

Sexual Misconduct Policy

Policy number	
Version:	V1
Purpose:	To help everyone understand their rights and responsibilities in relation to sexual safety, to recognise and report sexual misconduct at work and know how to access advice and support
Consultation:	This policy has been developed in consultation with a wide number of staff groups, including with staff side employees via the Joint Negotiating and Consultative Forum
Approved by:	Director of HR and Organisational Development
Date approved:	
Author:	HR and OD Team
Date issued:	Date the document came into force
Review date:	August 2028
Audience:	All NHS employees, non-executive directors, volunteers, agency and bank workers, students, contractors and secondees.
Dissemination:	Available on the Trust's intranet and notified via internal communication cascade
Impact assessments:	This policy has been equality impact assessed using the Trust's agreed process, and the assessment has not identified any significant adverse impact on people with one or more protected characteristic. In fact, the policy is intended to help improve the experience of staff groups who might be at higher risk of sexual assault.

Version History

Version	Date	Reason for Change
1		New policy

TRIGGER WARNING

The contents of this policy may be upsetting for some colleagues to read. If you would prefer to discuss this policy or need support, please contact a manager, member of the HR team or the Safeguarding team.

PART 1

SUMMARY

This policy is for everyone working, volunteering, visiting and learning at Gloucestershire Health and Care NHS Trust. It is designed to help everyone:

- understand their rights and responsibilities.
- recognise and report sexual misconduct at work.
- know how to access advice and support.

All NHS employees, non-executive directors, volunteers, agency and bank workers, students and learners, contractors, secondees and interns can use this policy to report sexual misconduct.

The policy provides a definition of what is meant by the term sexual misconduct and provides advice about what to do if someone makes a disclosure about sexual misconduct. It also includes a checklist of information that needs to be collected when someone wants to report this to the Trust, and how a disclosure and/or report will be handled, including the formation and responsibilities of a review group following a report.

The supporting documents that sit alongside the policy include a range of information, including listing a number of organisations for reference, for signposting or where sources of support are needed. In particular, action card provides a flowchart of the process. These are available in the HR policies supporting documents section of the intranet.

This policy commits the Trust, and everyone working within it, to take all reports of sexual misconduct seriously and to act on all reports. A zero-tolerance approach to sexual misconduct in the workplace is crucial to promoting a kind and caring culture and making sure everyone feels safe at work.

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PART 2

1. INTRODUCTION

- 1.1 The Trust is committed to ensuring that acceptable standards of conduct and behaviour are consistently maintained. This is to ensure the safety and welfare of service users, and everyone working, volunteering, visiting and learning, and to achieve the Trust's organisational objectives.
- 1.2 Sexual Safety refers to the respect and maintenance of an individual's physical and psychological boundaries, and the Trust offers two distinct, but related, policies to address Sexual Safety. The Trust Clinical Sexual Safety policy (CLP 154) relates to sexual safety with regard to patients/service users whilst this policy is more specific to sexual misconduct and safety of staff.
- 1.3 The Trust Clinical Sexual Safety policy (CLP 154) provides specific guidance regarding the care of all adults and children as patients receiving physical health and/or mental health services from the Trust, irrespective of the environment in which they are receiving those services. It is vital that the privacy and dignity of our patients/service users is always respected, and that sexual abuse, harassment, any allegations of rape or sexual assault are investigated. The Clinical Sexual Safety Policy (CLP 154) differs but also strongly connects with this Sexual Misconduct Policy.
- 1.4 This Sexual Misconduct Policy commits the Trust, and everyone working within it to take all reports of sexual misconduct seriously and to act on all reports. A zero-tolerance approach to sexual misconduct in the workplace is crucial to promoting a kind and caring culture and making sure everyone feels safe at work.
- 1.5 This policy provides information about:
 - how to recognise and report sexual misconduct.
 - the Trust's approach to taking actions when sexual misconduct is reported, including the other policies that might be used.
 - the support available to people involved or harmed.

