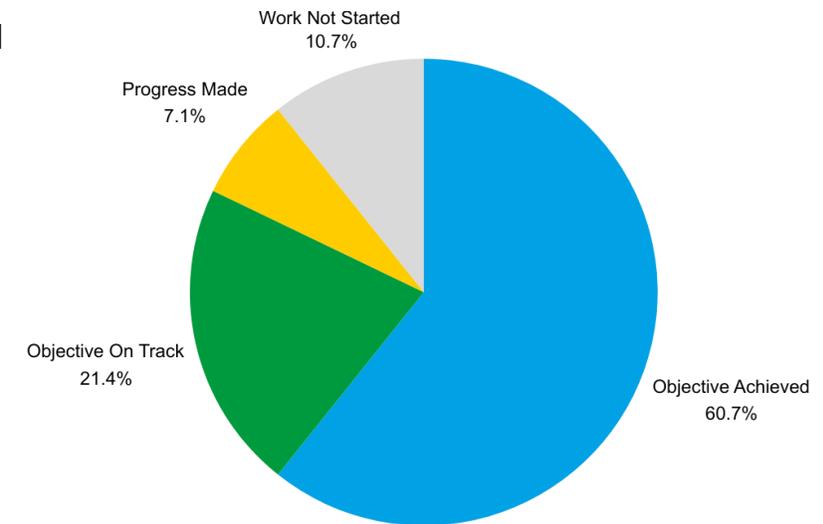
*It is a delight and a privilege to work with the Network team – whose unwavering perseverance, positivity and pragmatism continues to be a key factor in the successful delivery of our shared vision. I have taken great pride in showcasing the added value they bring in wider strategic SG forums and will continue to do so.*

Over the course of 2023/24, the Network’s working groups have focused on deliverables within the overall workplan, which were agreed following the Network Stakeholder Engagement event in 2022 and ratified by the Oversight Board.

Across the working groups and governance groups, 23 / 28 deliverables have been confirmed as “delivered” or “on track”.

The Network were delighted to welcome Caroline Erentz to the team in October 2023 as SARCS Patient Advocate, in collaboration with Rape Crisis Scotland.

Mechanisms for gathering local, regional and national quantitative and qualitative data have also been established through the development of the SARCS Quality Framework.



