SEXUAL SAFETY POLICY

POLICY

Reference	HR 0057		
Approving Body	JSPF		
Date Approved	27th August 2024		
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**		
	YES	**NO**	**N/A**
	X		
Issue Date	9th October 2024		
Version	1		
Summary of Changes from Previous Version	Not applicable		
Supersedes	Not applicable		
Document Category	Human Resources		
Consultation Undertaken	JSPF sub-group		
Date of Completion of Equality Impact Assessment	8 July 2024		
Date of Environmental Impact Assessment (if applicable)	N/A		
Legal and/or Accreditation Implications	N/A		
Target Audience	All employees		
Review Date	9th October 2027		
Sponsor (Position)	Chief People Officer		
Author (Position & Name)	People Promises Manager & Head of Safeguarding		
Lead Division/ Directorate	Corporate		
Lead Specialty/ Service/ Department	Human Resources		
Position of Person able to provide Further Guidance/Information	People Promises Manager & Head of Safeguarding		

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
1. *Disciplinary Policy* ***If changes have been made to any of the above documents, please state here and present the amended supporting documents.***	*September 2024*

CONTENTS

APPENDICIES

1.0 INTRODUCTION

The sexual safety policy is to promote the sexual safety of individuals who utilise our services, as well as supporting Sherwood Forest Hospital's (SFH) staff members where there are concerns regarding sexual behaviours that may have an impact upon patients, staff members and others.

The aim of the policy is to support staff to ensure that 'sexual safety' is promoted across SFH.

Practitioners need to be aware that patients may not report their concerns to staff directly and need to remain vigilant to the signs of sexual misconduct? Incidents? and the impact of this. If practitioners have concerns regarding any of the issues that are discussed in the policy, they should consult with their ward manager/line manager in the first instance or liaise with the Safeguarding Team for advice or support.

2.0 POLICY STATEMENT

Sexual safety incidents can occur anywhere, to any of the patients with whom we work and engage with. This can be as a community patient in their own home, an out-patient setting, through to an in-patient on one of our wards.

It is vital that all clinical staff and practitioners are aware of this policy and the additionally referenced policies and procedures that dovetail with this.

The sexual safety policy is applicable to all colleagues, patients, including anyone who has a different gender to the one assigned at birth; sexual orientation or identification; disability, physical health, employment, or marital status. This policy also applies to Medirest and Skanska colleagues, agency and locum staff, contractors and visitors.

This policy will ensure:

- support practitioners to ensure that: sexual wellbeing is promoted and that all concerns relating to "sexual incidents" are listened to and actioned appropriately
- consider the professional boundaries between staff and patients
- enable practitioners to understand their responsibilities in relation to sexual activity between patients
- to support all persons (including staff, patients, and visitors) who may be subject of a sexual incident
- ensure those who lack the mental capacity to make decisions are protected whilst in the care of the trust. Ensure that any allegations of sexual abuse are reported via the Safeguarding team, utilising appropriate reporting mechanisms. Reports should be logged using the trust Datix system and an incident report generated at the earliest opportunity. Safeguarding concerns should also be raised with the local authority when appropriate.
- where required, that allegations of sexual abuse are reported to the police
- that all allegations of sexual assault are reporting to the Safeguarding Team.

3.0 SEXUAL SAFETY GROUP

There is an established sexual safety group within the trust. This group reports to the People Cabinet and provides assurance that the trust is considering and implementing best practice surrounding incidents relating to sexual safety. The group aims to improve the culture of sexual safety within the organisation by drawing together patterns of sexual incidents through the use of Datix reporting system, National Staff Survey, National Education and Training Survey and Pulse Survey as well as information gained through engagement sessions. It will utilise a joint approach with the Safeguarding Team to analyse and determine any specific themes or clinical areas where sexual safety issues have or are occurring.