2. PURPOSE

- 2.1 The Trust has signed the [sexual safety in healthcare organisational charter](#). We are committed to a zero-tolerance approach to sexual misconduct in the workplace to create a workplace where everyone feels safe.
- 2.2 This policy will also help us meet the requirements of The Worker Protection (Amendment of Equality Act 2010) Act 2023 which creates a duty on employers to take reasonable steps to stop sexual harassment from colleagues and third parties in the workplace. This includes protecting their employees and people employed by other organisations, such as suppliers or visitors, from sexual misconduct.
- 2.3 Sexual misconduct is unwanted behaviour of a sexual nature. It can happen to anyone, but it often happens where there is a power imbalance. People in some groups can be more vulnerable than others. For example, women, black, ethnic minority, disabled and LGBTQ+ people can be more at risk. Some people will also

find it more difficult to report sexual misconduct.

3. DUTIES

- 3.1 This policy applies to all staff employed in the Trust, including those people on fixed-term contracts. It also applies to non-executive directors, volunteers, agency and bank workers, students, contractors and secondees and anyone working on behalf of or undertaking work for GHC. All employees and workers who are within these groups will be referred to as staff.
- 3.2 This policy covers sexual misconduct connected to work or the workplace. It is important to note that sexual misconduct can take place at any time and any place, the scope of this policy is not restricted simply to our building and other places of work. For example, it can occur at social or learning events or while travelling for work. It can take place in person or online (for example, through chat messages, phone calls, voice messages, or social media). Appendix 1 provides definitions.
- 3.3 This policy does not form part of an employee's contract of employment and may be amended at any time.

4. SCOPE

- 4.1 To ensure full execution of this policy, the Trust **Board** will:
- take actions to ensure the Trust meets its legal duties to protect employees from sexual harm in the workplace.
 - support the use of this policy, and to build a positive culture in the Trust, where people can talk openly.
- 4.2 The **Chief Executive/Executive Directors** are responsible for:
- overseeing the Trust's work to meet the requirements of the Sexual Safety Charter.
 - regularly reviewing data about sexual misconduct and ensuring it is being used to develop actions to prevent sexual misconduct and protect employees from it.
 - appointing an executive group member with responsibility for improving the sexual safety of employees.
 - identifying a lead for domestic abuse and sexual violence, which in our Trust is the Director of Nursing, Therapies and Quality.
 - creating a culture where people feel safe to talk about and report sexual misconduct.
- 4.3 The **Director of Organisational Development and Human Resources** is responsible for:
- promoting and providing support and guidance about using this policy.
 - ensuring that every sexual safety report is managed compassionately, and support is provided to everyone involved.
 - using specialist advice where needed and working closely with Safeguarding teams, the Security Management Specialists/the police and other organisations, where required.

- providing advice and guidance to support learning and change where it is required.
- ensuring accurate records are made of concerns and managing information confidentially and in line with the policy for managing records.

4.4 The Trust's **Safeguarding Leads** will:

- provide specialist advice and support about safeguarding concerns/involvement.
- provide guidance and make referrals in confidence to a 'person in position of trust' (PIPOT) or local authority designated officer (LADO).

4.5 The Trust's **Freedom to Speak Up Guardians** will:

- provide appropriate support and signpost to further support to those who speak up about sexual misconduct.
- assist employees to make a sexual safety report where appropriate.
- help create a culture where employees feel safe to raise concerns and feel listened to.
- receive contact, which may be anonymous, through the FTSU app.

4.6 **Senior Leaders, Managers and Supervisors** will:

- create an environment that encourages and supports colleagues to discuss and report sexual harm, without fear of retaliation or victimisation.
- provide leadership to support a positive and safe culture.
- ensure colleagues are aware of issues relating to sexual misconduct, the sexual misconduct policy and how to deal with disclosures appropriately, being clear about what is acceptable and unacceptable behaviour.
- role model behaviours to create a culture where people feel safe to raise concerns and feel listened to.
- attend training/development to ensure they have the skills, knowledge and confidence to recognise sexual misconduct and take action.