82% of deliverables complete or on track

SARCS Patient Advocate role filled

Training Needs Analysis conducted

SARCS Quality Framework embedded

Wider HCP Guidance refreshed



## Caroline Erentz, Patient Advocate, SARCS Network

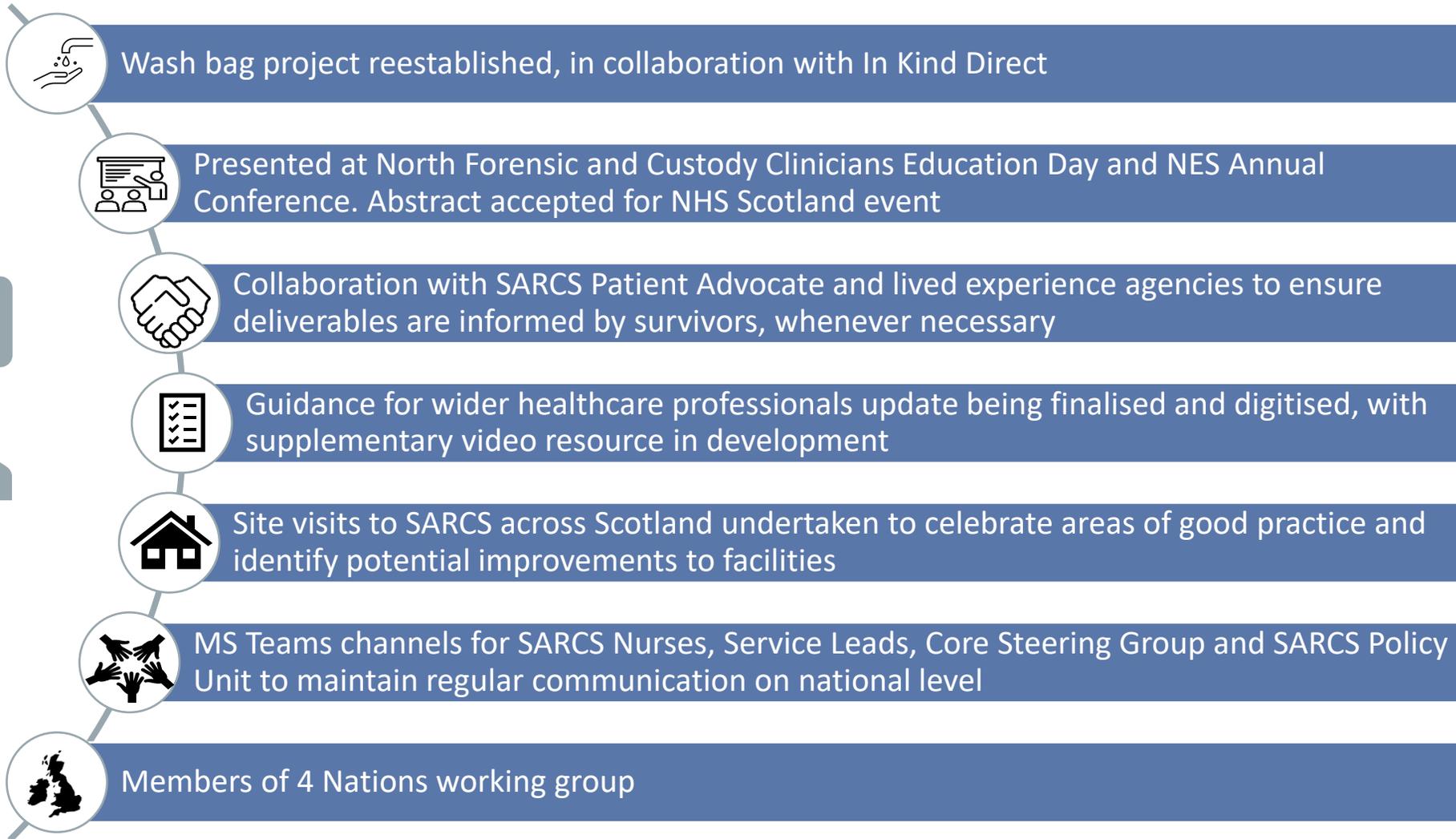
*Since being appointed as SARCS Patient Advocate in September 2023, I have had the privilege of collaborating with individuals who wholeheartedly dedicate themselves to a service that addresses one of society's most challenging issues, with unwavering compassion.*

*I am so grateful to have met such caring colleagues from across the Network, Governance Groups, and during visits to The Meadows, The Sycamore, Archway - and of course, Buckingham Palace.*

*The focus on feedback demonstrates how committed Team SARCS are to delivering trauma informed, safe spaces. Having personally experienced the challenges of reporting rape, I empathise with other survivors and feel an innate sense of protectiveness. This is what drove me to become engaged in activism - to prevent the errors that occurred in my own case from being repeated.*

*My time with SARCS has instilled in me complete confidence in endorsing the service to other survivors. SARCS grants survivors autonomy, which is unlike other instances in the justice system, where autonomy can swiftly be overridden in the name of public interest. This retained autonomy is crucial for survivors of rape, given the documented delays in reporting for various reasons.*

*While I did not have access to SARCS (as we know it) in my own experience, I am certain that the services available in 2024 would have significantly improved my journey. The existence of SARCS in the current form is testament to years of dedication and a commitment to excellence, from some very good people. It is an honour to work alongside you all.*





## SharePoint Hub

In October 2023, the Network launched its SharePoint Hub. This is a central location to host resources and documents and provide information of the Network's working groups. These include:

- Guidance documents
- Information Notices
- Upcoming Events and Workshops
- National Forms and Protocols
- Governance Groups

Since the launch of the HUB, **there are 86 members.**

Currently only those employed by NHS Scotland can access the Hub, however this access will be broadened to wider stakeholder groups if/when possible.