4.0 DEFINITIONS/ ABBREVIATIONS

Term	Definition
Sexual incidents	Any behaviour of a sexual nature that is unwanted, or makes another person feel uncomfortable or afraid. It also extends to being spoken to using sexualised language or observing other people behaving in a sexually disinhibited manner, including nakedness and exposure. Sexual incidents may also include the unwanted exposure to pornography
Sexual safety	Feeling safe from sexual harm means feeling free from being made to feel uncomfortable, frightened, or intimidated in a sexual way by patients or staff
Sexual wellbeing	Defined as feeling and being sexually safe in and being free from unwanted sexual activity, sexual harassment, and sexual assault
Sexual abuse	This includes rape and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting (Department of Health, NHS England (North) (Date Not Known) safeguarding adults. Department of Health)
Sexual assault	This definition is adapted from The Crown Prosecution
Service	‘is when a person is coerced or physically forced to engage in sexual activity against their will, or when a person (of any gender) touches another person sexually without their consent. Touching can be done with any part of the body or with an object’
Sexual assault	Does not always involve physical violence, so physical injuries or visible marks may not be seen
Sexual consent	Where an individual has the freedom and capacity to agree to sexual activity with other persons. It is important to note that individuals with mental health and or a

Term	Definition
	learning disability condition may appear to consent to activity, but may lack the capacity due to their mental health or learning disability condition
Sexual harassment	Sexual harassment includes any behaviour that is characterised by inappropriate sexual remarks, gestures or physical advances which are unwanted and make a person feel uncomfortable, intimidated, or degrade their dignity
Verbal and non-verbal sexual gestures or behaviours	Are categorised as sexual harassment (including staring, leering, and suggestive comments, or jokes). These unwanted behaviours may only happen once or be an ongoing series of events. Sexual harassment also includes exposure to body parts and, or self-stimulation and exposure to unwanted online sexual activity (use of the internet, text, audio, video), and this includes unwelcome sexual advances or unwelcome requests for sexual conduct. Sexual harassment may also include unwanted or non-consenting exposure to pornography
Grooming	Grooming is a process offenders use to abuse and exploit children. It can happen online and in person. Learning more about grooming can help you spots signs and know what to do if you have concerns (National Crime Agency, Think u know (date not known) what is sexual grooming? (viewed 28 June 2021) (opens in new window). Vulnerable adults can also experience the process of grooming
Other	This category is for sexual incidents where an individual may have witnessed or experienced something of a sexual nature that does not fit in to the categories of sexual harassment or assault, and which made the person feel uncomfortable or sexually unsafe

5.0 ROLES AND RESPONSIBILITIES

5.1 Executive Management team

The Executive Management team is responsible for approving the sexual safety policy and for its approval, dissemination, and implementation.

5.2 The Chief Nurse

The Director of Nursing, Quality and Allied Health Professionals will, on behalf of Trust Board, ensure that this policy is implemented and that documents are controlled in accordance with non-clinical records management requirements.

5.3 Deputy Chief Nurse

The Deputy Director of Nursing will, on behalf of Trust Board, ensure that this policy is implemented and that documents are controlled in accordance with non-clinical records management requirements.

The nurse consultant for safeguarding will have oversight of the policy and act as a point of escalation for matters requiring this and seek to achieve resolution.

5.4 Specialist staff

The lead professionals for safeguarding adults and the named professionals for safeguarding children have a frontline role in supporting the nurse consultant and associated directors in developing and implementing this policy. The Safeguarding Team are responsible for giving advice to clinical teams regarding sexual safety incidents from a safeguarding perspective.

The Safeguarding Team will liaise directly with members of staff throughout the trust regarding any matters requiring specialist support, advice and guidance.

5.5 All SFH staff

All clinical staff must be aware of the sexual safety policy and how it impacts on individual practice. Staff have an individual responsibility and accountability to ensure they are working within legal and ethical boundaries. It is each member of staff's responsibility to seek out contemporary guidance and seek assistance in implementing this guidance where they experience difficulty.