5. WHAT IS SEXUAL MISCONDUCT

5.1 Sexual misconduct can include many things. Appendix 1 provides more examples. In relation to this policy, it includes things such as:

- sexual comments or jokes
- unwanted touching or kissing
- showing sexual pictures
- staring at someone in a sexual way
- asking personal questions about someone's sex life
- sexual assault or rape
- stalking

6. WHAT TO DO IF YOU EXPERIENCE SEXUAL MISCONDUCT

6.1 If you experience sexual misconduct, it is likely to be a distressing and isolating

experience and you might not know what to do next. Sexual misconduct can take place when there are no other witnesses. This does not change the response you should receive. You will be believed and supported.

- 6.2 If you can, write down what happened as soon as you can. Include dates and the order that events took place, and how they made you feel. This will help you to remember the details.
- 6.3 If you want to speak to someone it is best to choose someone you trust, to get support and to decide what to do. This policy describes the process of talking to someone as a 'disclosure'. When speaking with others, it is important that you are given the time to clearly express:
- what you need, including what support would be helpful to you.
 - what you want to happen next.
 - what you expect them to do.

For example, you might discuss:

- getting further or specialist help or advice from a manager, trade unions or someone else.
- the details of this policy, to decide whether you want to, and if you do how to report what happened.
- that you need more time before you decide what to do.

You can also get advice and support from an external organisation (the Sources of Support for Colleagues document provides details of a number of external sources of support; this can be found with the supporting documents for the policy).

- 6.4 If you decide and are ready to make a report, section 9 of this policy provides information about how to do this. Every report will be taken seriously and there is no time limit – you can make a report at any time.
- 6.5 If your report is about the behaviour of someone at work, but they are not employed by the Trust, you can still make a report using this policy. The review group will liaise with the employer of the individual and will agree on the actions to support you and to prevent it from happening again.
- 6.6 If your report is about the behaviour of a service user, patient, or a member of the public, you should speak to your manager or the person in charge as soon as possible after the event happens, if you can. This will allow them to take actions as soon as possible using the most appropriate policy guidance available, depending on the situation; for example, this could include the Trust's Clinical Sexual Safety Policy, Violence and Aggression Policy, and/or Safeguarding Policy, warning a patient or service user about their behaviour or reporting a criminal act to the police.

7. WITNESSING SEXUAL MISCONDUCT

- 7.1 We all see things happening around us every day that we do not agree with. These things might not be happening to us, but we can choose to do something about them. This is often called being an 'active bystander'. We can show others that we

feel a behaviour is unacceptable. This will also give a voice to groups and individuals who may not feel able to challenge what is happening.

- 7.2 You should speak to the person the behaviour was aimed at as soon as you can to give your support and to let them know that what you witnessed was unacceptable. Make sure you have a quiet and safe place to have this conversation, and that you have enough time to talk fully.
- 7.3 Try and talk to them about what happened, but recognise it is their choice to talk or not. Ensure they understand the reasons for reporting and ask if they consent to reporting their experience. If they do not agree and you are worried about them or others, you should not put their name in your report.
- 7.4 There may not always be a need to say something, and it may not always be safe to do so, but there are other actions you can take. These might include:
- asking someone to stop and being clear that the behaviour is inappropriate or unacceptable.
 - interrupting, diverting or distracting to allow someone to move away.
 - letting someone know you do not agree with what they are saying.
 - giving a disapproving look or not laughing at inappropriate jokes or comments.
 - asking someone else to help (for example, another colleague).
 - in exceptional circumstances, seeking emergency help (by calling 999 if necessary).
 - writing down what happened as a reminder for later action.

The Sources of Support for Colleagues document provides information about the support available to the people involved; it can be found with the supporting documents for the policy on the intranet.

8. SUPPORTING A COLLEAGUE

- 8.1 If someone talks to you about an incident of sexual misconduct they have seen or experienced, it is called a disclosure. You need to be supportive and sensitive. The How to Respond to a Disclosure or Report of Sexual Misconduct – Manager and Colleague Guide provides advice about how to respond when a colleague discloses their experience of sexual misconduct to you.
- 8.2 If you think urgent actions are required, for example because you feel they are in imminent danger, it is important to be as open as possible with them about what action you feel you need to take and why.
- 8.3 If you believe that someone is in danger and you need to act urgently, you should contact the police and report the incident to the Trust's Security Management Specialists and/or Safeguarding Team as soon as possible thereafter.