## Bulletins

The Network continued to circulate monthly email bulletins to NHS partners and wider stakeholders.

The bulletins include:

- A Network update
- Relevant new policies, guidance and national documents
- Events relevant to the Network

These reach **145+ people.**



## 4 Nations Group

Representatives from each of the UK nations meet on a bi-monthly basis to share best practice and ensure any cross-border referral policies are upkept.

This ensures that partners are kept updated of the wider SARCS landscape beyond Scotland and that national pathways and services can be compared.



## Education & Workforce

*I am delighted to be able to continue to support the work of SARCS and the activity to continue to expand and develop the workforce for the service.*

*The commitment of the group members and wider workforce representatives involved in this is work will, I am sure, enable further achievements and improvements for service delivery going forward*

*- Sybil Canavan, Director of Workforce, Healthcare Improvement Scotland  
Chair of Education & Workforce working group*



# Education & Workforce

## Deliverable



Promote available resources for wider Healthcare professionals (HCPs) regarding pathways for acute / historical disclosures

Provide NHS Boards with a range of resources to support the health and wellbeing of the SARCS workforce, particularly in relation to vicarious trauma

Develop clear career pathways for staff working within SARCS

## Progress



- Contributions to events including Scottish Trauma Network Clinical Governance Day and NES Annual Conference 2023
- Updating guidance for wider healthcare professionals (see Adult Pathways of Care for more information)

- Agreement to undertake self-assessment checklist and how it would be applied to SARCS workforce to implement the recommendations of the National Trauma Transformation Programme
- MS Teams forum for Forensically Trained Nurses (FTN's) continues to share successes and discuss issues in a safe space

- Training Needs Analysis (TNA) for Doctors and Nurses working in SARCS conducted
- NHS Education for Scotland (NES), Queen Margaret University (QMU) and SARCS Policy Unit (SPU) to examine TNA results and explore what could be developed in terms of existing and potential training

## Benefits



- Healthcare Professionals working in a range of different services across the NHS know where and how to contact SARCS to support and provide options to patients

- The SARCS workforce across Scotland is appropriately supported to recognise vicarious trauma and seek support when required
- A better understanding of the training needs of the workforce in order to develop appropriate training

- A robust SARCS workforce is in place, with improved staff retention
- Gain a better understanding of the training needs of the workforce to develop appropriate training
- The role of Sexual offences Examiners (SOEs) and FTNs is promoted to aid recruitment, particularly females



## Children & Young People

*During 2023/24 members of the CYP working group have contributed to two main areas of work.*

*The first of these is the update of the HIS Standards for Healthcare and Forensic Medical Services for people who have experienced rape, sexual assault or child sexual abuse. These standards were first published in 2017 and legislation, policy and practice has meant the standards need to be updated. At the time of writing this work is still in progress and I expect the updated standards to support ongoing service development for children and young people and to support partnerships during the Pathway and Pilot phases of Bairn's Hoose Development in Scotland.*

*Our second main area of work has been the production of two videos for younger and older children and young people along with their families on forensic medical examinations and SARCS. This has been done in partnership with Mallard Productions and funded by the Scottish Government. These will be finished over the summer of 2024 and will provide an age appropriate and accessible resource for children and young people and their families when a forensic medical examination is needed.*

*I am grateful to all colleagues involved in the work of the group over the year for their commitment at a time when all agencies and organisations are under considerable service, financial and staffing pressures.*

**Dr Eddie Doyle**, Senior Medical Advisor (Paediatrics), Scottish Government  
Chair of Children & Young People (CYP) working group



## Deliverable



Providing operational consistent healthcare input into national developments around the Barnahus model

Pathways of healthcare and support that recognise distinct ages and stages and include the role of the third sector and social work in supporting recovery

Develop resource describing Joint Paediatric Forensic Examination (JPFE) process for Children & Young People (Ensuring that CYP and their families/carers know what to expect and are kept informed at all stages)

