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Scottish Sexual Assault Response Coordination (SSARC)

Healthcare and forensic medical services
for adults, children and young people
who have experienced rape, sexual
assault or child sexual abuse in Scotland

Health Board Service Specification

Version 1

(Feedback or comments to CMOTaskforce.secretariat@gov.scot)

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Section 1: Purpose and scope of this document

Purpose

The purpose of this document is to specify the requirements for NHS Healthcare and Forensic Medical Examination (FME) facilities in the territorial NHS Boards in Scotland.

Summary

This document has been prepared by NHS Lanarkshire on behalf of the Chief Medical Officer for Scotland Taskforce for the Improvement of Healthcare and Forensic Medical Examination Services for Adults, Children and Young People in Scotland who have experienced Rape, Sexual Assault or Child Sexual Abuse.

This document is informed by existing national guidance and has been developed in close consultation with a wide range of multi-agency and multi-disciplinary stakeholders in Scotland.

It is the responsibility of each of the territorial Health Boards to deliver Healthcare and Forensic Medical Examination (FME) services as close as possible to the point of need, which meet the requirements set out in this and other relevant documentation including:

- The Healthcare Improvement Scotland Standards¹ (December 2017) and Interim Quality Indicators² (December 2018);
- Honouring the Lived Experience: Rape and Sexual Assault option appraisal report³ (October 2018);
- National DNA Decontamination Protocol (August 2019)⁴
- Clinical Pathway for Adults
- Clinical Pathway for Children and Young People

It is acknowledged a variety of terms are used when discussing experiences of sexual crime. Some agencies will use terms such as survivor, victim, complainant, patient or client. To ensure consistency with the HIS standards, this document will use the term 'Person' to describe the individual who has been subject to a rape, sexual assault or child sexual abuse. The term 'suspected perpetrator' will be used to describe the individual identified as being investigated for carrying out the assault.

This document is currently owned by the CMO Taskforce Unit within the Scottish Government who will be responsible for reviewing and updating it. This version should be used as a control document and reference point for the development of service provision, however, each consecutive iteration should be retained for audit

¹ [Healthcare Improvement Scotland Standards - December 2017](#)

² [Healthcare Improvement Scotland Quality Indicators - December 2018](#)

³ [Honouring the Lived Experience - Options Appraisal Report - October 2018](#)

⁴ <https://www.gov.scot/publications/forensic-medical-examinations-dna-decontamination-guidelines/>

and control purposes. The most up to date version will be on the CMO Taskforce website.⁵

1.1 Background and Context

In 2012, a Memorandum of Understanding⁶ was agreed between the NHS and the Police which set out the partnership arrangements for custody healthcare and forensic medical services. The transfer of responsibility took place in April 2014.

In March 2017, Her Majesty's Inspectorate of Constabulary in Scotland (HMICS) published a strategic overview of the provision of forensic medical and healthcare services to persons of sexual crime⁷ and made ten recommendations to improve this. HMICS published a progress review in December 2018⁸.

In October 2017, the Chief Medical Officer published a five year high level work plan which set out a clear vision and improvement plan across a range of issues including workforce, facilities, data, IT, national guidance and legislation⁹.

In June 2018, the Scottish Government hosted an options appraisal event which took key stakeholders through a rigorous decision-making process to determine the optimal model and configuration of services for Scotland. The clear preference was for coordinated, multi-agency services delivered as close as possible to the point of need, supported by a regional centre of expertise¹⁰. See Appendix One for guiding quality criteria.

To put beyond doubt what is expected of Health Boards in delivering care for persons who have experienced sexual crime - and to build consistency of practice throughout the country - the Scottish Government commissioned Health Improvement Scotland (HIS) to develop new national standards. These were published in December 2017¹¹ and the Interim Quality Indicators underpinning them were published in December 2018.¹² The final Quality Indicators will be published by HIS in February 2020 and will also be available on the CMO Taskforce website. <https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/>.

To underpin the work of the CMO Taskforce, in February 2019, the Scottish Government consulted on proposals for legislation to improve forensic medical services for survivors of sexual offences.

The Forensic Medical Services (Victims of Sexual Offences) Bill was introduced to the Scottish Parliament on 26 November¹³. The Bill will clarify the statutory

⁵ <https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/>

⁶ <http://www.policecare.scot.nhs.uk/wp-content/uploads/2015/03/Police-Healthcare-Forensic-Medical-Services-MoU-Final-v1.pdf>

⁷ [HMICS Strategic Overview - March 2017](#)

⁸ [HMICS Progress Review - December 2018](#)

⁹ <https://www.gov.scot/publications/rape-and-sexual-assault-victims-taskforce-high-level-work-plan/>

¹⁰ [Honouring the Lived Experience - Options Appraisal Report - October 2018](#)

¹¹ [Healthcare Improvement Scotland Standards - December 2017](#)

¹² [Healthcare Improvement Scotland Quality Indicators - December 2018](#)

¹³ <https://www.gov.scot/policies/violence-against-women-and-girls/forensic-medical-services-for-rape-victims/>

responsibilities of Health Boards and will replace the Memorandum of Understanding insofar as it relates to forensic medical services for persons who have experienced sexual crime. The Bill will also establish a national self-referral model for persons who wish to have a forensic medical examination without first reporting to the police or who are undecided about doing so.

1.2 The Spirit of This Work

The requirement is for trauma-informed, person-centred healthcare and FME services and for coordinated, multi-agency wraparound aftercare, no matter when or where the person presents. Whilst this may be offered in a single multi-agency facility, the priority is for Health Boards to ensure that partners work together to deliver a seamless pathway of care for the person.

The physical, emotional and mental health and wellbeing needs of the person are paramount. A human rights based approach should be adopted to ensure that the person has control over decisions which affect them at every stage, with specific support for those with additional vulnerabilities.

1.3 What We Mean by Person-centred and Trauma-informed

Services must be designed with the person at the centre, with the physical environment and local care pathway having due regard of the impact of trauma. Any staff providing direct care to the person should also complete the NHS Education Scotland (NES) training which incorporates the principles of the national trauma training framework¹⁴. The importance of this approach is set out below.

First, it supports the recovery of those affected by trauma by providing them with a different experience of relationships, one in which they are offered safety rather than threat, choice rather than control, collaboration rather than coercion, and trust rather than betrayal. Each encounter provides an opportunity to reverse the association between trauma and relationships, and is an important part of recovery. Second, it minimises the barriers to receiving care, support and interventions that those affected by trauma can experience when memories of trauma are triggered by aspects of the service or interactions with staff. People affected by trauma can become highly sensitive to subtle (as well as obvious) reminders of their previous traumatic experiences and relationships. Such reminders, and the distress that they cause, is another reason why people affected by trauma do not engage with or drop out from the care, support and interventions that they need. Trauma informed care allows workers and services to explicitly identify and adapt any aspects of their service that may trigger distress associated with trauma, in order to minimise it.¹⁵

Health Boards should also consider the training needs of any other staff involved in this pathway of care, with specific reference to [The Scottish Psychological Trauma Training Plan](#). This is a companion document to Transforming Psychological Trauma Framework and provides practical guidance for employers and organisations

¹⁴ Essentials in Sexual Offences Examination and Clinical Management (Adults and Adolescents) – Best Practice for Scotland'

¹⁵ [National Trauma Training Framework](#)

about the steps they can take to develop, commission and embed the use of high quality trauma training, and proposes organisational and leadership structures which are likely to support the development of a trauma-informed workforce.

The Psychological Therapies Matrix¹⁶ recommends empowerment to help support a person's recovery from the trauma they have experienced. The provision of services and the processes and policies which underpin them should all be viewed through a trauma-informed lens to ensure that the person is given choice and control over all aspects of their care. The person should be made to feel safe and that they can trust the people involved in providing their care.¹⁷

Services should be well designed and alert to possible triggers. A trigger is a term commonly used to describe something that re-ignites the trauma response for a person and is highly personal to the individual's experience. The response is a subconscious action by the brain to engage safety systems to protect them from further harm. They cannot control this response, and may not even be aware what has caused it. Something which is identified as a trigger for one person may not impact on someone else. Whilst no list can be exhaustive, this document seeks to highlight factors in the delivery of the service which may unintentionally trigger a trauma response (for example sights, smells, sounds or processes). See also 1.5.

1.4 Service Scope

This document focuses solely on the requirement for Health Boards to develop healthcare and FME facilities for persons who have experienced rape, sexual assault or child sexual abuse and does not cover the requirements for custodial healthcare provision or forensic medical services for the suspected perpetrator (see also 1.4.1).