9. MAKING A REPORT

- 9.1 It is important that sexual misconduct is reported so actions can be taken to keep people safe and to prevent it from happening again. There is not a time limit but making a report as soon as possible will allow actions to be taken more quickly.

- 9.2 If you are reporting something you have witnessed, you should read page 8 and 9 of this policy and talk to the person the behaviour was aimed at before you make the report.
- 9.3 You can make a report yourself or you can ask the person you have disclosed to (for example, a colleague) to do this for you.
- 9.4 Reports may be made to:
- your manager or another manager, or a supervisor or educational supervisor.
 - a member of the HR team.
 - the Freedom to Speak Up Guardian (FTSU).
 - a trade union representative.
- 9.5 Every report will be taken seriously. You will be given time to talk about what happened and discuss and agree what will happen next. You can bring a friend or family member, a colleague, interpreter or a trade union representative to support you.
- 9.6 The person you speak to will:
- ask you for information about what happened using the questions in Checklist for Use When You Receive a Report.
 - form part of the review group who will use the Review Group Checklist to determine how to respond to a report.
- 9.7 If you have any notes or evidence, it is a good idea to take them with you to the meeting. If you do not have evidence this will not mean your concern is not taken seriously. During the meeting, you should:
- discuss and agree how to manage your report.
 - discuss your wellbeing and the support you need and agree how this will be provided. Information in Section 10 and the Sources of Support for Colleagues document provides information about support.
 - agree next steps and who you should contact if you have any questions.
- 9.8 If you are not clear how you would like your report to be managed, you might find that taking time to think about it or talking to someone you trust about your options helps.
- 9.9 If you decide to stop your report, your wishes will be respected where possible. Section 17 of the policy provides information about when the Trust might be required to continue to take action. If you change your mind, or the behaviour continues, you can use this policy later. There is no time limit.

10. SUPPORT AVAILABLE TO YOU

- 10.1 The person you make your report to will talk to you about the options for accessing help and support, including from the organisations listed in the Sources of Support for Colleagues document. If you are a member of a trade union, they can also provide advice and support.

10.2 Support for you to continue to work will be arranged where possible, and advice may need to be sought from the Trust's Working Well service. This may involve using policies such as Flexible Working or the Other Types of Leave Policy. Examples of support could include adjustments to your role, your working hours or location, or giving you time off to attend appointments to get help and support. All support will be reviewed with you regularly to ensure it remains helpful and to identify any additional needs you may have.

11. IF YOU CANNOT ATTEND WORK

11.1 If you do not feel able or well enough to attend work, you should let your manager know, or another person, in line with your local procedures for reporting absence.

11.2 If your sickness absence is a result of the sexual misconduct you have experienced at work and your absence will not be paid, or if your sick pay is reduced, you may be entitled to receive injury allowance. This tops up your income (including some welfare benefits) to 85% of your usual pay during the absence.

11.3 Section 22 of the NHS Terms and Conditions Handbook provides more information about injury allowance. A member of the HR team (or your trade union representative) can help provide advice. More information is available in the Trust's [Injury Allowance Employee Factsheet](#) available on the intranet.

12. AFTER YOU MAKE A REPORT

12.1 The Trust has a duty to ensure all employees involved with sexual misconduct cases are supported. This includes employees who have concerns raised about them.

12.2 The person you made your report to will request support from a review group to decide what to do. This will be arranged as soon as possible to ensure the report is managed quickly and in line with policies and procedures.

13. A REVIEW GROUP

13.1 As soon as possible after a sexual safety report is made, a review group will be formed.

13.2 The review group will include:

- the person the report was made to.
- a member of the HR team, and wherever possible someone else who has completed specialist sexual misconduct training.

13.3 Depending on the circumstances, it might also include:

- one or more senior managers.
- the Trust's Domestic Abuse and Sexual Violence Lead.
- a colleague(s) from the Safeguarding Team.
- the Trust's Freedom to Speak Up Guardian.
- a Security Management Specialist.
- any other person who can provide advice that is needed.