Practitioners must ensure that all incidents relating to sexual safety are reported using the Datix reporting system to ensure the trust has a robust mechanism for monitoring incidents of a sexual nature.

6.0 APPROVAL

This policy has been approved at the People Cabinet and the JSPF.

7.0 RESPONSIBILITIES AND SAFEGUARDING

7.1 Adults and children who experience a sexual safety incident

Immediate action should be taken to protect the adult at risk from further harm. This should be discussed with the Safeguarding Team for advice around the need to report to the police and the Local Authority Safeguarding Team. If this occurs out of core office hours (09:00 to 17:00), practitioners should directly consider liaison with the police (taking into account the patient's wishes and mental capacity) and the on-call manager and in the case of inpatients the patients responsible clinician or on-call consultant for further advice and support. A discussion should take place with the adult at risk in relation to the incident being reported to either the police or the local authority. Although it is best practice to gain consent, this should not prevent staff from reporting a sexual incident.

If an alleged sexual safety incident has occurred, then it would be the expectation that a member of staff would report on behalf of the victim or adult at risk if there are any doubts surrounding the mental capacity

of the individual. All actions must be clearly documented within the clinical records; an incident is to be reported via the Datix reporting system must be completed with the cause group of safeguarding adults, and the cause being 'sexual'. If a patient requires medical treatment this must be prioritised. Evidence must be preserved for forensic purposes as requested or advised by the police, if reported to them. Clinical staff should also refer to the trust incident management procedure for significant incidents that occur and require oversight or management.

All sexual incidents that occur, should follow the usual procedures of reporting, documenting, and seeking advice, support, and guidance. Safeguarding procedures should be considered and applied accordingly, and there should be a low threshold for application of the 'three stage test' (see below).

7.1.1 Adult at risk of abuse or harm

Who is an adult at risk:

- an adult (over the age of 18) who:
    - has needs for care and support whether or not the local authority is meeting any of those needs.
    - is experiencing, or at risk of, abuse and neglect.
    - as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

There are occasions when there are children (under 18 years of age) on SFH inpatient areas. Any sexual incidents would trigger safeguarding children procedures.

7.2 If a child is the victim of a sexual safety incident

A child remains a child until their eighteenth birthday, as defined by the Children Act (1989). Immediate action should be taken to protect the child from further harm. Actions must be discussed with the SFH Safeguarding Children's team and must be reported to the Local Authority Safeguarding team and the police. If this occurs out of hours, staff should directly contact the police and the Local Authority Safeguarding team. A discussion should take place with the child and their care giver in relation to the incident being reported

7.3 The safeguarding definition of safeguarding children and child protection

Working Together to Safeguard Children (2015) states that safeguarding and promoting the welfare of children means the process of:

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes

The term child protection refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm. Child protection is part of safeguarding and promoting the welfare of all children.

8.0 GUIDANCE ON DISCLOSING WORKPLACE SEXUAL VIOLENCE ASSAULT AND HARASSMENT

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours (NHS England, Sexual Safety toolkit).

9.0 WHAT IS SEXUAL VIOLENCE, ASSAULT AND HARASSMENT?

All of the following are examples of sexual violence, assault or harassment whether you experience or witness it; this behaviour is unacceptable no matter where it happens. Remember you are not at fault.

Sexual Violence encompasses a range of acts from verbal harassment to forced penetration, and different types of coercion from social pressure, intimidation and physical force.

Sexual misconduct behaviours including sexual assault, sexual harassment, stalking, voyeurism, conduct of a sexual nature which is non-consensual or has the purpose or effect of threatening, intimidating, undermining, humiliating or coercing a person.

Sexual assault any sexual act that a person did not consent to or is forced into against their will. This includes rape, and other sexual offences such as groping, forced kissing or the torture of a person in a sexual manner.