## Progress



- Consultation with HIS regarding draft Barnahus Standards completed
- Agreement to convene a short life working group to review the current pathway for children and young people (CYP), following publication of the Barnahus Standards

- Contribution of evidence regarding age of access to self-referral
- Scottish Child Interview Model (SCIM) activity scoped – to be subsumed into Barnahus development

- SLWG established to create script and storyboard for both younger children (12 and below) and adolescents (13-16) resources
- Case studies collected to aid resource development
- Venue reces for filming completed

## Benefits



- Clinical pathways for Children and Young People reflects Barnahus Standards and are clearly set out for children, young people and their families/guardians

- Access to trauma-informed recovery, support and justice for all children and young people in Scotland who have experience or witnessed rape or sexual assault
- CYP and families/carers are informed about processes and care available to them throughout SARCS process

- CYP and families/carers are informed about processes and care available to them throughout SARCS process



## Data & Intelligence

*Thank you to all the Data & Intelligence subgroup members for a year of continued hard work and success.*

*Some key achievements include working collaboratively to support the ongoing development of the Quality Framework. We have made significant progress to systematically collect qualitative data across every NHS board.*

*Members have also supported work to revise and update the HIS Healthcare and Forensic Medical Services Standards.*

*I am so grateful for everyone's contributions and look forward to continuing with our work next year.*

**Dr Fiona Wardell**, Team Lead, Standards and Indicators, Healthcare  
Improvement Scotland  
Chair of Data & Intelligence (DI) working group



# Data and Intelligence

## Deliverable

## Progress

## Benefits

Ensure a consistent, national approach to capture qualitative data - drawing on existing good practice and lived experience representation on the Network to ensure a person-centred approach to obtaining data

- National question set created and finalised with input from D&I Group and collaboration with lived experience groups
- iPads delivered to each SARCS to provide digital solutions for survivors to feed back
- Engagement with NHS Education for Scotland (NES) and Rape Crisis Scotland (RCS) to ensure questionnaire was person-centred and trauma-informed

- National approach to capturing qualitative data that provides a robust picture of patient experience within SARCS, to identify areas of good practice and drive improvement

Support and contribute to the HIS Standards and Quality Indicators to reflect the new vision and legislative and operational landscape

- Contribute to review of HIS Standards
- Revised data dashboards to continue to collect Standards & QI's data until review is complete

- Up to date nationally agreed standards to ensure equitable, person centred services across Scotland

Develop processes for triangulating data and intelligence across patient pathways

- Quality Framework finalised and implemented through MS SharePoint for Boards to complete quarterly data reports for Adults and CYP
- Data question sets continuously examined via DI Group meetings and workshops with HIS Standards and Indicators – change log developed
- Adult and CYP dashboards developed at local, regional and national level, alongside national NHS 24 data

- Development of a robust reporting process that will present clear and consistent data to report on the delivery of SARCS services
- Ensuring that improvements made are sustained and ongoing commitments to quality improvement are maintained
- Timely identification of areas which require remedial action at a local, regional or national level



# Adult Pathways of Care

## Deliverable



Multi-agency, consistent healthcare and wider support pathways for everyone who attends a SARCS for a Forensic Medical Examination within 7 days of the assault

Develop pathways into SARCS and wider support services for those who present in other settings

Sharing best practice between all partners - including other UK nations for cross-border referral policies

## Progress



- Pathways accumulated from NHS Boards to allow for review of commonalities and best practice
- Agreement from the APC working group to conduct a review of pathways and draft recommendations for Boards following HIS Standards update

- SLWG developed to conduct review and update of SARCS Guidance for Wider Healthcare Professionals (HCPs)
- Pathways process map and principles of care incorporated into document
- Document to be digitised and comms toolkit developed to ensure “Once for Scotland” approach to using guidance
- Working with Public Health Scotland to ensure updated guidance is aligned with Gender-Based Violence (GBV) e-module in development

- Feedback mechanism between SARCS and wider services (e.g. Police Scotland) developed
- 4 Nations group met quarterly to compare pathways, services and best practice