- 13.4 The review group will discuss the information provided, including the harm caused, and any other information available that is important to use alongside the report. For example, if there are aggravating factors, such as abuse of power over a more junior colleague.
- 13.5 The review group will review and make decisions about:
- actions to support safety and wellbeing that need to be taken quickly to prevent possible harm to the person/people involved, using the Record of Actions to Support Safety and Wellbeing. For example, if the people involved work together, temporary changes to working arrangements may be needed.
 - assessments that might be needed to understand and mitigate against any further harm to anyone involved.
 - the immediate support the reporter and others involved might need.
 - the policies or procedure(s) that are relevant to managing the report.
 - what communication is needed to protect the reporter, and others, and to notify the right people.
 - whether the police or other organisations need to be contacted.
 - who needs to be told about the actions that have been agreed.
 - how the person making the report, and others involved will be updated about what will happen next.
- 13.6 More information about providing information and updates is included as Section 18.
- 13.7 The review group will use the Review Group Checklist to ensure that the plans to manage the report are clear. They will also ensure a record is kept, which can be an anonymous report if needed.

14. OUTCOMES

- 14.1 The review group will ensure the reporter's views are considered when making decisions about how to manage the report. One or more of these outcomes could be agreed:
- a request for more information from the reporter, or others about what happened.
 - use of the Disciplinary Policy to manage the report, or the Respect & Dignity at Work Policy.
 - use of the Resolution Policy to manage the report (if it was raised as a grievance).
 - use of the Maintaining High Professional Standards (MHPS) Policy if the report is about a doctor or dentist.
 - a referral to NHS England's Regional Head of Professional Standards if the report is about a GP, general dental practitioner, optometrist or ophthalmic medical practitioner working in primary care and their name is included in one of the England Performers Lists.
 - use of Safeguarding policies to agree actions.
 - other relevant Trust policies and procedures depending on the situation.
 - a report to the employer of the person named in the report, if they are not employed by the Trust.

- no further action.

15. INVESTIGATIONS

15.1 If an investigation is needed, it will be completed using the policy agreed by the review group.

15.2 The reporter can ask for adjustments if they need them, and they will be agreed if possible. Examples of possible adjustments include:

- a friend or family member attending meetings with to support the person making the report, in addition to a trade union representative or colleague.
- using someone with specific training, skills and experience.
- using an expert(s) to support the investigation.

16. STATUTORY REGULATORS

16.1 Sometimes, there may be a requirement to report an employee holding a professional registration to their statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, the Health and Care Professions Council, The Law Society) in line with their relevant professional code of conduct.

16.2 A senior professional or the 'responsible officer' for medical professionals will be responsible for reporting to professional bodies. They may take advice from a range of individuals including the most senior person from the relevant profession within the Trust (for example, the Director of Nursing, Therapies and Quality) before making a formal referral.

17. INVOLVING THE POLICE AND OTHER ORGANISATIONS

17.1 Sexual misconduct can be a criminal act. Normally, it will be the reporter's choice whether to report what happened to the police, but if the report includes information that suggests other people are at risk, including patients or colleagues, the review group will get advice from the Trust's Safeguarding Team and the Security Management Specialists. They may need to share information with the police, the local authority designated officer (LADO) and / or the relevant local authority safeguarding team.

17.2 Wherever possible, you will be told before actions are taken and support will be provided to you throughout the process.

17.3 If a report has been made to the police, their investigation cannot be impacted by the Trust's own investigation process. This may mean there are delays in the Trust completing an investigation process. The reporter will be told as soon as possible if the police ask for the Trust's internal processes to stop or be put on hold.

18. PROVIDING INFORMATION AND UPDATES

18.1 The person making the report will be given the name of a person they can go to with questions and to get advice and support. They can also raise any concerns or discuss any further needs with them. The same person, or another identified person will be given responsibility for keeping the reporter updated as to progress.

- 18.2 Due to confidentiality, not everything that happens can be shared with the person who made the report, but they will receive regular updates.
- 18.3 If the initial report was not made to the person's manager, they will be asked if information about the report can be shared, so the manager can offer support. If the concern is about the manager, another manager will be asked to support the reporter to speak to their manager about the incident.
- 18.4 The person the report is about will often be told about some, or all, of the report to ensure they can take part in the investigation process. This will always be done in a careful and planned way and will not happen without the reporter's knowledge.
- 18.5 Before the person is told, conversations will take place to agree how to support the reporter's wellbeing and safety and that of any other people involved.