Services should be designed to meet the individual needs of the person irrespective of sex, gender identity, sexual orientation and all other protected characteristics as defined in the Equality Act 2010. See also 1.6.2.

Requirements for adults will differ to those for children or young people so facilities must ensure that they are age appropriate and in line with the relevant clinical pathway.

NHS Boards are responsible for providing healthcare (and if required, forensic medical examination services) for both acute and non-acute cases.

Where services are to be delivered in a multi-use environment, particular attention must be paid to the need for privacy, discretion, age-appropriateness and the need for additional requirements for vulnerable adults. All facilities must comply with the national DNA Decontamination Protocol.

¹⁶ [Psychological Therapies Matrix](#)

¹⁷ [NHS Education Scotland](#)

1.4.1 Healthcare and Forensic Services for Suspected Perpetrators

Adult suspected perpetrators subject to custody arrangements will be provided with healthcare under arrangements defined in the Memorandum of Understanding between the Police Service of Scotland and NHS Boards. The examination or treatment of suspected perpetrators should not take place in the same location where the person will be examined, so as to avoid the risk of cross contamination of evidence. For this reason, best practice also dictates that the same healthcare professional should not conduct the FME of both the person and the suspect. If this is required in exceptional circumstances to enable timely medical input for both parties, all DNA decontamination procedures must be followed between examinations.

In circumstances where a suspected perpetrator discloses that they have been raped or sexually assaulted, Police Scotland will be responsible for ensuring that they can access healthcare and a FME (if required) in an appropriate environment.

For children or young people suspected of causing serious harm, Police Scotland will select an examination venue that does not compromise forensic integrity of the investigation and is in line with additional protections for children or young persons and the requirements of the incident under investigation.

1.4.2 Ongoing and Future Improvements

1.4.2.1 Self-referral

As noted at 1.1, the Scottish Government has introduced a Forensic Medical Services (Victims of Sexual Offences) (Scotland) Bill.

Subject to the successful passage of the Bill through Parliament, detailed guidance will be provided to Health Boards on the retention and storage of samples from self-referral cases, including the requirement for adequate freezer storage and uninterrupted power supply. However, where they have not done so already, services should factor this into their planning arrangements. A new self-referral sub group under the CMO Taskforce has been established to develop the necessary guidance for Health Boards to implement the provisions of the bill.

1.4.2.2 Children's Services

The Scottish Government has asked Healthcare Improvement Scotland, in partnership with the Care Inspectorate, to develop Scotland-specific standards for Barnahus, based on the European PROMISE quality standards¹⁸ which outline best practice for countries who wish to develop the model. This includes best practice in terms of medical examination and interviewing of children and ensuring a child-friendly environment.

These standards will form a framework for health, justice and local authorities to understand what is required to improve our collective response and provide a roadmap for developing our approach to Barnahus approach in Scotland.

¹⁸ [Promise Standards](#)

Any single or multi-purpose use Health Board facilities for children who have experienced abuse, should take cognisance of the principles of Barnahus.

Any queries regarding Barnahus should be directed to the Scottish Government at Barnahus@gov.scot

Queries regarding the Joint Investigative Interview process by Police Scotland and Social Work should be directed to the national Police Scotland Team on publicprotection@scotland.pnn.police.uk or the local Child Protection Committee.

1.5 Understanding this Document

This document describes the requirements for the delivery of person-centred healthcare and forensic medical service provision following rape, sexual assault or child sexual abuse, within a healthcare environment. Where required, it highlights where the needs of a child or young person may differ from that of an adult - although all services should be tailored as far as possible, to meet the persons individual needs. However, to make this specification document suitable, feasible and achievable, the content and checklists indicate:

- **ESSENTIAL “MUST HAVE” ASPECTS (e.g. an adjustable clinical examination couch)**
- **DESIRABLE WHERE PRACTICABLE (e.g. private quiet spaces)**
- **T! Where trauma is a particular facet to be considered, it is indicated by this symbol.**

FUTURE PROOF – areas for consideration are indicated in shaded sections

1.6 Profiling What is Needed in Your Area

The design of your local service should take cognisance of your geography and population demographics¹⁹. Whilst the level and depth of regional collaboration may vary across the country, the aim is to identify the most effective way to work with multi-agency and third sector partners to meet the HIS Standards and deliver the best possible outcomes for persons affected by rape, sexual assault or child sexual abuse. Health Boards should also ensure that they are work closely with their local Violence Against Women Partnership (VAWP).

FUTURE PROOF – Enhanced service provision in localities may increase demand for these services.

¹⁹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population>

1.6.1 Place Standard Scotland

The Place Standard²⁰ is delivered by NHS Health Scotland, Architecture & Design Scotland and Scottish Government. It is a tool to help communities, public agencies, voluntary groups and others to work together to design places and spaces that improve health and reduce health inequalities by providing a simple framework to structure conversations about place.

It can be used by partnerships to consider needs in their local area, which, can also be used as evidence to support local project plans.

1.6.2 Equality Impact Assessment and Children's Rights and Wellbeing Assessment

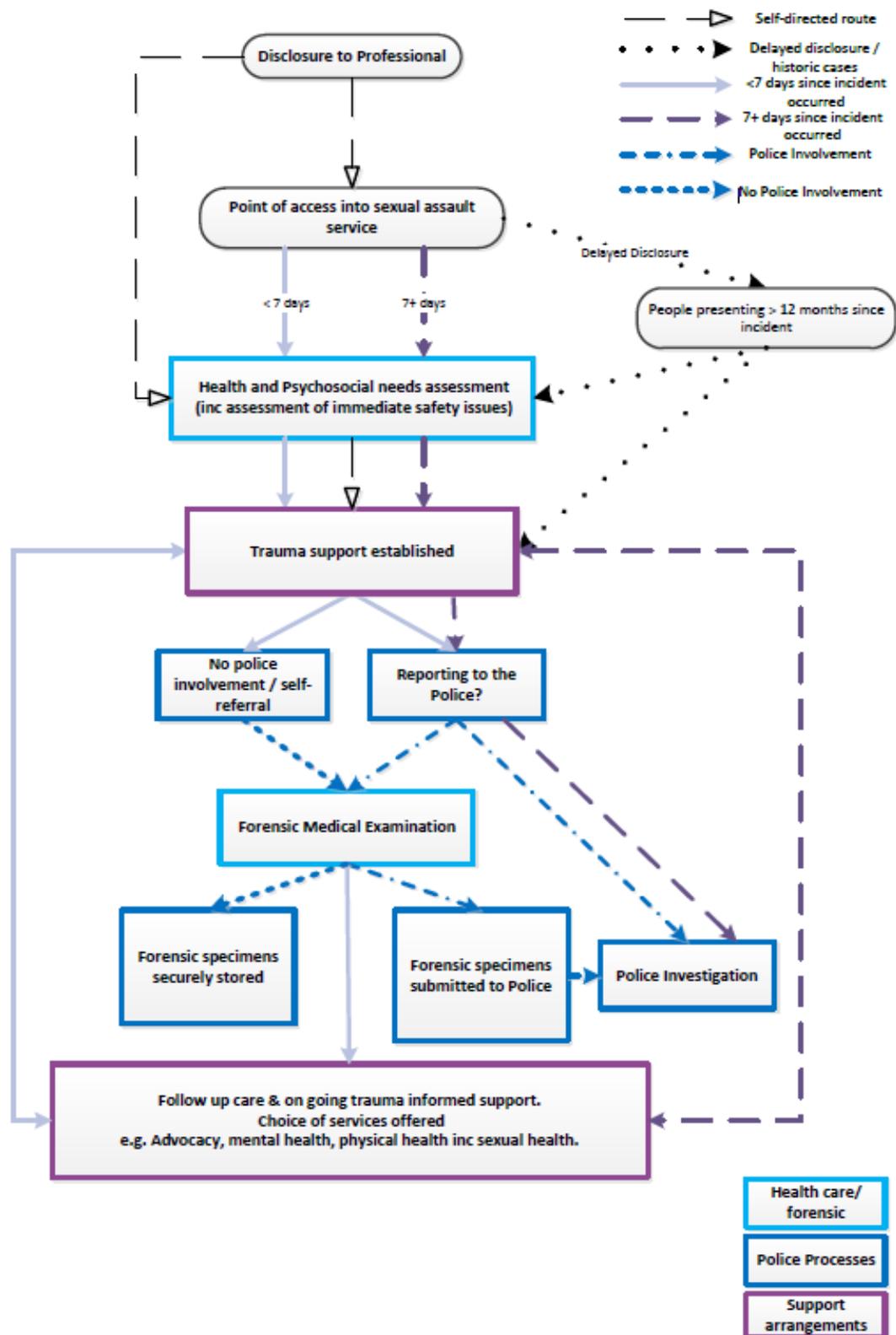
For any new or significantly revised provision, Health Boards are required to undertake an Equality Impact Assessment (EQIA), under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination. Contact your Health Board Equalities Officer and refer to the Equality and Human Rights Commission guidance available on www.equalityhumanrights.com.

