

Sexual Misconduct Policy

Version 1, October 2024

Policy number HR 024

Trigger warning:

This policy framework addresses sensitive topics that may be distressing for some colleagues.

If you would like to discuss this policy or require support, please reach out to your manager, a member of the People Safeguarding teams or a mental health colleague

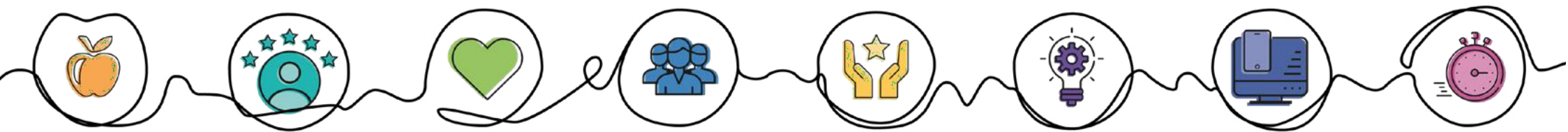


Statement from the NHS Social Partnership Forum

This policy framework has been developed with input from the national Workforce Issues Group of the NHS Social Partnership Forum

The policy framework has been approved by Frimley ICB's staff networks and HR Policy Group and in conjunction with Trade Unions representatives with prior to submission

Document owner: Sarah Bellars	Prepared by: Sue Lowe	First published: 15/04/2025
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What is a people policy?

A people policy provides support, advice and guidance on how you can expect to be treated and what is expected from you.

Why we have this policy

We have 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.

The Worker Protection (Amendment of Equality Act 2010) Act 2023 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.

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. And there may have been an instance that you have witnessed this happening to someone else.

This policy provides information about:

- how to recognise and report sexual misconduct
- our 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. More information is on page 11 and in appendix 4

What this policy covers

This policy covers sexual misconduct connected to work or the workplace. Sexual misconduct can include many 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

Appendix 3 provides more examples.

Sexual misconduct can take place at any time and any place; for example, 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).

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.

This policy provides information about the support available and about the process used to keep people safe and manage concerns and reports.

It provides advice about what to do when someone makes a disclosure about sexual misconduct to you, and a checklist of information you need to collect when someone wants to report this to the organisation.

How this policy promotes a kind and caring culture

We want Frimley Integrated Care Board to be a place where everyone feels safe to work, and where actions are taken to stop sexual misconduct.

This policy commits the organisation 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.

How do we know this policy treats people fairly?

Whenever we write a policy, we do an Equality and Health Inequality Assessment (EHIA) to ensure it treats everyone fairly, and it does not disadvantage or discriminate against anyone or any protected group.

We also review our policies regularly to see how we are doing. This includes listening to colleagues' views and reviewing information about how the policy works in practice.

Appendix 7 outlines how this policy will be monitored to ensure it treats everyone fairly.

Language used in this policy

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 a freedom to speak up guardian, a colleague from the Safeguarding team, a trade union representative or a mental health colleague or a member of the People team

It is important that the person who receives a disclosure uses the guidance in this policy on page 8 and in appendix 11.

If you make a disclosure to someone this does not mean that you have made or must make a report.

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 organisation makes decisions and takes actions to stop it from happening again.

Page 9 provides information about how to report sexual misconduct.

Review group

A review group is responsible for using the information provided by you in your report to agree what to do about sexual misconduct. Page 12 provides more information about a review group.

Advice and support

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.

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.

It's important you speak to someone you trust, to get support and to decide what to do. This is often called a 'disclosure'.

When speaking with others, it's important that you are given the time to clearly express:

- what you need, including support
- what you want to happen next
- what you expect them to do

For example, you might discuss:

- getting help or advice from a manager or someone else
- this policy to decide 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 (listed in appendix 4).

If you decide and are ready to make a report, page 9 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.

People who aren't employed by the organisation

If your report is about the behaviour of someone at work, but they are not employed by the organisation, you should 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.

Patients and service users

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 violence and aggression policy and the safeguarding policy; for example, this could include warning a patient or service user about their behaviour or reporting a criminal act to the police.

Incidents unrelated to work

Frimley ICB is committed to supporting staff wellbeing while completing their duties. If you have been affected by a sexual safety incident, including domestic violence or abuse, that is not connected with work, the reporting process in this policy is not likely to apply.

The organisation has a Domestic Abuse Support for Staff Policy; Appendix 4 provides information about support, including specialist organisations you can contact to get help. The Policy that can be found here:

<https://hr-frimleyccg.scwcsu.nhs.uk/index.php/policies-frimley/frimley-icb-1/16228-domestic-abuse-support-for-staff-workforce-policy-3.file>

We recognise that the impact of the incident might affect you at work. If you need support, speak to your manager or a person you trust. This may include considering flexible working or other suitable adjustments where there has been historic abuse, or is ongoing abuse between staff working together who are partners, ex partners or relatives

Appendix 4 provides information about support, including specialist organisations you can contact to get help.

Witnessing behaviour

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.

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 we 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 or security)
- seeking emergency help (call 999 if necessary)
- writing down what happened as a reminder for later action

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 you have enough time to talk fully.

Appendix 4 provides information about the support available to those involved.

Talk to them about what happened and explain you would like to report it. Ensure they understand the reasons for reporting and ask if they agree with 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. Speak to a member of the People team or the safeguarding team to get advice.

Supporting a colleague

When someone talks to you about what they have seen or experienced, it is called a disclosure. You need to be supportive and sensitive. Appendix 11 provides advice about what to do when a colleague discloses their experience of sexual misconduct to you.

If you think urgent actions are required, it is important to be as open as possible with them about what urgent action you need to take and why.

If you believe that someone is in danger you should contact the police and report the incident to a member of the Safeguarding Team

How to make a report

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 isn't a time limit but making a report as soon as possible will allow actions to be taken more quickly.

If you are reporting something you have witnessed, you should read page 8 and talk to the person the behaviour was aimed at before you make the report.

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.

Reports may be made to:

- Your manager or another manager
- A supervisor or educational supervisor
- A member of the People team or Safeguarding team
- A freedom to speak up guardian (FTSU)
- A trade union representative

Every report will be taken seriously.

Anonymous reports

If you give your name when you report sexual misconduct, the organisation will be able to complete a more in-depth investigation.

Providing your details can help the organisation to support you and signpost or refer you to further support.

All reports are taken seriously. If you do not feel you can provide your name, you can report anonymously.

Provide as much information as possible, including the times of events 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.

If remaining anonymous is the right option for you, you should follow this link:

<https://forms.office.com/e/wc6phRDLSN>

Alternatively, you can scan this QR code with your phone:



Your Form will be sent to our Freedom To Speak Up Guardians and kept securely according to our Data Protection Impact Assessment.

Listening to you

If you provide your name when you make a report, you will be given time to talk about what happened and discuss and agree what will happen next.

A suitable place to ensure you feel safe to talk will be agreed with you. You can bring a friend or family member, a colleague, interpreter or a trade union representative to support you.

The person you speak to will:

- ask you for information about what happened using the questions in appendix 10
- use the advice in appendix 11 about how to respond to a disclosure or report

If you have any notes or evidence, it's a good idea to take them with you to the meeting. If you don't have evidence this won't mean your concern is not taken seriously. During the meeting, we will also:

- discuss and agree how to manage your report
- discuss your wellbeing and the support you need and agree how this will be provided. Appendix 4 provides information about support
- agree next steps and who you should contact if you have any questions

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.

If you decide to stop your report, your wishes will be respected where possible. Page 16 provides information about when the organisation 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.

Support

The person you give your report to will talk to you about the options for accessing help and support, including from the organisations listed in appendix 4.

If you are a member of a trade union, they can also provide advice and support.

Support for you to continue to work will be arranged where possible, based on advice from our occupational health service. This may involve using policies such as Flexible Working or the Annual and Special leave policy and Sickness absence 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.

If you can't attend work

If you don't feel able or well enough to attend work, you should let your manager or other person in a position of responsibility know. They will provide advice about the sickness absence policy. If it is reasonable, managers may agree to remove absence related to sexual misconduct from processes to manage levels of sickness absence.

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 could receive injury allowance. This tops up your income (including some welfare benefits) to 85% of your usual pay during the absence. Section 22 of the [NHS Terms and Conditions Handbook](#) provides more information about injury allowance.

A member of the People team or your trade union representative can provide advice and information about injury allowance.

After you make a report

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

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.

Review group

The review group will include:

- the person you made your report to
- a member of the People team, preferably someone who has completed specialist sexual misconduct training

It might also include:

- a senior manager
- the lead for sexual safety
- an expert, who could include:
 - a colleague from safeguarding
 - the local authority designated officer
 - any other person who can provide advice that is needed

Appendix 5 provides more information about expert advice.

The review group will discuss the information provided, including the harm caused to you or others, and any other information available that is important to use alongside your report. For example, if there are aggravating factors, such as abuse of power over a more junior colleague.

The review group will review and make decisions about:

- actions that need to be taken quickly to prevent possible harm to you or others involved, using the template in appendix 8. 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 you or others
- the immediate support you and others involved need
- which policies or procedure(s) are relevant to managing your report
- what communication is needed to protect you 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 you and others involved will be updated about what will happen next

Read more about providing information and updates on page 15.

The review group will use the checklist in appendix 9 to ensure that the plans to manage the report are clear. They will also ensure a record is kept (anonymously if needed).