Sexual harassment occurs when a person engages in unwanted conduct of a sexual nature that has the purpose or effect of violating someone's dignity or creating an intimidating, degrading, or offensive environment for them. This can include sexual comments or jokes in person or in writing, displaying, or sharing sexually graphic photos, pictures or graphics, suggestive looks, staring or leering, intrusive questions about a person's private life, discussing their own sex life, inappropriate and unsolicited physical contact and requests or pressure for sexual acts.

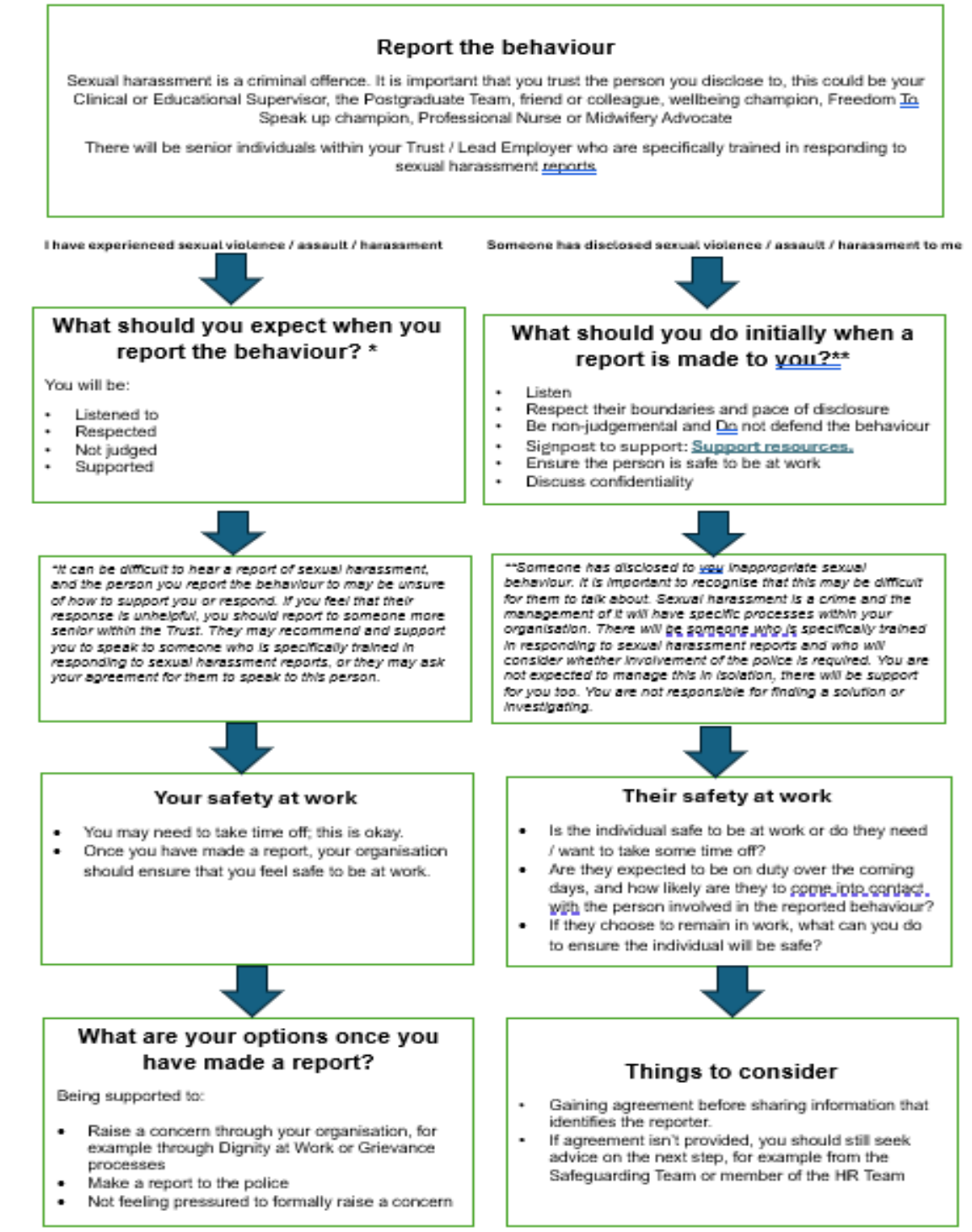
10.0 SUPPORT AVAILABLE FOR YOU

Experience of inappropriate sexual behaviour can be difficult to talk about. Do not be afraid to seek support.