In addition, for child-appropriate services, a Children's Rights and Wellbeing Assessment should be completed, with information available on <https://www.gov.scot/policies/human-rights/childrens-rights/>.

²⁰ <https://www.placestandard.scot>

Section 2: Service Specification

2.1 Person Pathway Flowchart (as set out in adult clinical pathway)



2.2 The Responsibility of Health Boards and Collaborative Working with Other Services

As a key partner in local Violence Against Women Partnerships and in line with the draft clinical pathways documents, Health Boards are responsible for ensuring a clear and coordinated pathway of care in their area. In line with existing responsibilities, the NHS is required to ensure timely access to therapeutic care and support for those who need it.

The immediate and follow up care should be coordinated with other statutory services as well as third sector partners such as Rape Crisis, Women's Aid and specialist services for children and young people. Close working relationships with multi-agency partners should be paramount to ensure a seamless pathway of care for the person.

Access to services should be available across Health Board boundaries, regardless of where the person resides or presents. The first point of contact the person has with services should be trauma informed and free from any administrative barriers. As set out in the clinical pathways, the service must put arrangements in place to ensure that any follow up healthcare care or other needs are coordinated appropriately with the lead service provider in the persons own Health Board area.

2.3 Centre of Expertise: Role and Function

The clear preference arising from the options appraisal exercise referred to in section 1, is for local services delivered as close as possible to the point of need, supported by a regional Centre of Expertise (CoE). Depending on the geography, more than one CoE may support the Health Boards within a region.

The role of the CoE may vary across Scotland. In some areas it may be a physical space where multi-agency partners provide a wraparound service to persons in their immediate area, as well as to provide a range of expert advice and support to the other Health Boards in the region. In other areas, the CoE may have a virtual role. Either way, Health Boards within a region should seek to maximise opportunities to collaborate. Whilst not exhaustive, the following elements could be considered as services which could be provided or hosted by the CoE on behalf of the region:

- Peripatetic workforce (managed by an operational and a clinical lead);
- The coordination of shared rotas to help ensure the sustainability of services; to support clinical skills maintenance and competence and to offer persons a choice of the sex of examiner involved in their care;
- Coordination of multi-agency wrap around services including access to therapeutic support and recovery;
- Peer support and peer review of cases to support trauma-informed practice and the continuous improvement of care;
- Supervision and support for staff to minimise the risk of vicarious trauma;
- Training needs identification and/or delivery of coordinated training and Continuous Professional Development opportunities;
- Data collection and performance monitoring;
- Research function;
- Coordinating / gathering feedback from persons who use the service;

- Quality assurance and sharing best practice;
- Coordinated Standard Operating Procedures and sharing of up to date guidance on all elements of the service.
- Guidance on contingency requirements / arrangements.

2.4 Forensic Integrity

As described above, NHS Boards may need to develop facilities which are multi-functional or multi-access rather than single purpose. All rooms which are used by the NHS, Police or multi-agency partners pre, during or post examination (for example for early evidence gathering or follow up care), should be decontaminated in accordance with the national DNA Decontamination Protocol.

Where possible, the 'flow' of the facility should allow a person to move from one space to the next, without needing to 'double back' (i.e. reception room, through to FME suite, to shower/changing facility, to interview room).

The operating procedures set out in the DNA Decontamination Protocol MUST be adhered to at all times. See Section 3.2.

2.4.1 Pre- and Post-Spaces and Follow-up Care

If at all possible, the facility should be designed to create pre- and post-examination spaces.

Where accommodation allows, it may be feasible to have additional areas for use within a facility that would be supplementary to the core requirements but provide an extended caring environment. This may include a quiet area, sometimes known as 'contemplation areas', specific prayer space, outside private garden area for fresh air whilst waiting and separate family waiting areas.

All these factors can be considered but NHS Boards must but be mindful of DNA transfer and trace evidence decontamination requirements (e.g. if the person has still to go through examination processes, there may be samples/evidence on clothing that could be transferred easily to outside seating areas). Pre-examination spaces require to be clinically appropriate, but there are a range of healthcare-approved furnishings and floor coverings that meet forensic requirements but still enable the environment to be as safe and comfortable as possible.

T! It is important that the person's sense of safety and control are of primary concern at all stages of FME process. The person should understand where they are, how and where to access staff and the location of exits and toilets should be clearly signposted for example. All steps should be taken to ensure that a person is not left alone for any period of time.

T! It is helpful to think about other suitable spaces that can be offered for follow up care or support. These arrangements should be discussed and agreed with the person to give them some choice and control, which is important for recovery from trauma.

2.5 Staffing and Training Requirements

The service must ensure that arrangements are in place for sufficient cover by appropriately trained and experienced medical and nursing staff 24 hours per day, seven days per week. Other roles to consider include a receptionist, a forensically trained nurse, lead clinician and appropriate administrative support. Further information on staffing requirements for the safe and effective delivery of this service are set out in the Clinical Pathway documents.

The person should be offered a choice over the sex of the examiner involved in their care and every effort should be made to meet this (HIS Standard 2.10)²¹. A chaperone must be present during an intimate examination in accordance with the GMC guidance. The Adult Clinical Pathway provides further information on the requirement for corroboration in Scotland.

As set out in the HIS standards, the person should be advised they can have a representative present. This may be particularly important for an adult with additional support needs. A representative is someone whom 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. However, all precautions should be taken to minimise the risk of cross contamination, in accordance with the National DNA Decontamination Protocol (see also 3.2).

Partners in both the statutory and third sectors (including Primary Care, Pharmacists and local Emergency Departments), should be actively involved in the planning and delivery of the overall care pathway to help ensure that the person's needs are met and to help raise awareness of the service locally.

T! If family or carers are present, they may also require support if upset.

T! All professionals engaging in the pathway should have access to appropriate supervision, to manage the risk of vicarious trauma and support good mental health and wellbeing.

2.6 Healthcare and Forensic Medical Examination Service - Accommodation Requirements

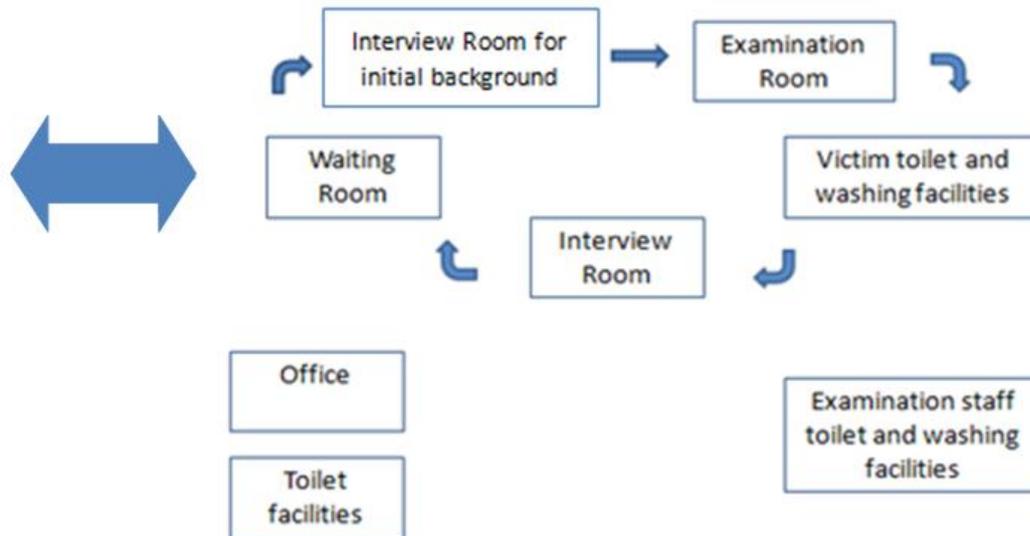
Each NHS Board area must ensure that that services are developed as close as possible to the point of need, so as to minimise unnecessary travel for the person.