Outcomes

The review group will ensure your views are considered when making decisions about how to manage your report. One or more of these outcomes could be agreed:

- a request for more information from you or others about what happened
- using the Disciplinary Policy to manage your report
- using the Harassment and Bullying Policy to manage your report (if it was raised as a grievance)
- 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](#)
- using safeguarding policies to agree actions
- a report to the police
- a report to the employer of the person named in the report, if they are not employed by our organisation
- update the reporter of the action plan to plan further action

Investigations

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

You can ask for adjustments if you need them, and they will be agreed if possible. Examples of possible adjustments include:

- a friend or family member attending meetings with you to support you, in addition to a trade union representative or colleague
- using an external investigator or an investigator with specific training, skills and experience
- using an expert(s) to support the investigation

Preventing victimisation

[Victimisation](#) is negative treatment because of being involved with a discrimination or harassment complaint. It is unlawful under the Equality Act.

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.

Everyone will be supported when reporting sexual misconduct, whether their complaint is upheld or not.

If you believe you have been victimised, this will be taken seriously.

You should report victimisation to a manager, a member of the People team, a freedom to speak up guardian or your trade union representative.

Providing information and updates

You will be given the name of the person you can go to with your questions and to get advice and support. You can also raise any concerns or discuss any further needs you have with them, and they will keep you updated. This will usually be the person you report your concern to or a member of the Peopleteam.

Due to confidentiality, not everything that happens can be shared with you, but you will receive regular updates.

The information that can be shared with you will be shared with you. You will not normally be told about personal or confidential outcomes or actions relating to another employee.

Confidentiality

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.

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.

If there are safeguarding concerns information may need to be shared to keep other people safe.

If you need advice or are concerned that confidentiality has not been kept you should speak to your manager, a member of the People team or a trade union representative.

Confidentiality or non-disclosure agreements will not be used to stop reporting of sexual harassment or whistleblowing.

Telling your manager

You will be asked how you feel about telling your manager.

If you haven't told your manager, it may be helpful to so they can support you and others involved. If the concern is about your manager, another manager will be asked to support you.

When will the person the report is about be told it has been reported?

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 your knowledge.

Before the person is told, conversations will take place to agree how to support your wellbeing and safety and that of others.

Involving the police and other organisations

Sexual misconduct can be a criminal act. Normally, it will be your choice whether to report what happened to the police.

If your report includes information that suggests other people are at risk, including patients or colleagues, the review group will get advice from our safeguarding team.

They may need to share information with the police, the local authority designated officer (LADO) for those employees aged 16 – 18 year olds and / or the relevant local authority safeguarding team.

This might happen even if you do not wish to use this policy.

Where possible, you will be told before actions are taken and support

Police investigations

If a report has been made to the police, their investigation cannot be impacted by our organisation's own investigation process.

This may mean there are delays in our organisation completing an investigation process. You will be told as soon as possible if the police ask for the process to stop or be put on hold. You will be told how long this might be for and we can discuss the support you and others involved will need during this time.

Statutory regulators

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.

A member of the People team 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 organisation

Preventing sexual misconduct

Our organisation will:

- review the likelihood and risks of sexual misconduct occurring at work from colleagues, volunteers, learners and others including patients, service users and visitors
- decide the actions that can be taken to reduce risks and prevent harm
- ensure the agreed actions are implemented and managed
- update policies and procedures to clarify the law, how everyone can expect to be treated and how to make a report
- review the effectiveness of policies and training
- communicate consistently about our values and expectations for behaviour and what actions may be taken when these are not met
- communicate with patients, service users and visitors about how we expect them to treat our staff and each other
- provide guidance and support to colleagues, helping them assist others if they witness sexual misconduct
- create a culture where people feel safe to talk about and report sexual misconduct
- ensure systems are in place to respond to reports and provide timely support to all employees impacted by sexual misconduct

Our organisation will use reports about sexual misconduct to prevent events from happening again, and to understand potential patterns and areas of concern and what is required to mitigate risks, take action, and improve the culture within teams and across the wider organisation.

Training

It is important that everyone understands:

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

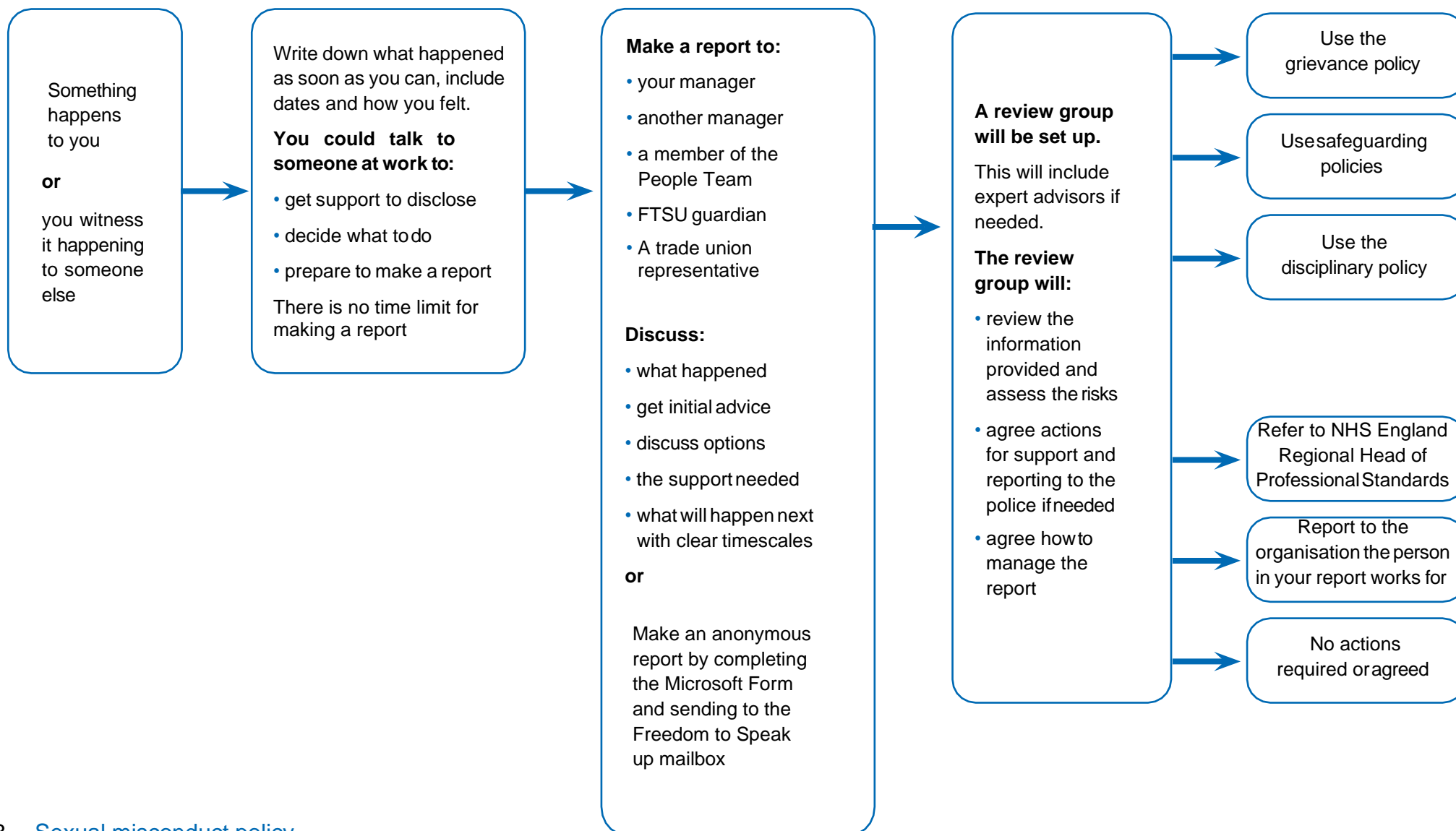
Managers and members of the People Team, freedom to speak up guardians (FTSU), wellbeing champions and colleagues from staff networks will receive training on this policy so they can offer support, advice and guidance to colleagues.

Feedback and experiences from those involved in using this policy will be used to create future training and ensure continuous reflection and learning across the organisation.

Elearning training module will be mandatory for all staff. The organisation will also encourage training for Zero Tolerance and Bystander

Appendix 1: Flowchart for reporting

This flowchart summarises the steps set out in this policy for reporting and determining how to handle cases of sexual misconduct.



Appendix 2: Responsibilities

The organisation's Board will:

- prioritise principles set out in the Sexual Safety Charter, and ensure they are followed by the organisation
- guide the organisational culture and set priorities relating to sexual safety
- take actions to ensure the organisation meets its legal duties to protect employees from sexual harm in the workplace. This will include actions to improve the environment and culture, and understanding and awareness among staff of sexual safety
- encourage, support and train managers and leaders to support the use of this policy, and to build a positive culture in their teams where people can talk openly
- regularly review data about sexual misconduct and use it to agree actions to prevent sexual misconduct and protect employees from it
- appoint an executive group member with responsibility for improving the sexual safety of employees
- appoint a lead for domestic abuse and sexual violence

Senior leaders 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 all colleagues are aware of issues relating to sexual misconduct, the sexual misconduct policy and how to deal with disclosures appropriately

Everyone should:

- use this policy and get advice and support to disclose and report behaviour they have experienced or witnessed
- be respectful and maintain confidentiality when using this policy
- be clear that we do not accept any form of sexual behaviour described in appendix 3 at work or linked to work

The People team will:

- promote and provide support and guidance about using this policy and other people policies
- ensure that every report is managed compassionately, and support is provided to everyone involved
- use specialist advice where needed and work closely with safeguarding teams, the police and other organisations where required
- provide advice and guidance to support learning and change where it is required
- ensure accurate records are made of concerns and manage information confidentially and in line with the policy for managing records

Managers, supervisors and educational supervisors will:

- take every conversation and report about sexual misconduct seriously
- use this policy to support everyone who is involved in a concern or report about sexual misconduct
- speak to a member of the People team about all reports and concerns about sexual misconduct
- maintain confidentiality, unless there is a safeguarding concern that needs to be reported
- be 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 and development to ensure they have the required skills, knowledge and confidence to recognise sexual misconduct and take action
- ensure learning and change comes from using this policy, so that future misconduct is prevented, and a positive culture is fostered
- be available to support an investigation if needed
- be proactive in putting in place any reasonable adjustments or safety actions if they are required

Safeguarding leads will:

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

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 report where appropriate
- be responsible for creating a culture where employees feel safe to raise concerns and feel listened to

Trade union representatives will:

- influence and guide organisations about the preventative actions they can take to improve sexual safety
- signpost to this policy, explain the process for reporting and the possible routes and outcomes
- support and assist employees to report sexual misconduct, where appropriate
- explain the options for support and help with conversations about accessing support
- provide support to their members through informal and formal processes

Appendix 3: Language and definitions

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.