## Benefits



- Clarity regarding the steps that should be followed by the clinician undertaking the FME and the requirements for follow up care and ongoing support, to ensure a consistent, person-centred approach to the delivery of care

- Network members and wider stakeholders understand the pathways of care available to them when engaging with a survivor about rape or sexual assault in a person-centred, trauma-informed manner

- Enabling nationally coordinated care, reduction in variation and consistency of information



## Adult Pathways of Care SLWG – Wider HCP Guidance

*The Adult Pathways of Care Short Life Working Group (SLWG) was set up to facilitate access for survivors presenting in other healthcare settings. I am indebted to colleagues who enthusiastically engaged in this work and gave their time and expertise to ensure pathways are clear for this vital service. It offers survivors care and support and, more importantly, time to make their choice with next steps.*

*The group were aware of the big step survivors take coming forward and all wanted to equip their colleagues with clear pathways and information on how to provide care and where to signpost to enable the right care to be given in a timely manner.*

*This is likely to happen infrequently in a lot of settings, so it was important that the pathways are clear and easy to use, and that information is easily accessible. Survivors should have a positive experience when they first disclose. To enable this, professionals need to have clear pathways to access the care they need with the minimum of fuss and information on how to support them when they are at their most vulnerable.*

*It is my hope that the work done by our group will help facilitate this and, again, I am grateful to all those who participated.*

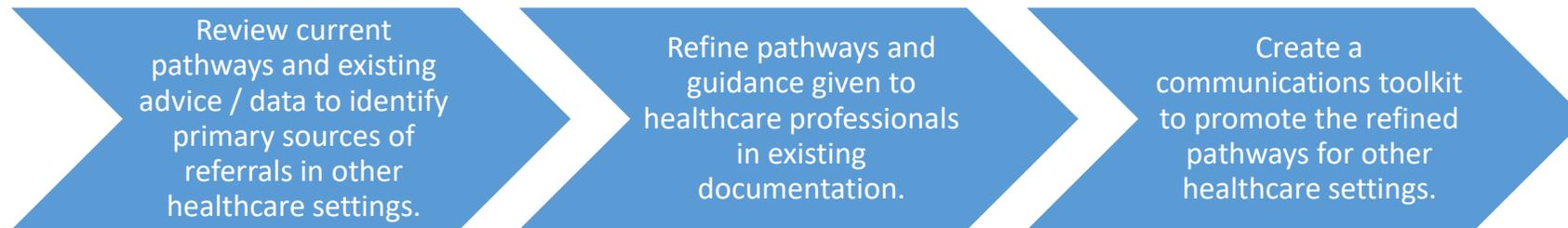
**Dr Sian Tucker**, Deputy Medical Director, NHS National Services Scotland & Out of Hour's Advisor (Primary Care) to Scottish Government  
Chair of short life working group



Over the year, the SLWG met either virtually or in person to conduct a series of workshops, with the following vision:

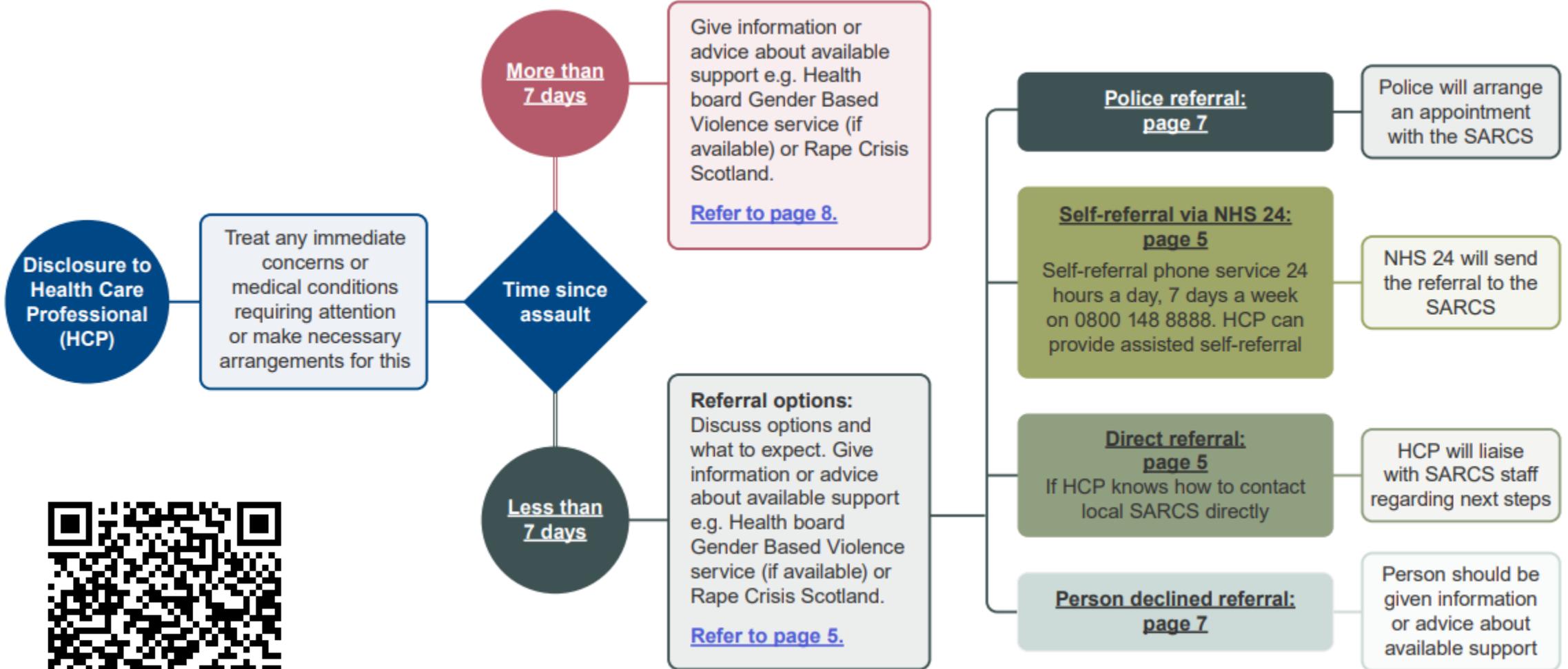
*That healthcare professionals – regardless of their healthcare setting or specialism – know what to do, who to contact and what referral pathways are available following a disclosure from a survivor of sexual assault or rape.*

Deliverables were identified and agreed to:



SLWG members were able to identify existing pathways through the results of the Quality Framework data and update the guidance accordingly. It was also agreed that a process map and corresponding checklist would complement the guidance to ensure HCP's could identify options succinctly.

Members agreed that a digital version of the guidance, hosted on one website ([HIS Right Decisions Service](#)), would not only enable a Once for Scotland approach to all HCP's accessing the guidance, but ensure that any updates could be applied in real time, thus avoiding the guidance becoming outdated.



Use the QR code to access the full guidance



## Think ACCESS



(Accessible, Care, Communication, Education, Safety, Speed)

Please use the check list below by ticking the boxes to confirm that you have covered all the appropriate steps

Accessible	Care	Communication	Education	Safety	Speed
<ul style="list-style-type: none"> <li>✓ <b>Do I have the right information</b> to enable me to support the person, including the different options for a Police or Self Referral?</li> </ul> <input data-bbox="359 1133 428 1196" type="checkbox"/>	<ul style="list-style-type: none"> <li>✓ <b>Have I assessed immediate healthcare needs</b> and provided or signposted to appropriate care?</li> </ul> <input data-bbox="672 1133 741 1196" type="checkbox"/>	<ul style="list-style-type: none"> <li>✓ <b>Have I communicated all relevant information</b> clearly and ensured it is understood?</li> <li>✓ Have I checked whether the person requires <b>any further support</b>?</li> <li>✓ <b>Do I need to support them</b> with a telephone call to NHS 24, if required?</li> </ul> <input data-bbox="986 1133 1054 1196" type="checkbox"/>	<ul style="list-style-type: none"> <li>✓ <b>Can I explain</b> the Sexual Assault Response Coordination Services and appropriate pathways into the services?</li> </ul> <input data-bbox="1299 1133 1368 1196" type="checkbox"/>	<ul style="list-style-type: none"> <li>✓ <b>Do I know how to respond</b> to a disclosure sensitively?</li> <li>✓ Have I made sure that the person is <b>physically and psychologically safe</b>?</li> </ul> <input data-bbox="1612 1133 1681 1196" type="checkbox"/>	<ul style="list-style-type: none"> <li>✓ Have I supported the person to <b>access the care they need as soon as possible</b>?</li> </ul> <input data-bbox="1926 1133 1995 1196" type="checkbox"/>