On occasion, a timely examination may be better facilitated in another Board area. If this is the case, the options should be discussed and agreed with the person (with appropriate support put in place to help them reach a decision) and the necessary coordinated care pathway put in place.

All facilities should be functionally suitable and maintained to the highest possible standards. Essential elements are outlined below. A fuller, but not exhaustive, checklist for each area is available in Section 5: Facilities Checklists.

²¹ [Healthcare Improvement Scotland Standards, December 2017](#)

Essential Spaces for Immediate Pre- and Post-Examination



2.6.1 External

The exterior and approach to any facility should be accessible 24 hours a day with parking available for exclusive use of the staff and Police where possible, plus parking close by for the person or their representative. It should feel safe and be well-lit, accessible, welcoming and free from trip hazards.

If available, other outside space such as seating areas should be safe, discreet and well-maintained.

Exterior Checklist – see page 32

T! Signage using symbols and words should be carefully considered – the exterior of the facility requires to be discreet so consideration should be given to identifiers for the building.

T! The operation of any access/entry pad for the Police or other staff accompanying the person, should be straightforward so that they can gain entry as smoothly as possible.

T! Any shrubbery or other plants should be cut back to avoid creating shadows.

2.6.2 Internal

The inside of the building should be of a high standard, heated, welcoming, well lit, clean and fresh to help the person feel safe. Decor should be Equality Act 2010 compliant, such as taking into account requirements for sufficient contrast for those with visual impairment around door entrances. Pre-examination spaces require to be clinically and forensically appropriate but also offer a comfortable environment as

far as possible. Creative use of calm, soft colours and pictures can help to facilitate this.

T! A recent experience of trauma may leave the person shivering due to adrenaline in their system so staff must ensure that the facility is suitably warm **before** a person arrives.

T! Avoid air-fresheners which could have a smell which triggers a trauma response or exasperates allergies.

T! Decorative pictures should be of abstract images rather than recognisable places or scenes. This will minimise the possibility of a trigger for the person if an image reflects any aspect of their assault or history and it can be used by staff to help engage the person in mindfulness practice if they are anxious or upset.

2.6.3 Reception

Where a facility is large or multi-functional, or space allows, a reception area is beneficial. To avoid persons feeling exposed in a communal area, where possible, the reception and waiting area should be separate. There should not be service posters, or notice boards visible as these can be inadvertently upsetting. Any relevant service information can be provided at the appropriate point by staff.

2.6.4 Comfort Area/Waiting Area

Purpose

A comfortable, private area for the person and their representative is required. The space should be located as close to the entrance to the facility as possible so as to minimise contact with the forensically clean areas of the facility. As this is a pre-examination space, all furnishing and fittings should be of a material that does not readily shed its component textile fibres or a material that readily retains any fibres transferred to the surface. All furniture surfaces should be upholstered with a material that is wipe able for DNA decontamination purposes in line with the national DNA Decontamination Protocol.

No soft furnishings should be used such as curtains, cushions, carpets or rugs to avoid contamination by fibre transfer. If there are windows, they should be preferably frosted and equipped with wipeable blinds for privacy.

The person should be given the option to adjust the environment to their preference i.e. whether to have the lights on or dimmed, blinds open/closed, radio or ambient music on/off, etc. Typical waiting rooms in health venues have a range of reading materials but this is not appropriate prior to an examination due to the risk of cross-contamination. Reading materials may be provided for post-examination periods if the person is required to wait.

Wi-Fi is a modern standard which the person may need to communicate with friends or family or to help distract them if they have to wait for any reason. Wi-Fi must be assessed and installed by health board IT specialists and conditions of use outlined and available on site.

Comfort Room Checklist – see Page 34

T! This room should be clearly labelled – it may be called a ‘Comfort Area’ or could be nominally labelled e.g. Lomond Room, or similar to avoid the emphasis on ‘waiting’.

T! For facilities accommodating adults, children and young people, carefully consider the perspective of each person. Child-friendly elements such as toys should be cleaned between cases and stored away appropriately. For children, portable elements can be brought out to make the space more welcoming, such as plastic, wipeable toys and child-sized chairs. Various distraction materials for different age groups can be useful but cross-contamination risks must be considered and managed.

T! In recognition that some persons will be shivering, a blanket can be provided but this should be new and wrapped, single use, low fibre transfer and disposed of after use.

2.6.5 Office Space

Purpose

An office/workstation space is required, located as close to the main entrance as possible to avoid unnecessary contamination of other spaces. This is for use by professionals such as health, police, third sector or social work. Examination and interview can take a number of hours, so where possible, the room should be able to accommodate more than one person, enabling a practitioner to continue to work as appropriate whilst onsite. At all times, patient confidentiality and data protection requirements are paramount.

It may also be used as an extension space during interviews by the Police, known as a ‘remote viewing post’. This enables the interview to be heard in another room and using audio, contributions can be made to direct the flow of the interview. Any set up arrangements would require to be assessed and guided by Police Scotland. See Section 3.4.

Separate space is required for clinicians when reviewing paperwork ahead of any appearance at court and should be accommodated within the NHS property portfolio.

Office Space Checklist – see Page 33

T! As the office is likely to be near the comfort room/waiting area, staff should be mindful of visitors being present, for example around volume of conversations or wall displays that may be visible through the doorway.

T! Sounds can also trigger a trauma response. By mindful of this if playing any relaxation music and ensure that the person is asked if they would like to have it on or off.

2.6.6 Examination Area

Purpose

For those requiring a healthcare examination, FME, and/or medical treatment, a clinically appropriate facility is required. It is essential this space is designed to meet Healthcare Facilities Scotland requirements. It should be functional and efficient but sensitively designed.

This room is within the forensic area and as such, footfall should be kept to an absolute minimum. It is subject to infection prevention and control cleaning measures and rigorous DNA decontamination to ensure forensic integrity. See 3.2 for further details.

Examination Area Checklist – see Page 35

T! The examination room must be fully stocked, fully operational, clean and functional to ensure smooth, sensitive provision of care, with no unnecessary delays to locate or restock an item.

T! Given the intimate nature of the examination, it is recommended that no more than two people and the person should be present to maintain dignity and to maintain forensic integrity. If the person wishes a representative to accompany them, that person should be provided with appropriate protective clothing.

T! Consider applying frosting to any windows as well as using blinds. Consideration should also be given to any shadows passing or inadvertent reflections at night time.

2.6.7 Initial Background Report / Interview Space

Purpose

Police Scotland advise that their standard procedure involves two stages of interview. The first is an Initial Background Report (IBR) which will typically involve the use of an Early Evidence Kit to take initial swabs and clothing as evidence. This enables the person to be more comfortable and may happen prior to arrival at the facility. As per the diagram on Page 15, please note the IBR room and interview room can be the same space.

An interview room is required for Police Scotland to conduct and record formal, confidential interviews with adults. To ensure fit with the most up to date operational and technical requirements, this room should be designed in conjunction with Police Scotland. See 3.4.

The aim is for a calm and quiet environment with any recording equipment to be discreet and unobtrusive.

A room co-located on the site of the examination suite ideally enables this to be done with minimal travel for the person. It must be able to comfortably accommodate the person, their representative, a police officer and potentially an interpreter or additional advocate or guardian.

If the room is going to be used for Joint Investigative Interviews (JII) with children it should be discussed with Police Scotland and other key stakeholders, to ensure an appropriate, child centred environment. See also 1.4.2.2. If such interviews will take place in other partnership facilities, a smooth pathway should be clearly defined.

Interview Room Checklist – see Page 37

T! There should be no physical observation window in the room, as it can contribute to anxiety and stress for the person being interviewed.

2.6.8 Toilet and Washing Facilities

Purpose

To manage forensic integrity within the examination suite area, separate WC and washing facilities for the person and also for NHS staff are required. For the person being examined, a separate facility with single wipe tissue is required, as this may be taken as evidence. No sanitary bins should be present to avoid inadvertent disposal of potential evidence. Ideally the person's facilities will be adjacent to the examination room for ease of use. The person may wish to wash and change after their examination.

Changes of clothes/toiletries should be made available. See Section 3.6 for a list of recommended consumables.

Sexual Offence Examiners and forensically trained nurses present during a FME, will be required to wash and change into a full set of clean clinical scrubs prior to the examination, supplemented with appropriate protective clothing and equipment to minimise cross contamination and afterwards to wash and change again. Please refer to the National DNA Decontamination Protocol and accompanying short video²² for further detail.