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

Sexual assault: is any 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

Appendix 4: Support provided by our organisation

Links to the following can be found on The Hub

- Employee Assistance programme
- Wellbeing Champions
- Mental Health First Aiders

Members of the People team

Can provide advice and guidance about this policy, and information about other services that can provide support. Please refer to intranet for People Team contact details.

Safeguarding teams

Can provide advice and support to employees who disclose sexual misconduct and can signpost and refer staff to external support. Please refer to intranet for contact details

Trade union representatives

Can help and provide advice and support to their members about sexual misconduct at work.

They can provide advice, guidance and support, for example by attending meetings with you.

They will also help influence and guide organisations about preventative actions they can take to improve sexual safety.

Freedom to speak up guardians

Can offer a confidential and safe place to speak about sexual safety and provide guidance and information about how to resolve concerns.

Are able to be contacted by email on:

FrimleyICB.FreedomToSpeakUpGuardian@nhs.net

Appendix 4: External support

ACAS: helpline for anyone experiencing workplace related issues including sexual harassment.

Rights of Women: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment at work.

Surviving in scrubs: provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

General Medical Council: What to do if you think you have been subject to sexual misconduct by a doctor: a resource for patients and colleagues.

Health & Care Professions Council: sexual safety hub provides help and guidance about making a report to that organisation.

Protect: free, confidential whistleblowing advice.

Equality Advisory & Support Service: helpline to advise on issues related to equality and human rights.

Citizens Advice: provide information about your legal rights in the workplace if you are experiencing sexual harassment.

Samaritans: support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure

Getting help for domestic violence and abuse: NHS.uk provides practical advice and help to recognise the signs and where to get help.

Supporting a survivor of sexual violence: advice from Rape Crisis about how to support a survivor of sexual violence.

NHS help after rape and sexual assault: information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

Rape Crisis England and Wales: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Rape Crisis Scotland: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Sexual assault referral centres (SARCs): offer medical, practical and emotional support to anyone who has been raped, sexually assaulted or abused. SARCs have specially trained doctors, nurses and support workers.

Galop: support LGBT+ people who have experienced abuse and violence.

The Survivors Trust: The Survivors Trust has 120 member organisations based in the UK & Ireland which provide specialist support for women, men and children who have survived rape, sexual violence or childhood sexual abuse.

SurvivorsUK: provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

Victim Support: provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

A list of support services on the Government's website: for victims of sexual violence and abuse.

Appendix 5: Expert advice

An expert may be asked to support the review group and an investigation.

All reports will be different, so a range of expertise and experience could be needed. That knowledge and expertise may include:

Knowledge

- trauma informed interviewing and investigation techniques
- research led case reporting
- risk management
- understanding of issues impacting particularly vulnerable groups
- safeguarding

Skills

- ability to identify types of sexual misconduct
- ability to understand impacts on vulnerable groups
- ability to undertake extensive personal interviews to elicit better information and to reduce the potential for re-traumatising
- ability to overcome barriers to disclosure while supporting employee wellbeing

Experience of

- undertaking or advising on trauma informed, employment led investigations
- supporting individuals or teams on a trauma-informed basis
- equality, diversity or inclusion implications within sexual misconduct reports and investigations, and understanding of the vulnerabilities of particular groups
- using subject matter expertise to aid investigations and improve decision making
- managing disclosures of sexual abuse and misconduct

Appendix 6: Links to more help and guidance

NHS England

[Sexual safety in healthcare charter](#)

[Sexual safety charter assurance framework](#)

[E-learning on understanding sexual misconduct in the workplace](#)

[Guidance on the role of domestic abuse and sexual violence allies](#) (on FutureNHS, registration required)

NHS Employers

[NHS Terms and Conditions Handbook section 32 Dignity at Work](#)

Equality and Human Rights Commission (EHRC) guidance

[Preventing sexual harassment at work: a guide for employers](#)

[Employer 8-step guide: Preventing sexual harassment at work](#)

Guidance on managing sexual misconduct

[Advice about sexual harassment at work \(ACAS\)](#)

[Managing discrimination from patients and their guardians and relatives \(BMA\)](#)

[Managing concerns \(Nursing and Midwifery Council\)](#)

[Practitioner Performance Advice \(PPA\) \(NHS Resolution\)](#)

Appendix 7: How will we know if this policy is effective?

We will monitor how effective this policy is by working in partnership with trade unions and other stakeholders to collect information. This information will be used regularly to review and understand the impact of the policy on our people and will help us understand how we can improve. This table sets out how we will monitor this policy:

What element of this policy will be monitored?	What is the method or information source, for example, audit or feedback?	Who will lead the monitoring?	When will the information be reviewed, by who or which group?	What are the arrangements for responding to issues and tracking delivery of planned actions?
How many individuals use this policy and how do they use it?	How many informal or formal processes are started each year? How many are completed?	The People Team	Quarterly to the EDI Working Group and onwards to SLT	SLT feedback given to People Team for further actioning/development
Does the extent of policy use vary across different staff or protected groups? Are there any differences in outcomes?	Using demographic, band and staff group data to analyse use of the policy.	The People Team	Quarterly to the EDI Working Group and onwards to SLT	SLT feedback given to People Team for further actioning/development
Feedback on advice, process, ease of use and internal and external support.	Feedback to the People team from individuals, trade unions, freedom to speak up guardians and staff networks.	The People Team	Quarterly to the EDI Working Group and onwards to SLT	SLT feedback given to People Team for further actioning/development
What are the outcomes of using this policy? How much change or learning happens? What does this tell us about the culture?	How many concerns move to disciplinary? How many appeals are made each year, how are these resolved? What outcomes have come from anonymous reports?	The People Team	Quarterly to the EDI Working Group and onwards to SLT	SLT feedback given to People Team for further actioning/development

Templates

You can find editable versions of these tables on the Hub in the Resources section.

Appendix 8: Record of actions to support safety and wellbeing

Use this template to record risks to safety or wellbeing and decisions agreed to manage or provide support.

Anonymised details of people involved:	For example, refer to: the person who made the report and the person the report is about, rather than using names or initials.
Summary of the report:	
Expert service referred to: Details of the advice:	
Has support been offered to everyone involved?	Yes or no – note response and actions
Are there safety risks? Who is impacted and how? (colleagues, service users, others) What is the severity of impact? How likely is the impact to happen?	
Decisions to support safety and wellbeing:	
Communication of decision to others that need to know: Actions required to support the decision, for example, cover arrangements:	

Appendix 9: Review group checklist

This checklist should be completed by the review group to ensure they have completed all the relevant actions.

Checklist:	Details:
<p>Wellbeing and safety</p> <ol style="list-style-type: none">1. Has support been offered to the employee who made the report and others involved?2. Are those involved safe and are there any risks that need to be managed?3. Has a risk assessment been completed to review and take actions to support wellbeing and safety, including actions to ensure no further harm and risks to colleagues, patients, service users or other people. See more in appendix 8.	
<p>Find the facts</p> <ol style="list-style-type: none">1. Do you have the facts from appendix 10 that you need?2. Has the employee who made the report discussed a preferred outcome?3. Do those involved work for the organisation? If not, which organisation do they work for?4. Are there any similar live cases on file relating to the person (or people) the report is about?5. Do other organisations have any information that is important to know, for example, another investigation.6. If further information is needed, gather this information7. Are there any aggravating factors, such as the abuse of power over a more junior colleague that need to be taken into account?	

Agree how to manage the report

1. Is there a requirement to get specialist advice? (for example, from safeguarding or legal). If so, record their advice
2. Following advice, is there a requirement to request advice or refer to another organisation, for example, the police, local authority designated officer (LADO), regulator?
3. Discuss and agree if another policy should be used.
4. Identify and agree who will take forward the management of the report, including how to refer to other organisations.
5. If a police report or LADO referral has or is being made, get advice about when the organisation can start to manage the report.

Appendix 9: Review group checklist

This checklist should be completed by the review group to ensure they have completed all the relevant actions.

Checklist:	Details:
<p>Communication</p> <ol style="list-style-type: none">1. Identify who 'needs to know' (for example, relevant managers, or other employers if one of the parties works for a different organisation)2. Agree who will be the key point of contact for those involved and advise them of the arrangements3. Agree regular review points (with everyone involved)4. Have decisions and next steps been confirmed to those involved (including in writing if necessary)?	
<p>Ensuring understanding</p> <ol style="list-style-type: none">1. Have you ensured the employee(s) understands the reasons for actions and for the approach to how the report will be managed?2. Have the next steps been discussed with the employee(s) involved (including a review of support)?	