19. MAKING AN ANONYMOUS REPORT

- 19.1 If you give your name when you report sexual misconduct, the Trust will be able to complete a more in-depth investigation. Providing your details can help the Trust to support you and signpost or refer you to further support. However, all reports are taken seriously, and if you do not feel you can provide your name, you can report anonymously.
- 19.2 If you are providing an anonymous report, please provide as much information as possible, including the times of event(s) and the impact they are having on you and others. This will ensure the person reading your report can understand what happened. The steps in this policy will be followed as closely as possible using the information you provide.
- 19.3 If remaining anonymous is the right option for you, you can use the following route for reporting:
- the Freedom to Speak Up reporting app (available via the Trust intranet).

20. PREVENTING VICTIMISATION

- 20.1 Victimisation is negative treatment because of being involved with a discrimination or harassment complaint. It is unlawful under the Equality Act.
- 20.2 Harassment or victimisation of anyone who has reported, or has helped someone else to report, sexual misconduct is unacceptable as is any attempt to persuade or force an employee to not raise their concerns.
- 20.3 Everyone will be supported when reporting sexual misconduct, whether their complaint is upheld or not.
- 20.4 If you believe you have been victimised, this will be taken seriously. You should report victimisation to a manager, a member of the HR team, a Freedom to Speak Up Guardian or, if you have one, your trade union representative.

21. CONFIDENTIALITY

- 21.1 The information you share when using this policy will be kept confidential where possible. Everyone involved in the process will be informed of their responsibilities to keep information confidential.
- 21.2 This means that only people who 'need to know' will receive the information because they are, or will be, involved in the process. You will be told who will receive the information, and why.
- 21.3 If there are safeguarding duties information may need to be shared to keep other people safe.
- 21.4 If you need advice or are concerned that confidentiality has not been kept you should speak to your manager, a member of the HR team or your trade union representative.
- 21.5 Confidentiality or non-disclosure agreements will not be used to stop reporting of sexual harassment or whistleblowing.

22. SEXUAL MISCONDUCT UNRELATED TO WORK

- 22.1 If you have been affected by a sexual safety incident, including domestic violence, that is not connected with work, the reporting process in this policy is not likely to apply. However, the impact of the incident might affect you at work.
- 22.2 If you need support, speak to your manager or a person you trust.
- 22.3 The Sources of Support for Colleagues document provides information about support, including specialist organisations you can contact to get help.

PART 3 – EXPLANATORY INFORMATION

23. DEFINITIONS – LANGUAGE/DEFINITIONS USED IN THIS POLICY

23.1 Appendix 1 provides further information. To avoid any misunderstanding and help everyone understand their responsibilities under this policy, the following language/definitions are used throughout:

23.1.1 A disclosure

- If you experience or witness sexual misconduct you may choose to tell someone at work about your experience. This might be your manager, supervisor, a colleague or anyone else you trust including the Freedom to Speak Up Guardian (FTSU), a colleague from the Safeguarding team, or a Trade Union representative.
- It is important that anyone receiving a disclosure uses the guidance in this policy.
- If you make a disclosure to someone this does not mean that you have made or must make a report.

23.1.2 Report

- A report is different to a disclosure. A report involves telling someone who is in a position of responsibility or authority in the organisation about sexual misconduct that has happened to you or that you have witnessed.
- A report means you are requesting that the Trust makes decisions and takes actions to stop it from happening again.
- Section 9 provides information about how to report sexual misconduct.

23.1.3 Review group

- A review group is responsible for using the information provided by someone in their report to agree what to do about sexual misconduct. Section 13 provides more information about the role and remit of a review group.

24. PROCESSES FOR MONITORING COMPLIANCE

24.1 This policy will be subject to joint monitoring and will be reviewed through the Human Resources Department and JNCF as per the review date.

24.2 Data relating to Sexual Safety and incidents of Sexual Misconduct will be reported, as a minimum, to the Workforce Management Group, to the Quality Assurance Group and to the Great Place to Work Committee.