Separate toilet facilities for the person's representative and other staff are required out with the clinical and interview areas, known as the 'forensic bubble'. However if three separate facilities are not possible, staff and other visitors should have access to alternative facilities nearby. If the intention is that toilets are used more communally due to limited space or facilities, staff must be appropriately trained in

²² <https://vimeo.com/377772506>

the management and use of Virkon for DNA decontamination purposes after each use (See Section 3.2).

Toilet and Washing Facilities Checklist – see Page 38

T! Some persons may not use the washing facilities and prefer to go straight home after examination. This is not unusual.

T! Toilet facilities should be lockable for privacy, but able to be opened from the outside in case of emergency.

T! Person facilities should have appropriate ligature reduction fittings.

T! Bathrooms usually have a mirror. If supplying one, it should be non-breakable. Carefully consider the position of this – some persons will not wish to see themselves if they have been injured, preferring to do that in their own time in the privacy of their own home. Instead, consider a mirror that can be optional to use, e.g. pivoting wall mounted, or hand mirror on a shelf.

Section 3: Required Measures in Each Facility

3.1 Cleaning and Infection Prevention and Control

As a healthcare and forensic service, the facility requires to be maintained to particular standards.

Cleaning staff are an essential part of a multidisciplinary approach to good health and safety, by ensuring that the environment is cleaned to a high standard in line with all Healthcare Facilities Scotland instruction²³. Critical activities such as hand hygiene and cleaning schedules must be embedded into every day practice and records available for audit purposes.

Standard Operating Procedures for cleaning are required. These will include standard cleaning tasks, waste disposal, sanitary disposal unit management, deep clean procedures when required, Health Protection Scotland guidance is available for infection prevention and control.²⁴ Further guidance is available from NIPCM²⁵ Cleaning products, processes and frequencies are to be instructed to fit the requirements of this facility. The organisation is responsible for ensuring safe systems of work, including documented risk assessments and logs using standardised forms. Cleaning should be subject to regular audit, to ensure standards are met.

²³ <http://www.hfs.scot.nhs.uk/home>

²⁴ <https://www.hps.scot.nhs.uk/pubs/detail.aspx?id=104>

²⁵ <http://www.nipcm.scot.nhs.uk>

3.1.1 Domestic Services Room (DSR)

This is desirable, but if space is limited, it should be in the near vicinity. There are certain cleaning items that should be on site in case of spillages and so at a minimum a lockable storage cupboard containing these and associated equipment is essential. These will include products to meet standard cleaning and prevention and control of infection processes, and also Virkon for DNA decontamination. Please note Virkon should be readily available in the clinical examination room.

3.1.2 Disposal of waste

There are a number of regulatory and best practice requirements specific to waste management. Producers of waste have a responsibility to ensure that their waste is managed (packaged, transported, recycled and / or disposed of) correctly from 'point of production' until final disposal. This responsibility cannot be passed on via contract, and producers must check that those who collect and treat waste do so correctly. Certain waste with hazardous characteristics, e.g. clinical waste, is subject to the requirements specified in the Special Waste Regulations²⁶. All waste must be managed in accordance with NHS Board clinical or general waste guidelines and care should be taken to ensure full compliance. This includes ensuring waste collection storage is located in staff-only access areas.

PLEASE NOTE: Some NHS Board areas may currently use the term 'deep clean' in relation to infection prevention and control. Please note this is NOT equivalent to DNA decontamination processes and should not be confused. See 3.2.

3.2 DNA Decontamination

The forensic area and pre-examination spaces **must be decontaminated before and after every examination**. This should be carried out at least weekly whether the facility is used or not. Further, cleaning with Virkon of the immediate examination areas (couch, colposcope, lights) immediately prior to and after each examination is essential.

It is also recommended a consistent process of sealing the room should be employed to indicate an area is forensically secure. This involves a physical seal applied to the door, with a log maintained showing those entering the space and appropriate DNA decontamination procedures followed.

The court system can request logs and assessments as evidence and DNA sampling for suspect elimination by the SPA may be required if there is unidentified DNA. Health Boards are responsible for providing facilities that aid these requirements and have clear processes to avoid cross contamination.

Reference should be made to the National DNA Decontamination Protocol document.

3.2.1 Key Practices for this Type of Facility

As this is a forensic facility it is essential that cleaning staff have access to Personal Protective Equipment (PPE). This should be worn as per instruction in the DNA Decontamination Protocol. This minimises unintended DNA transfer within the facility.

²⁶ <https://www.sepa.org.uk/regulations/waste/special-waste>

Disposable mop heads, and other cleaning items are essential to avoid cross contamination. A full list of items can be found in the DNA Decontamination Protocol.

To reduce the risks of cross infection/contamination emphasis should be placed on the cleaning of frequently touched contact surfaces, e.g. handles, the examination couch, the Colposcope (including the screen).

Please note that a separate vacuum cleaner should be used only for the examination room to avoid cross contamination from other parts of the facility.

For facilities that will be multi-use, or used for follow up care, it is essential that any areas used are fully decontaminated using Virkon afterwards and logged. Environmental Monitoring will be undertaken as per protocol supplied by the SPA.

3.3 Furnishings and Fittings

Whilst primarily a clinical setting, the facility should be as comfortable as possible. However, there are some key features to be adhered to for forensic integrity.

- Furniture should be kept to a minimum and have simple fittings for easy cleaning. This should be from approved suppliers of healthcare setting equipment.
- No leather furniture to be supplied, as this is a natural, absorbent product that cannot be sufficiently decontaminated.
- No soft furnishings to be supplied, as they cause a risk of fibre transfer and cannot be sufficiently decontaminated.
- For windows, heavy opaque film is preferred as it obscures the view and is easily wiped. Curtains cannot be used as window coverings as they cannot be sufficiently cleaned to forensic standards. Wipeable blinds should be used where no other option is available.
- Walls and floors should be in line with Healthcare Facilities Scotland requirements and be easily washable. All painted surfaces should be washable.

3.4 Audio and Video Interview Recording Requirements

As noted at 2.6.7, Health Boards should endeavour to incorporate an IBR and an interview room to enable Police Scotland interviews to take place, so as to reduce unnecessary travel for the person.

This room requires to be fitted with a range of electrical sockets and IT cabling. Police Scotland request all NHS Boards contact the national team on publicprotection@scotland.pnn.police.uk to request an IT survey and discuss environmental and information security requirements. Equipment will be provided by Police Scotland to enable video and audio recording as per evidential requirements. Any physical environment requirements should be negotiated between Police Scotland and the NHS Board.

3.5 Storage

Suitable and sufficient storage will be an important aspect of design in any facility. This enables the NHS Board to meet health and safety regulations by minimising trip and fire hazards, protect items in the condition required and to maintain effective management within the facility. Space for a freezer (with uninterrupted power supply) to store self-referral samples should also be factored in, so that this is available when these provisions of the bill are commenced.

See Checklists in Section 5 for suggested storage requirements. Please note this list is not exhaustive and individual items for specific tasks will be instructed locally or by the Centre of Expertise.

T! Good storage keeps the space uncluttered and reduces unfamiliar clinical items being on show which might cause further anxiety to the person. Where possible, only items necessary for the current case should be visible.

T! Easily accessible storage for a small selection of wipe able plastic children's toys or items is important – this ensures availability for children but also that the items are cleaned and stored away when the facility is used for adults or young people.

3.6 Consumables

Under the existing Memorandum of Understanding, NHS Scotland are responsible for supplying medical supplies, sundries and consumables for anyone accessing the healthcare and forensic medical examination service (police referral and in future, self-referral).

Police Scotland and the SPA are responsible for supplying all forensic consumables and kits.

Detail about the contents of forensic kits is available from Police Scotland. Services will require a wide range of clinical consumable items to ensure smooth provision of services (the lists below are not exhaustive). This will include:

Clinical - items for use within the examination including a range of gloves, forensic kits including swabs, specimen jars, evidence bags, examination couch paper roll, pillow covers. NB this should include a range of clinical supplies in appropriate sizes for children, young people and adults. For information about clinical and forensic supplies, consult the regional Centre of Expertise.

Drugs – sufficient stock levels of required drugs should be stored appropriately and maintained such as contraceptives, antibiotics, PEPSE. For information about drug management, including emergency drug stocks if the facility is not on a hospital site, consult the regional Centre of Expertise.