Appendix 10: Questions to ask when you receive a report

Use this checklist to gather the information needed to understand what happened. If more than one incident took place, you may need to record each separately.

Before you begin, check:

- they do wish to make a report
- if they need or want anyone to support them during the conversation
- they are clear about confidentiality and safeguarding processes that mean you may need to share information (for example, if there is a safeguarding concern)

Personal details:

1. Name of the person making the report
2. Contact details and the best time to contact them

Who is reporting this?:

- someone who has experienced sexual misconduct
- a witness to sexual misconduct:
 - do they have consent of the person who was affected?
 - if yes, who did it happen to?
 - if no, do not ask or record information about the person affected
 - someone who has been disclosed to about sexual misconduct

About the incident:

1. Was it a single or multiple incidents?
2. Where did the incident(s) happen?
 - virtually using either work or non-work equipment and through any virtual platform including, social media, email and messaging services
 - NHS premises
 - offsite, in the course of work, at a non-work event or a work event
 - unsure or other
3. When did the incident(s) happen? If unsure, get rough dates or a range of dates
4. Do they want to name the person whose behaviour they are reporting?
5. Information about the behaviour(s) being reported (this doesn't need to be in lots of detail at this point)

Witnesses:

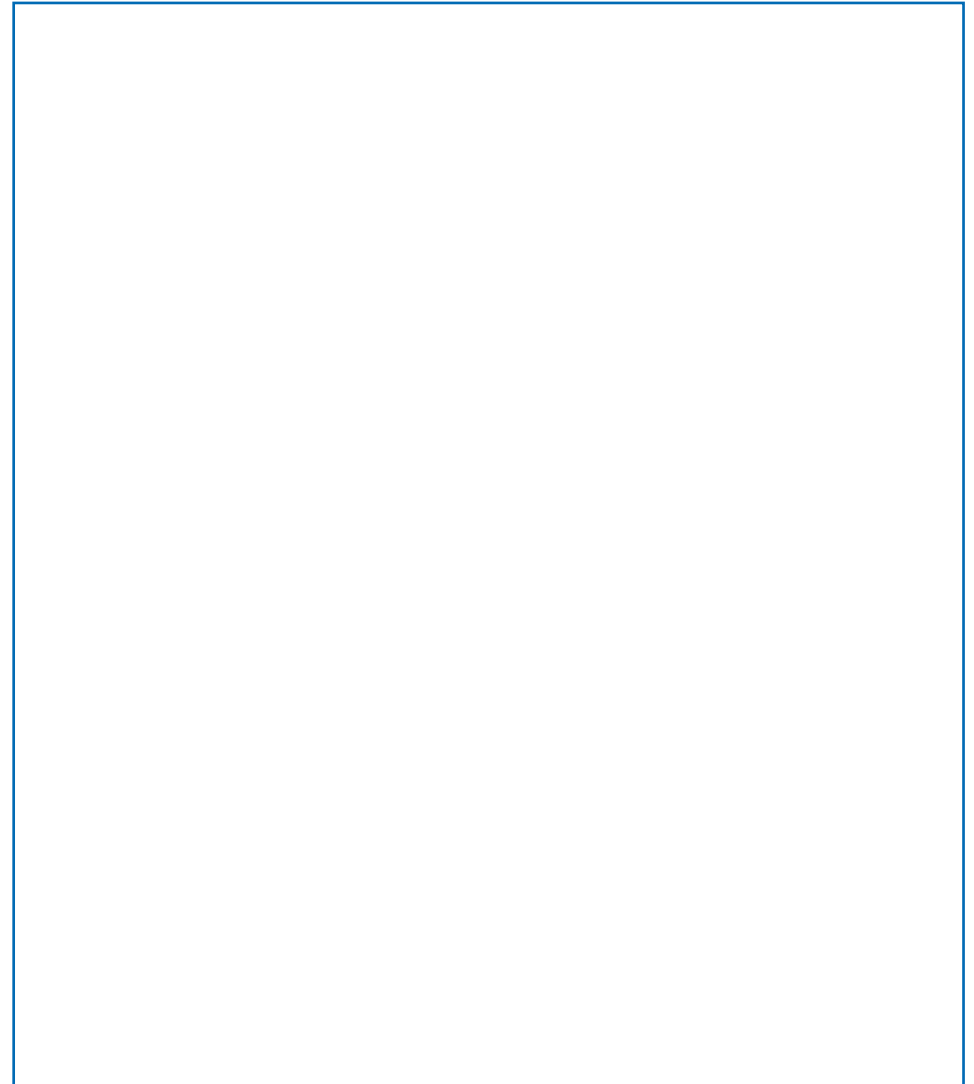
1. Did anyone witness this behaviour?
2. Do the witnesses know this report is being made?

Any further information the person wishes to provide? Check and discuss:

1. Do they have any notes or information to help them make their report?
2. Is anyone at immediate risk. Are any actions needed now?
3. What support is needed? (Refer to other policies such as flexible working or special leave)
4. Signpost to internal or external support (appendix 4)
5. Explain that more information will be needed if an investigation takes place
6. Explain the possible outcomes from the review group

Next steps:

1. Speak to a member of the People team

Notes:

Guidance

Appendix 11: How to respond to a disclosure or report of sexual misconduct

It is important that everyone working in the NHS knows how to respond when someone makes a disclosure or report about sexual misconduct.

Each person will have different needs so you must ask how they want you or others to support them. Do not assume what they might need and do not dictate the process.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimising trauma.

It is crucial to handle the conversation respectfully, sensitively and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take. Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

Do:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information (for example if a safeguarding concern is outlined)
- safely signpost them to support (and reporting options if they haven't reported already)

Do not:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgmental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)
- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing

For more information complete the [E-learning on understanding sexual misconduct in the workplace](#)

Appendix 12: Additional guidance for managers

Promoting a positive culture

As a manager you have a key role in influencing the culture within your team. This begins with behaving in a way that lets your team see that you act and manage issues (not just those about sexual misconduct) fairly and with compassion. Your ability to recognise inappropriate behaviour and act as early as possible is important. It can help support people to speak up.

This means you need to challenge behaviours that are inappropriate and be aware of situations that might be harassment. Appendix 3 provides information and examples.

It may also involve identifying underlying tensions or information that suggests unreported events or behaviours within the team.

The grievance policy provides information about having early conversations to reach solutions between colleagues. It is important to consider whether this is appropriate before suggesting it. In some circumstances it will not be. You should never force someone to confront a colleague or try to resolve things together if they do not wish to. Ensure that you and your team attend the training to understand what sexual misconduct is and how to make a report.

Getting advice and support

Receiving information or a report about sexual misconduct can be worrying and you might not have experienced this before.

It's important to get advice from a member of the People team, and the safeguarding team as soon as possible, especially if you are worried about safety.

You can do this without mentioning names in the first instance, to maintain confidentiality. It is important to remember that sometimes you may have a responsibility to escalate the report to ensure the safety of others.

If you are finding it difficult to support someone or to process information you have heard, speak to your manager or a member of the people team who can provide advice and support.

Relationships at work

Relationships between work colleagues can happen. Sexual misconduct can happen within a range of relationships, and it is important that professional boundaries are maintained.

The relationship might not be appropriate where there is a power imbalance, when training and career progression opportunities of one party could be impacted, or when people work closely together. To discuss a relationship between colleagues, speak to a member of the people team.

Receiving a report about sexual misconduct

You have an important role to ensure reports are made effectively and dealt with. Your openness, ability to listen and take actions will show that sexual misconduct is taken seriously.

Try to remain calm and listen fully when someone reports a concern about sexual misconduct to you. This may have taken a lot of courage to raise with you and could be an emotional experience for them.

You should let them know you take their report seriously and you are there to help. Appendix 11 provides guidance about how to respond and provide initial support and appendix 10 provides a list of questions to ask and points to check and discuss.

Discuss and agree what will happen next. It is important that you understand their needs and expectations and are clear with them about the actions you are going to take. This might be difficult if they are feeling emotional or anxious and it might help to follow up later to check understanding.

If they are very upset, or they need more time to think about what to do, it might be helpful to give them some time and meet again at another time. Always check they have support and take actions to put support in place.

During the conversation, collect information about what happened and ensure they have time to discuss their views about what to do next, as it is important to respect their views.

Get advice from a member of the People team or other professionals as soon as you can. They will support and help you to set up a review group.

Anonymous reports

Some people may prefer to report their concern anonymously. Anonymous reports will be recorded in one location and used to understand underlying concerns and trends.

It is important that anonymous reports are taken seriously. They can provide helpful information about patterns or areas of concern.

Equality & Health Inequalities Impact Assessment (EHIA) Tool

Introduction

This tool has been developed to help you think through the implications of your work on equality and on addressing health inequalities. It aims to help you take the right steps to make sure that the policy, commissioning / decommissioning, service changes and/or procedure you are developing has the best chance of advancing equality of opportunity and reducing health inequalities. This document uses the term “project” to describe any policy, service, programme, decision, process or other workstream that this tool is assessing.

Legal Duties

It is a mandatory requirement for NHS and other public sector health care organisations to assess their impact on Equality and on Health Inequalities. This ensures that informed and conscious consideration is given by decision-makers to assess needs in two distinct ways.