25. TRAINING

25.1 It is important that everyone in the Trust understands:

- what appropriate and inappropriate behaviours are.
- how to use this policy.
- what to do if they experience or witness inappropriate behaviours.

25.2 A Training Needs Analysis has been developed to agree the required roll out of the national NHS E Sexual Misconduct e-learning course.

25.3 Managers and members of the HR and OD Team, the Freedom to Speak Up

Guardian (FTSU), Security Management Specialists and colleagues from staff networks will receive specific training on this policy so they can offer support, advice and guidance to colleagues.

- 25.4 Feedback and experiences from those involved in using this policy will be used to decide whether any further and/or advanced training is needed and ensure continuous reflection and learning across the Trust.
- 25.5 The Care to Learn education platform also offers e-learning on Sexual Safety Awareness, accessible to all staff.

26. REFERENCES

- 26.1 This policy is based on NHS England advice and policy template and is in line with the NHSE Sexual Safety Charter. More information on these can be found here: [NHS England » Sexual safety in healthcare – organisational charter](#)

27. ASSOCIATED DOCUMENTS

- 27.1 If needed, this policy may be used in conjunction with the following Trust Policies, procedures and documents.
- Disciplinary Policy
 - Reporting Unfitness to Practice
 - Maintaining High Professional Standards – Medical Staff Policy
 - Resolution Policy
 - Respect and Dignity at Work Policy
 - Supporting Attendance Policy
 - Freedom to Speak Up Policy
 - Flexible Working Policy
 - Other Types of Leave Policy
 - Lone Working Policy
 - Management of Violence and Aggression Policy
 - Managing Allegations Policy
 - Relationships & Professional Boundaries Standards Principles & Standards
 - Clinical Sexual Safety Policy
 - Domestic Abuse Policy

APPENDICES

APPENDIX 1: LANGUAGE AND DEFINITIONS

The following definitions are used in and apply to this policy.

Sexual safety: means being free from any unwanted sexual behaviour at work.

Sexual misconduct: describes a range of behaviours including sexual assault, sexual harassment, stalking, voyeurism and any other conduct of a sexual nature that is non-consensual or has the purpose or reasonable effect of threatening, intimidating, undermining, humiliating or coercing a person. Sexual misconduct can occur between people of the same or different sex and genders.

Sexual harassment: is unwanted behaviour of a sexual nature which has:

- violated someone's dignity, whether that was intended or not.
- created an intimidating, hostile, degrading, humiliating or offensive environment for them, whether that was intended or not.

Sexual harassment can be a one-off incident or an ongoing pattern of behaviour. It can happen in person or in other ways, for example online through email, social media or messaging tools.

Stalking: is a specific type of harassment, often described as a pattern of unwanted, fixated or obsessive behaviour which is intrusive, and causes fear of violence or serious alarm and distress. For example, a person following, watching or spying on someone else, or forcing contact with them through social media, might be considered as stalking. The Domestic Abuse Policy (CLP102) includes guidance on managing Domestic Abuse (which might include stalking) in relation to Trust employees who may be victims or perpetrators.

Sexual violence: describes any sexual activity or act that happened without consent.

Sexual assault: a sexual act that a person did not consent to or is forced into, against their will.

Examples

The following are examples that might be reported using this policy. They could take place at work, or in the course of your work, during online meetings or online chats, at a work event or a party:

- sexual comments or jokes, including what might be called 'banter'
- the sharing of sexual material online (for example, sharing sexual memes or, videos by email or platforms like WhatsApp)
- sexually inappropriate behaviour on social media where colleagues are involved
- displaying or sharing sexually graphic pictures, posters or photos (or other sexual content)
- suggestive looks, staring or leering
- using power, seniority to influence others for sexual favours
- intrusive questions about a person's private or sex life, or discussing your own sex life
- flirting, gesturing or making sexual remarks about someone's body, clothing or

- appearance
- making sexual comments or jokes about someone's sexual orientation or gender reassignment
- touching someone against their will
- sexual assault or rape

Active bystander: is someone who becomes aware of inappropriate or threatening behaviour. They may choose to challenge such behaviour or take action to keep a situation from escalating. They may decide to intervene directly or seek help from others.