Cleaning and DNA decontamination - items such as disposable mop heads, disposable screens, wipes, chemical products. **Please note that when using paper roll for general use, this should be WHITE roll, not BLUE. Blue roll has added dye which fluoresces and causes problems for forensic trace and decontamination.**

Toiletries – it is best practice to have a supply of core toiletries, individually wrapped, such as tissue packs, sanitary products, toothpaste, toothbrushes, combs/hairbrushes and deodorant, liquid soap, shower gel, shampoo for individuals to use after their examination. Some areas may wish to seek donations from local companies or charities. Be mindful of potential allergic or dermatological reactions, with unscented and hypoallergenic options preferable. Other items to consider are a range of nappies in various sizes, hypoallergenic baby wipes, etc. Avoid cotton wool which can be problematic in terms of forensic integrity.

Clothing – Some persons will arrive at the facility in the clothes they were wearing at time of the incident. These may be damaged, soiled or require to be seized as evidence by Police Scotland. With this in mind, a range of neutral clothing such as pants, crop top/bralettes, socks, jogging trousers, plain t-shirts, hooded tops or sweatshirts and simple footwear options should be available and the individual given the option which to wear.

These should be available in a range of sizes to accommodate children, women and men. Some Health Boards may have 24/7 access to a nearby shop where appropriate items can be purchased whilst the person is being examined, however it is recommended that a stock of essential items are kept.

Food/beverages – A range of hot and cold drinks options (including appropriate items for children) should be available for persons and waiting family or friends. Some examples include tea, coffee, long-life milk, diluting juice, cereal bars and porridge pots. As with other consumables, be mindful of potential allergies such as nuts or gluten intolerance. Ensure sufficient supplies and that they are within Use by Date.

3.7 Main Systems

Facilities should have the following, well-maintained core systems to ensure energy-efficient, effective provision.

- Mains power systems with uninterrupted power supply to ensure 24/7 availability.
- Networked IT systems for telephones, internet, and systems connections to organisational networks.
- The SPA recommends that heating should be provided via conduction radiators, not by convection heating, as this risks circulating contamination around the spaces.
- The SPA recommends fans should not be used to cool the facilities.
- The SPA recommends if air conditioning or extraction systems are fitted, ideally these should be isolated, closed systems. Fitting is not recommended if they are communal to other parts of a building which may cause detriment to the forensic integrity of the space.
- Lighting throughout the facility should be well maintained, energy efficient, with a variety of options such as adequate overhead lighting in the examination room and options of softer lighting using lamps in the comfort area. Police Scotland advise that for any photographs taken in the facility, Scene of Crimes officers will colour-correct for any tones caused by LED lighting.

T! When using LED lighting, it is recommended that warm tones are used as the very blue version of cool-toned lighting can feel cold. Warm tones create a more comfortable space.

3.8 Compliance

3.8.1 Equality Act including Disability Discrimination Compliance

Health Boards are responsible for compliance with all appropriate legislation relative to their role as service provider, in line with all other facilities provided in their area. For example, buildings should be accessible for wheelchair users. For those who have hearing problems, a portable loop system should be available for use to facilitate accurate communication. Good contrast on handrails/door frames for visibility for those with sight-impairment is required.

The Equality and Human Rights Commission has useful guides to ensure agencies consider reasonable adjustments.²⁷

3.8.2 Monitoring and Quality Assurance Logs

A range of elements will require ongoing monitoring for quality assurance purposes. These include:

- Caseload monitoring and performance management – national work is taking place to create a single data system for use across all SSARCs. A national form and dataset will be implemented from 1 April 2020. Health Boards will be required to collate and submit this data to NSS Information Services Division for analysis and reporting
- Attendance - recording access to the facility. See 4.2.2
- DNA Decontamination – in line with the SPA protocol
- Infection control and cleaning – in line with local Health Board arrangements
- Daily freezer check and contingency plan - storage of samples requires to be maintained in appropriate monitored environments and services should be able to illustrate compliance.
- Drugs management – NHS Boards should adhere to their standard procedures for the storage and monitoring of drug supplies. For more information, refer to the Misuse of Drugs Regulations (2001 and subsequent amendments)²⁸. Controlled Drug Licences are required if the facility is not located on a hospital site where an Accountable Officer is already responsible.
- Health and safety – the facility should be maintained in line with standard procedures, and managed through the Control Book system with local Operational Service Management. Fire safety, risk assessment, COSHH for chemical use and storage are all aspects that will require regular monitoring. In particular, as Health Boards are using Virkon for the first time in these

²⁷ <https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>

²⁸ <https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html>

facilities, there will be a requirement to ensure auditable records of training in the safe use of this product. With regard to Fire, please see Section 3.9 below.

- Emergency and Site Management Details – in case of urgent requirements on site.
- CCTV and Site Security – if CCTV is fitted to the facility, Operational Service Management arrangements for oversight of procedures, data access are required. See Section 4.2.1 and 4.2.2.
- Training and Registration Records – for compliance with professional and clinical standards, records for staff should be maintained using appropriate Human Resources processes.
- Equipment Register – a full register of equipment for maintenance and replacement schedules should be maintained.
- Maintenance – the fabric of the facility should be managed through the appropriate site Operational Service Management arrangements
- Information Asset Register – a full register of all sources of data, how it is stored and managed should be kept in line with local NHS Board arrangements. This will include the arrangements for the storage and management of colposcope images, which must adhere to FFLM and RCPCH guidance on storage/management of intimate images
- Legionella - For facilities that will be used infrequently, monitoring of water supplies should be done through standard infection prevention and control procedures instructed by Health Facilities Scotland and in accordance with Board Water Safety policy.
- Emergency Care Equipment – if the facility uses equipment such as a defibrillator, maintenance and testing logs are required. See Section 4.1.

FUTURE PROOF – Subject to the passage of the Forensic Medical Services (Victims of Sexual Offences) Bill through Parliament, further guidance will be provided to Health Boards to set out their responsibilities in terms of the capture, storage and retention management of self-referral forensic samples, including requirements for registers/logs, freezer management and contingency arrangements etc.

3.9 Fire Arrangements

NHS Boards are required to ensure all staff members using a facility are trained and aware of local procedures in the event of an incident. As this service will be multi-agency, extra assurance is required in this regard.

Fire regulation compliance is essential, and Health Boards are responsible for ensuring the facilities are fully equipped and maintained re: smoke and carbon monoxide detectors, fire alarm, appropriate extinguishers, designated muster point, signage.

A fire safety log is required on all premises to use as a checklist at the muster point in the event of a fire. Consideration should be given to a system for recording the

presence of a person using the suite to provide a level of anonymity, e.g. Initials and Date.

T! Consider what arrangements are required if an alarm goes off during an examination and ensure the individual is advised of the procedure.

T! Consider when the fire alarm test operates each week and whether this could be avoided for examination scheduling.

Section 4: Other Considerations

4.1 Emergency Care Facilities

When a person requires urgent medical attention, in cases such as anaphylaxis, drugs reaction or a heart attack, provision must be available for appropriate care. If NHS Boards develop facilities in the grounds of a hospital with an Emergency Department, robust processes should be planned to act swiftly in the event of an incident.

Where the facility is not in or close to an acute care service, robust processes should include the consideration of emergency drug supplies and an onsite provision of key equipment such as a defibrillator. If this option is chosen, the equipment requires maintenance and to be ready for use, with staff training provided and monitored.

If travel is required to attend an Emergency Department, ensure local protocols are in place with the Scottish Ambulance Service.

4.2 Security

It is mandatory that the facility has a security alarm fitted as productions can be stored on site.

4.2.1. CCTV

Health facilities regularly have CCTV to secure the building from vandalism or break-in. Police Scotland advise that – whilst uncommon – the footage could technically be requested as evidence by the Defence during any court proceedings. Therefore it is recommended that all facilities undergo a Safer Communities Crime and Community Assessment to see if this is necessary.

Where there will be use of CCTV, reference should be made to the Information Commissioner's Office CCTV Code of Practice²⁹. It should be operable under artificial lighting conditions, with or without natural lighting, avoiding the potential for flare due to nearby lamp intensities; and include stops to avoid any possibility of intrusive observation of adjacent private properties.

As many service users of this facility will not wish to be filmed, consideration must be given to the data management and destruction policies of any footage captured.

4.2.2 Secure Access

It is recommended that facilities consider several levels of secure access. Video access and electronic or mechanical numeric keypad entry are recommended. This

²⁹ <https://ico.org.uk/media/1542/cctv-code-of-practice.pdf>

reduces the likelihood of lost keys or swipe cards which would require to be reported through DATIX, or similar incident reporting system. A log of those who know the code should be maintained.