The Equality Act (2010) & Public Sector Equality Duty

The Equality Act (2010) introduced a Public Sector Equality Duty, which mandates that we:

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity for people with protected characteristics by
 - Removing disadvantages suffered
 - Meeting their needs
 - Encouraging them to participate in public life or other activities where participation is low
- Foster good relations by
 - Tackling prejudice
 - Promoting understanding between people from different groups.

The Equality Act further introduced Positive Action initiatives, which take steps to improve equality and reduce under-representation.

The Health and Care Act (2022)

The Health and Care Act (2022) developed the Health and Social Care Act (2012). It continues to emphasize legal duties to:

- Reduce health inequalities
- Improve access to health services and outcomes.

Ultimately, the Health and Care Act (2022) holds all Integrated Care Boards responsible for:

- Providing better care for all patients
- Providing better health and wellbeing for everyone
- Achieving sustainable NHS resources.

This document is therefore divided into different parts.

Section A contains the Health Inequalities Impact Assessment.

Section B contains the duty to reduce health inequalities.

Section C considers action planning for improvement.

Section D is the final EHIA sign-off.

For more information, please see the EHIA Toolkit [available here](#).

Completing a robust EHIA

This assessment should be completed prior to any proposal, policy etc. The information collected here should feed into your ongoing work. When considering this, **no element of your EHIA should be submitted with N/A, None, No impact.**

To assist you to answer each component, you should consider:

“If this protected group accessed the service, how can we make sure they have equal access, are not put at risk, and receive patient-centred care?”

Positive impact:

This will actively promote the standards & values of the ICB and public sector equality duty.

Neutral impact:

There are no notable consequences for any group.

Negative impact:

This will disadvantage a group – where identified, this should be eliminated, minimalised or counterbalanced by other measures.

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EHIA Tool

Name / title of the policy / service / programme / decision / process	Sexual Misconduct Policy Embedding the “Sexual Safety Charter” into Frimley Integrated Care Board (ICB) workforce.
Department / business group	Organisational Development, Also including: Human Resources, Safeguarding, Equality Diversity & Inclusion, Quality, Communications
Name and role of the person completing the proposal and therefore responsible for the EHIA	Cheyenne Sparks – Equality, Diversity and Inclusion Project Manager With support from: Sue Lowe (OD Team), Sharon Ballantyne (Safeguarding Team) All are contributors to embedding Sexual Safety Charter in Frimley ICB.
Date	22/10/2024

Outline	
Give a brief summary of your policy / decision / service	The Sexual Safety in Healthcare Charter was published by NHS England in September 2023. It set out steps to embedding sexual safety in all workplaces. NHSE published a Sexual Misconduct Policy Framework on 16 th October 2024 for local review and implementation.
What outcomes are you aiming to achieve?	<p>The Sexual Safety Charter promotes a safe, inclusive, and respectful environment for everyone.</p> <ol style="list-style-type: none"> 1. Inclusivity and Non-Discrimination: Commitment to ensuring that all individuals, regardless of their protected characteristics (such as race, gender, sexual orientation, disability, etc.), are entitled to a safe environment free from sexual misconduct. 2. Tailored Support Services: Providing specific support services that cater to the needs of individuals from different protected groups. This includes signposting to counselling services that are sensitive to cultural, gender, and sexual orientation differences. 3. Training and Education: Implementing comprehensive training programmes for all members of the organisation to understand: <ul style="list-style-type: none"> The importance of respecting protected characteristics, Recognising behaviours that may constitute sexual misconduct, Improving staff confidence to report sexual misconduct.

	<p>4. Reporting Mechanisms: Establishing clear, accessible, and confidential reporting mechanisms that are sensitive to the needs of individuals from various protected groups. These mechanisms should be: Well-publicised and easy to use, Equally accessible to staff regardless of Protected Characteristic, Regularly (minimum twice per year) anonymised and fed into the EDI Working Group to continue developing and improving our inclusive organisational culture.</p> <p>5. Policy Review and Updates: Regularly reviewing and updating the charter to reflect changes in laws and societal attitudes towards protected characteristics. We engage with representatives from different protected groups to ensure their perspectives are included.</p> <p>6. Legal Compliance: Ensuring the charter complies with relevant laws and regulations regarding protected characteristics, such as the Equality Act 2010 in the UK, which prohibits discrimination based on protected characteristics.</p>
<p>Give details of evidence, data, or research used to inform the analysis of impact.</p>	<p>NHS England ‘Sexual Safety of NHS Staff and Patients’ letter: published June 2023 Domestic Abuse & Sexual Violence Future NHS resources repository https://www.csacentre.org.uk/research-resources/key-messages/looked-after-children/</p>
<p>Give details of all consultation and engagement activities used to inform the analysis of impact.</p>	<p>The initial draft was circulated by email to:</p> <ul style="list-style-type: none"> - EDI Working Group, - Equality Advocates, - Staff Network Chairs (who were asked for their input, as well as to circulate with network members for further diversity of thought and holistic consideration of sections). <p>Contributors (with utmost thanks): Caroline Dickinson, Prince Obike,</p>

EHIA Tool: Section A

EQUALITY & health inequalities IMPACT ASSESSMENT

Please use the Workforce Information (Appendix A) and EHIA Toolkit (Appendix B) to guide completion of the following:

	<p style="text-align: center;">Impact</p> <p style="text-align: center;">Is your project likely to have a differential impact on any of the protected characteristics? If so, is this positive, neutral or negative?</p> <p>Consider:</p> <ul style="list-style-type: none"> - Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc? - What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. - Are individuals from one particular group accessing the project more or less than expected? Why might this be? 	<p style="text-align: center;">Mitigation</p> <p style="text-align: center;">Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> ✓ Think about reasonable adjustments and / or Positive Action ✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints ✓ Assign a responsible lead ✓ Designate a timescale to monitor the impacts ✓ Re-visit after a designated time period to check for improvements.
Protected Characteristic Groups		
Age	<p>Neutral</p> <p><i>Details:</i> This Charter is aimed at the Frimley ICB workforce, therefore is only concerning adults over the age of 18 years in its' implementation.</p> <p>It is possible that ICB staff may identify sexual misconduct towards children they care for, in personal or professional capacity. If this is escalated, staff should refer to the information in Appendix C & Appendix D.</p> <p>We are mindful that ICB staff of all ages (and all protected characteristics, so this point stands for all boxes in this assessment) attend public events where sexual safety may be compromised by members of the public, in which case our staff will be directed to report into the local police force as in Appendix C.</p>	<p><i>Details:</i> Details of our provider police forces to be clearly signposted by our Charter: British Transport Police, Hampshire & Isle of Wight Police, Surrey Police, Thames Valley Police (details in Appendix C)</p> <p>Lead: Sue Lowe, Sharon Ballantyne, Chey Sparks</p> <p><i>Details:</i> Details of our provider SARCs to be clearly signposted by our Charter: Thames Valley SARC (Slough), Solace Centre (Surrey; Cobham), The Havens (London; Paddington), Treetops Centre (Hampshire; Portsmouth) (details in Appendix C).</p> <p>Lead: Sue Lowe, Sharon Ballantyne, Chey Sparks</p>

<p>Disability</p> <p>Disability continued</p>	<p>Positive <i>Details:</i> As the Charter (and its' training) is not a Policy, the ICB doesn't have a template for its' layout or presentation in the Organisation. To follow best practice, the Charter should be made available according to Accessible Information Standards. This means its' reading age should be less than 12 years. Its' publication should be on a light-coloured background, using a Serif font such as Arial or Calibri that is Dyslexia friendly. Font size should be a minimum of 12. It should be Easy-Read and Screen Reader compatible.</p> <p>In terms of implementation, signposting to the Charter should be clear and available in accessible places, for example the Hub intranet. Where available, information should be in written and video format.</p> <p>People with mental health conditions may be further impacted by sexual misconduct or find it harder to report.</p> <p>Reporting Sexual misconduct will be via Freedom To Speak Up. Some staff may require additional support to navigate the reporting process, which is provided by the Freedom To Speak Up process.</p>	<p><i>Details:</i> Drafted Charter to be reviewed by Quality Team, who are responsible for Accessible Information Standards being implemented in the ICB. Lead: Chey Sparks & Emily Woodward-Stammers</p> <p><i>Details:</i> Availability on Hub pages that are relevant (EDI, Resources, Wellbeing, Mental Health First Aid) as well as HR's resources webpage and DAWN Staff Network. Lead: Avril Brohier</p> <p><i>Details:</i> Accommodations are embedded in the FTSU process. Lead: Freedom To Speak Up Guardians</p>
<p>Race / Ethnicity</p>	<p>Positive <i>Details:</i> It is widely acknowledged that there are additional cultural barriers for any Global Majority staff to report negative experiences, and this is echoed in our Staff Survey data from 2023.</p> <p>It is possible that different staff in the ICB would (or wouldn't) categorise certain behaviours as compromising Sexual Safety. It is important that training is culturally sensitive prior to launch. It is also important that the Charter reflects these differences (perhaps by containing examples) to demonstrate to staff who may not be aware, as well as giving Global Majority colleagues certainty that they can report inappropriate behaviours.</p>	<p><i>Details:</i> Staff from a variety of backgrounds should be upskilled for colleagues to report to, who can support them through this process. This increases trust and provides a much more compassionate process. We already have Equality Advocates from different backgrounds who could be upskilled here if they are comfortable? A list of upskilled staff could be provided on the Intranet, similar to the Equality Advocates, Wellbeing Champions, MHFA's etc? Lead: Sexual Safety Charter Group</p> <p><i>Details:</i> It may be culturally appropriate to consider gender in staff who are upskilled as staff may feel more</p>