# Network Deliverables 2024/25

## Data & Intelligence

Ensure refreshed QIs link to performance data captured by Cellma

Management and monitoring of Quality Framework

## Comms & Engagement

Benefits Realisation

Stakeholder engagement

Engagement and collaboration with lived experience

Develop a strategy for the Network for 2025/26 cognisant of the Scottish Government Network Review

## Education & Workforce

Continued support / education for wider HCPs re acute / historical disclosures

Ensure that the wellbeing needs of the workforce are being met

Develop clear career pathways / raise awareness of SOE / FTN roles

Strategic readiness of SARCS Workforce following ToC conclusion

Consider specific needs of a rural workforce

## Children & Young People

Sharing of best practice

Support multi-agency partners to improve end to end information sharing

Ensure clear pathways into appropriate support for wider family members

Pathways of healthcare and support that recognise distinct ages and stages

Develop National approach to gathering views of CYP of their experience of JPFE

## Adult Pathways of Care

Aftercare pathways for everyone who attends a SARCS for a Forensic Medical Examination 7 days< AFTER assault

Clear pathways into SARCS and wider support services for those who present in other settings

Aftercare pathways for everyone who attends a SARCS for a Forensic Medical Examination WITHIN 7 days of assault

Review existing clinical guidance for adults

Raise awareness of the availability of health and wellbeing services to all groups of society

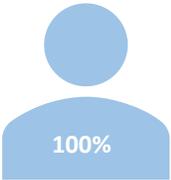


# Quality Indicators

Over the course of the year, the National Strategic Network team have developed quality indicators to provide a matrix through which to provide assurance as to the delivery National Strategic Networks against **5 key themes**: Governance and Structure, Communicating and Engaging with Stakeholders, Education, Training and Development, Quality Improvement and Strategic Service Planning. Progress made in 2023/24 against three of these key themes are highlighted below:

## Communicating and engaging with stakeholders

Demonstrate and provide assurance that Networks engage and communicate effectively with stakeholders



NHS Boards members of Nurses MS Teams Forum



145 subscribers to e-bulletin

## Education, Training and Development

Demonstrate and provide assurance that Network Programme Team staff are appropriately supported to work with the subject matter within the Health and Justice Strategic Networks



Programme Team trained in **trauma skilled** care

## Network Governance and Structure

Ensure that members of the Network's governance structure have the relevant information to make informed decisions.

Number of working days papers were issued in advance of the OSB meeting



## Network Programme Team



Dr Leanne Tee  
Clinical Lead



Jess Davidson  
Clinical Nurse Lead



Janis Heaney  
Associate Director



Hannah Cornish  
Senior Programme  
Manager



Andrew Clark  
Programme Manager



Kirstin Davidson  
Programme Support  
Officer

If you would like to find out more about the Network, please contact the team on: [nss.sarcsn@nhs.scot](mailto:nss.sarcsn@nhs.scot)

**SARCS** IS AN NHS SCOTLAND  
SERVICE, HERE TO OFFER YOU  
A CHOICE IN HEALTHCARE  
AND SUPPORT AFTER RAPE  
OR SEXUAL ASSAULT



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[www.nhsinform.scot/SARCS](http://www.nhsinform.scot/SARCS)