Within the facility, depending on layout and if the space is multi-use, certain areas would benefit from secure access, such as the examination room and the office space. This reduces the risk of contamination by random access, and access to data and sensitive materials.

4.3 Promotion of Services

NHS Boards are responsible for providing information about local provision for rape and sexual assault healthcare and forensic services. This should include easy-to-find details such as how to contact the service, what it entails, when it is available and promotional materials for other relevant services such as Rape Crisis. Promotion should be regular and widespread through local partners and online. Where multi-agency working is promoted, be mindful that health should be the predominant logo or message.

FUTURE PROOF – Local service information materials (statutory and third sector) should be refreshed regularly. The self-referral sub group of the CMO Taskforce are looking at national service information requirements.

4.4 Feedback Opportunities

Feedback routes are very important for performance monitoring and continuous improvement. Feedback should be sought regularly both from those using services but also those agencies engaged in each stage of the pathway.

This should be complementary to the current feedback routes offered by Rape Crisis Scotland or other third sector partners, to persons who have reported to Police Scotland.

T! Persons are likely to be tired and emotionally exhausted by the end of their attendance at the facility for acute care. Caution should be used to avoid overloading them at this point with requests for feedback. Consider advising the person they will be able to do this when they feel able.

Section 5: Facilities Checklists

External Features – see Section 2.6.1

Element	Category	Additional notes
Discreet signage	Essential	Using both symbols and words
Electronic or mechanical numeric keypad access	Essential	Avoid the use of keys or swipe cards which may get lost
Video doorbell	Essential	To provide secure access
Accessible for wheelchair users	Essential	Consider steps/ramp requirements, door width, turning space to enter
Free from trip hazards	Essential	
Shrubbery cut back	Essential	T! factor
Lighting	Essential	T! factor
Dedicated car parking space(s)	Essential	Two minimum, three spaces preferred dedicated for the FME, nursing staff and Police Scotland to have easy and immediate access. Additional nearby parking for persons family/friends is beneficial.
Canopy over the front door	Desirable	If the weather is unpleasant, whilst the keypad system is operated, this feels more welcoming.

Internal Aspects – See Section 2.6.2

Element	Category	Additional notes
Heating	Essential	The building should be heated and welcoming, with adjustable heating
Lighting	Essential	A range of appropriate lighting options for a variety of tasks
Windows	Desirable	To enable temperature regulation and natural light for wellbeing. Windows should be double glazed, lockable, accessible for ease of use
Paint finishes	Essential	Washable as per prevention and control of infection guidance
Multiple electrical sockets	Essential	In each room for flexible use and minimising trailing cables
IT infrastructure	Essential	For office space, examination and interview rooms

Office Space / Reception – See Section 2.6.5 and 2.6.3

Element	Category	Additional notes
Door signage	Essential	
Desk and five-point office chair, adjustable	Essential	Must meet H&S requirements for office equipment.
IT facilities – internet, secure access, a range of port and socket options	Essential	Health system networking is essential. If the facility is used regularly, consideration should be given by partners to networking the main communication systems of each agency, e.g. Police Scotland, Social Services.
Health System connected computer	Essential	Computer and/or network cables for laptop use
Telephone provision	Essential	Landline, handset with speakerphone and voicemail
Networked multi-functional device (Printer/Photocopier/Scanner)	Essential	To transfer patient information as required
Lockable, temperature monitored freezer (s)	Essential	To store self-referral samples /specimens. In police referral cases, Police Scotland are responsible for the immediate transfer of evidence to the Scottish Police Authority.
Lockable temperature monitored refrigerator (s)	Essential	To store healthcare samples for laboratory testing until uplift by Porters/Courier as required
Adjustable lighting, desk lamp/overhead	Essential	For Display Screen Equipment requirements and other health and safety purposes
Lockable storage cabinet(s)	Essential	For any sensitive paper data storage
Lockable door	Essential	Keypad entry recommended.
Monitoring logs such as attendance, fire register, cleaning and maintenance	Essential	See Section 3.8.2
Folder – Standard Operating Procedures	Essential	Hard copies must be maintained to latest version.
Technical specifications/guides	Essential	Such as, equipment guides, processes for servicing, maintenance - should be available for easy reference.
Laminated, handy guides on each of the main elements of using the facility	Essential	Any professional entering the facility should be able to locate everything they need. This minimises frustration for the staff, and distress for the person.

Element	Category	Additional notes
Map of storage of all key consumables	Essential	Easy access to required items.
Person information leaflets/materials	Essential	Consideration should be given to keeping these items available for use when required. Persons may be sensitive to some of the content during their visit.
Coat stand/rack	Essential	
Stationery stocks	Essential	
Connection to other professional systems	Desirable	Discuss and negotiate locally
IT cabling for remote interview viewing	Desirable	If the office will be used by Police Scotland as a remote viewing post, cabling must be in place for a monitor to show live video feed.
Two visitor chairs	Desirable	Must be wipeable
Phone chargers and cables - various	Desirable	Persons and staff who are reliant on their mobile devices, would benefit from access to a variety of Apple, Android mini USB-type cables and wall plugs. They should all be capable of being wiped clean.
Whiteboard	Desirable	Ensure this is positioned so it is not visible from the doorway
Lockers for staff effects	Desirable	
Wastepaper bin	Desirable	
Window blinds	Desirable	If windows are not opaque, blinds must be wipeable

Comfort Area – See Section 2.6.4

Element	Category	Additional notes
Paper Tissues	Essential	Tissues should only be provided in individually wrapped packets, NOT boxes, to minimise DNA transfer.
Door design and signage	Essential	Should be closable but not lockable. If glazed, this should be opaque. Door sign should show 'in use' notification
Adjustable lighting	Essential	Consider lamps to make the space more comfortable. Any lampshade used must be wipeable.
Window blinds	Essential	Curtains are forensically inappropriate. If the windows do not have opaque film/frosted, blinds can be used but must be wipeable.

Element	Category	Additional notes
Heating	Essential	If using an additional heater, this must be oil/conduction only – NOT fan or convection heater.
Furniture	Essential	Chairs, sofa, coffee table – must be wipeable. See Section 3.3
Coat stand/rack	Essential	
Wall clock	Essential	
Children's toys	Essential	When the facility is being used for a child or young person, a range of age-appropriate toys and materials should be available but easily stored away. This might include Lego, games machine, books, and art materials but must be wipeable.
Wastepaper bin	Essential	
Basic pictures of neutral scenes or abstracts	Essential	Useful for mindful waiting. Practitioners can use this as a grounding tool for distressed clients. Non-reflective glass is preferred.
Kitchen items	Essential	If no separate kitchen facility available, endeavour to have a kettle, microwave and stocks available in this area.
Wi-Fi	Desirable	
Reading materials	CAUTION	Appropriate reading materials could be considered but these are a forensic integrity risk and should only be available after an examination has taken place.
Television	CAUTION	Based on discussion with various stakeholders, we would urge caution given the risk of distressing news or triggers. However, Boards may wish to consider it as a distraction for children.

Examination Room – see Section 2.6.6

Element	Category	Additional notes
Lockable door with signage	Essential	To maintain forensic integrity – door sign to show 'in use' notification. Must be able to be overridden for safety access.
Saddle stool/mobile stool	Essential	To be available for use during examination. Must meet H&S requirements for equipment, and wipeable for DNA decontamination.
IT facilities – internet, secure access	Essential	Required to connect the colposcope to external systems
Telephone landline and handset	Essential	
Height measurement equipment	Essential	
Weight measurement equipment	Essential	
Blank wall/area	Essential	Plain backdrop for taking photographs of injuries
Examination couch	Essential	This should be fully adaptable for use for women, men and children. Removable stirrup design and adjustable bed length is recommended such as https://www.seersmedical.com/portal/web/348/content/pdf/new-clinical/Medicare_Ultrasound_Couch.pdf
Curtain/screen rail	Essential	For privacy, a rail to enable use of a disposable screen is recommended
Colposcope	Essential	To record examination information, each facility should have access to a colposcope and follow regional and national arrangements regarding networking and data storage.
Clinical waste bin	Essential	Equip area with fully enclosed clinical waste bin - front opening for ease of clean and with hands free operation.
Domestic waste bin	Essential	Equip area with fully enclosed waste bin - front opening for ease of clean and with hands free operation.
Drugs storage	Essential	Refrigerator to store vaccines, plus lockable drugs store. (May be in a room other than the examination room).
Clinical supplies	Essential	The Centre of Excellence will supply a list of requirements
Forensic kit supplies	Essential	The Centre of Excellence will supply a list of requirements.