	<p>Some cultures may find it difficult to raise concerns of sexual safety due to modesty.</p>	<p>comfortable reporting to someone of the same gender as themselves. ICB's race network to have input into the training & Charter content. Lead: Avril Brohier, Rose Elhamamy, Safina Nadeem</p> <p><i>Details:</i> ICB's race network to have input into the training & Charter content. Lead: Avril Brohier, Rose Elhamamy, Safina Nadeem</p>
<p>Gender</p>	<p>Positive <i>Details:</i> Sexual safety can be compromised by a person of any gender, toward a person of any gender. This includes genders outside of the male/female binary. National reporting suggests that most inappropriate behaviour is perpetrated by men towards women. Our ICB workforce is 77% female, against the local population which is 50% female; so statistically we may be more likely to see sexual safety compromised in our workforce.</p> <p>It may be worth considering this gender split when we are upskilling staff, and also in training content. It is important to be mindful that we do not have a way to capture Trans/Non-Binary genders in our ICB workforce so this group should not be forgotten.</p>	<p><i>See below.</i></p> <p><i>Details:</i> The ICB does not have its' own Women's and LGBTQ+ networks to have input into the training & Charter content. It may be that other Organisations, or the System Women's Network, can help review this. Lead: Chey Sparks, Safina Nadeem</p>
<p>Gender Reassignment</p>	<p>Neutral <i>Details:</i> It is important to be mindful that we do not have a way to capture Trans/Non-Binary genders in our ICB workforce so this group should not be forgotten. Trans women and other gender minorities may find it harder to report incidences of sexual misconduct due to stigmas, stereotypes, their own previous trauma, and concerns that it may not be taken as seriously.</p> <p>Training and the Charter should include gender-neutral language unless specifically referencing people from a gendered group.</p>	<p><i>Details:</i> All staff should have signposting to mental health support and resources during this process. This assessment shows that including resources for people other than Cisgendered Women is still necessary and may have a negative impact if forgotten. Lead: Chey Sparks</p> <p><i>Details:</i> Staff supporting the reporting process should have some understanding of the LGBTQ+ community through their training. Lead: Chey Sparks</p>

	<p>Also importantly, compromised Sexual Safety could have increased impact on this group of staff as it may re-traumatise pre-existing Gender Dysphoria. This could lead to someone who has professionally lived as a cisgendered identity “outing” themselves (declaring their LGBTQ+ identity) during the reporting process. Staff supporting them should have some skills in navigating this, as well as understanding confidentiality.</p>	
<p>Marriage and Civil Partnership</p>	<p>Neutral <i>Details:</i> Sexual safety can be compromised for people who are married or in civil partnerships. 57% of our ICB workforce are currently married or in civil partnerships and 21% are single.</p> <p>If, in a work environment, a person discloses inappropriate behaviour in their relationship outside of work, immediate steps in Appendix D can be taken.</p> <p>If a person’s partner is being spoken about, it is important not to assume their gender. Equally in some cultures, polyamory and polygamy are valid arrangements, so a person may have more than one partner (albeit UK Laws currently only allow 1 through formal marriage / civil partnership arrangement).</p>	<p><i>Details:</i> Steps in Appendix D to be included in any training and policies published by the ICB. Lead: Chey Sparks</p> <p><i>Details:</i> Training to include basic information about providing a variety of honorifics (Mrs, Mr, Mx, Ms etc) and pronouns when speaking about partners. Lead: Chey Sparks</p>
<p>Pregnancy and Maternity</p>	<p>Neutral / <i>Details:</i> Sexual safety can be compromised for people who are pregnant or in their Maternity period, with research suggesting 1 in 3 women are affected while pregnant.</p> <p>It is important that the stress of this process is kept minimal for all staff, but moreso for Pregnant staff, for whom stress may impact their unborn baby..</p>	<p><i>Details:</i> It is probable that staff who are Pregnant who experience inappropriate behaviour could have a disproportionately poor experience. There do not seem to be obvious additional measures or mitigations to reduce the stress of the reporting process for this group suggested by NHS England or other research, however this will be iteratively reviewed and updated as best practice becomes evident. We will commit to keeping in regular contact with the person and signposting them to professional support services as required.</p>

<p>Religion and Belief</p>	<p>Positive <i>Details:</i> It is important to understand the cultural overlap here with content from Race/Ethnicity section. Different staff may find different behaviours compromising depending on their beliefs.</p> <p>Our workforce is 33% Christian, but has representation from other religions including (in order of prevalence) Islam, Hinduism, Sikhism, Buddhism, Judaism and Jainism. A further 10% of our workforce follow religions not listed here.</p>	<p>Lead: Sharon Ballantyne?</p> <p><i>Details:</i> Training should include examples of appropriate behaviours from the major religions listed to improve staff learning and therefore organisational culture. Lead: Chey Sparks, Avril Brohier, Rose Elhamamy</p>
<p>Sexual Orientation</p>	<p>Positive <i>Details:</i> Similarly referenced in “Gender,” “Gender Reassignment” and “Marriage...” sections, gendered language should be avoided unless specifically speaking about a group (e.g. Women).</p> <p>Staff should only be asked about personal relationships if appropriate to the conversation. Those in a supporting role may want to ask about “support at home” to prompt staff to disclose their partner / partners and their gender(s).</p> <p>The Charter may find staff “outing” themselves as having a same-sex or third-sex partner during this process – see “Gender Reassignment” section above.</p>	<p><i>Details:</i> See comments in “Gender,” “Gender Reassignment” and “Marriage...” above Lead: N/A</p>
<p>General comments across equality strands</p>	<p>Positive <i>Details:</i> It is important to understand the intersectionality of the person accessing training or using the Charter to report compromise of their Sexual Safety. It is likely that barriers will be magnified where multiple minoritised characteristics exist. Each barrier should be considered for its’ impact and ways it can be mitigated in an equitable manner so that the person accessing the Charter or its’ training has an equal experience.</p>	<p><i>Details:</i> None Lead: N/A</p>

EHIA Tool: Section A

	Impact	Mitigation
Other vulnerable groups to consider: Potential impacts of your project on any other vulnerable groups, for example:		
Looked After Children & Young People (LACYF)	<p>Positive This Charter and its' training are designed for the ICB workforce, therefore will not include any Children & Young People. It is possible that our workforce includes adults who have been Looked After. They may have previous trauma influencing whether they report poor behaviours and how they access this process.</p>	<p><i>Details:</i> Charter and training to contain robust signposting to varied mental health support channels. Lead: Sexual Safety Group</p>
Carers and People with Caring Responsibilities	<p>Positive The ICB employs people with Caring responsibilities. Poor behaviours may impact mental health, and have consequences for the person being looked after.</p>	<p><i>Details:</i> Charter and training to contain robust signposting to varied mental health support channels, including ensuring the person is registered as a Carer and has had an assessment through local Social Care to embed backup plans if they become unwell etc. Lead: Sexual Safety Group & ICB Carers Network</p>
Homeless People	<p>Positive The ICB doesn't knowingly employ homeless people, however as this umbrella term extends to staff in temporary arrangements or accommodation, it is possible that staff may be in this situation without the ICB knowing. All ICB staff will have access to this Charter and its' training regardless of their housing situation. It is possible that someone in this group may feel their only "safe place" is work, so poor behaviour may compromise this and cause significant mental ill-health.</p>	<p><i>Details:</i> Charter and training to contain robust signposting to varied mental health support channels. Lead: Sexual Safety Group</p>
Those involved with the Criminal Justice System	<p>Positive Staff will have access to this Charter and its' training regardless of their involvement with the Criminal Justice System.</p>	<p><i>Details:</i> Charter and training to contain robust signposting to varied mental health support channels. Lead: Sexual Safety Group</p>

<p>People receiving low incomes</p>	<p>Positive Staff will have access to this Charter and its' training regardless of their income. It is noteworthy to consider that people who rely heavily on this income may be reluctant to report poor behaviours for fear of losing their wage. The Charter and its' training should include information about how the process will be carried out, including how the person reporting will be protected in terms of proximity to the alleged perpetrator as well as job security.</p>	<p><i>Details:</i> Charter and training to contain information about how the process will be carried out in a supportive manner for all people involved. Lead: Sexual Safety Group</p>
<p>People with poor literacy</p>	<p>Positive This Charter will be written to Accessible Information Standards to support people with poor literacy.</p>	<p><i>Details:</i> Charter to be written jointly with Quality Team. Lead: Chey Sparks / Quality Team</p>
<p>People living in deprived areas</p>	<p>Positive The ICB employs staff living in deprived areas. This Charter and its' training are accessible regardless of where someone lives. Additional to considering comments made in "People receiving low incomes" it may be pertinent to understand that not everyone has appropriate "home working" arrangements for the long-term (no spare room, slower internet provisions that can't host Teams calls etc), or can afford to commute to Office spaces further from their homes.</p>	<p><i>Details:</i> Charter and its' training should be compassionate to personal circumstance of all people involved, especially when considering "alternative working arrangements" while processes are under way. Lead: Sexual Safety Group</p>
<p>People without access to digital tools</p>	<p>Positive The ICB equips staff with laptops for their roles. It gives all staff access to basic digital and online information. Comments from previous sections around "low income" and "deprived areas" are also applicable here.</p>	<p><i>Details:</i> See sections on "deprived areas" and "low incomes" Lead: N/A</p>
<p>Armed Forces Community (including Veterans, Reservists, Cadet Force Adult Volunteers, Service</p>	<p>Positive The ICB doesn't knowingly employ Armed Services. It is likely, given our geography, that we employ ex-Armed forces staff (Veterans). It is possible that there are unknown barriers to reporting for this group.</p>	<p><i>Details:</i> Charter and training to contain robust signposting to varied mental health support channels. Lead: Sexual Safety Group.</p>

leavers, Partners or Children of regular serving personnel)	While we do not have a Veterans Staff Network to ask, it is possible that we could involve System partner organisations to support the accessibility of the Charter and its' Training.	<i>Details:</i> ICS Organisation's Veterans Network to have input into Charter and training content. Lead: Sexual Safety Group
Other groups who face inequalities	Positive There are numerous other intersectional groups who may face inequalities. We commit to understanding their experiences and learning from them as they arise. We will embed the learning and improve the Charter and its' training as we find out these details.	<i>Details:</i> Charter to be reviewed every 2 years. Where learning is identified prior to this point, the Charter should be updated and re-launched through weekly Staff Communications. Lead: Sexual Safety Group

EHIA Tool: Section B

The duty to reduce health inequalities

Will your project contribute to the duties to reduce health inequalities?