- You may need time to think about what has happened; If you feel able to, you should speak to someone.
- If you are the victim of rape or sexual assault, you may want to consider reporting it to the police by calling 999. You do not have to report it to the police if you do not want to. However, consider seeking medical help as soon as possible through the NHS Sexual Assault Referral Centres (SARCs). Your nearest SARC can be found **here.**
- There are other organisations that can offer you support and guidance, details can be found at **Support resources.**
- You can also access the Staff Network Groups here

11. WHAT WILL HAPPEN IF I DISCLOSE MY EXPERIENCE?

It is your decision whether you choose to disclose or not. The next section of this guidance takes you through what you can expect if you choose to disclose your experience. It is intended to be used by the person making the disclosure, those they confide in for support (but do not necessarily disclose details to), and the person who the disclosure is made to. Each disclosure is individual and at times, there may need to be deviation from this guide.



12.0 TRAINING IMPLICATIONS

Training relating to this policy on raising awareness of sexual safety issues and concerns and how to raise them are available as e-learning and can be accessed via the e-learning portal.

Support is available to assist implementation of this policy from the lead professionals for safeguarding adults or the named professionals for safeguarding children.

There are no specific training needs in relation to this policy, but the following staff will need to be familiar with its contents:

- care group directors and associate nurse directors
- service managers and modern matrons
- inpatient care providing staff (registered practitioners and non-registered practitioners)
- community-based staff (registered practitioners and non-registered practitioners)

As a Trust policy, all staff need to be aware of the key points that the policy covers. Staff can be made aware through a variety of means such as:

- all user emails for urgent messages
- one to one meetings or supervision
- continuous professional development sessions
- posters
- daily email (sent Monday to Friday)
- practice development days
- group supervision
- special meetings
- intranet
- team meetings
- local induction

13.0 MONITORING ARRANGEMENTS

13.1 Incidents of a sexual safety nature

- How: Collation of incidents reported through Datix
- Who by: Safeguarding team and Patient Safety team.
- Reported to: Datix.
- Frequency: Yearly.

13.2 Themes of discussions with practitioners and supervision

- How: Analysis of themes of safeguarding contacts.
- Who by: Safeguarding team.
- Reported to: Safeguarding team.
- Frequency: Yearly.

14.0 LINKS TO ANY OTHER ASSOCIATED DOCUMENTS

There are additional policies and procedures that interlink with this policy.

All trust staff (including volunteers) must adhere to and acknowledge their duties and responsibilities for both the safeguarding of children and vulnerable adults. Safeguarding is everyone's business.

15.0 MENTAL CAPACITY ACT (2005)

Mental capacity should be considered in all cases relating to safeguarding adults and clear rationale for decision making evidenced and documented. Please see Trust's MCA Policy

16.0 ALLEGATIONS AGAINST A PROFESSIONAL

If an adult makes an allegation against a member of staff, or other circumstances such as being the perpetrator of domestic harm or having caused harm to a child, (either an employed member of staff or volunteer within SFH) then this will trigger the use of the policy relating to allegations against a professional.

17.0 LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

If allegations are made relating to a child as the victim, then a referral must be made to the local authority designated officer (LADO). In these cases, and in the first instance please seek advice and guidance from the Safeguarding Team.

There may also be occasions whereby an individual, either in the community or as an in-patient, makes a disclosure regarding non-recent (or historical) sexual abuse. Whilst it is important to acknowledge and explore any current sexual safety elements, the procedure relating to disclosures must be utilised and the safeguarding team must be contacted for advice.