Element	Category	Additional notes
Adjustable combination lighting	Essential	To ensure a variety of options for clinicians to use.
Panic Button system	Essential	For staff safety, an assessment should be carried out to establish the most appropriate system to install.
Various storage cabinet(s)	Essential	Ensure a sufficient number of storage cabinets that are lockable as required.
Work surface	Essential	Sufficient wipeable work surface is required to lay evidence samples out for processing
Sink and washing facilities	Essential	With elbow taps or sensors, soap dispenser, hand drying facilities.
Kit trolleys	Essential	Mobile trolleys with required sample kits and other key equipment should be stocked
Sharps disposal bin	Essential	
Wall clock	Essential	
Draught excluders	Essential	Check for draughts and ensure appropriate measures are in place to avoid 'blow off' from the paper sheet that is used on the floor at the start of the examination
Desk and five-point star chair	Desirable	If space allows, a dedicated desk space is useful
Noticeboard/ whiteboard	Desirable	
Image projector	Desirable	This can be used to act as a distraction during the examination.
Window blinds	Desirable	Blinds can be used if they are far enough away from the examination couch to avoid contamination, but should be wipeable

Interview Room and Initial Background Report space – see Section 2.6.7

Element	Category	Additional notes
Door signage	Essential	In use notification required
Furniture	Essential	A table, with sufficient comfortable seating Seating should be wipeable as some interviews may take place prior to forensic examination and therefore DNA decontamination is required (See Sections 3.2 and 3.2)
IT facilities – internet, secure access	Essential	NHS Boards are required to ensure sufficient IT networking and electrical

Element	Category	Additional notes
		sockets to enable flexibility for a range of set up options.
Telephone landline and handset	Essential	
Adjustable lighting	Essential	For Display Screen Equipment and health and safety purposes
Panic button system	Essential	For staff safety, an assessment should be carried out to establish the most appropriate system to install.
Corner shelving	Essential	This enables a camera to be placed unobtrusively in the room
Wall clock	Essential	Digital preferred to avoid ticking sound.
Children's kit	Essential	Storage for a small selection of items for children, such as fidget spinners, wipeable dolls and Lego figures, paper/drawing equipment. It should be noted that a large selection of toys is not recommended in the interview space, as it can cause unnecessary distraction.
Window blinds	Essential	Curtains are forensically inappropriate. If the windows do not have opaque film/frosted, blinds can be used but must be wipeable.
Audio Visual Recording Equipment	*	*This will be supplied, fitted as required and maintained by Police Scotland to meet formal interview requirements for evidence. Whilst individual equipment will vary depending on level of use of the facility, NHS Boards should contact Police Scotland nationally at publicprotection@scotland.pnn.police.uk for an IT survey and information security arrangements.
Wastepaper bin	Desirable	

Toilet and Washing Facilities (please note different requirements for separate visitor, person and medical staff facilities) – see Section 2.6.8

Element	Category	Additional notes
Window blinds	Essential	Wipeable. To avoid shadows or reflections
Toilet	Essential	With additional support rail
Wash hand basin	Essential	With easy-use taps in all facilities
Shower	Essential	Ligature-reduction model required in the person facilities (NOT REQUIRED IN VISITOR TOILET)

Element	Category	Additional notes
Rail/screen	Essential	Ligature-reduction model required in the person facilities (NOT REQUIRED IN VISITOR TOILET)
Toilet roll dispenser	Essential	Single wipe tissue to be available, stored within sealed units.
Clothes hook	Essential	Ligature-reduction model required in the person facilities
Heating	Essential	Must not be fan/convection type heater
Appropriate signage	Essential	Standard Health and safety warning signs for example, water temperature
Child friendly toilet seat insert and step	Essential	To be stored away when adult using the facility. In both person and staff/visitor toilet facilities
Sanitary products bin	Essential	NOT to be included in the facilities for the person being examined, to avoid inadvertent disposal of potential evidence
Storage – Person's facilities	Essential	For consumables such as sanitary items.
Storage – medical staff facilities	Essential	For scrubs and disposable protective equipment
Storage – medical staff facilities	Essential	For consumables such as sanitary items.
Storage – used laundry and/or clinical waste	Essential	Appropriately stored as per requirements
Baby changing supplies	Essential	Wipeable.
Mirror	Desirable	Unbreakable, consider pivoting/hand mirror options. See Page 21 for further explanation
Hairdryer	Desirable	Ligature-reduction model required in the person facilities
Windows	Desirable	To enable temperature regulation and natural light for H&S purposes. Windows should be double glazed, lockable, accessible for ease of use
Extractor fan	Desirable	If no windows available

Section 6: Appendices

Appendix One: Healthcare and Forensic Medical Examination Rape and Sexual Assault Services. 'Honouring the Lived Experience' Options Appraisal - Quality Criteria:

Quality	Key Features
	<p>Reduced Clinical Risk and avoiding harm to patients from care that is intended to help them.</p> <p>A safe service for sexual assault and rape survivors would therefore provide:</p> <ul style="list-style-type: none"> • The right mix of workforce, medical, non-medical, social work, third sector • A multi-disciplinary team approach to service delivery – right expertise and streaming to the right person/first time • Clinical environment (age appropriate) and equipment that meets the needs of the person • Meets the National Standards (HIS, 2017) • Appropriate pathways for efficient uptake of services for safe and improved outcomes
	<p>Providing services based on scientific knowledge and best clinical standards and improved quality of Care and outcomes</p> <p>An effective service for sexual assault and rape survivors would therefore provide:</p> <ul style="list-style-type: none"> • Sufficient staff working together in teams to ensure a responsive and flexible service • The range of staff with the right skills available to meet all expected clinical conditions • A 'fit for purpose' clinical environment to deliver evidence based care • Training opportunities are available for the multi-skilled workforce • Access to assessment/medication/ treatment (where indicated) • Structures and mechanisms in place to utilise and deploy staff and resources effectively. • Essential links between with health, social work and Police Scotland. • Greater opportunities for joint working, peer support within the workplace • A sustainable and deliverable model that enables ongoing recruitment & retention opportunities for all staff groups
	<p>Care is responsive and appropriate to patients needs and patient is included in clinical decisions.</p>

	<p>A person-centred service for sexual assault and rape survivors would therefore provide:</p> <ul style="list-style-type: none"> • People are listened to and treated with respect and dignity with confidentiality where possible • People are treated by the right staff (professional/competence/values), with expertise (knowledgeable of needs, skilled) and supports (recovery supports for as long as required) • Local services remain available at each of the local hospitals 'spokes' • Support provided through availability of transport where clinical need is established • Care is delivered within the timeframe as per waiting times standards • Will improve the experience of people, families and service users • People are seen by the right person in the right place within the right timeframe
	<p>Avoidance of waste including energy, supplies, equipment, resources including staff and ensuring a seamless journey through services</p> <p>An efficient service for sexual assault and rape survivors would therefore provide:</p> <ul style="list-style-type: none"> • A service configured to meet evidence based demand • Better utilisation of local services where required. (increased access) • The available workforce has a range of knowledge and skills responsive to the needs of the person/service user groups • Informed deployment of the workforce and resources to allow faster access to assessment, care and treatment. • Efficient deployment of skills and knowledge 24/7 • The service is well resourced, financially viable and deliverable
	<p>Providing care that does not vary in quality because of geography, location or socio-economic status. All patients have access to a range of service provision</p> <p>An equitable service for sexual assault and rape survivors would therefore provide:</p> <ul style="list-style-type: none"> • Equitable access to the centre of excellence for all who need to access the service • Access to a workforce who are suitably qualified, competent and trained to meet the support, care and treatment needs and can reduce any risk of harm and manage the care and treatment sensitively and effectively

	<ul style="list-style-type: none"> • Access to interpretation services where required to ensure meaningful communication with all service users
	<p>Reduction of harmful delays for those who give and receive care</p> <p>A timely service for sexual assault and rape survivors would ensure:</p> <ul style="list-style-type: none"> • Sufficient workforce available to ensure timely access to the right person first time. • Sufficient infrastructure in place to provide a comprehensive service • Pursue 'best in class' (benchmarked nationally) performance to deliver the highest quality of care and ensure ease of access to support.