If yes, for which groups?

Our reduction of health inequalities sits in the CORE20+5 groups. For our Adult workforce, these are Maternity, Severe Mental Illness, Chronic Respiratory Disease, Early Cancer Diagnosis, Hypertension, Smoking Cessation, Carers, People with a Learning Disability.

This policy will be applicable to staff in all of these groups. It does not directly discriminate against, nor explicitly benefit, any of the groups. Where additional barriers are experienced by any staff in these groups, they should be escalated to the Sexual Safety Group. The Group will then work to address these barriers.

Could your project reduce health inequalities in access to health care for any groups facing inequalities?

If yes, for which groups?

This policy is not in direct relation to accessing any health care services. It is possible that people needing to use this policy may have experienced trauma and their mental health may become poor. This policy seeks to proactively signpost them for further help as appropriate, so will benefit access to health care in this regard.

Could your project reduce inequalities in health outcomes for any groups facing inequalities?

If yes, for which group?

This policy is not in direct relation to accessing any health care services. It is possible that people needing to use this policy may have experienced trauma and their mental health may become poor. By proactively signposting people using this policy, there is a potentially positive impact on health outcomes, as they may access services in a more timely manner, preventing exacerbation of poor mental health.

EHIA Tool: Section C

Action Planning for Improvement

Issues / Impact Identified	Actions Required	How will you measure the impact / progress?	Timescale	Responsible Person
Ensuring Sexual Misconduct Policy is accessible for all staff	Drafted Policy to be reviewed by Quality Team, who are responsible for Accessible Information Standards being implemented in the ICB	Quality team will review Policy and give feedback to Sexual Safety Group. Sexual Safety Group to embed changes suggested	By 28 th Feb 2025 By 31 st March 2025	Emily Woodward-Stammers / Chey Sparks
Ensuring easy access to signposting services such as Police and Sexual Assault Referral Centres	Details of provider Police Forces and Sexual Assault Referral Centres	Including contact details for both within Policy	By 28 th Feb 2025	Sue Lowe / Sharon Ballantyne / Chey Sparks
Ensuring easy access to Policy	Availability on Hub pages, HR's resources webpage and DAWN Staff Network.	Post links to the Policy on relevant Hub pages (EDI, Resources, Wellbeing, Mental Health First Aid)	By 28 th Feb 2025	Avril Brohier / Maddie Mcpeak / Chey Sparks
Staff from a variety of backgrounds should be upskilled for colleagues to report to, who can support them through this process. This increases trust and provides a much more compassionate process.	NHSE training adapted for local use as required	Training content input from all staff networks. Training offered directly to Equality Advocates, Wellbeing Champions, Mental Health First Aiders & Staff Network members who would be interested in piloting Training rolled out to all ICB staff	By 31 st March 2025 By 30 th April 2025 By 30 th June 2025	Sexual Safety Group / Staff Network Chairs

Issues / Impact Identified	Actions Required	How will you measure the impact / progress?	Timescale	Responsible Person
Importance of modesty for staff from different cultural backgrounds.	<p>Consider gender mix of staff who are upskilled in Sexual Safety training.</p> <p>Training includes examples of appropriate behaviours from different religions / cultures to improve learning and organisational culture.</p>	<p>Evaluation of gender demographics when training pilot is offered to staff. Where issues identified, further pilot attendees to be sought and trained as a priority.</p> <p>ICB B.A.M.E. Network to support the content for this training.</p>	<p>By 14th April 2025 By 30th April 2025 By 31st March 2025</p>	Avril Brohier / Rose Elhamamy / Safina Nadeem
Ensuring that sex and gender are equitably considered in training.	Engage with Women's and LGBTQ+ Staff Networks across the System to ensure sex & gender are equitably considered in training.	Feedback to be given on training content.	By 31 st March 2025	Chey Sparks / Safina Nadeem
Acknowledging the mental health impact of disclosing Sexual Misconduct.	All staff should have signposting to mental health support and resources during this process.	Steps in Appendix D to be included in any training and policies published by the ICB.	By 31 st March 2025	Chey Sparks / Safina Nadeem
Staff supporting the reporting process should have some understanding of the LGBTQ+ community through their training.	NHSE training adapted for local use as required	<p>Training content input from all ICB staff networks & System LGBTQ+ staff networks.</p> <p>Training to include basic information about providing a variety of honorifics (Mrs, Mr, Mx, Ms etc) and pronouns when speaking about partners.</p>	<p>By 31st March 2025 By 31st March 2025</p>	Sexual Safety Group / Staff Network Chairs / Chey Sparks
Supporting pregnant staff who experience Sexual Misconduct	There doesn't seem to be an obvious mitigation to support this other than keeping in regular contact with the person and signposting them to professional support services.	<p>See measures for mental health support & signposting.</p> <p>Ensure training & Policy include sections about maintaining contact with staff member as appropriate.</p>	By 31 st March 2025	Sexual Safety Group / Sharon Ballantyne

Issues / Impact Identified	Actions Required	How will you measure the impact / progress?	Timescale	Responsible Person
Supporting people with poor literacy to access the Sexual Misconduct Policy and its' signposted content.	Review of the Policy in considering Accessible Information Standards.	Quality team to review the policy and advise of amends to keep the Policy compliant with Accessible Information Standards.	By 31 st March 2025	Emily Woodward-Stammers / Sexual Safety Group
Supporting staff with low incomes or living in deprived areas	Ensuring that there is clear, supportive communication about how a disclosure will be treated and consideration (financial impact etc) of circumstances when flexible working arrangements are in place.	Clear wording to be included about governance / process. Clear wording to be included about flexible working arrangements and our commitment to staff not suffering financial implications as a result of disclosure.	By 31 st March 2025 By 31 st March 2025	Sexual Safety Group
Inclusion of specific needs of Military and Veteran staff	Military / Veterans' Staff Networks from across the ICS to review the Policy prior to launch and ensure their needs are met.	Staff Network leads to be identified. Staff Network members to be consulted. Feedback to be given to Sexual Safety Group for Policy update.	By 31 st March 2025	Staff Network Chairs / Sexual Safety Group

EHIA Tool: Section D

EHIA Sign-Off

EDI Team Lead: Chey Sparks	Date: 11/02/2025
Senior Reporting Officer: Sarah Bellars	Date: 11/02/2025
Who will review the project: Sue Lowe	Review date: 11/02/2027

Please note that this form should be completed as well as the Quality Impact Assessment ([available here](#)).

Appendix A: Workforce Information

Baseline information about NHS Frimley's workforce

	Impact	Mitigation
	<p style="text-align: center;">Is your project likely to have a differential impact on any of the protected characteristics? If so, is this positive, neutral or negative?</p> <p>Consider:</p> <ul style="list-style-type: none"> - Does the policy apply to all or does it exclude individuals with a particular characteristic e.g. females, older people etc? - What does existing evidence show? E.g. consultation from different groups, demographic data, questionnaires, equality monitoring data, analysis of complaints. - Are individuals from one particular group accessing the project more or less than expected? Why might this be? 	<p style="text-align: center;">Can any potential negative impact be justified? If not, how will you mitigate any negative impacts?</p> <ul style="list-style-type: none"> ✓ Think about reasonable adjustments and / or Positive Action ✓ Consider how you would measure and monitor the impact going forwards, e.g. equality monitoring data, analysis of complaints ✓ Assign a responsible lead ✓ Designate a timescale to monitor the impacts ✓ Re-visit after a designated time period to check for improvements.
Protected Characteristic Groups		
Age	<p>Workforce Data: Average Age: Not available at data pull (March 2023).</p> <p>Population Data: The <u>2021 census</u> indicates the median age of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor & Maidenhead) was 39 years old; the South East of England was 42 years old.</p> <p>Older people may be at increased risk of serious complications from COVID-19.</p>	<p><i>Are there any age related impacts? Is the proposal for all ages or a particular age group? How can increased risks be mitigated? How can dignity & modesty be upheld?</i></p>
Disability	<p>Workforce Data: Disability declared: 4.3% Disability not declared: 75.6%</p> <p>Population Data: The 2021 census indicates that 16.1% of people in the South East of England live with a limiting long-term illness.</p> <p>People with long-term illness have higher risk of being impacted by COVID-19.</p>	<p><i>Consider impacts of Mental Capacity or Learning difficulties. Is communication accessible? Consider interpreters, for example British Sign Language; Pictorial documents and information leaflets. Are sensory supports required, such as hearing loops or mitigations for visual impairment? How can increased risks be mitigated? How can dignity & modesty be upheld?</i></p>