18.0 DISCIPLINARY

This Policy will be used in conjunction with the Trust's Disciplinary Policy and other relevant Trust Policies (where applicable). Where allegations are made against a Trust colleague, a fact-find will be conducted, to try and understand the facts of the case. Following a fact-find, the findings will be shared with the appropriate Case Manager to determine the next steps. This may include a formal investigation.

19.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with mandatory safeguarding training.	Training and Education; Head of Safeguarding	Training compliance reports	Monthly/quarterly/ annually	Safeguarding Committee
Compliance with safeguarding policy	Head of Safeguarding	Audit of referrals/documentation	annually	Safeguarding committee

20.0 TRAINING AND IMPLEMENTATION

Within Trust wide safeguarding mandatory training packages
Communications via Trust Intranet, staff bulletin, and internal communications
Safeguarding supervision

21.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

22.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base

- Sexual safety in healthcare – organisational charter, (NHS England, 2024)
- Sexual Offences Act 2003 (legislation.gov.uk)
- Mental Capacity Act, 2005 (https://www.legislation.gov.uk/ukpga/2005/9/contents)
- Children Act, 2004

Interagency Safeguarding Children Procedures of the Nottinghamshire Safeguarding Children Partnership (NSCP) and the Nottingham City Safeguarding Children Partnership (NCSCP)

Related SFHFT Documents:

- Safeguarding Children and Young People Policy
- Safeguarding Adults Policy
- Dealing with safeguarding allegations or concerns about individuals undertaking work with children, young people and vulnerable adults in the trust policy
- Speaking Up Policy
- Incident Reporting Policy
- Policy for receiving, investigating, responding to and learning from Complaints, Concerns, Compliments
- Disciplinary Policy
- Privacy & Dignity Policy

23.0 KEYWORDS

Safeguarding
Sexual Safety

24.0 APPENDICES

Appendix 1 – Equality Impact Assessment

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Sexual Safety Policy			
New policy			
Date of Assessment 08.07.24			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	A potential lack of cultural awareness and training amongst the workforce	Equal Opportunities Training	None
Gender	Evidence suggests that themes of inappropriate sexualised behaviour are related to females.	Standardised approach to addressing inappropriate standards of behaviour	None
Age	The policy when applied correctly gives no potential for disadvantage	Standardised approach to addressing inappropriate standards of behaviour	None
Religion/Belief	The policy when applied correctly gives no potential for disadvantage	Standardised approach to addressing inappropriate standards of behaviour	None
Disability	Failure to make or implement reasonable adjustments. Lack of awareness and training	Equality and Diversity Training Advice/guidance from HRBP's. Management of Sickness Absence Policy. Wellbeing Action plan	None
Sexuality	Less favourable treatment due to lack of awareness or inappropriate comments or behaviour	Standardised approach to addressing inappropriate standards of behaviour	None

Pregnancy and Maternity	The policy when applied correctly gives no potential for disadvantage	Standardised approach to addressing inappropriate standards of behaviour Standardised approach to addressing inappropriate standards of behaviour	None
Gender Reassignment	Lack of awareness and understanding	Equality and Diversity Training Advice/guidance from HRBP's.	None
Marriage and Civil Partnership	The policy when applied correctly gives no potential for disadvantage	Standardised approach to addressing inappropriate standards of behaviour	None
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	The policy when applied correctly gives no potential for disadvantage	Standardised approach to addressing inappropriate standards of behaviour	None

What consultation with protected characteristic groups including patient groups have you carried out?

- JSPF

What data or information did you use in support of this EqIA?

- National Staff Survey Data
- National Education and Training Survey
- Pulse Survey

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

/Low Level of Impact *(Delete as appropriate)*

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment: Leanne Featherstone

Signature: L Featherstone

Date: 8 July 2024