Race / Ethnicity	<p>Workforce Data: 34% of our staff are from the Global Majority and mixed ethnic backgrounds. 11% of our staff have not stated their ethnicity.</p> <p>Population Data: The 2021 census indicates that 42% of residents in our System (Bracknell Forest, Rushmoor, Slough, Surrey Heath, Windsor & Maidenhead) are from the Global Majority.</p>	<p>Is communication accessible? Consider interpreters etc.</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Gender	<p>Workforce Data: 77.2% female, 22.8% male (note our records do not have capability to record other gender identities)</p> <p>Population Data: The 2021 census indicates that 50% of the UK population were female and 49% were male.</p> <p>Data shows that women were more likely to have a positive COVID-19 test but men were more likely to die from the virus.</p>	<p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Gender Reassignment	<p>Workforce Data: As above, we are unable to record gender identities outside of the binary at this time.</p> <p>Population Data: The 2021 census shows that 0.47% of the population in the South-East of England (0.54% of the population of England and Wales) identify as trans*</p>	<p>How does this work impact gender dysphoria?</p> <p>How are you ensuring that people are treated according to their gender identity, including supporting their pronouns?</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Marriage and Civil Partnership	<p>Workforce Data: 57% of our workforce are married and 21% are single. 12% have not specified their status.</p> <p>Population Data: The 2021 census indicates that around 50% of our System population are married, and 33% have never been married or in a Civil Partnership. It did not report data on the population who are single; data for North-East Hampshire & Farnham geography could not be included as it is embedded in larger datasets outside of our System.</p>	<p>How can this work optimise inclusion, for example using gender neutral terms like “your partner” until appropriate terms (wife, husband, partner, companion etc.) have been confirmed by the person?</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Pregnancy and Maternity	<p>Workforce Data: There is no data provided in March 2023 to indicate that any staff experienced pregnancy or maternity.</p> <p>Population Data: The Office of National Statistics dataset shows that 1% of our population delivered a child in 2021.</p>	<p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>
Religion and Belief	<p>Workforce Data: 33% of our workforce are Christian and 15% are Atheist. 33% have not disclosed their religion or belief.</p> <p>Population Data: The 2021 Census indicates that 36% of our System population are Christian and 25% have no religion. 5% of our System population did not answer this Census question.</p>	<p>How does your work include / facilitate religious beliefs?</p> <p>Is communication accessible? Consider interpreters etc.</p> <p>How can increased risks be mitigated?</p> <p>How can dignity & modesty be upheld?</p>

<p>Sexual Orientation</p>	<p>Workforce Data: 71% of staff identify as Heterosexual or Straight. 26% of staff have not disclosed their sexual orientation. Around 3% of staff identify as 'Bisexual', 'Gay or Lesbian', 'Undecided', 'Unspecified' or 'Other sexual orientation not listed'.</p> <p>Population Data: The 2021 census shows that 90% of our System population identify as Heterosexual or straight. 2% of our population identify as non-heterosexual. 7% of System residents did not disclose their sexual orientation.</p>	<p><i>How can this work optimise inclusion, for example using gender neutral terms like “your partner” until appropriate terms (wife, husband, partner, companion etc.) have been confirmed by the person?</i></p> <p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity & modesty be upheld?</i></p>
<p>General comments across equality strands</p>	<p><i>This section is listed to clarify any mitigations that intersect more than one of the listed groups.</i></p>	<p><i>How can increased risks be mitigated?</i></p> <p><i>How can dignity & modesty be upheld?</i></p>

Appendix B: EHIA Toolkit

The full toolkit, including a completed example, is available to download on the Hub EDI Page [here](#).

It is recommended that any EHIA be completed alongside the toolkit and previous appendix, which allows you to give context to your project against workforce and community demographics.

Appendix C

We are mindful that ICB staff of all protected characteristics attend public events where sexual safety may be compromised by members of the public. Staff should complete the following steps depending on their situation:

Immediate Danger

If the situation is an emergency or if someone is in immediate danger, they should call 999.

Non-Emergency:

For non-emergency situations, staff can call 101 to report the incident to the local police.

Online Reporting:

Staff can report sexual misconduct online through the [Police UK website](#):

<https://www.police.uk/report-rape-sexual-assault>

This service allows individuals to report rape, sexual assault, and other sexual offences like indecent exposure and upskirting.

In-person Reporting:

Staff can also report sexual misconduct in-person at any police station. Our provider forces' websites detail their arrangements and allow staff to search their nearest station to attend:

- **British Transport Police**
<https://www.btp.police.uk/police-forces/british-transport-police/areas/campaigns/Sexual-Harassment/>
- **Hampshire & Isle of Wight Police**
<https://www.hampshire.police.uk/ro/report/rsa/alpha-v1/advice/rape-sexual-assault-and-other-sexual-offences/how-to-report-rape-sexual-assault-other-sexual-offences/>
- **Surrey Police**
<https://www.surrey.police.uk/ro/report/rsa/alpha-v1/advice/rape-sexual-assault-and-other-sexual-offences/how-to-report-rape-sexual-assault-other-sexual-offences/>
- **Thames Valley Police**
<https://www.thamesvalley.police.uk/ro/report/rsa/alpha-v1/advice/rape-sexual-assault-and-other-sexual-offences/how-to-report-rape-sexual-assault-other-sexual-offences/>

Support Services:

It's also advisable to seek support from organisations such as [Rape Crisis England & Wales](#) or [Victim Support](#), which offer confidential help and advice.

For staff who have been a victim of sexual misconduct that don't want to report to the police, local Sexual Assault Referral Centres (SARCs) can be accessed. Details of the closest centres to NHS Frimley are listed below, but the national list of centres is available to search here: <https://www.nhs.uk/service-search/sexual-health-services/find-a-rape-and-sexual-assault-referral-centre>

- **Thames Valley SARC (Slough)**
<https://www.solacesarc.org.uk/>
- **Solace Centre (Surrey; Cobham)**
<https://surreysolace.org/>
- **The Havens (London; Paddington)**
<https://thehavens.org.uk/>
- **Treetops Centre (Hampshire; Portsmouth)**
<https://hiowhealthcare.nhs.uk/sarc>

Appendix D

Immediate Steps to be taken if any staff member is disclosing Sexual misconduct:

1. Listen and Support:

Provide a safe and non-judgmental space for the individual to share their experience. Let them know that their disclosure is taken seriously.

2. Confidentiality:

Assure them that their disclosure will be kept confidential, except in cases where there is a risk of harm to them or others.

3. Encourage Professional Help:

Encourage them to seek professional help and provide information on available resources.

Where Sexual Misconduct is happening outside of the workplace and the person does not want to follow [Appendix C](#) (notifying Police or Sexual Assault Referral Centres), further signposting can be given to the following (note this list is not exhaustive):

1. National Domestic Abuse Helpline:

<https://www.nationaldahelpline.org.uk/>

Run by Refuge, this helpline offers confidential support and advice to those experiencing domestic abuse. It is available 24/7 at 0808 2000 247.

2. Women's Aid:

<https://www.womensaid.org.uk/>

Provides support and information for women and children experiencing domestic abuse. They offer a range of services, including a live chat helpline and local support services.

3. Men's Advice Line:

<https://mensadviceline.org.uk/>

A confidential helpline for male victims of domestic abuse, offering emotional support, practical advice, and signposting to other services. Call 0808 801 0327.

4. Galop:

<https://galop.org.uk/>

Provides support for LGBTQ+ individuals experiencing domestic abuse. They offer a helpline and advocacy services. Contact them at 0800 999 5428.

5. Victim Support:

<https://www.victimsupport.org.uk/>

Offers free and confidential support to victims of crime, including domestic abuse. They can be reached at 0808 1689 111.

6. Respect Phonenumber:

<https://respectphonenumber.org.uk/>

For those who are concerned about their own behaviour and want to change, this helpline offers advice and support. Call 0808 802 4040.

7. Local Authorities:

Many local councils have domestic abuse support services and can provide information on local resources and shelters.

- ◆ **Bracknell Forest Council**

<https://www.bracknell-forest.gov.uk/crime-and-emergencies/crime-and-community-safety/domestic-abuse>

- ◆ **Northeast Hampshire (via Rushmoor Borough Council)**

<https://www.rushmoor.gov.uk/community-parks-and-leisure/community-safety/domestic-abuse/>

- ◆ **Royal Borough of Windsor & Maidenhead Council**

<https://www.rbwm.gov.uk/community-and-living/domestic-abuse>

- ◆ **Slough Borough Council**

<https://www.slough.gov.uk/crime-safety/domestic-abuse-1/2>

- ◆ **Surrey Heath (via Surrey County Council)**

<https://www.connecttosupportsurrey.org.uk/search-results/services/?id=3fff00f1-c7b8-4b59-894c-b07e00d343d4>

8. GPs and Healthcare Providers:

Encourage the individual to speak with their GP or healthcare provider, who can offer support and refer them to appropriate services.

This is particularly important if the person disclosing is a Carer. It is important that their Carer status is known to the GP so that they can be signposted for support while they are experiencing this difficult time.

Appendix E: Outstanding comments on the draft

- ❖ Why a Charter and not a policy – how is this decided, and by whom?
- ❖ How can we make the role of line managers and FTSU clear across the organisation?
- ❖ Do we need anything about steps ICB staff might need to protect them from unsubstantiated patient/public complaints re: sexual behaviour - for example, in clinical settings staff may be chaperoned, but for the ICB there may be times where this isn't appropriate